CARD 1
What is adult safeguarding?
Safeguarding adults is complex. The potential group is wide – it ranges from adults who are incapable of looking after any aspect of their lives to those going through a short period of illness or disability. More than one service can be involved, making it difficult to identify those with responsibility to act. It can involve adults who have decision-making capacity and those on whose behalf decisions must be made.

A key question for doctors is whether the adult can best be safeguarded through ordinary health and social care routes, or whether the risks require dedicated multi-agency safeguarding processes.

Under the Care Act, the purpose of adult safeguarding is to protect and promote a person’s right to live in safety and to ensure they are free from abuse and neglect. Safeguarding interventions should focus on:

– preventing harm and reducing the risk of abuse and neglect for adults with care and support needs
– responding to individuals in ways that support them in making their own choices
– promoting an outcomes approach – focussing on what is best for adults with care and support needs and structuring the safeguarding response appropriately.

The Care Act takes a wellbeing approach: the priority in safeguarding is actively to promote the independence and wellbeing of individuals and therefore reduce the likelihood of abuse and neglect occurring.
Person-centred
Safeguarding should address the specific needs of individuals. Everyone is different and every adult receiving services will have different needs, interests and perspectives. Competent adults have a right to make decisions that affect their lives, even where this may result in risk. They may, however, benefit from additional consensual support. A person-centred approach, rooted in good communication and respectful of each person’s dignity and independence, is likely to have optimal outcomes.

Professional standards
Doctors and other health professionals have considerable experience promoting the interests of their adult patients. Many have patients who have lived through domestic abuse, or whose mental and physical health problems undermine their ability to protect their wellbeing. Doctors are advocates for their patients, and their support can extend beyond narrowly defined health needs to wider welfare considerations.

Safeguarding is that range of activities designed to respect adults’ rights to be free from harm. Many safeguarding activities will be familiar to doctors as part of good practice. Maintaining good professional standards straightforwardly promotes patient welfare, particularly for those patients who may have trouble looking after their own interests.

Clinical governance procedures, including adverse incident reporting, peer review and the appraisal and revalidation process, can help identify poor practice and maintain the highest clinical standards. They are central to safeguarding.
Good practice example – managing risk to patients

Mr Hart was recovering from a stroke in a nursing home. As he began slowly to recover, he remained quite confused. When he regained the ability to walk he started to wander beyond the confines of the building. The home was fronted by a busy road and carers became concerned about his wellbeing. Although they did not want to restrict his freedom of movement, they were concerned both that he might come to harm and that they might be found negligent.

Discussing his care with the nursing staff the GP heard that although Mr Hart could be confused, when they talked about the potential risks that he was exposing himself to, he seemed to understand what he was doing. Mr Hart had always worked outdoors and been active, and he at times felt constrained and uncomfortable in his room. Following further discussion with Mr Hart and the care staff it became clear that he understood the risks involved and that his ability to walk and to get fresh air was important to his wellbeing.

As, in the care home manager’s view, Mr Hart retained capacity and was aware of the risks, it would be inappropriate, as well as unlawful, to introduce restrictions beyond the ordinary security measures required to keep all the residents safe. After careful discussion Mr Hart acknowledged the concerns of staff and agreed that he would try to avoid the road in front of the building, confining himself to the gardens. If he wanted to leave the building he would tell the staff and wait until somebody could go with him. A written record of the discussions, and the assessment of Mr Hart’s capacity to manage the risks, was made.
Key points

– Health professionals should be able to identify adults whose physical, psychological or social conditions are likely to put them at risk of neglect or abuse.

– Health professionals should be able to recognise signs of abuse and neglect, including institutional neglect.

– Health professionals need to be familiar with local procedures and protocols for preventing neglect and abuse.