

Safeguarding and protection of vulnerab



**ASSIGN
BUSTER**

To protect somebody is to keep them safe from harm and injury and the term safeguarding means to protect from harm or damage with appropriate measures. As a person's mental capacity is relevant with regards to safeguarding, as a worker, you have to accept that an adult is making choices that to you may be unwise, but If they are deemed to have mental capacity, there is very little you can do apart from advise them of this. As adult safeguarding is not " clear cut" you have to ensure that you do not think the decisions they are making are unwise because you yourself wouldn't do it.

The majority of our client group are vulnerable, and if we look at the adults that e work with that misuse substances, this can be a grey area with regards to safeguarding. Obviously if an adult chooses to use a substance, that is their decision, however, substances impair your mind and your Judgment, so if something happens to them whilst they are under the Influence, this should be a safeguarding matter and should be dealt with accordingly.

By protecting somebody this could imply that others are making a decision for an adult rather than with them, but the current safeguarding legislation in place accepts that individuals have the right to take risks o long as they have capacity and understand the implication or consequences. An example of this would be a client who we are currently working with who is a dependent alcoholic with cataracts in both eyes so he has virtually no sight. This man Is extremely vulnerable to theft and people taking advantage of him.

The work that we do to protect him wealth the home Is practical things Like removing trip hazards, putting things back exactly where they are in the flat and guiding him when we take him out shopping. This man became the subject of safeguarding when somebody knocked his door claiming to be a council official and demanded that he pay all of his Council tax arrears.

Secondly, one of his " friends" used to do his shopping for him but this has resulted in money going missing from his bank account. This gentleman does have mental capacity although this has to be questioned if he has decided to drink whole bottle of vodka.

Although it is not good for him, it is his decision to drink alcohol and that has to be respected. We can advise him of the risks to his health and how this could put him in vulnerable situations. We can protect him from his friend having access to this bank account by owing shopping for him, however, if he refuses this request, we can only make him aware that money may well go missing again. We all have a duty of care towards our Child Protection, different social care teams can have very different views/opinions on what is a safeguarding matter. . 3 Explain the legislative framework for safeguarding vulnerable adults There are many Acts and Government initiatives in place with regards to vulnerable adults safeguarding. Human Rights Act (1998) - This Act is a benchmark upon which services can assess how they uphold an individual's rights. Public bodies such as Police, Courts, hospitals etc, and other bodies carrying out public functions have to comply with the Convention rights. The list below details the fundamental rights and freedoms that individuals have access to.

Everyone has a right to life, a life with freedom from torture and inhuman or degrading treatment. A right to liberty and security, freedom from slavery and forced labor. The right too fair trial with no punishment without law. Respectfor your private andfamilylife, home and correspondence. Freedom of thought, belief and religion and freedom of expression. Protection fromdiscriminationin respect of these rights and freedom. Freedom of expression and the right to marry and start a family. The right to peaceful enjoyment of your property and the right toeducation.

Care Standards Act (2000) - this led onto National Minimum Standards and means of measuring care service quality. This act has established an independent regulatory body for care services, (the National Care Standards Commission). Independent Councils are required to register Social Care Workers, set standards in social care work and regulate the education and training of Social Workers. It provides for the Secretary of State to maintain a list of individuals who are considered unsuitable to work with vulnerable adults.

The main purpose of the Act is that local authorities will be required to meet the same standards as independent sector providers. The Act made for the provision of a General Social Care Council whose role it is are to regulate the training of Social Workers, raise standards in social care through codes and conduct and practice with a register of social care staff to be set up and maintained by the council. Care providers who supply individuals to work in care sections will be under a duty to refer people to the list who are considered unsuitable to work with vulnerable adults.

Care providers have to carry out checks of the list before offering employment in a care position working with vulnerable adults and should refuse employment to any person. No Secrets (2000) - This guidance was produced due to serious incidents of abuse and to also ensure compliance with the Human Rights Act. Although No Secrets is not legislation it holds the status of statutory guidance and local social services should follow this. The key statements in relation to No Secrets are; Every person has the right to live a life free from abuse, exploitation and neglect.

There should be no discrimination regarding abuse because of assumptions about class, gender, age, disability, sexual orientation, race, religion or culture. Adults at risk of abuse must be made aware of their rights and given information, advice and support. They should be enabled and encouraged to access the protection of the law and legal processes where they wish to do so. Every effort must be made to promote the well being, security and safety of adults at risk of abuse in line with their rights, mental capacity in the course of action to take whilst being given all possible forms of support.

An adult may choose to remain in an abusive environment, and, in such cases it is important to consider what advice and support can be offered to reduce the risk of harm. Effective inter agency working is crucial for the safeguarding of adults from abuse. Effective information sharing, collaborations and understanding between agencies and professions are paramount in safeguarding adults. No single agency can act in isolation to ensure the welfare and protection of adults at risk of abuse and information and decision making must be shared.

<https://assignbuster.com/safeguarding-and-protection-of-vulnerab/>

Valuing People (2001) - This is specifically related to those with learning disabilities and has been written from a human rights perspective and also started the personalization agenda. It includes the several key rights; People with learning disabilities and their families have the same human rights as everyone else. Independent Living - All disabled people should have greater choice and control over the support they need to go about their daily life. They should have greater access to housing, education, employment, leisure and transport and be giving the opportunity to participate fully in family and community life.

Control - People with disabilities are to be involved and in control of decisions made about their life. They are to be provided with the information and support to understand the different options and consequences so that they can make informed decisions. Inclusion - Being able to participate in all the aspects of community. To work, learn and meet people. To become part of a social network and be able to access services and have the support to do so. Safeguarding Adults (2005) - The aim of this was to change the concept of protection and was geared towards those who lacked capacity.

This is where the concept of upgrading emerged with individuals taking informed risks and exercising choices rather than authorities taking the lead. Safeguarding Adults (2005) is made up of eleven sets of good practice standards. Each local authority has established a multi agency partnership to lead in safeguarding adults work. Accountability for and ownership of safeguarding adults work is to be recognized by each partner's organizations body. The safeguarding policy includes a clear statement of every

individual's right to live free from abuse and neglect, this message is to be actively promoted to the public.

Each partner agency should have a policy of zero tolerance of abuse within the organization. The safeguarding adults partnership oversees a multi agency workforce that is appropriately resourced with a development and training strategy. Anybody can access information about how to gain safety from abuse andviolenceto include information about local safe guarding procedures. There is a local multi agency safeguarding adults policy describing how local authorities respond to all adults who may be eligible for community care services and who may be at risk of abuse of neglect.

Each partner agency has a set of internal guidelines that are insistent with the local authority safe guarding adults policy. The guidelines set out the responsibilities of all employees/workers. The safeguarding adults procedures include the following stages - alert, referral, decision, safeguarding assessment monitoring. The safeguarding procedures are available to all adults covered by the policy. The partnership agency includes service users in all aspects of their work.

To include monitoring, development, implementation of safeguarding plans and assessment. Mental Capacity Act (2005) - This Act is aimed to protect vulnerable adults who are enable to make their own decisions and it has 5 key principles. Presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise. You cannot assume that somebody cannot

make a decision for themselves just because they have a particular medical condition or disability.

Individuals being supported to make their own decisions - A person must be given all practicable help before anyone treats them as not being able to make their own decisions. You should make every effort to encourage and support people to make their own decisions. If lack of capacity is established, you should still involve the person as much as possible in making decisions.

Unwise decisions - People have the right to make unwise decisions that others may think are unwise or eccentric. You cannot assume a lack of capacity for this reason.

People have their own values, beliefs and preferences which may not be the same as others. Best interests - anything done for or on behalf of a person who lacks mental capacity must be done in their best interests. Less restrictive option - Someone acting on behalf of a person or making a decision for a person who lacks capacity must consider whether it is possible to act in a way that would interfere less with the person's rights and freedoms of action and whether any decision/action needs to be taken at all.

Any intervention should be weighed up in the particular circumstances of the case. Safeguarding Vulnerable Groups (2006) - This saw the introduction of the vetting/ barring system and the introduction of the offence fraud by abuse of position. It has the following three key principles. Unsuitable persons should be barred from working with children or vulnerable adults. Employers should have a means of checking that a person is not barred from working with children and vulnerable adults.

Suitability checks should be part of an ongoing assessment in order to catch those who commit wrongs following a suitability check. Fraud Act (2006) - This included a new offence of fraud by abuse of position. This included the misuse of money by those appointed to manage money, for example power of attorney or a position that an agency was expected to safeguard and not to act against the financial interests of another person, or people that have abused their position. Deprivation of Liberty Safeguards (2008) - This is part of the legal framework that is set out in the Mental Capacity Act.

Those unable to consent to treatment due to mental impairment should be supported in a way that does not limit their rights. It was introduced to protect the human rights of people who were in certain settings does not apply to people who have been detained under the Mental Health Act 1983. Deprivation of Liberty should ensure that people can be given the care they need in the least restrictive regimes, prevents decisions that deprive vulnerable people of their liberty and allows people the right to challenge against an unlawful detention.

Health and Social Care Act (2008), (Regulated Activities), Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009 - This led to the creation of the Care Quality Commission to regulate services using the essential standards of quality and safety, with the emphasis on outcomes and what can be expected from care providers. The regulations in relation to safeguarding are; Respecting and involving people who use services.

Consent to care and treatment and a client can be confident that their human rights are respected and taken into account.

Care and welfare of people that use services - roper steps must be taken to ensure that each client is protected against the risks of receiving care or treatment that is inappropriate or unsafe. Safeguarding people who use services from abuse - suitable arrangements should be made to ensure that clients are safeguarded against the risk of abuse by taking reasonable stops to identify the possibility of abuse and prevent it before it occurs and respond appropriately to any allegations of abuse.

Cleanliness and infection control - measure must be taken so far as reasonable practicable to ensure that clients and workers are protected against identifiable risks of infection. Management of medicines - clients are to be protected against the risks associated with the unsafe use and management of medicines. Appropriate arrangements are to be made for obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines.

Safety and suitability of premises - We must ensure that clients and workers that have access to premises are protected in that the design and layout is suitable and appropriate security measures have been taken. Safety, availability and suitability of equipment - Suitable arrangements must be made to rote clients and workers who may be at risk from the use of unsafe equipment. Equipment must be properly maintained and suitable for its purpose and must be used correctly.

Requirements relating to workers - Companies to ensure that the person is of good character and has the relevant skills and experience to do the work and to ensure that the necessary checks, (DB'S), have been carried out.

Supporting Workers - Workers should be supported by their Managers to ensure that they are appropriately supported in relation to their responsibilities to ensure they do their job to the required standard.

Assessing and monitoring the quality of service provision - this should be regularly reviewed and clients should benefit from safe quality care, treatment and support in relation to decision making and the management of risks to their health, welfare and safety. Notification of other incidents - the commission must be notified of any incidents which occur whilst services are being provided. In relation to safeguarding this is any abuse or allegation of abuse that has been made or any incident which is reported to, or investigated by, the police. Reemerging from vulnerable adult to adult at risk. The Government are due to consider the recommendations with a view to introducing legislation. The recommendations are as follows; Local social services have the lead in co ordinationresponsibilityfor safeguarding. Local authorities have a duty to investigate adult protection cases And can either do this themselves or refer the investigation to another agency but this must be monitored by them. The local authorities would have the power to request co operation in adult protection investigations.

An adult at risk can be defined as a person who appears to have health or social care needs, the person must appear to e at risk of harm rather than significant harm, the person appears unable to safeguard themselves from harm due to their health and social care needs. Harm is defined as ill treatment, (to include exploitation that is not physical), the impairment of health and development, self harm and neglect and unlawful conduct that

affects a persons property, rights or interests. Local authorities should have the lead role in establishing and maintaining safeguarding boards.

The local authority, NASH and Police would be required to nominate a safeguarding board member that has the appropriate knowledge and skills. New compulsory and emergency powers should be set out for local authorities and adult protection cases, for example, power of entry or exclusion orders. Statement of Government Principles on adult safeguarding (2011) - local multi agencies should support and encourage communities to find their solutions locally. Guidance is given on how principles can be turned into outcomes.

The six principles are; Empowerment - presumption of person led decisions and informed consent. Protection -support and representation for those in greatest need. Prevention - it is better to take action before harm occurs. Proportionality - proportionate and least intrusive response appropriate to the risk presented. 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. 1. Explain the protocols and referral procedures when harm or abuse is alleged or suspected Within Sad/Alpha we have a Vulnerable Adult safeguarding lead. When a worker has concerns or a client has alleged abuse/harm, the first point of contact would be to discuss this with their Manager, (this should be no later than the end of he day that the allegation was made or the incident happened). If the client had made an allegation, whilst the worker was with them, they would make

a factual note of what has been discussed, this would include name, date, details of allegation made and the worker's response.

It is important that the client feels trusted and that no leading questions are asked. The worker should then advise the client that they will be discussing this with their Line Manager as they have a duty of care towards them.

Depending on the situation that has occurred, the worker would need to ensure that the adult at risk is made safe and if required has received medical occurred with a view to discussing whether the Police should be informed of this. If a worker has concerns about a client but an allegation hasn't been made, the worker is advised to speak to their Line Manager regarding this.

As soon as realistically possible file notes should be done and together, the Manager, the Vulnerable Adult safeguarding lead and the worker will agree on the next course of action that needs to be taken. It is at this point it is important to remember that if the Manager and the worker do not agree on the next course of action then they are able to go to Senior Management level to discuss this further. . Sad/Alpha is a non statutory agency so, if we do have a concern regarding abuse, we would refer this onto the statutory agency that is working with the client.

We would contact them as soon as realistically possible and follow this up with a written file note. If there is no statutory agency involvement, we would contact the Adult Social Services Locality Team to advise them of our concerns. This will usually mean speaking to the Duty Officer for the team. We would then follow this up with a written file note and send this across to

the Duty Officer. Sometimes the Locality Team will check on their system, and, if there has been statutory agency involvement we were unaware of, they would request that we refer the matter to the relevant agency involved.

Sometimes when a statutory agency, (for example SCHISM), have advised that they will be taking no further action and we disagree with this, we would then go back to the relevant Locality Team. They may well agree with the decision that has been made, and, if this is the case we would just file note it accordingly. If however, they decide that action does need to be taken, it is the role of the Locality am to lead on this with the statutory agency.

Internally, the seriousness of the incident will need to be assessed by the Manager and the Vulnerable Adult lead.

If the incident is considered to be minor, we would complete a sudden untoward incident form and still advise the lead statutory agency. Within Alpha it is my responsibility to ensure that all staff have been trained in Vulnerable Adult Safeguarding and that they are all aware of the reporting procedures/paperwork that needs to be completed. All workers know that any concerns have to be reported directly to myself, and, if I am absent, be reported to my Manager. The workers know that they are responsible for informing me as soon as possible and following this up with a written file note.

They are aware that this type of information can be shared and that client confidentiality can be broken in this instance. Everything to do with the concerns raised or allegations made is documented in a file note and locked away in a secure filing cabinet. It is my responsibility to ensure that

everything has been documented and stored. Safeguarding and the prevention of abuse As mentioned above, Sad/Alpha have a Vulnerable Adult Safeguarding Lead that I will liaise with if a safeguarding concern as been brought to my attention.

It is mandatory for all staff to attend Vulnerable Adults Safeguarding training. Sad/Alpha have written their own company policies in relation to safeguarding. The safeguarding policy itself defines an adult at risk of harm, lists the types of physical/mental abuse or harm that can occur and the reporting procedure that should be followed if an allegation is made or if they have any concerns, (as outlined above). All staff who have read the policy will be aware of who they need to report to in the first instance and the importance of writing down and recording factual file notes.

These policies have been written in line with the No Secrets Act (2000), The Mental Capacity Act (2005), Human Rights Act (1998) and Safeguarding Adults (2005). The other policy that needs to be read and understood in connection with safeguarding is the Sad/Alpha Weightlessness policy. This policy firstly reassures a staff member that they can make a disclosure within a positive and supportive environment and that there will be no reprisals from bringing a matter to their Manager's attention. The reporting procedure is outlined in the policy, and if the member of staff has a concern about a colleague, they will report directly to their Line

Manager. If, however, the concern is in relation to their Line Manager, they will report the matter to Senior Management level to be investigated. All staff are aware that they have a duty of care towards clients, their colleagues and

themselves. I do believe that risk assessments that are regularly reviewed are extremely important to try and prevent abuse occurring. Alpha risk assessments covers areas such as historical risk, risk to self, risk to others, risk from others and environmental risks. When we assess a client we will complete a risk assessment form and the client will be marked for overall risk.

We can then discuss with the relevant worker/professional how to minimize risk, for example, one of our clients has historically made an allegation of sexual assault against a male worker from another agency. This client is currently being seen in pairs and the two workers are female. Risk assessments will only be successful if they are reviewed regularly as a matter of course. Communication is also very important, not just between other agencies, but within the team. All staff members must know who to report concerns to and what to do. If a Manager is made aware of a possible concern/risk, this must be passed onto the worker and vice versa.

All complaints must be investigated, (no matter how small or minor they appear to be), they must be documented correctly and the necessary action must be taken if required. Within Alpha we always encourage staff to try and view a complaint as a positive thing rather than a criticism. By reviewing and investigating complaints, our Care plans are also important in relation to safeguarding and these will also only be successful if they are reviewed on a regular basis and are communicated clearly to all staff that are working with the client.

For example, we are currently working with a an who has poor eyesight and is unable to use the cash point unsupervised. Unbeknown to him, his friends have been withdrawing money from his account. His care plan has now changed in the respect that we have temporary power of attorney of his money and make all cash withdrawals at the bank for him keeping an accurate record of all money that has been spent. Sad/Alpha also have a responsibility to follow up on any references when people apply for a Job and to ensure that workers are not working with a client unsupervised until they have had a satisfactory DB'S check.

Regular training and supporting staff on a regular basis is also key. 4. Recommend proposals for improvements in systems and procedures in own service setting Within Alpha, I believethat we are very good at communicating with each other and as a team. I would however like to improve this by coming up with regular training sessions/staff meetings where we can all get together and share our thoughts and ideas and that staff and Managers can be updated on what is happening with regards to all clients to include risks and safeguarding.

I like to hold supervision regularly, and as part of supervision, we discuss the clients that the worker is currently seeing, we review their care plan and make any required changes. This would also be a good time to update risk assessments, but all staff are aware that anything in relation to risk should be brought to my attention as soon as possible and that they should not wait for a supervision.

I do receive daily feedback from staff in relation to their visits. However, I would like to be more "hands off" with regards to client work and be able to spend my time working with staff on their visits and also visiting clients to perform an audit of our services and this would include risk. The audit could then be shared with the worker who would know that they would need to action any of the relevant points and feedback to me when this had been completed.

I think this would be of benefit to the client and to the worker who would be mindful that regular audits were going to occur which, in turn, would make them more aware that policies and procedures do need to be adhered to and it reinforces our duty of care. I think that our policies and procedures as a company are fairly robust, however, these may be subject to change in the near future if adult safeguarding becomes statutory along the same lines as child protection. I have now adopted a system, that should there be a change in risk, a new risk assessment form is completed.

I would however like to visit the clients on a quarterly basis at least to re-evaluate risk regardless of whether their circumstances have changed or not. Although our team has a case load of regular clients, I believe that it is important that they are occasionally seen by somebody else who is not so used to them. It is very easy to become blinkered to risk/harm and a new set of eyes can be very important when reviewing this. I would like to implement a regular shuffle around within the unit/AC
Learner signature: Assessor
signature: Date: