Safeguarding Vulnerable Adults

Aims: To highlight the role of the dental care professional in safeguarding vulnerable adults.

Learning Outcomes:

On completion of this verifiable CPD article, the participant will be able to demonstrate, through completion of a questionnaire, the ability to:

- Identify the role of the dental care professionals responsibilities towards safeguarding vulnerable adults
- Identify some of the regulations and legislation concerning the safeguarding of vulnerable adults
- Identify the different categories of abuse
- Know the stages involved in raising a concern when a dental professional has a concern about a vulnerable adult
- Identify the principles of information sharing

Introduction

The abuse of vulnerable adults is often under reported. Safeguarding has been described by the Care Quality Commission (CQC) as a "key priority that reflects both our focus on human rights and the requirement within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to have regard to the need to protect and promote the rights of people who use health and social care services."

Therefore, all healthcare professionals have a responsibility to provide a duty of care to their patients and to ensure the safety and wellbeing of colleagues. In addition to being a fundamental part of patient safety and well being, safeguarding adults is also part of the outcomes expected of the National Health Service.

This article will discuss the definitions of abuse and vulnerable adults and will outline the responsibilities of the dental team when there are safeguarding concerns. Further suggestions for more in depth reading can be found at the end of this article.
Regulations and Legislation

Safeguarding vulnerable adults is necessary to comply with regulations, delivery of cost effective care and legislation\(^3\). Legislation relating to safeguarding adults includes:

- Care Act 2014
- Human Rights Act 1998
- Equality Act 2010
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Mental Health Act 1983
- NHS Act 2006\(^4\)

The General Dental Council's Standards for Dental Professionals document states:

“As a registrant you must take appropriate action if you have concerns about the possible abuse of children or vulnerable adults.”

Standards for the Dental Team states:

8.5.1 ‘You must raise any concerns you may have about the possible abuse or neglect of children or vulnerable adults. You must know who to contact for further advice and how to refer concerns to an appropriate authority such as your local social services department.’

8.5.2 ‘You must find out about local procedures for the protection of children and vulnerable adults. You must follow these procedures if you suspect that a child or vulnerable adult might be at risk because of abuse or neglect.’

As a dental professional, you are likely to notice injuries to the head, eyes, ears, neck, face, mouth and teeth, as well as other welfare concerns. Bruising, burns, bite marks and eye injuries could suggest that a concern should be raised.

If you make a professional judgement and decide not to share your concern with the appropriate authority, you must be able to justify how you came to this decision. You should contact your defence organisation for advice.\(^5\)

Care Quality Commission and Safeguarding

The Care Quality Commission also have a commitment to safeguarding. They set out a new strategy for 2013-16 “Raising standards, putting people first”. It included a more robust approach to registration and inspection and set out the five key questions that they will always ask to assess the quality of care across all services.

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive?
- Are they well-led?

The CQC have developed a human rights approach to regulation. This looks at a set of human rights principles in relation to the five key questions that they ask of services.

These principles are: **fairness, respect, equality, dignity, autonomy, right to life and rights for staff.** They have developed definitions of these principles through public consultation and linked these to the Human Rights Act 1998 and the Equality Act 2010.

The CQC human rights approach is integrated into their approach to inspecting and regulating primary care dental services, to ensure that they promote equality and human rights in their work. They have identified the most important fundamental standards relating to equality and human rights and have integrated the human rights principles into their inspection prompts, inspection methods, learning and development for inspection teams and into their policies around making judgements and enforcement. 

As a regulator, the CQC may wish to see evidence that the dental team have appropriate safeguarding arrangements in place to protect the most vulnerable members of our society. The CQC state that "The systems that the provider puts in place should be implemented in practice and followed, to ensure that people using that service experience good outcomes." 

The CQC state that:

"Systems, processes and practices should be in place to keep people safe and safeguard them from abuse"

To do this staff should understand:

- The reporting system for raising concerns, such as safeguarding, whistle blowing, complaints and feel confident to do so and, fulfil their responsibility to report concerns.
- Staff should know how to identify, report and respond to suspected or actual abuse.
- Individual records should be written and managed in a way to keep people safe. This includes ensuring people’s records are accurate, complete, eligible, up to date, stored and shared appropriately.

**Vulnerable Adults**

Any adult receiving a treatment from a health care service may be considered to be vulnerable. However, the Department of Health’s document "No Secrets" defines the term vulnerable adult as "A person aged 18 years or over; who 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 themself, or unable to protect themself against significant harm or exploitation. "Vulnerable adults may include:

- people with learning disabilities
- people with mental health problems
- older people

The above groups are particularly vulnerable if their situation is complicated by additional factors such as physical frailty, chronic illness, sensory impairment, challenging behaviours, social and emotional problems, homelessness, substance misuse and communication problems.

**Abuse**

Abuse is a "violation of an individual's human and civil rights by any other person or persons. Abuse may be a single incident or on-going. The Department of Health outline six broad categories of abuse:

- **Physical:** e.g. hitting, pushing, shaking, inappropriate restraint, force-feeding, forcible administration of medication, neglect or abandonment.

  **Some signs of Physical Abuse**

  - Bruising, abrasions, lacerations, burns, bite marks, eye injuries, bone fractures, intra-oral injuries such as fractured or avulsed teeth or bruising of edentulous ridges or facial tissues.
  - Overdosing or under dosing of medication
  - Delay in presentation
  - Direct allegation (disclosure)
  - Does not fit the explanation given

- **Sexual:** e.g. involvement in any sexual activity against his/her will or where consent was pressured.

  **Some signs of Sexual Abuse**

  - Direct allegation (disclosure)
  - Oral signs of sexually transmitted infection
  - Signs of emotional/psychological abuse
  - Trauma
**Emotional/Psychological:** e.g. intimidation or humiliation, bullying, verbal attack or other behaviour that affects the well being of an individual.

**Signs of Emotional/Psychological Abuse**
- Helplessness
- Withdrawal
- Confusion or disorientation
- Depression
- Fearfulness
- Emotionally upset or agitated
- Unusual Behaviour
- Disclosure

**Financial:** e.g. theft or exerting improper pressure to sign over money from pensions, savings etc.

**Some signs of Financial Abuse**
- Lack of dental care
- Confusion of a vulnerable adult regarding their financial situation
- Substandard care in the home despite adequate financial resources
- Disappearance of a vulnerable adult's possessions in an institutional setting
- Vulnerable adult poorly dressed
- Unpaid bills
- Care giver questioning the need for dental treatment "at his age"
- The inclusion of additional names on an older person's bank account
- Disclosure by the vulnerable adult that someone has taken their money or possessions.

**Neglect or acts of Omission:** e.g. being left in wet or soiled clothing. General breach in duty of care. This includes failing to provide access to appropriate health services. Such statements include failing to provide access to oral health care services.

**Some signs of Neglect or acts of Omission**
- Ulcers, sores, lice, unkempt appearance, body odour
- Malnourishment or dehydration without a health related cause
- Delay in seeking treatment for dental problems, poor oral hygiene, rampant dental disease, oral infections
Failure to provide a safe environment
Soiled clothing
Inappropriate clothing
Lack of appropriate physical aids such as glasses, hearing aids, assistance with eating and drinking.

**Discriminatory abuse:** e.g. racial, sexual or religious harassment.

Vulnerable adults may be abused by a wide range of people including relatives and family members, professional staff, paid care workers, other vulnerable adults, volunteers, other service users, neighbours, friends, associates, people who deliberately exploit vulnerable people, strangers and opportunistic people.  

**Roles and Responsibilities of Dental Professionals**

**Safeguarding Practice Lead**

It is good practice that every dental team has a designated Safeguarding Practice Lead (SPL). Although the SPL is not required to be an expert in safeguarding or deal with all safeguarding issues, the SPL will be a central person who will have an oversight of safeguarding issues. This will include:

- Ensuring staff are aware of their duty to safeguard.
- Ensuring staff are trained to an appropriate level.
- Providing, within their normal capabilities, practical everyday support and guidance to staff who may have a concern about the welfare and safety of a child or vulnerable adult.
- Ensuring that they and all members of their practice are aware of whom to contact locally in the health service, social services and the police in the event of child protection and protection of vulnerable adults concerns. Procedures may vary slightly between local authorities and a referral protocol should be obtained from the local social services.
- Being aware of how sources of dental and safeguarding support and advice can be accessed.
- Maintaining an overview of complaints against the practice in order to identify any which might have a safeguarding element, and consult with named professionals where there are safeguarding issues.

**Adopting a practice policy will help to ensure the safety of vulnerable adults by outlining clear procedures and ensuring staff members are clear about their responsibilities.**
Staff Recruitment and ‘whistle blowing’

All staff that are recruited must be deemed to be suitable to work with children and vulnerable adults. The home office requires all dental professionals to have an enhanced Disclosure and Barring Service (DBS) checks.

It is recommended that the dental practice has adequate safeguards in place when appointing a new member of staff. The following should be checked:

- References and CV
- Validation of date of birth and name
- Professional registration and qualifications
- DBS checks

There is now an option to subscribe to the DBS’s new portability scheme that will allow information from an existing certificate to be checked online. If a new DBS check needs to be done, the system will show “Further information available”.

The General Dental Council state that if “you employ, manage or lead a team, you should do the following:

- Encourage all team members, including temporary team members on different sites and locums, to raise concerns about the safety of patients, including the risks that may be caused by the way in which the team works.
- Support team members who raise concerns
- Take steps to deal with any problems in the standards and performance of the team
- Have systems in place for dealing supportively with problems in the health, behaviour or professional performance of team members.”

The Public Interest Disclosure Act 1998 (PIDA) protects workers who ‘blow the whistle’ about wrongdoing, providing the allegation was made in good faith and with genuine concern. Further information on raising concerns can be found in the non verifiable section of the website.

Safeguarding Principles

The Government has agreed safeguarding principles that can provide a foundation for achieving good outcomes for patients.

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<td>Presumption of person led decisions and consent.</td>
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<td>Principle 2- Protection</td>
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<td>Support and representation for those in greatest need.</td>
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<td>Principle 3- Prevention</td>
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<td>Prevention of neglect, harm and abuse is a primary objective.</td>
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<td>Principle 4- Proportionality</td>
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<td>Proportionality and least intrusive response appropriate to the risk presented.</td>
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<td>Principle 5- Partnership</td>
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<td>Local solutions through services working with their communities.</td>
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<td>Principle 6- Accountability</td>
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<td>Accountability and transparency in delivering safeguarding.</td>
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What to do if you have Safeguarding Concerns

Are you concerned about the welfare of a vulnerable adult?

Yes

Ensure immediate safety and wellbeing of the individual and share concerns with Safeguarding Practice Lead as soon as possible.

No

Are you concerned for their safety? Is abuse or neglect disclosed or suspected?

Yes

Please note that if urgent police or ambulance presence is required a 999 call should be made. Maintain evidence.

Consider if the patient may benefit from referral to social services. Explain to patient. If necessary make referral with consent.

Take steps to possibly remove person from harm and/or reduce risks. Explain to the patient you are required to share the information, explaining why and what information will be shared. If consent is denied discuss with senior colleague and defence union. Make accurate notes.

No referral necessary. Agree any health plan with appropriate professional

Vulnerable adult in need or referral. Make referral with patient consent.

Still concerned or consent denied.

Safeguarding Practice Lead to make referral phone call following Safeguarding Adults practice policy and procedures as soon as possible. Follow up in writing within 48 hours

Re-evaluate risks to vulnerable adult.

Are you still concerned?

No

Yes
If you suspect abuse or if a patient discloses abuse you should also:

- Remain calm and do not show any signs of shock or disbelief.
- Do not ask probing or leading questions that may affect the credibility of evidence.
- Make a detailed written record of what the patient has told you, using their words or actions or what you have seen as well as your actions.
- Make a detailed report of any injuries, noting location, nature of injury (i.e. bruise, laceration) and size and shape of injury.
- Take clinical photographs if appropriate and with consent.
- Seek consent to share information if patient has the capacity.
- Report your concern following your safeguarding adult policy and procedures.

**Confidentiality and Information Sharing**

Dental Professionals have an ethical and legal responsibility to keep patient information confidential. When a patient allows you to share information about them, make sure the patient understands:

- what you will be releasing;
- the reasons you will be releasing it; and,
- the likely consequences of releasing such information.

It is important to remember that the Data Protection Act is "not a barrier to sharing information, but provides a framework to ensure that personal information about living persons is shared appropriately." The General Dental Guidance for dental professionals states that you may share confidential information without consent if it is in the public interest. This may be the case if a patient discloses, or if you suspect, that the patient's health or safety is at risk or if you have confidential information which would help prevent or detect a serious crime. It is recommended that you consult with a senior colleague and your defence union for further advice. If you decide to release confidential information it is important to document your reasons why so that you are able to explain and justify your actions.

**Sharing Information when someone lacks Mental Capacity**

Dental professionals have a responsibility to explore approaches to assist the patient to understand the right to consent to disclose information. If you believe the patient does not have the capacity to consent to the disclosure of personal information such disclosure should be considered against the conditions set out in the Data Protection Act 1998 and the Mental Capacity Act 2005.
Conclusion

All adults who access dental treatment are potentially vulnerable. However, the Department of Health identify that certain patients may be more at risk than others. Close attention to safeguarding adults is core to delivering quality care as well as being necessary to comply with regulations, delivery of cost effective care and legislation. The dental team are in a position to play an essential role in the safeguarding of the most vulnerable members of our society.

Portfolio Tip

- Ensure that you familiarise yourself with your practice Safeguarding Vulnerable Adults Policy.
- Ensure that you know who your named Safeguarding Practice Lead is.

Some Suggestions for Further Reading

- Care Act 2014
- The Mental Capacity Act 2005
- The Data Protection Act 1998
- Department of Health "No Secrets"
- Department of Health Government Policy on Adult Safeguarding
- CQC Safeguarding People and Safeguarding Policy
- The British Society of Disability and Oral Health

General Dental Guidance:

- Standards for the Dental Team

Ensure that you keep up to date with latest Government guidance and policies on safeguarding issues as well as any updates from the General Dental Council.

Don't forget to complete your non verifiable CPD reading log.
References