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ADULT SUPPORT AND PROTECTION POLICY

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Adult Support and Protection policy (Safeguarding)

The purpose of this document is to inform West Nah professionals LLP agency staff about the, Adult Support and Protection (Scotland) Act 2007, (ASAP). The organization' policy has been established to comply with the provisions set out in MHC&T(Scotland) Act 2003 and Adults with Incapacity Act 2000

This policy provides the framework for the protection of adults at risk from harm in cooperation with the council (the lead agency for ASAP locally) and other relevant agencies. The aim of the policy is to ensure that the West Nah professionals agency works closely with all relevant agencies to prevent harm especially to vulnerable adults where possible and where preventative measures fail, to deal sensitively and effectively with any incident. West Nah Agency will adopt this policy which will act as the minimum standard.

Partner Agencies

The West Nah Professionals agency commits to working within a multi-agency framework which has been developed jointly, led by the Council.

Effective inter-agency working will usually be achieved through the Adult Support and Protection Committee in the local area, which is made up of representatives from statutory and independent agencies and service user group representation.

The Glasgow and Greater Clyde adult support and protection committee is a multi-agency committee which consist of :

- Independent convener – Colin Anderson
- Glasgow city council social work services

- Police Scotland
- NHS Greater Glasgow and Clyde
- Cordia
- Social Care ideas Factory
- Alzheimer's Scotland
- Mental Welfare commission Scotland
- Independent Advocacy service
- Scottish fire and rescue
- Trading standard

Contact details

During working hours phone social care direct – 0141 2870555

Text phone – 1800101412870555

The North Lanarkshire adult and support and protection committee consist of :

- Independent chair
- Adult protection coordinator
- Crown office and Procura fiscal service
- National Health service Lanarkshire
- North Lanarkshire council
- Scottish fire and rescue service

- Police Scotland
- Scottish ambulance service
- Trading standards

Contacts

Aidrie social work locality

Health and social care North Lanarkshire

Floor 2

Coats house

Gartlea Road

Aidrie

ML69JA

01236757000

- Bellshill social work liability b- 01698346666
- Coat bridge social work locality – 0123622100
- Cumbernauld social work locality – 01236638700
- Motherwell social work locality – 0169833210
- Wishaw social work locality – 01698348200
- Social work emergency service - 08001214114

The overall responsibilities of then committee are usually to determine policy,

co-ordinate activity between agencies, facilitate joint training, and monitor and review progress.

As an integral part of its commitment the Nah agency acknowledges:

The Local Councils are responsible for the overall co-ordination of the development and implementation of the local policy. The Nah commits to joint training programmes for staff, management, supervisory and practitioner levels.

The Nah agency will offer support and supervision to their own staff who become aware of and intervene when harm is suspected or revealed.

The Nah agency will have in place procedures for the support and protection of adults from harm and ensure that staff are familiar with such procedures.

Principle

West Nah Professionals Agency and its staff will actively work together within the inter-agency framework to promote the empowerment and well-being of vulnerable adults in the individual health settings.

The West NAH Professional agency policy on Adult Support and Protection supports the rights of the individual to lead an individual life based on self-determination and personal choice.

The policy further:

- Recognises people who are unable to take their own decisions and/or to protect themselves, their assets and bodily integrity.
- Recognises that the right of self-determination can involve risk and ensure that such risk is recognised and understood by all concerned, and minimise whenever possible.
- Ensure that when the right to an independent lifestyle and choice is at risk the individual concerned receives appropriate help, including advice, protection and support from relevant agencies and

- Ensure that the law and statutory requirements are known and used appropriately so that vulnerable adults receive the protection of the law and access to the judicial process.

Principles which underpin the Act

The fundamental principle sometimes referred to in the Act as the 'overarching principle', is that: "Any intervention in an individual's affairs should provide benefit to the individual and should be the least restrictive option of those that are available."

The West Nah Professional will ensure that the following guiding principles will be considered when any parts of the Act are put in place. These are:

(Non- discrimination) - The people with mental disorder should, wherever possible, keep the same rights and entitlement as those with other health needs.

(Equality) - All powers under the act should be exercised without any direct or indirect discrimination on the grounds of physical disability, age, gender, sexual orientation, language, religion or national or ethnic or social origin.

(Respect for diversity) - Service users should receive care, treatment and support in a manner that accords respect for their individual qualities, abilities and diverse backgrounds.

(Participation) - Service users should be fully involved so far as they are able to be in all aspects of their assessment, care, treatment and support.

- The wishes and feelings of the adult at risk (past and present)
- The views of other significant individuals
- Providing the adult with the relevant information and support to enable them to participate as fully as possible.
- The importance of ensuring that the adult is not treated less favorably than another adult in a comparable situation

The Adult with incapacity (Scotland) Act 2000 provides ways to help safeguard the welfare and finances of people who lack capacity. It protects adults who lack capacity to take some or all decisions for themselves because of mental disorder or an inability to communicate. It allows a person – such as a relative or partner or friend to make a decision on someone's behalf

What is harm

The Adult Support and Protection (Scotland) Act 2007 describes four main types of harm - Physical, psychological, financial and self-harm.

For the purpose of the Act, 'harm' includes all harmful conduct and, in particular:

- Conduct which causes physical harm
- Conduct which causes psychological harm (e.g. by causing fear, alarm, or distress).
- Unlawful conduct which appropriates or adversely affects property, rights of interests (e.g. theft, fraud, embezzlement or extortion)
- Conduct which causes self-harm

WHO IS AN ADULT AT RISK OF HARM?

The act defines an adult at risk as adults (aged 16 or over) who:

- 1) Are unable to safeguard their own well-being, property, rights or other interests and
- 2) Are at risk of harm; and
- 3) Because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

All three parts of this definitions require to be met in order for an adult to be an adult at risk

How an individual adult at risk may respond to harm?

They may:

- Seek attention
- Become resigned
- Deny what is happening
- Become angry
- Withdraw from activity
- Have difficulty communicating
- Evidence marked changes in behavior
- Appear to become confused mentally and psychologically
- Become frightened

Types of harm:

- a) Physical
- b) Sexual
- c) Psychological

- d) Financial
- e) Verbal
- f) Institutional
- g) Discriminatory
- h) Neglect

Recognizing Harm

Social and emotional indicators

The following are indicators for assessing the risks involved where abuse is suspected:

- The adults appear to be withdrawn or agitated and anxious
- They may be isolated in their room
- Their mobility is restricted due to absence of suitable mobility aids
- They may be excluded from outside social contacts
- They are overly subservient or anxious to please
- Lack of eye contact – looking at the floor during discussions or looking to others to answer questions even when directed to the individual
- Dramatic changes in behavior or personality; depression or confusion, for which no medical explanation can be offered
- Poor conditions, lack of clothing, lack of access to own money
- Indication of physical abuse

The following are indicators for assessing the risks involved where physical abuse is suspected:

- Multiple bruising that is not consistent with the explanation, e.g. a fall
- Cowering and 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, especially on the back of the hands

Scalds, especially with a well-defined edge from immersion in water

Adult Support and Protection Policy

- Hair loss in one area – scalp sore to touch
- Frequent minor accidents without seeking medical help
- Unusual sleepy or docile
- Tendency to flounder
- Unexplained fractures
- Malnutrition, ulcers, pressure sores and sores due to lack of care for incontinence
- Frequent ‘hopping’ from one GP to another or from one care agency to another

The following are indicators for assessing risk involved where sexual harm is suspected:

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

Objects to being watched in genital areas, which is a change in behavior.

The following are indicators for assessing the risks involved where institutional harm is suspected. There is poor staff morale, high turnover or high sickness rate amongst staff and excessive hours are worked.

- There is a general lack of consideration of privacy e.g. staff walk casually into bedrooms; lack of appropriate privacy for washing and personal care tasks; there is no telephone that can be used privately.
- Service users appear unusually subdued, especially when compared to their previous behavior; they retreat into their own room.
- Lack of care when dealing with personal clothing, e.g. loss of clothes, being dressed in other people's clothes, dirty or unkempt, spectacles not clean, wearing other people's spectacles, hearing aid or teeth.
- Poor hygiene e.g. strong smell of urine; dirty clothing or bed linen

- Inappropriate use of medical or nursing procedures e.g. enemas, catheterization,

over reliance on medication
- Lack of communication between staff about service users
- Lack of communication between relatives and staff

The act introduces new measures to identify and protect individual who falls into the category of adults at risk. These includes:

- Requiring councils to make the necessary inquiries and investigations to see if action is needed to stop or prevent harm happening.
- Requiring specific organizations to co-operate with councils and each other about adult protection investigation.
- A legislative framework for the establishment of local multi-agency Adult Protection committees across Scotland
- Inspectors remain a vitally important safeguard for the rights of vulnerable people who use services. They have the right and duty to take action as they see fit to ensure this.

Providers must notify Care Inspectorate of all aspect of care and treatment which may be set out in line with legislation to ensure all aspects of appeal, Advocacy and support is available to the individual and their family or carers.

Reporting

Why should harm be reported?

There are self-evident reasons for reporting harm but often individuals fear that the very fast of reporting an incident or a concern may lead to difficulties for them. But it is always better to act on suspicions and to report these to the manager than do nothing. Every registered care service will have a place where they keep the telephone books and during induction the agency RN will enquire from the nurse handing over where this telephone book is kept.

By reporting we help to:

- Exercise our duty of care
- Stop the harm
- Ensure that those involved get support
- Stop risks to others
- Support the person being abused who may be unable to report themselves.

PROCEDURE FOR REPORTING

The agency RN will follow the policy of the registered care service in which she is working. She will report to the line manager of the care service.

The Line manager of the registered care service makes a report to the relevant officer in Social Work Services or the Adult Protection Team (refer to contact details above.)

Police are informed by the home manager

The agency worker will phone the nurse in charge or the line manager of the home to inform them of the incident, so they can contact appropriate personnel. All important emergency telephone numbers are displayed on the notice board and also listed in the individual units telephone books which can be located in the nurses station desk drawer.

Social work has the lead role in responding to allegations of harm. Where Social work is of the opinion that an offense may have been committed, they will report the matter to the Police, and discuss with them the process for investigation. It is appropriate for you to call the Police in circumstances where there appears to have been an offense committed, and where there is any delay in discussing the situation with Social work. In some circumstances the Police will proceed with a criminal investigation. Social work will act to avoid prejudicing any Police investigation, however its duty is to protect and safeguard and in situations of immediate serious risk/harm and this will be the priority.

Recording

Maintaining good accurate records is always good practice. There should be consistency in the reporting system, hence the following information should be included:

- Personal details- name, address, date of birth, ethnic origin, gender, religion, GP, physical and mental health, any communication difficulties.

- The referrer's name, job title, contact details and reason for involvement.
- The nature/substance of the allegation
- Details of alleged person inflicting harm.
- Details of specific incidents, e.g. dates, times, injuries, witnesses, evidence such as bruising, scratches etc.
- What was said and by whom – where possible in words used by the adult.
- Background of any previous concerns.
- Whether the adult is aware/has consented or not to the report being made.
- Actions taken if any.
- Information given to the adult, expectations and wishes of the adult, if known.
- Person responsible: staff member/line manager.

In recording information, West Nah professional's agency staff should:

- Record information promptly and accurately in the incident report book and AP1 form which will be sent to the Social Work Service in the Local area.
- Record information in plain language
- Only record what one has been told and in the precise words used.
- Respect any confidentiality in accordance with legal constraints.
- Only record information relevant and necessary to the allegation or incident.
- Indicate whether information has been visually observed or is verbal assertion.
- Make opinions evident.

- Keep accurate records of what information has been disclosed to whom, the source of the data disclosed, and the date on which it was disclosed;
- record full details about information disclosed without consent, the reasons for the decision to disclose, the person who authorised the disclosure, if different than the staff member concerned, and the person(s) to whom it was disclosed.

Guidance on managing adult protection concerns which alleges the involvement of a worker.

It is recommended that allegation made against agency RN is managed according to the following procedure.

- 1) The allegation must be reported immediately to the manager of the nurse agency.
- 2) On receiving the concerns, the manager should immediately contact Social Work and/or the Police by telephone and act on any advice given. AP1 form will be completed and sent to Social Work Services with the details of the incidence within 24 hours. The manager will also notify care inspectorate of the allegation after investigation. If the wellbeing of the service user is affected, the GP will be involved to review the service user, the next of kin /relatives will be informed , the social worker will visit the service user to get more information.
- 3) The individual who first received/witnessed the concern should make a full written record of what was seen, heard and/or told. It is important that the report is an accurate

description. The manager can support the worker during this process but must not complete the report for the worker.

4) The manager should add any steps that she/he has also undertaken (e.g. contact with Social work and/or Police) and summarize any advice given by the adult protection agencies.

5) The individual worker and the manager should sign and date the report.

6) A copy of the record should be passed to Social Work and/or Police. The original record should be stored in a secure place such as a locked cabinet.

7) It is important that any internal review carried out by the agency does not compromise the work of the adult protection agencies or involve questioning alleged victim about the nature of the abuse that is being alleged. This is always the concern of the adult protection agencies.

8) During investigation the agency RN will not be on placement until the matter has been resolved.

Where the agency's own internal review suggests that the workers action have breached its policies it should follow its disciplinary procedure.

Sanctions may involve dismissal or removing the worker from access to individual users of service where his /her actions are a serious breach. The agency worker will be reported to NMC.

Confidentiality

In the early stages of working with alleged victims, other professionals and agencies, formal explanations about confidentiality should be given in line with this guidance set out below.

The views of the service user should always be taken into account however, if the service user:

- Does not wish action to be taken
- Does not wish to be involved with any investigation
- Does not want any information shared with other individuals or agencies.

In the first instance it should be explained to the vulnerable person that the member of staff does have a duty to discuss the disclosure with their line manager.

There will be a need to share information with the relevant Social Service Care Manager and generally permission would be asked before doing so. However, in exceptional circumstances e.g. if it is considered someone is at serious risk of harm then information may be disclosed without consent, see below.

Duty of Confidence

Information held by agencies is subject to the legal duty of confidence and should not normally be disclosed without the consent of the persons who have provided the information or are subject of the information. However, the public interest in maintaining confidentiality can be overridden by the public interest to protect vulnerable persons.

Disclosure without consent must therefore be necessary and justifiable in each case and be the minimum necessary to achieve the aim. In the event of doubt, legal advice should be obtained before a disclosure is made, but due regard must be made to the fact that this may cause unnecessary delay which could have additional implications about why immediate action wasn't taken and a dangerous delay was caused.

In all instances an Adult Protection/Action Plan will be produced. This will include any action to be taken regarding protection and/or investigation, together with the monitoring and review arrangements.

The Care Inspectorate should also be informed in accordance with each health setting statutory responsibilities under the Regulation of Care (Scotland Act 2010), as should the Directors of West Nah Professional Agency.

PROCEDURE REGARDING ALLEGATION OF ABUSE AGAINST STAFF.

We are very passionate about our service and any complaints brought to us about your conduct will be thoroughly investigated and if such complaints are found to be true (about any serious offence), it may lead to disciplinary action taken against you.

Our list of a serious offence is not limited to the ones listed below but, we do take the following quite seriously and will lead to disciplinary action.

- Physical violence, fighting, assault.
- Refusing to take instruction given by a Manager or Supervisor while on duty.
- Harassment or bullying or aggressive behaviour.
- Discrimination.
- Fraudulent activities-theft, falsification of records.
- Abusing the service user.
- Abandoning contract without permission.

- Abusing the Agency name and property and dragging the agency to serious dispute.
- Not performing to standard and poor time keeping.
- Not performing to standard and poor time keeping.
- Not keeping to health and safety rules.
- Breaching the confidentiality law.
- Negligence causing or might cause serious damage or injury.
- Sexual harassment or other immorality act.

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DISCIPLINARY ACTION/ PROCEDURE REGARDING ALLEGATION OF ABUSE AGAINST STAFF.

The following disciplinary procedure will be taken when any of the above is breach.

- The Agency will inform the staff about the complaint against him/her about his/her professional conduct
- The Agency will carry out an investigation and inform the staff about the outcome.
- A hearing will be held involving the staff or his representative.
- The Agency will use its judgement whether to use the Agency staff when this investigation is going on or not.
- If the outcome of the hearing is not favourable, the staff have the right to appeal within 7 days but, if the Agency maintain the decision, the staff will be removed from the database of working staff for the Agency.

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Whistleblowing

In line with individual health setting Whistleblowing policy, West Nah Professional Agency employees and others with serious concerns are encouraged to come forward and voice those concerns with West Nah Professional managers.

Training

All staff, as part of their induction training, should be made aware of the Local area committee guidelines for Greater Glasgow and Clyde and Lanarkshire Committees from the following websites: www.northlanarkshire.gov.uk and www.glasgowadultprotection.org.uk

Support information in relation to the Act for service providers, users and carers is available in the form of:

- The Scottish Government website
- Guide to named person
- A guide to Advanced Statements
- NHS Education for Scotland have developed online training materials for front line staff
- The Mental Health Tribunal for Scotland website
- Mental Welfare Commission
(website: www.mwcsct.org.uk)

West Nah Professional Agency staff should thereafter be refreshed and updated on all issues relevant to Adult support and Protection, whistleblowing, restraint

and reminded of the Agency's disciplinary procedures. This should ideally be repeated every year or more often when necessary.

CONTACT DETAILS

- The council and social services for greater Glasgow and Clyde

Working hours : Social direct – Tel 01412870555

Text phone 1800101412870555

Out of hours – Tel 03003431505

North Lanarkshire

- Mother well social work locality – Tel . 01698332100
- Wishaw social work locality – Tel . 01698348200
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