



British Society of  
Gerodontology

**Safeguarding Adults with care and support needs**  
**Update since the 2014 Care Act**  
**British Society of Gerodontology**  
**1<sup>st</sup> December 2016**

[geraldine.russell@heartofengland.nhs.uk](mailto:geraldine.russell@heartofengland.nhs.uk)



Building **healthier** lives

**HEART of  
ENGLAND**  
NHS Foundation Trust



KEEP CALM  
AND DON'T  
TEACH YOUR GRANDMOTHER  
HOW TO  
SUCK EGGS



Building **healthier** lives

# Learning Objectives

1. Updating of Adult safeguarding guidelines within the context of the 2014 Care Act
2. Awareness of risk factors and indicators of abuse and knowledge of how to report safeguarding concerns.
3. Knowledge of multi- agency procedures.
4. Knowledge of the Care Quality Commission and general dental council guidance on compliance to the Safeguarding and Safety Standard.
5. Consideration of own practice and how it can ensure prevention of possible adult safeguarding issues

**Counts as mandatory ASG training update**



# What is Adult Safeguarding?

**The Process of working with adults with care and support needs to keep them safe from abuse or neglect**

# Background

## No Secrets 2000

Guidance on Adult Protection issued by the Department of Health.

This required the development and implementation of local multi-agency policies and Procedures to protect vulnerable adults.



# Why wasn't it working?

## Nationally safeguarding had become:

- **Process driven and output focussed**
- **Emphasis on investigations and conclusions not on improving outcomes**

## As a result:

- **People report that their needs are not properly considered**
- **They felt something had been done to them not with them**
- **People said they felt in a worse position as a result of safeguarding**

# Care Act 2014

- Came into force 1/4/2015
- Largest reform of Social Care Law since 1948
- Peoples **well-being** and the **outcomes** which matter to them, will be at the heart of every decision that is made
- Puts **carers** on the same footing as those they care for
- Creates a new focus on **preventing and delaying needs for care and support** rather than only intervening at crisis point
- Embeds right to choice through **care plans and personal budgets**

# Care Act 2014

## Changes to terminology

OLD	NEW
Adult(s) at risk/Vulnerable adult(s)	Adult(s) with care and support needs
Alert/Referral	Adult Safeguarding Concern
Investigation/Investigations	Enquiry/Enquiries
Protection Plan	Safeguarding Plan
Serious case reviews	Safeguarding Adult reviews



# Vulnerable Adult

**.....is a person aged 18 or over 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 2000)**

# Care Act 2014 is about protecting any adult who :

- **Has care and support needs**
- **Is experiencing ,or is at risk of, abuse or neglect; and**
- **Is unable to protect themselves because of their care and support needs**

# Examples ,someone who is:

- **Elderly and frail**
- **Physical, learning, sensory disability**
- **Mental health needs including dementia**
- **Person with a long term health condition**
- **Someone who has issues with substance abuse**

# The Care Act and Adult Safeguarding

- The Care act requires Local Authorities to set up a Safeguarding Adults Board(SAB)including  
**Local Authority, NHS (CCG's),Police**
- They must develop shared plans working with local people
- Revised policies and procedures
- Publish the Safeguarding plan and report annually to the public
- Puts adult safeguarding on a legal footing

# The Care Act and Adult Safeguarding continued

- People who have care and support needs  
(not linked to eligibility of services )
- Must be person centred and outcome based
- Recognises role of carers
- More advocacy provision
- Designated Adults Safeguarding Managers
- The persons well being is paramount

**No decision about me, without me**



Building healthier lives

# Safeguarding Adults Board

Regulators of service

Housing/education

Voluntary & private agencies

**NHS**

**POLICE**

Probation

User groups

**LOCAL AUTHORITY**

DSS/Benefits

Advocacy services

Dental Service

Carer support groups

Legal services



Building **healthier** lives

# Six Principles of Safeguarding D. of Health

- Empowerment** : Person supported to make decisions
- Prevention** : Action before harm occurs
- Proportionality** : Proportionate and least intrusive response appropriate to risk
- Protection** : For those in greatest need
- Partnerships** : Local solutions through services working with their communities
- Accountability** : Transparency in safeguarding

# Care Act 2014 s42 Enquiries

- Duty to make enquiries or cause enquiries to be made.
- Local Authority – Lead Agency
  - Co-ordination role
  - Set timescales
  - Monitor process and outcomes.
- Purpose is to decide whether someone should do something to help and protect the adult.
- The specific circumstances to determine who is the right person to begin the enquiry.



## Care Act 2014 – s42 enquiries Making Safeguarding Personal

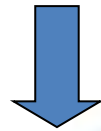
- Enquiries should start with asking the adult their views, which should determine what steps to take next .
- What happens as a result of an enquiry should reflect the adult's wishes wherever possible, as stated by them or by their representative or advocate.
- The adult should experience the safeguarding process as empowering and supportive.

# West Midlands safeguarding procedures

*Safeguarding Concern*



*Safeguarding Enquiry*



*Safeguarding Plan*

# Types of Abuse

- **Physical**
- **Psychological/emotional**
- **Neglect**
- **Sexual**
- **Financial/material**
- **Discriminatory**
- **Institutional**

# New Types of Abuse

- **Domestic Violence**

(includes forced marriage ,honour based violence and FGM)

- **Self Neglect** (includes hoarding)

- **Modern Slavery**, (includes human trafficking  
Forced labour, domestic servitude)

- **Organisational abuse replaces  
Institutional abuse**

## Baby L



# Francis Report- Stafford Hospital

- **Apalling care of older people abuse and neglect were accepted behaviour**
- **Institutional and resistant to change**
- **Too great a degree of tolerance of poor standards**
- **Hospital culture focused on the business systems not the patients**



# Signs & Symptoms of abuse in dental situation

- **General**
- **Behavioural: patient or carer**
- **Physical**
- **Oro facial**
- **Neglect**
- **Domestic environment**

List of indicators of abuse in GDP/Domiciliary setting  
Dental Update October 2012(R.Moore & T.Newton)

# Who can abuse?

- Family members and friends
- Health and social care professionals
  - Paid Carers or volunteers
  - Strangers or neighbours
    - Other service users
- **ANYONE!**

# Where does abuse happen?

- At home
- Care home/nursing home
  - Hospital/ Clinic
  - Workplace
  - In the street
- Day centre or college
  - Public transport
  - **ANYWHERE!**



# Risk factors for abuse of vulnerable adults

- **Factors in the vulnerable adult**
- **Factors in the abuser-person**
- **Factors in the abuser situation**
- **Factors in the environment**
- **Factors in institutions**

# Risk factors in the vulnerable adult

- **Social isolation**
- **Dependence on abuser for essential care**
- **Physical and cognitive deterioration**
- **Dementia**
- **Challenging behaviour**

# Risk factors in abuser -person

- **Mental health problems or personality disorder**
- **Physical illness**
- **Physical /emotional, exhaustion**
- **Lack of problem solving skills**
- **Lack of care giving skills**
- **Alcohol or drug problem**
- **Abused as a child**

# Risk factors in the abuser-situation

- **Dependence on person abused for financial +/- emotional support**
- **Care of abused person forced on abuser**
- **Resentment at being obliged to be carer**
- **Financial problems caused by care situation**
- **Social isolation**
- **Lack of knowledge and insight into reason for vulnerable adults condition or behaviour**

# Risk factors in the environment

- **Poor relationship between carer and victim  
eg domestic violence**
- **Lack of support from external agencies**
- **Poor and overcrowded housing**
- **Culture of disrespect towards vulnerable  
adults in the community**
- **Isolation of outsider in a community**



# Risk factors in institutions

- **Poor management**
- **Rigid inflexible routines**
- **Lack of opportunities for residents to exercise choice**
- **Inadequate staffing**
- **Poor staff training**
- **High staff turnover**
- **Lack of support for staff**
- **Disrespectful staff attitudes towards residents**
- **Lack of guidance on boundaries in relationships between staff & residents**
- **Culture of intimidation/victimisation/power hierarchies in staff groups**



# Organisational abuse-Care home



thanks to Petrina Sweeney for slides

# Mrs McGaw





# What does the CQC require ?

## Outcome 7 : Safeguarding and Safety

The registered person must make suitable arrangements to ensure that service users/patients are safeguarded against the risk of abuse.



Guidance about compliance

## Essential standards of quality and safety



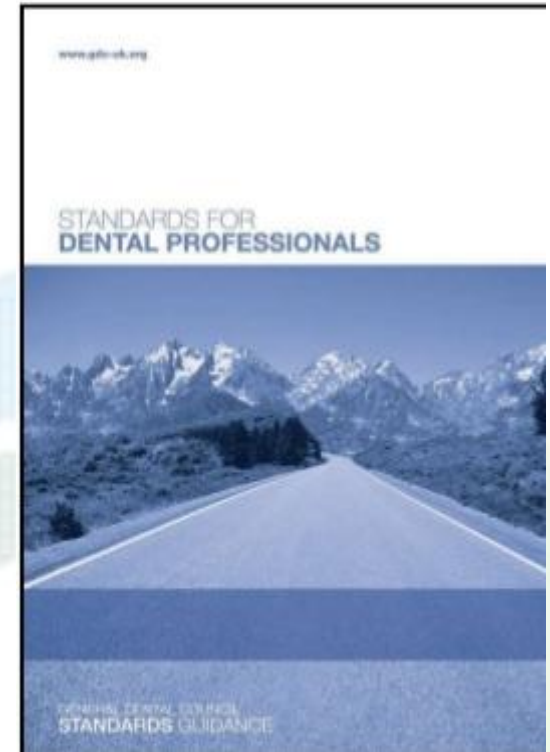
What providers should do to comply with the section 20 regulations of the Health and Social Care Act 2008  
March 2010

# What does the GDC require?

**Dental professionals are responsible for 'putting patients first and acting to protect them'.**

**Dental professionals have a responsibility to raise any concerns they may have about the possible abuse or neglect of children or vulnerable adults.**

**It is their responsibility to know who to contact for further advice and how to refer to an appropriate authority**



# How do we demonstrate compliance?

- **All health & social services staff should complete mandatory safeguarding awareness training**
- **Knowledge of LOCAL multi agency procedures**
- **Knowledge of how to report concerns**
- **Dental department guidelines & procedures**
- **Awareness of Mental Capacity Act/DOLS and their implications for restraint and capacity issues**

# What to do if you have ASG concern?

**Consider :**

- **Adult with care and support needs**
- **Experiencing or at risk of abuse or neglect**
- **As a result of care and support needs is unable to protect themselves**

**ALWAYS RESPOND & KEEP THE ADULT SAFE**  
Actively listen to person

**DISCUSS WITH YOUR LINE MANAGER OR SAFEGUARDING LEAD**

**DOCUMENT YOUR CONCERNS ACTIONS AND PATIENT RESPONSES**

**CONSIDER REFERRAL TO ANOTHER AGENCY /PROFESSIONAL,  
CAN PROVIDE SUPPORT FOR PATIENTS NEEDS**

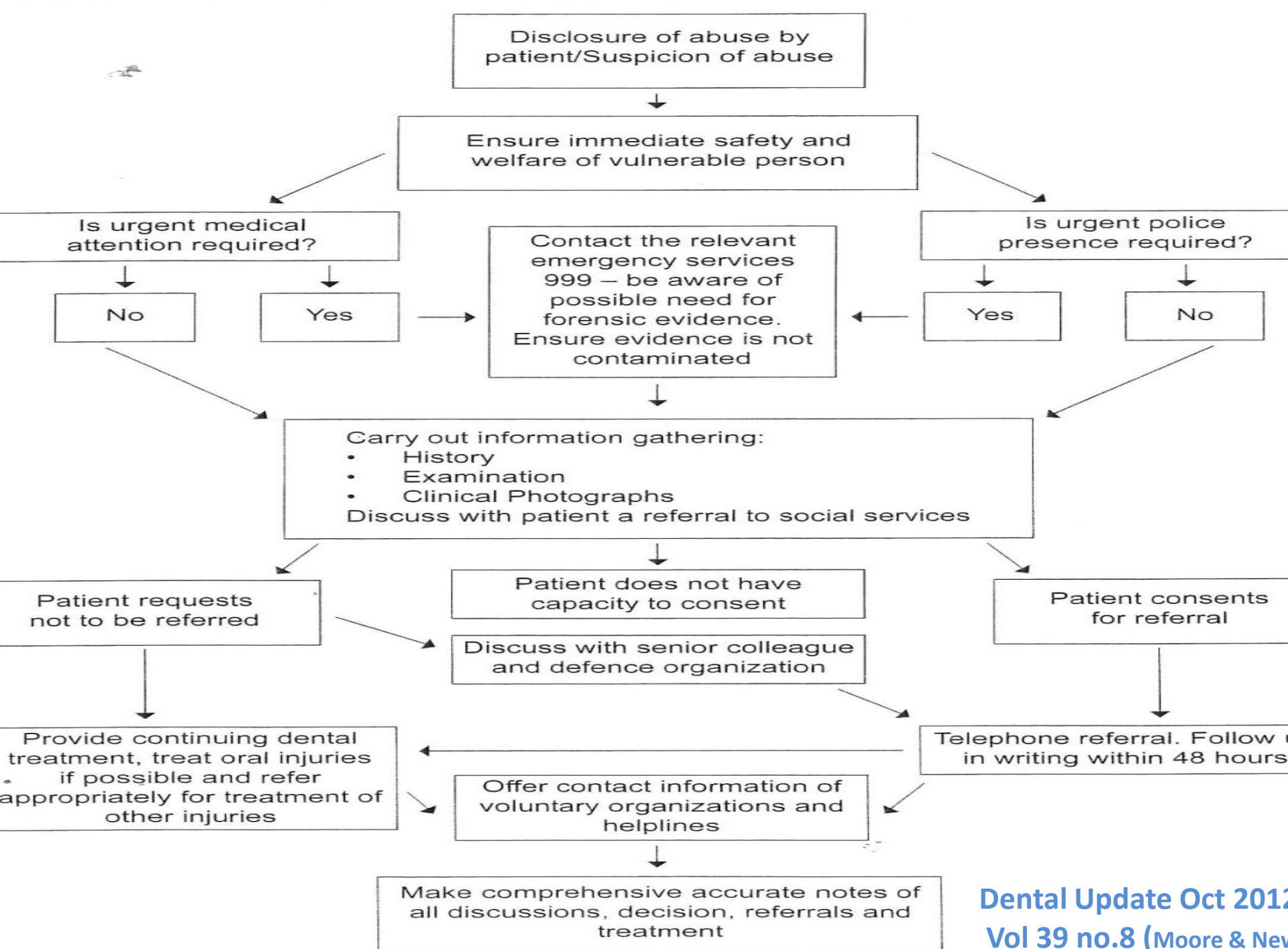
**TELEPHONE SAFEGUARDING NUMBER FROM TRUST WEBSITE FOR ADVICE  
FAX REFERRAL TO ADULT SOCIAL CARE SERVICE**

**COMPLETE INCIDENT FORM**

**RECOGNISE, RESPOND, REPORT, RECORD**



Building healthier lives



# Your ASG responsibility as an individual

- **Be aware of signs and symptoms of abuse**
- **Discuss your ASG training needs with your manager at appraisal and attend courses appropriate to your role**
- **Be familiar with your local safeguarding Procedures**
- **Report any safeguarding concerns to your manager**

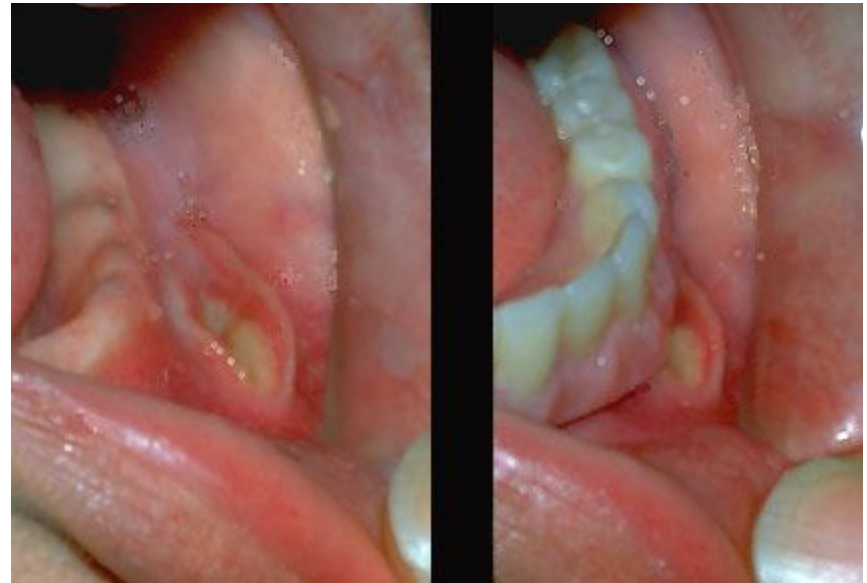


# Your ASG responsibility as a department

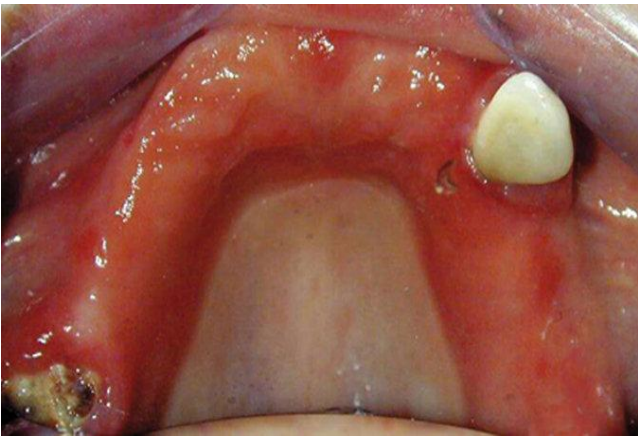
- Know LOCAL procedures and contact nos.
- Write a practice/community Safeguarding policy
- Ensure staff know how to report concerns
- Adequate training new staff
- Named safeguarding lead
- New staff checks: dba (crb), gdc, refs.







## Dental neglect ?



# Care homes –What can we do?

- **Screening**
- **NICE guidelines**
- **Work with CQC**
- **Lack of mouth care = general care**
- **Aspiration pneumonia**
- **OHC training for carers**
- **Make safeguarding alerts**



# Conclusion

**Safeguarding is everyone's business.  
Abuse can happen to anyone, anywhere  
and the responsibility for addressing it  
lies with all of us.**