

Safeguarding vulnerable adults in general practice

Safeguarding vulnerable adults can be complex but is a key aspect of providing quality safe patient care to vulnerable patients in the community, writes Suzanne Creed

PATIENTS AND THEIR loved ones rely on and trust their GP, often in times of crisis and great need. This is a huge privilege but with it comes great responsibility. Practice staff are often powerful advocates for their most vulnerable patients.

In 2021 there were 11,640 safeguarding concerns reported to the HSE Safeguarding Teams of which 10% were reported from primary care.¹ The overall number of safeguarding concerns had increased by 10% from 2020 figures.¹

What is adult safeguarding?

Adult safeguarding means putting measures in place to promote and protect people's human rights and their health and wellbeing. It aims to ensure adults are free from abuse and harm and empowers them to protect themselves. It is a fundamental aspect of high-quality safe patient care.

Abuse, which affects a person's rights and dignity, can be deliberate, or the person causing it may not understand that what they are doing is wrong.

There are many different forms of abuse or neglect:

- Physical abuse: includes slapping, hitting, pushing, kicking, misuse of medication, restraint, or inappropriate sanction
- Sexual abuse: includes rape, sexual harassment, exploitation
- Psychological abuse: such as humiliation, verbal abuse, coercion
- Financial abuse: includes theft, fraud, exploitation; pressure in connection with wills, property, inheritance or financial transactions; or the misuse or misappropriation of property, possessions or benefit, such as coercion in relation to a patient's will
- Modern slavery: such as trafficking and forced labour.
- Neglect or acts of omission: ignoring medical, physical or emotional care needs
- Discrimination: on grounds of race, gender, age, disability, sexual preference, religion
- Organisational abuse: includes neglect/poor practice within a care setting or care provided in the home.

Professional responsibilities

The Irish Medical Council clearly outlines a doctor's professional and ethical obligations in relation to vulnerable adults.

Paragraph 27.2 of the Medical Council Guide states; *"You should be alert to the possibility of abuse of vulnerable persons and notify the appropriate authorities if you have concerns. Giving relevant information to the appropriate authorities for the protection of others from serious harm is a justifiable breach of confidentiality, provided you follow the guidance in paragraph 31.3. You should make every effort to*

*involve vulnerable persons in decisions about their care. You should not assume they do not have the ability to consent."*²

The "Safeguarding Vulnerable Persons at Risk of Abuse-National Policy and Procedures" which applies to HSE and HSE-funded services, outlines a number of principles and strategies to promote the welfare of vulnerable people and to safeguard them from abuse.³ These include a requirement that all services must have a publicly-declared "No tolerance" approach to any forms of abuse and must promote a culture that supports this ethos.

The Health Information Quality Authority (HIQA) in collaboration with the Mental Health Commission (MHC) has developed the National Standards for Adult Safeguarding.⁴ These standards promote a consistent approach to preventing harm and responding to harm if it does occur. They support the development of a culture where safeguarding is embedded into practice rather than being viewed as a separate activity.

Safeguarding in practice

Safeguarding issues often arise indirectly. It is unusual for abuse to be the presenting patient complaint. Often concerns are raised by another professional known to the patient, such as a home help, public health nurse, or a member of their family or wider social network. Staff working in general practice also need to be observant to the possibility of undisclosed abuse when working with adults at risk of harm. Unexplained injuries or bruising may be indicative of undisclosed abuse. Often a GP practice consultation or hospitalisation may be the only opportunity that an adult living in an abusive environment has to discuss such concerns. Hence it is important to take any allegation of abuse seriously and to make discreet enquiries and share concerns if you suspect abuse that is undisclosed.

Case scenario - responding to a concern

John is a 78-year-old farmer with mild-moderate dementia. His wife who was his main carer is recently deceased. John now lives with and is cared for by his son and daughter-in-law on the family farm.

John attends the surgery with respiratory symptoms and feeling unwell. On examination you notice some bruising in his arms and chest.

Could this be a safeguarding issue?

When considering John's presentation above, his GP should be on alert to consider whether the bruising could be a safeguarding concern and sensitively ask John about how the bruises came about.

If concerns arise during a patient consultation, firstly reassure the patient that they have done the right thing by

speaking up. Listen carefully and allow the patient time to speak. Establish the facts and the extent of the abuse as far as possible. For instance, is there an emerging pattern of abuse? What is the impact on the patient? If you raise the issue with your patient, make sure they have the support they need and that the suspected abuser is not present.

Undertake a safety assessment.

Is the patient at risk of immediate harm? Consider if it is necessary to contact An Garda Síochána. Are others at risk of abuse, eg. children? If you identify a child at risk of harm, you must inform Tusla.

A vulnerable patient may have difficulty in comprehending or articulating their wishes. Where feasible you should involve the patient in the discussions and decisions about their care and protection.

If the patient has capacity, you should seek their consent before taking action such as informing the HSE Safeguarding and Protection Teams or the Gardaí.

Making a safeguarding report

Patients may decline consent to you raising concerns. The patient and, where appropriate their carers or representatives, should be informed that the operation of safeguarding procedures will, on occasion, require the sharing of information with relevant professionals and statutory agencies in order to protect themselves or other vulnerable persons.

The Medical Council Ethics Guide confidentiality guidance states: “When you disclose information required by law or in the public interest, you should inform patients of the disclosure, unless this would cause them serious harm, or would undermine the purpose of the disclosure.”²

It is important to seek advice from your indemnifier if you deem it necessary to make a safeguarding report where the patient has refused consent to do so.

If the patient lacks capacity and you believe they are being neglected or physically, sexually or emotionally abused, you should contact your local HSE Safeguarding and Protection Team on a confidential basis. It will ensure all necessary actions are undertaken. Where a patient lacks capacity you must act in the best interest of the patient.

In most cases, concerns should be raised with the local Safeguarding and Protection Team. However, if you have concerns that a criminal offence may have been committed, you should also report the incident to An Garda Síochána without delay to ensure any potential forensic evidence is not lost or contaminated. If you are unsure whether or how to raise a safeguarding concern seek advice from your indemnifier.

Accurate medical records

As with all aspects of patient care, you should keep accurate and contemporaneous medical records about the disclosure and detail what steps you have taken to safeguard the patient.

The language used should be factual, accurate and free from subjective opinion. It should be clear from the records when you are recording information reported to you, eg. “patient reports being struck by carer” as opposed to making any statements of fact where you have not directly witnessed an event (such as “patient was struck by carer”). All conversations with and referral to outside agencies should also form part of the patient’s record.

Where concerns relate to another care provider such as a nursing home or care home you should inform a senior manager in the first instance. However, if they are the implicated perpetrator you may need to inform the HSE Safeguarding and Protection team. Ask to be kept updated on steps taken to resolve the issue. If you believe that nothing has been done to address the issue you may need to inform the regulator such as HIQA. It is advisable to contact your indemnifier for advice in such instances.

Details of the HSE Safeguarding and Protection Teams in your local Community Healthcare Organisation (CHO) area can be found on HSE website.⁵

Safeguarding tips for your surgery

The following are some risk management tips for your practice aimed at compliance with the regulations and your professional responsibilities.

1. Safeguarding policy: Develop a practice safeguarding policy, which will enable the practice to demonstrate its commitment to safeguarding adult patients and other adults whom it encounters. The policy should outline the practice principles and strategies to promote the welfare of vulnerable people and to safeguard them from abuse and how the practice intends to respond in the event of any allegations, reports, or suspicions of abuse. The policy should be disseminated and read by all members of staff (clinical and non-clinical) so that collaboratively the practice team can work to prevent abuse and know what to do in the event of an allegation.

2. Safeguarding lead: Consider nominating a safeguarding lead within the practice. The practice lead should implement the practice safeguarding policy and ensure that the practice meets its professional and ethical responsibilities in relation to safeguarding vulnerable adults. The safeguarding lead should also ensure that all staff receive appropriate safeguarding training and ensure that reporting and complaints procedures are followed within the practice.

3. Safeguarding awareness training: All healthcare staff have a duty to safeguard and protect the welfare of children and vulnerable adults. The responsibilities for ensuring staff are properly trained rests with their employers. Safeguarding training for healthcare staff is available on the HSE and HSeLanD website.⁶ If you are a training practice you should confirm that GP registrars and medical students have undergone appropriate child and adult safeguarding training prior to commencing work at the practice. Similarly, if you employ locums you should ensure they have completed appropriate training

4. Recruitment procedures: Ensure safe recruitment processes are available within the practice. Under the Children and Vulnerable Persons Acts 2012, Garda vetting is mandatory for any person carrying out work or activity with or having access to, or contact with, children or vulnerable persons.⁷ Details of the Garda vetting process are available on the An Garda Síochána National Vetting Bureau website.⁸

5. Whistleblowing and complaints: Develop and implement a robust whistleblowing policy that embeds a culture where all staff feel comfortable to share information in confidence with a lead person about a colleague’s behaviour. Open honest working cultures where people feel they can challenge unacceptable colleague behaviour and be

supported in doing so, will help keep everyone safe. Where allegations have been made against staff, the standard disciplinary procedure and the early involvement of the local Safeguarding and Protection team may be required.

6. Record-keeping: As well as all patient interactions, keep accurate and contemporaneous medical records, detailing concerns, allegations or suspicions of abuse, and the actions undertaken to safeguard the patient. Concerns from other professionals and agencies should also be recorded in the patient's records. Email correspondence should only be used when secure (eg. HSE or Healthmail) and any emails or subsequent responses should be recorded in the patient's record.

7. Information-sharing: All information shared should be necessary, proportionate, relevant, accurate, timely and secure. Ensure that the information you share is necessary for the purpose for which you are sharing it. Information shared should only be with those people who need to have it, should be accurate and up-to-date, and should be shared securely in a timely fashion. Keep a record of your concerns, the reasons for them and decisions on whether to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Conclusion

Safeguarding vulnerable adults can be complex but is a key aspect of providing quality safe patient care to vulnerable patients in the community. Having a structured approach, robust policies and procedures and staff that are trained and alert to the possibility of abuse can assist GP practice teams navigate their way through many of these challenges. 

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