# Vulnerable Patients

improving the quality of life through better oral health

# Safeguarding Toolkit

Part of the Vulnerable Patients series

Supported by Colgate Partners in Education in Prevention

Colgate Oral Health Network for Professional Education and Development

# Contents






# Safeguarding

Safeguarding is the prevention of, and acting to prevent, harm to children and vulnerable adults caused by neglect, abuse or exploitation.

The dental practice should be a safe environment for staff and patients and whilst it is unlikely that abuse will take place in the practice, team members should all understand that the possibility exists, and know what to do about it. Checks are necessary for all persons working in a dental practice, and it is essential that the requirements of the Care Quality Commission regarding CRB checks are followed. It is a criminal offence to employ a person unsuitable to work with children because of a previous conviction.

All health professionals, including dental teams, have a duty to safeguard, and it is recommended that every dental practice has a Practice Safeguarding Lead, who should normally be a dental practitioner.

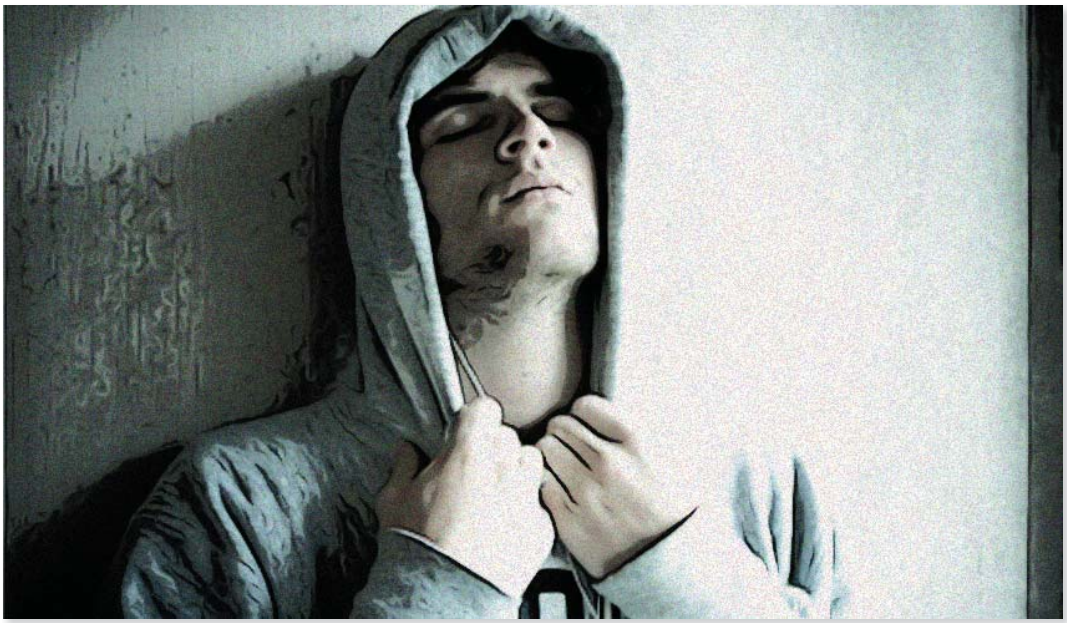
Staff should receive basic safeguarding training as part of their induction and need to be aware of the potential indicators of abuse and neglect, the principles of confidentiality and consent and be familiar with the local procedures for safeguarding.

It is the responsibility of the Practice Safeguarding Lead to ensure all staff are:

- Aware of their duty to safeguard
- Trained appropriately
- Aware of the practice procedures in the event of concerns about patient or staff welfare
- Aware of who to contact locally in the health service, social services and the police in the event of concerns.

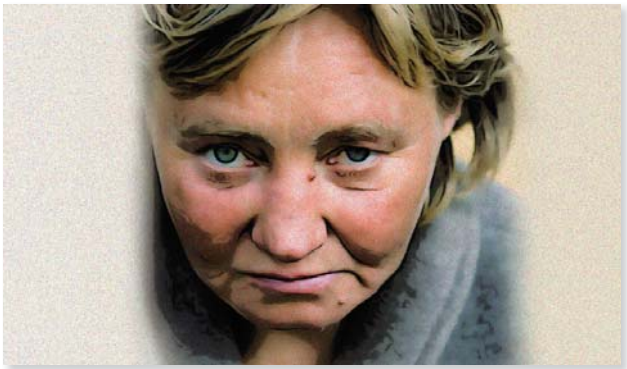
Practice staff should receive awareness (Level 1) training every three years and the Practice Safeguarding Lead should ensure they are up to date with developments. A record of safeguarding training should also be kept.

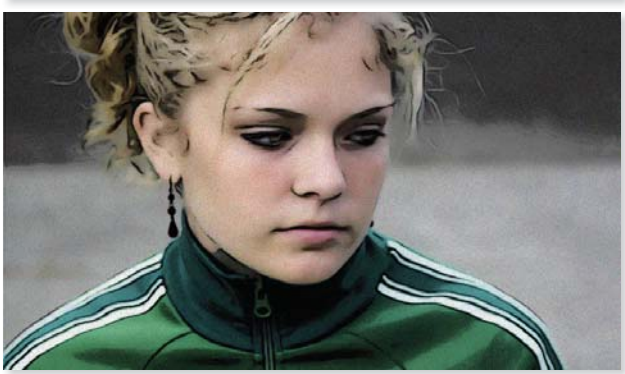
*The aim is to fulfil the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 of which Regulation 11 Outcome 7 : Safeguarding people who use services from abuse, states:*
*People are safeguarded from abuse, and their human rights are respected and upheld.*



The Dental Team are not in a position to make any form of diagnosis about whether an adult is being abused or neglected, that is the role of other professionals. What the dental team should be doing is identifying those patients who may be at risk from abuse (including domestic abuse) and neglect, and then report it where they are suspicious. You do not have to be certain it is taking place to report it. Abuse and neglect are NOT the norm, but you should know what to look for. The following is a list of accepted signs and symptoms, which when put together and/or seen in vulnerable patients may give rise to those suspicions.

| Signs | Possible Indicators |
|---|---|
| **Physical and verbal**, which may include hitting, slapping, pushing, verbal abuse and restraint | Multiple bruising, fractures, fractured teeth, burns, bed sores, fear, depression, unexplained weight loss and signs of malnutrition, history of unexplained fall(s) and minor injuries |
| **Psychological/ Emotional**, which may include threats, isolation and deprivation of contact, humiliation, intimidation, coercion and harassment | Fear, depression, confusion, loss of sleep, unexpected or unexplained change in behaviour, verbal abuse and appearing frightened of or very deferential to carers, carer talks over the patient |
| **Sexual**, which may include rape, sexual assault without consent or pressured into consenting | Loss of sleep, unexpected or unexplained change in behaviour, bruising, sexually transmitted diseases, pregnancy |
| **Financial**, including theft, fraud, exploitation and misuse of property, possessions or benefits | Unpaid bills, unexplained shortage of money, reluctance on the part of the person with responsibility for the funds to pay bills, suspected fraud, theft |
| **Neglect** or an act of omission, which may include ignoring medical or physical care needs, failure to provide access to appropriate health care, social care, education services or misuse of medication, adequate nutrition or heating | Malnutrition, untreated medical and dental problems including history of suffering for a long time, bed sores, confusion, over sedation, dirty or inappropriate clothing, dirty/cold living conditions |





In any of the above categories the abuse may also be **Discriminatory,** including racist and sexist behaviour and harassment based on ethnicity, race, culture, sexual orientation, age, and disability.

The abuse or neglect may also be **Institutional**; Inflexible systems and routines, lack of consideration of dietary requirements, name calling; inappropriate ways of addressing people, lack of adequate physical care - an unkempt appearance, no respect for dignity or privacy

To get more detailed information regarding safeguarding of children, staff should follow the training course available at **www.cpdt.org** and should print off documents such as Document 5 available at the back of the booklet *"Child Protection and the Dental Team"* available in the download section of the website.

# Vulnerable or At Risk Adults

A *Vulnerable Adult* is a person aged 18 years or over who may be at risk because they are unable to take care of themselves, or protect themselves from harm or from being exploited; and may therefore need or be receiving care and support including from community care services. This may be because they have a mental health problem or other disability, a sensory impairment, are old and frail, or have some form of illness.

## What constitutes Abuse and Neglect?

Abuse is violation of an individual's human and civil rights by any other person or persons. Abuse may consist of a single act or repeated acts, and it can be either deliberate or the result of ignorance, or lack of training, knowledge or understanding. Often if a person is being abused in one way they are also being abused in other ways.

Neglect is a form of Abuse and is the failure to provide necessary care, assistance, guidance or attention that causes, or is reasonably likely to cause the person physical, mental or emotional harm or substantial damage to or loss of assets. Neglect may be Active (intentional) or Passive (due to lack of experience, information or ability).

## Who are the Abusers?

Abuse can be perpetrated by a wide range of people, but especially includes relatives, friends, other adults at risk, paid or volunteer workers and especially those who have responsibility either formal or informal for the abused person. Abusers are usually well known to their victims, but can be strangers, they sometimes do not realise they are doing it, and sometimes it is due to the stress involved in caring, may be out of character and may be because of a lack of institutional control or poor processes.

## Finding out about Abuse

Vulnerable Adults may report abuse themselves, but often they do not tell anyone, because they are frightened or ashamed, do not know how to ask for help or are unable to tell anyone because of their disabilities. Because they may not tell, or be able to tell anyone, it is very important to know what to look out for, and it might be that in the taking of the patient history, Medical, Dental and Social, suspicions or facts about potential abuse come to light.

For further information on vulnerable adults staff should read *"No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse"* available at *www.doh.gov.uk/scg/nosecrets.htm*, and on vulnerable children should read *"Child Protection and the Dental Team"* available through the downloads section of *www.cpdt.org*

# Practice Safeguarding policy

All team members in this practice understand that safeguarding is an essential element of clinical governance, that they have a duty of care to safeguard, are committed to protect children and vulnerable adults from harm and that we adhere to Care Quality Commission standards.

We will ensure the safeguarding of children and vulnerable adults by the following actions:

1. Current local and national guidance for promoting and safeguarding children, young people and vulnerable adults will be followed at all times

2. Staff and patients are made aware that we take safeguarding seriously

3. All Practice staff receive awareness level (Level 1) training at induction and then refresher training every three years

4. Procedures for staff recruitment and selection will follow CQC guidelines including appropriate CRB checks

5. All staff know the actions to be taken if they suspect abuse or neglect

6. All staff understand the principles of confidentiality and information sharing in line with local and government guidance

7. All staff understand the complaint, grievance and disciplinary procedures at this practice

8. The practice has a named Practice Safeguarding Lead (see below) who is responsible for having an overall overview of practice policy, to whom all instances of suspected abuse and neglect should be reported, and who will normally take the lead on sharing appropriate information and reporting suspicions and allegations to the relevant authorities

9. All instances of suspected abuse are reported to the Practice Safeguarding Lead, recorded, and where appropriate information may be shared with those who need to know, and reported to the relevant authorities

Practice Safeguarding Lead .....
Phone number(s) of local Social Services Child Protection lead(s).....
Phone number(s) of local Social Services / Local Authority Adult Safeguarding Lead(s).....

# What to do if you suspect Abuse or Neglect

## Remember you have a DUTY TO REPORT ABUSE/NEGLECT

1. Do not ignore it

2. Listen carefully to the patient, do not question them too closely, simply clarify the basic facts of the allegation of abuse or grounds for suspicion of abuse. Do not promise to keep it a secret

3. If you suspect the carer speak to the Practice Safeguarding Lead

4. Do NOT speak to the alleged abuser about what has happened or what you think has happened

5. Talk to the Practice Safeguarding Lead, a line manager or the practice principal

6. Explain to the adult at risk your DUTY to report concerns of abuse and ask who, if anyone, they would like to support them

7. The Practice Safeguarding Lead should report your concerns to the local Safeguarding Officer (see below)

8. If you think a crime such as theft, assault etc has been committed there should be no delay in calling the police, with the adult at risk's permission. If the adult at risk is not able to give consent to the police being called, the Practice Safeguarding Lead should contact your local Safeguarding Officer (see below)

9. Do not disturb or dispose of any evidence or potential evidence

10. Ensure the person receives any emergency treatment they require

11. Record or make careful notes of the discussions with the patient, what you have seen, heard and your actions as soon as possible. Sign, date and note the time in your patient notes

## What happens next?

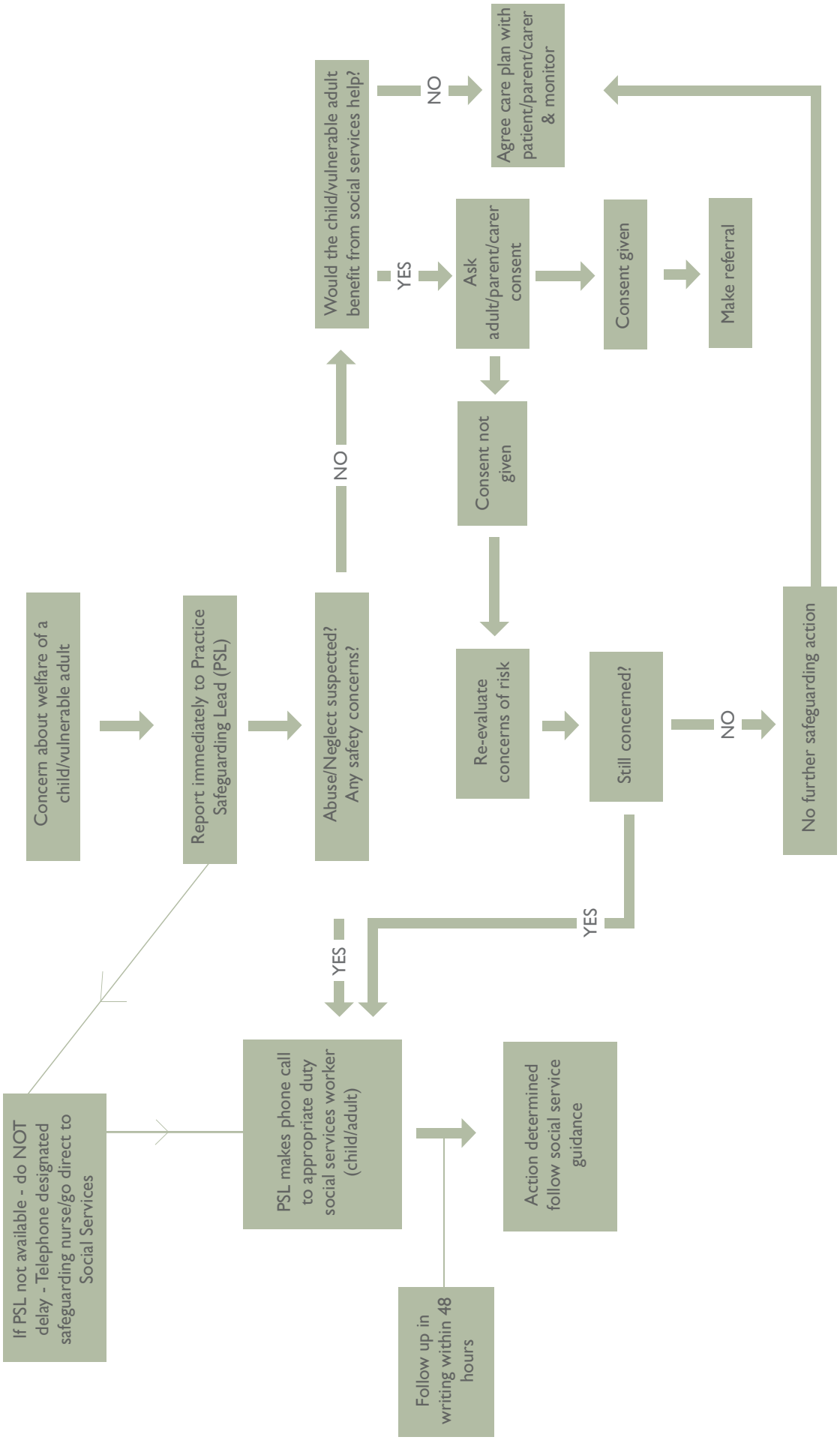
Safeguarding is a multi-agency function, and Local Authorities, Boroughs or equivalent will normally have two Safeguarding Boards, one for Child Protection and one for Adult Safeguarding. A Safeguarding issue will be investigated by one of these Boards. If a crime is suspected, the police will lead the investigation, otherwise a Child Protection Officer, or Adult Safeguarding Officer (titles may be different) will undertake a full investigation and take action if required.

The wishes and best interests of the adult at risk should take priority.

## Local Safeguarding Officer

You should find out who your local officers are, and keep a note of their contact details.

# Safeguarding flowchart



# The Mental Capacity Act (MCA) 2005

The MCA states that all patients should make decisions about their own lives whenever possible, or be included in such decisions wherever achievable. If decisions have to be made on a patient's behalf, then they must be made in the patient's best interests. The Act came into force in two stages in 2007; in April 2007 a new Independent Mental Capacity Advocate Service became operational, and all other parts in October 2007.

The act has five key principles:

1. A person must be assumed to be capable unless it is proven that he/she lacks capacity
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success
3. A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision
4. An act done, or decision made under this Act for or on behalf of a person who lacks capacity must be in his/her best interests
5. An act done, or decision made, should be in the least restrictive way possible.

The CQC has no direct powers to enforce the MCA, but the MCA requirements are covered in the following CQC outcomes:

**Outcome 1:** Respecting and involving people who use services
**Outcome 2:** Consent to care and treatment
**Outcome 4:** Care and welfare of people who use services
**Outcome 14:** Supporting workers

A person's capacity to make decisions can be affected by many factors which may be permanent, short-term or even intermittent. Examples are dementia, mental health problems, substance misuse, brain injury and stroke, learning disabilities and the effects of other illnesses or treatments.

Suffering from any of these conditions does not necessarily mean that a person lacks capacity to make all decisions, sometimes the ability can depend on the decision to be made, for example understanding and choosing what to eat may be different from understanding and accepting treatment.

### Determining capacity is not easy, but the MCA Code of Practice includes a "Two Stage Test"

Stage 1 - Is there an impairment of, or disturbance in, the functioning of the person's mind or brain? If 'yes' then:
Stage 2 - Is that impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

### A person lacks capacity to make a particular decision if they cannot:

- Understand information given to them relevant to the decision, or
- Weigh up information available to make the decision, or
- Retain the information long enough to make the decision, or
- Communicate their decision – this may be by talking, sign language, or by other means – even squeezing a hand or blinking. All methods of communication should be tried before deciding on this basis alone

The assessment should use the balance of probabilities, should be fully recorded, and then if a decision is made on behalf of the patient; family, friends, carers etc should be included and the principle of 'best interests' applied.

### What is 'best interests'?

The MCA provides a non-exhaustive checklist of factors for decision-makers to use, for example:

- Do not discriminate. Do not make assumptions on the basis of age, appearance, condition or behaviour
- Take into account all relevant circumstances
- It is recommended that practitioners use a 'balance sheet' approach
- Will the person regain capacity? If so, can the decision wait?
- Involve the individual as fully as possible
- Take into account the individual's past and present wishes and feelings, and any beliefs and values
- Consult others as much as possible and RECORD YOUR DECISION

### Further reading:

www.alzheimers.org.uk *Doc 448 Dental Care and Dementia, Doc 460 Mental Capacity Act 2005*
www.justice.gov.uk/protecting-the-vulnerable *The Mental Capacity Act Code of Practice*
www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_074491 *MCA Training Materials*



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