

OPG Safeguarding Vulnerable Adults Procedures and Guidance

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Appendices:

1. Process for action in response to suspected or alleged abuse.
2. Proforma for gathering information about an allegation of abuse.
3. Information sharing protocol.
4. Glossary

1. Introduction

- 1.1 This document supports the *OPG Safeguarding Vulnerable Adults Policy*. It outlines procedures and timescales to be followed in response to allegations, suspicions or reports of abuse of a vulnerable adult, and provides guidance to staff. It should be read and applied in conjunction with the *Safeguarding Vulnerable Adults Policy* and the *Protocol for joint work between the Office of the Public Guardian and Local Authorities for Safeguarding Vulnerable Adults*.
- 1.2 The OPG strives, through its safeguarding adults policy and procedures, to ensure that vulnerable adults receive their entitlement to safeguards that:
- Prevent abuse from occurring and/or continuing where possible
 - Identify abuse promptly
 - Ensure the abuse ceases and the perpetrator is dealt with wherever possible
 - Undertake to notify Local Authorities/Police and other appropriate agencies when an abuse situation is identified

It will do so by carrying out its statutory duties, and by thoroughly investigating reported concerns about the conduct of Deputies and registered Attorneys.

- 1.3 For definitions of vulnerable adult and abuse, refer to the *OPG Safeguarding Vulnerable Adults Policy*. A glossary of terms is also provided in Appendix 4 of this document.
- 1.4 References to “staff” throughout this document should be taken to include permanent and temporary staff, agency staff, Court of Protection Visitors and Contractors engaged in OPG business.

2. Purpose of the procedures and guidance

- 2.1 The overall purpose of these procedures and guidance is to equip staff to respond promptly and appropriately to suspicions, allegations or reports of abuse. It applies to all those engaged in OPG business and details:
- when to invoke the safeguarding vulnerable adults procedures
 - the process to follow
 - timescales
 - the assessments and information needed at each stage in the process
 - who to refer to and who can provide advice
 - when to refer to external agencies

- 2.2 Any member of staff, not just those in client facing roles, could identify a suspicion, report, or allegation of abuse of a vulnerable adult and has a responsibility to follow these procedures.

3. When to invoke the procedures

- 3.1 Staff should firstly ensure they are familiar with the definitions of vulnerable adult, and the role of the OPG in safeguarding, outlined in the *Safeguarding Vulnerable Adults Policy*. The policy also outlines potential alerts to abuse, but it should be recognised that abuse takes many forms and can be perpetuated by anyone, including staff or other vulnerable adults.
- 3.2 Information about potential abuse may come from evidence or from any individual, for example:
- A client
 - Deputy
 - Attorney
 - Relative or friend, or a third party e.g. a neighbour
 - Member of staff
 - A provider or a commissioner of services
 - Court of Protection Visitor
 - OPG staff (from information found in the client records)
 - Others agencies such as Court Funds Office, Adult Care Social Services, the Police, Solicitors Regulation Authority, CSCI
- 3.3 Information may be found in or received by:
- Phone
 - Court Order (ordering an investigation or report from the Public Guardian)
 - Letter or document
 - E mail/fax
 - Visit report
 - On an OPG form, including a report form, complaints form.
- 3.4 To avoid delays in responding to abuse, it is important to check incoming post, emails, faxes and forms daily and prioritise those that contain information about potential abuse.
- 3.5 A suspicion of abuse doesn't have to come from an informant. It can be an opinion formed by a staff member or visitor, e.g. if an unusual withdrawal is seen on a bank statement, or there is a sudden unexplained ability to pay fees.
- 3.6 These procedures should be invoked for any suspicion, allegation or report of abuse.

4. Process

- 4.1 When a suspicion, allegation or report of abuse of a vulnerable adult comes to light, then staff should follow the process flow chart in Appendix 1. This details the process to raise an alert, the timescales involved and possible responses to the concern.
- 4.2 In all cases, the alert should be passed to the Compliance and Regulation team who will assess the urgency of the situation and who should respond. Where the concern relates to a client with a Court appointed Deputy who is subject to close supervision (Type 1 supervision), the team to respond will be the Supervision Casework team. In all other cases, the Compliance and Regulation team will respond.
- 4.3 If the alleged abuse is by a member of staff, contractor or Court of Protection Visitor, the relevant Head of Division and the Head of Finance and Resources must be informed and HR and Fraud response policies will be followed.
- 4.4 The abuse alert proforma in Appendix 2 should be completed in all cases and passed **on the day the suspicion, allegation or report is received** to the Compliance and Regulation team together with any documentation prompting the concern (e.g. letter, bank statement). The form is intended for use by staff throughout the OPG to alert the Compliance and Regulation team to potential abuse. If the report or suspicion of abuse arises within any of the Supervision teams, then staff in these teams should still complete the form to initiate the safeguarding process.
- 4.5 Court of Protection Visitors who suspect or find evidence of abuse in the course of a visit should report it to the OPG on the abuse alert form within 24 hours, and file the visit report as soon as possible thereafter. If it appears that someone is in immediate danger, the Visitor should contact the relevant emergency services and/or the local safeguarding/adult protection team. Section 7 details how to deal with out-of-hours concerns.
- 4.6 At each stage of the process, the aim is to:
 - Establish the facts
 - Assess the needs of, and risks to, the client (vulnerable adult) for protection, support and redress
 - Make decisions with regards to follow up action that needs to be taken in order to protect the adult and with regards to the (suspected) perpetrator

5. Responding to telephone reports of abuse

- 5.1 Contact Centre staff will often be the first point of contact for a person reporting concerns about abuse by telephone, although information may be received by any other area of the business. Someone reporting abuse by telephone may be distressed or nervous, and the initial contact is often critically important. It is important to listen carefully, record what is being said, and avoid asking any leading questions.
- 5.2 Information from an initial contact by telephone should be collected using the pro-forma in Appendix 2. When recording the caller's information, follow the procedures listed below:
1. Ensure that you obtain details of the client/vulnerable adult: their name; contact details; date of birth; gender; any language or communication needs they have.
 2. Check on Casrec and Meris to find out if the vulnerable adult is an OPG client.
 3. If possible, find out whether
 - a. Adult Care Social Services
 - b. any other agencies are already involved with this client. It is helpful to know if any other agencies have been informed of the concern or if it has been reported to the police, although you should not recommend any action to the complainant without discussing it with a manager.
 4. If possible, determine whether the information you are receiving is an allegation or a suspicion or if there is actual clear evidence of abuse (e.g. witnessed behaviour).
 5. If possible, determine if this is the first concern or if there have been previous suspicions or actual abuse.
 6. If possible, determine what sort of abuse you are being informed about, whether it is a 'one off' incident or possibility of ongoing abuse, who the alleged perpetrator is and what degree of contact they have with the client. Care needs to be taken that only the basic information is gathered at this stage and not a detailed 'interrogation' of the person making the allegation, so that no future police investigation (if it becomes necessary) is prejudiced.
 7. Obtain the contact details of the person making the allegation and their relationship to the client (telephone number/ email or some other method of making contact of the informant is necessary should more information be needed). Note that some people may wish to remain anonymous, but this should not prevent you from recording the details of the allegation or suspicion of abuse.

8. Obtain the informant's consent to pass the information on to the relevant section of the OPG
9. Thank the informant for making the disclosure. Explain that it will be processed through the safeguarding vulnerable adults procedures and will be treated seriously and with urgency. Explain how the safeguarding procedures and policy can be obtained if they want more information. Be as clear as you can with them what will happen next as a result of their allegation

Whistle-blowing

A whistle-blower is someone who voices concerns, sometimes about the practices of an organisation or an individual member of staff. Sometimes whistle-blowers decide to do so anonymously, which can make the investigation difficult. The OPG promotes and support openness in order to protect vulnerable adults, and so whistle-blowers should always be:

- Treated seriously
- Treated confidentially where relevant
- Treated in a fair and equitable manner
- Kept informed of action taken and its outcome

6. Assessing the need for immediate action

- 6.1 The first priority is to ensure the safety of the individual. If it appears that someone is in immediate danger, the relevant emergency services should be contacted, e.g. police, ambulance. A senior manager should be consulted if possible, but this should not delay acting.
- 6.2 Where it seems that the vulnerable adult is not in immediate danger but there is a need for a swift response the details should be passed **immediately** to the Compliance and Regulation team so that they can assess the situation. This will be a matter for judgement in each case, but where possible, there should be no delay in highlighting the situation.

The following are examples of serious concerns that justify a swift response:

- There is reason to believe someone is in danger
- There is reason to believe that major injury or serious physical or mental ill health may result
- The incidents are increasing in frequency
- The incidents are increasing in severity
- The behaviour is persistent and/or deliberate

- 6.3 In all cases, the alert form and details must be passed to the Compliance and Regulation team **on the same day** as the situation comes to light.

7. Out of hours concerns

- 7.1 Where concerns arise out of normal office hours, for example, during overtime, the most senior manager available will make a decision on whether there is a need for immediate action. This may involve contacting the Police or the Local Authority emergency duty team in the vulnerable adults' local area for advice. Contact details can be found on the relevant Local Authority or Police authority website.
- 7.2 Where an out of hours concern is raised by a Court of Protection visitor, e.g. during an evening or weekend visit, the Visitor should decide whether the situation is such that there is a need to contact the Police or Local Authority emergency duty team. The abuse alert pro-forma should be completed as soon as possible with details of any immediate action taken and passed to the Compliance and Regulation team at the start of the next working day.

8. The initial assessment – within 24 hours

- 8.1 A member of the Compliance and Regulation team will carry out the initial assessment. This investigation should take place within 24 hours of the concern being raised.
- 8.2 The initial assessment will follow the process for investigations in the investigations manual and is summarised in this procedure.
- 8.3 The purpose of the initial assessment is to assess the level of risk and to determine the urgency and priority of the situation. It may be necessary to contact others for more information before making this decision.
- 8.4 Factors to consider when assessing the level of risk include
- factors in the situation which could increase vulnerability, including:
 - environmental factors – does the vulnerable adult live alone or only with alleged perpetrator?
 - communication
 - financial factors
 - the existence of social and cultural networks and support – are there others who provide care to the vulnerable adult?

- the nature and extent of the abuse – is it a “one-off” incident or an ongoing problem (although isolated incidents can still constitute an emergency).
 - The length of time over which the abuse has been happening
 - The impact on the individual
 - The impact on others
 - Whether the situation can be monitored.
- 8.5 If the case is subject to Type 1 supervision, there must be liaison with the Supervision casework team at this stage to ascertain current casework activity, and to inform the assessment and agree responsibility for taking the matter forward.
- 8.6 Any enquiries to external agencies at this stage must be made carefully and sensitively, in order not to prejudice any Police investigation and to avoid increasing the risk to the vulnerable adult. Where appropriate, contact should be made with the vulnerable adult’s existing social worker, if there is one, or otherwise with the Adult Care Social Services or Safeguarding Adults/Adult Protection team of the relevant Local Authority.
- 8.7 Although all cases should be treated as important, this assessment will help to determine whether action needs to be taken immediately i.e. the same day (for example, if an emergency application to Court is needed to freeze bank accounts), or whether you can afford to take longer to take action if more information needs to be gathered. The assessment should also specify any early input required to reduce the level of risk.
- 8.8 If there is immediate risk to the vulnerable adult or if there is evidence that a criminal offence (see section 14) may have been committed, the Police should be contacted. Whether to involve the Police will be a matter for the Team Manager and Head of Supervision or another Executive team member. This may involve a discussion with Adult Care Social Services and with the OPG Legal Advisor, as it will not always be clear-cut. However, seeking such advice should not delay taking urgent action where the safety of a vulnerable adult is at risk. .
- 8.9 The initial assessment will also determine whether the OPG has powers to investigate further (see Section 11) and/or whether the matter will be referred to the local Adult Care Social Services for them to initiate their safeguarding procedures. There does not have to be proof of abuse for a referral to Adult Care Social Services to be made.
- 8.10 Court of Protection administration staff must be alerted at this stage to any concerns that may affect pending court applications, for example, if the alleged perpetrator is a professional deputy who may have other applications pending. This is done by notifying the Manager of the New Applications team.

8.11 The response and subsequent priority given to an investigation will be based on an assessment of the seriousness of the situation and whether there is an ongoing risk to the client and others. The table overleaf sets out a framework for considering urgency and risk and presents clusters of factors and responses to those factors. However, it should not be used as a rigid framework without full and detailed examination of the case. The Compliance and Regulation or Supervision Casework team manager should discuss the appropriate response with colleagues and allocate resources accordingly.

Factors	Response
<p>A: Appears to involve the following:</p> <ul style="list-style-type: none"> • Institutional abuse • A number of people have been adversely affected • A number of criminal offences may have been committed 	<p>Complex investigation including Adult Care Social Services and Police.</p> <p>A comprehensive action plan and full investigation should be undertaken.</p> <p>Sufficient resources should be allocated with Senior Management support to manage, co-ordinate and investigate.</p> <p>High priority.</p>
<p>B: Appears to involve the following:</p> <ul style="list-style-type: none"> • The financial, physical, psychological or emotional well-being of the client has been adversely affected by the alleged incident • A criminal offence may have been committed • Possible breach of professional Code of Conduct • Actual or potential risk of harm or exploitation to other people at risk • Deliberate intent to exploit or harm the client • Significant breach of implied “duty of care” • The referral forms part of a pattern of abuse against an individual 	<p>Suggests a case with a serious impact on a vulnerable adult, possibly with implications that go beyond the individual. A criminal offence is likely to have been committed. A comprehensive action plan and full investigation should be undertaken and sufficient resources allocated to this.</p> <p>High priority.</p>
<p>C: Appears to involve the following:</p> <ul style="list-style-type: none"> • The financial, physical, psychological or emotional well-being of the client may be being adversely affected. • The concerns reflect difficulties and tension in the way services are being provided to the client or decisions are being made on behalf of the client • The concerns reflect difficulties and tensions within the network of informal support provided to the client (e.g. perceived difficulties between the client and family/friends) • Concerns have occurred in the past, 	<p>The action plan and investigation should assess the seriousness of the case and the impact on the client at risk, taking full account of any past incidents or suspicions. Targeted support and monitoring may be considered.</p> <p>Medium Priority</p>

but at lengthy and infrequent intervals	
D: Appears to involve the following: <ul style="list-style-type: none"> • A possibly isolated incident that appears to have had little or minimal impact on the financial, physical, psychological or emotional well-being of the client • Not obvious part of a pattern of abuse • No clear criminal offence • No clear intent to harm or exploit the client 	The action plan and investigation should include an assessment of the seriousness of the event or incident. Low Priority.

9. Referrals to Adult Care Social Services

9.1 For information about referrals to Adult Care Social Services see the *Protocol for Joint Work between the Office of the Public Guardian and Local Authorities for Safeguarding Vulnerable Adults*. Where a referral is made, Adult Care Social Services or the department leading the investigation may call a case conference or strategy planning meeting in line with their own policy, practice and procedures.

- Every Local Authority has a **Safeguarding Co-ordinator**, who sets and monitors local policies and procedures, and provides expert advice.
- Every Local Authority has a **central contact point** for receiving safeguarding alerts.
- For each case, a **safeguarding investigator** will be designated.

10. Making decisions/taking action

10.1 Following the initial assessment, a decision must be made as to the agreed course of action in line with the following considerations:

- Whether the Public Guardian has statutory authority to conduct an investigation (see section 11), and if so, which team and which worker will lead the investigation.
- Whether any suspicion or allegation should be communicated to the client's local Adult Care Social Services safeguarding adults/adult protection contact so agreement can be made as to how to progress with an investigation.
- Whether responsibility for investigation of the abuse (beyond the simple gathering of information) will be passed onto Adult Care Social Services or, where a crime is felt to have been committed, to the Police or other agency if this is considered

appropriate. Whichever agency is leading on a case, OPG staff need to ensure that the agency will keep the OPG informed as to the progress of the case and share the conclusion of any investigations/intended action which may impact upon the OPG, its clients, Deputies or Attorneys.

- Whether the abuse is considered to be a criminal offence, in which case the Police should be involved. Whether to involve the police will be a matter for the Team Manager and Head of Supervision, or another Executive team member. This may involve a discussion with Adult Care Social Services and with the OPG Legal Advisor, as it will not always be clear-cut, but should not delay any referral to the Police.

10.2 If the vulnerable person is not a client of the OPG (ie does not have an appointed Deputy, or is subject to a Court of Protection Order authorising someone to carry out a transaction, or is the donee of a registered power of attorney), a member of the Compliance and Regulation team should contact the relevant Adult Care Social Services, or the relevant Police Force if a criminal offence is suspected, and all information concerning the suspicion or allegation discussed with/passed onto them. The details of the person at risk and the alleged perpetrator of the abuse should be retained by the Compliance and Regulation Manager and passed to the Court of Protection administration team (via the Manager of the New Applications team) in case an application is in progress or may be made at a later date.

11. Public Guardian investigations

11.1 The Mental Capacity Act 2005 gives the Public Guardian authority to investigate in the following circumstances:

- Where the concern is about the actions of a Deputy appointed by the Court of Protection
- Where the concern is about the actions of a donee of a registered power of attorney (EPA or LPA)
- Where the concern is about a transaction carried out under a single order from the Court of Protection.

11.2 The Public Guardian does **not** have statutory authority to conduct investigations in the following scenarios and the Compliance and Regulation team should refer to another agency or advise as detailed below.

- **Concerns about the actions of Attorneys acting under an unregistered EPA**

In this scenario a referral should be made to Adult Care Social Services for an investigation under their procedures which will determine how to continue. If the donor of the EPA lacks capacity to make decisions, the advice may be that an application is made to the Court of Protection for revocation of the EPA and the appointment of a Deputy. The Court will sometimes order the Public Guardian to provide a report under Section 49 of the Mental Capacity Act in such cases, which will come to the Compliance and Regulation team for action. If the donor of the EPA has capacity, then consideration should be given to suggesting that a local agency/solicitor or third party helps her/him decide whether to revoke the EPA and make an LPA.

- **Concerns about the actions of persons acting under certain types of Court of Protection Short Orders**

Short Orders were granted by the Court of Protection prior to implementation of the Mental Capacity Act in October 2007. The Public Guardian does not have powers to investigate all short order scenarios. Short order “applicants” (as the person acting was known) were not converted to Deputies by the Mental Capacity Act and therefore the Public Guardian does not have legal authority to investigate complaints. However, it may be possible for the OPG to investigate single transactions that were authorised by way of short order. Advice should be sought from the Legal Adviser if in doubt. Where there is no authority to investigate, a referral should be made to Adult Care Social Services for an investigation under their procedures which will determine how to continue and/or advise that an application is made to the Court for Protection for revocation of the Order, and if, necessary, for an Order appointing a Deputy. The application could include authority to investigate the transactions of the person acting under the Short Order.

- **Concerns about the actions of former Receivers or Deputies**

Where there are concerns about the actions of a former Receiver (ie someone whose appointment was terminated prior to 1 October 2007) or a Deputy whose appointment has terminated, the advice should be that this is a matter for the current Deputy, if there is one, to deal with. This includes scenarios where the former Receiver or Deputy has died. If the Court of Protection terminates a Deputyship due to concerns about the actions of the Deputy, the Court may order any new Deputy who is appointed to investigate the former Receiver or Deputy. Sometimes concerns arise after the vulnerable adult has died. Any Deputyship terminates on death and it falls to the vulnerable adult’s personal representatives to deal with any investigation.

Where a Deputy has been discharged, or has died, or the vulnerable adult has died, the OPG can call for a final report from the former Deputy (or the personal representatives if the Deputy

has died). This will be the responsibility of the Supervision team who are handling the enquiry. If the Public Guardian is not satisfied, he may apply to the Court of Protection for enforcement of the security bond. This only applies to deaths/discharges after 1 October 2007.

- **Concerns about the actions of third persons other than Deputies and Attorneys**

In this scenario a referral should be made to Adult Care Social Services for an investigation under their procedures which will determine how to continue. If the vulnerable adult has an appointed Deputy then the Supervision team handling the enquiry should request that the OPG are kept informed of the situation. Consideration should be given to placing the case into Type 1 supervision so that the situation can be monitored through supervision of the Deputy and visits to the vulnerable adult from a Court of Protection Visitor.

- **Concerns about persons acting under an appointeeship made by the Department of Work and Pensions (DWP)**

In these circumstances, details should be passed to the Department for Work and Pensions and to Adult Care Social Services for investigation under their procedures.

11.3 The process and guidance for investigations carried out on behalf of the Public Guardian is set down in the Investigations Manual. It involves:

- agreeing an action plan with the section manager;
- carrying out the investigation
- completing a Section 58 report with recommendations, for consideration by the Public Guardian.

11.4 There are Key Performance Indicators (KPIs) that determine the timescales for completion of the action plan and investigation. These are published in the OPG's business plan and on the website. The initial assessment will determine the priority of the investigation against other ongoing investigations.

11.5 Where the Court of Protection has ordered an investigation or report under Section 49 of the Mental Capacity Act, the same process is followed, but the Court determines the timescale.

12. Sharing information with others

12.1 Understanding when and how to share information is critical when working with sensitive and personal information. The principle is that – wherever abuse is alleged or suspected – information should be shared between relevant professionals in exploring how to protect the

individual concerned or others. People who are subject to abuse or allegations of abuse and their families and carers have a right to expect that confidences will be respected and their privacy protected. But where their “vital interests”¹ (that is questions of life or death), “best interests”,² or the public interest are involved, establishing the facts through information sharing takes precedence.

- 12.2 Investigating and responding to suspected abuse or neglect often requires close co-operation between organisations. Safeguarding will involve sharing personal information both about someone who is alleged to have experienced abuse and an alleged perpetrator.
- 12.3 Information can be shared in certain circumstances with other people or agencies in compliance with the Data Protection Act 1998. Data can be shared with third parties “in the vital interest of the data subject” or “in the public interest”. (e.g. in the interests of the client or others in the same care setting). Examples of when this may be appropriate will be if there is a need to seek information from another agency, or there is a potential risk to others from the alleged abuser. Any information relating to the accusation/suspicion of abuse should and can be shared with the Adult Care Social Services department or Police investigating the case.
- 12.4 There are specific provisions in the Mental Capacity Act 2005 that facilitate the sharing of information between the OPG and local authority Adult Care Social Services departments and other agencies involved with the client’s care or treatment. Section 58(2) provides for the Public Guardian’s duties to supervise deputies and investigate concerns about the way a deputy or attorney is exercising their powers to be discharged “in co-operation with any other person who has functions in relation to the care or treatment of P”. Additionally, Section 58(5) of the Mental Capacity Act 2005 gives the Public Guardian authority, in the course of carrying out his duties, to examine and take copies of any record of, or held by, a local authority and compiled in connection with a social services function, so far as the record relates to P. This authority does not extend to records relating to a deputy or attorney.
- 12.5 If personal or sensitive information is to be shared, this should be done where possible with the person’s agreement, after reasons have been explained. Consent may be verbal or written. If verbal, it should be recorded on the case file by the person handling the investigation or enquiry. If consent is not given, assessment of best interests may still justify further enquiries, while questions involving the public interest may justify overriding the person’s views. Where adults lack capacity to safeguard themselves, others will need to make decisions for them in accordance with the Mental Capacity Act Code of Practice

¹ Data Protection Act 1998, Schedule 2, interpreted by the Information Commissioner

² Report on the Review of Patient-identifiable Information from the Caldecott Committee (1977).

and in the person's best interests. The rights of "whistle-blowers" and of alleged perpetrators of abuse must also be respected.

- 12.6 Any information shared should be on a "need to know" basis, i.e. only information that is directly relevant to the investigation, and the minimum necessary to achieve the objective of protection of vulnerable adults. Care must be taken to ensure the quality of the information shared, e.g. names, addresses and dates of birth are accurately recorded.
- 12.7 The information sharing protocol between the OPG and Local Authorities is in Appendix 3. There is also guidance on "*Information assurance and security*", available on the OPG intranet. Hard copies are available for staff and Court of Protection Visitors who do not have access to the intranet. Staff should seek advice when necessary from the Records Manager, being mindful that it may be particularly important to share information for the protection of other possible abuse victims (e.g. in the case of a client living in a care home and being abused by a member of staff).
- 12.8 Before information is shared with the client's relatives or carers or the deputy/attorney careful consideration needs to be made as to the impact on the client of them holding that information e.g. will it put the client at further risk? A discussion with the local Adult Care Social Services safeguarding adults/adult protection contact may be appropriate in order to agree the best way forward.
- 12.9 Where Adult Care Social Services are leading the investigation they may call a case conference or meeting. An OPG member of staff can be nominated by the Head of Supervision to attend that conference or meeting. A decision may be made not to send anyone to a case conference e.g. where the OPG involvement has been minimal or where the distance to travel is not felt to be an effective use of time. In these cases any relevant information should be provided to the chair of the case conference beforehand and a request made for minutes.
- 12.10 When someone has reported concerns to the OPG, they often wish to know the outcome of any investigation. Consideration should be given to data protection requirements before sharing any information. It may not be possible to share the details of any investigation involving third parties. Where necessary, advice from the OPG's legal adviser should be sought. However, the informant should always be told when the OPG's action has completed, or when the matter has been referred to another agency for investigation, and who it has been referred to. Feedback must also be given to Court of Protection Visitors who raise an abuse alert.

13. Action following a Public Guardian investigation

- 13.1 At the end of a Public Guardian investigation, a decision will be made by the Public Guardian (or Head of Supervision in his absence) as to what action to take in relation to its responsibilities to the client. This may be a decision to make an application to the Court of Protection to remedy a situation or protect a client (for example, applying for the discharge of a Deputy and call in a security bond) and/or refer to the Police if information has emerged in the course of the investigation that suggests a crime may have been committed. Alternatively, a decision may be made to await the outcome of any Safeguarding Adults/Adult Protection or criminal investigation.
- 13.2 When considering if there has been abuse, all cases will be decided on the balance of probabilities, i.e. whether it is more likely than not that abuse has occurred. If the matter is criminal in nature this will be considered by the police to a higher standard of proof, which is that beyond reasonable doubt that abuse has occurred.
- 13.3 If the situation remains unclear but there is considered to be a risk of abuse, or there is considered to be a need for ongoing monitoring, Deputyship cases will be allocated to close (Type 1) supervision and the situation will be regularly reviewed. The supervision case worker must ensure that the management plan reflects this, e.g. by more frequent visits and contact with third parties. This level of supervision will remain during the period of the court order, except where the perpetrator of abuse is known and is removed from any contact with the client (or their access is *very* strictly controlled and monitored by Adult Care Social Services). Even if the alleged abuser is removed from his/her position as Deputy it may be necessary to keep the case subject to close supervision if the casework team consider it continues to require monitoring.
- 13.4 The Court of Protection New Applications team will have been informed of any concerns and ongoing investigations into a Deputy and will alert the OPG to any pending applications by that Deputy. In that case, consideration will be given by the manager of the supervision team to whether it is necessary to make an application for the Public Guardian to be joined as a party to the proceedings.
- 13.5 If only a Finance and Property Deputy is in place, consideration must also be given to whether there should also be an application to appoint a Welfare Deputy in order to safeguard the client's well being, possibly by the Finance and Property Deputy or by a third party.

14. Crime

- 14.1 If there is a possibility of a criminal offence having occurred, then it must be reported to the Police. Examples of when action may be considered a criminal offence include: assault, whether physical or psychological, sexual assault and rape, theft, fraud or other forms of financial exploitation, and certain forms of discrimination, whether on racial or gender grounds.
- 14.2 In addition, the Mental Capacity Act 2005 specifically states that a Deputy or Attorney is guilty of an offence if s/he ill treats or wilfully neglects the client.
- 14.3 If there is the possibility of a criminal offence having occurred, it is important to ensure that the Police are involved immediately and that the criminal investigation takes precedence in the investigation. It is important to act quickly and if in doubt to contact the Police for advice on whether a crime has been committed.
- 14.4 Whether to involve the Police during the course of an investigation will be a matter for the Compliance and Regulation manager and Head of Supervision or in urgent situations a member of the executive team, if necessary in consultation with the OPG Legal Advisor, as it will not always be clear-cut. At the end of an investigation, the Public Guardian (or Head of Supervision in his absence) will make the decision. The OPG's legal advisor must be consulted if witness statements are required.

Public Protection Units

Public Protection Units are specialist units in local police forces that commonly manage and investigate crimes involving adult abuse, child abuse, domestic abuse, sex and dangerous offenders and vulnerable and intimidated witnesses. They are normally staffed with specialist officers trained on interviewing children and vulnerable adults.

15. Records and reporting

- 15.1 It is essential to keep a written record of every discussion, contact, investigation and decision with regards to suspected or actual abuse. This is equally important whether a decision is made to follow up the suspicion/allegation or to do nothing. If a decision not to take any action is made then be clear as to why this is. If any further incidence occurs in the future these records will contribute to decisions made at that time.
- 15.2 All records that record suspected or actual abuse should include within the document:
- the date created;

- the author of the document; and
- the protective marking of the information (e.g. protect, restricted) in bold at the top of the first page (see guidance on '*How to apply protective marking*' on the OPG intranet)

- 15.3 All records must be captured in relevant recordkeeping systems in a timely fashion, following OPG's Records Management Policy (see intranet).
- 15.4 All phone discussions with other agencies should be recorded in writing and confirmed by writing to the agency verifying what was discussed.
- 15.5 Files and CASREC records of clients where there is an active investigation of abuse should be marked to show this is the case, so that anyone dealing with issues relating to that client is aware.

Appendix 1: Process for action in response to suspected or alleged abuse.

SUSPICION, REPORT OR EXPRESSION OF CONCERN

All staff - Immediate Action to be taken on the day the suspicion, allegation or report is raised:

- Ensure the safety of the individual. If in immediate danger, contact the relevant emergency services, e.g. police, ambulance
- If contact is via telephone, record what is being said but avoid asking any leading questions. Obtain details and a contact number of the person reporting the concerns and the vulnerable adult.
- Complete the abuse alert form in Appendix 2. Pass with any supporting documentation to the Compliance and Regulation team to evaluate seriousness and assess any further action.
- If allegation relates to a staff member or visitor, refer to the relevant Head of Division and the Head of Finance and Resources
- Ensure all discussions and decisions are recorded.

Within 24 hours – Compliance and Regulation team

- Consider the urgency and risk to the vulnerable adult and record this assessment
- Consider reporting incident to the Police (Public Protection Unit) if criminal offence appears to have been committed
- Consider referral to Adult Care Social Services or Emergency Duty service
- Consider referral to CSCI/CSIW if alleged abuse relates to care staff (residential or domiciliary)
- Alert Court admin staff to any immediate concerns about pending court applications
- If investigation is deemed necessary, record on database
- If case is subject to Type 1 supervision, liaise with Supervision Casework team
- Record all actions and decisions

Information to be given when making a referral to external agencies

- Details of alleged victim (name, contact details, DOB, gender, ethnicity and principal language, any disability, any known communication issues)
- Name and contact details of GP, if known
- Reasons for the concerns, the context for these and how they came to light
- An impression of the seriousness of the situation
- Any concerns about the person's mental capacity
- Whether the person is aware of and has consented to the referral
- Action already taken by the OPG to protect the person

On-going action may include

- Section 58 or Reg 48 investigation and report to PG
- Applications to Court
- Visit
- Participate in Police or Adult Care Social Services Investigation, consider attending strategy meetings
- Liaison with other agencies, e.g. CFO, banks, care homes
- Respond to person raising concerns
- Deputyship moved to close (Type 1) supervision
- Seek HR involvement in any internal investigation and advice on POVA/ISA list

Appendix 2: ABUSE ALERT FORM: INTERNAL USE ONLY

PROTECT

To be completed following an allegation, suspicion or report of abuse under the Safeguarding Vulnerable Adults procedures.

To be completed and forwarded on the day of the alert.

Form completed by		Contact telephone number	
Position		Date	
Team			

Part 1: Alleged victim

if there is more than one alleged victim, fill in a separate sheet for each alleged victim or provide details in part 5

First name(s)			
Surname			
Address			
Postcode			
Casrec/Meris ref (if known)		If Deputyship, is the case Type 1 supervision?	YES/NO

If the allegation or report is received by letter/fax/email/report, you do not have to complete the remainder of this form. Attach the correspondence and pass it to the Compliance and Regulation team (Supervision Division)

Part 2: details of organisation or person alerting abuse

Name of the alerter						
Address						
Contact tel no						
E mail address						
Does the alerter wish to remain anonymous?	Yes		No			
Does the alerter's identity need protecting?	Yes		No		Not known	

What is the relationship of the person/organisation alerting abuse to the alleged victim?

Part 3: alleged perpetrator/s

If there is more than one, fill in a separate sheet for each alleged perpetrator or detail in Part 5

Name not known	
Alleged perpetrator not known	
First name/s	
Surname	
Address/organisation	
Postcode	
Tel no (if known)	

Relationship of alleged perpetrator to alleged victim _____

Are others at risk?

Yes		No		Not known	
-----	--	----	--	-----------	--

If yes, please specify _____

If the alleged perpetrator is responsible for others as an employer/employee/carer/volunteer, please state:

Alleged perpetrator's job title/role	
Alleged perpetrator's employer	

Part 4: type of abuse suspected

Please tick as many as apply

Financial/material		Psychological		Institutional	
Neglect		Discriminatory		Sociological	
Physical		Sexual			

Part 5: details of alleged abuse

Please detail the concerns, continue on separate sheet if needed.

Is the concern about a "one-off" incident or are there ongoing concerns?

Is the concern an allegation or a suspicion or is there actual evidence of abuse (e.g. witnessed behaviour)?

What are the alleged victim's circumstances? (e.g. lives alone, lives with alleged perpetrator, lives in care home)

Is the alleged victim aware of the referral?	Yes		No		Not known	
----------------------------------------------	-----	--	----	--	-----------	--

Part 6: Key contacts

Please detail anyone involved with the alleged victim who may be able to assist an investigation, e.g. Adult Care Social Services, G.P., family/carers. Provide contact details where known.

Contact name (1)		Contact name (3)	
Contact details (tel no, etc)		Contact details (tel no,etc)	
Relationship to alleged victim		Relationship to alleged victim	
Contact name (2)		Contact name (4)	
Contact details (tel no, etc)		Contact details (tel no, etc.)	
Relationship to alleged victim		Relationship to alleged victim	

Part 7: Immediate action taken to prevent immediate risk

Please detail any action taken to prevent immediate risk

Police (inc. time/date/crime/log no)	
Ambulance	
Fire	
GP	
Other (please specify)	
Name of manager consulted about immediate action	

PLEASE PASS THIS FORM WITH ANY DOCUMENTARY EVIDENCE TO THE COMPLIANCE AND REGULATION TEAM (SUPERVISION DIVISION)
NB if the allegation is about a member of staff, Visitor or Contractor, the appropriate Head of Division and the Head of Finance and Resources must be notified without delay.

Appendix 3: Information Sharing Protocol

This protocol sets out the legal framework, principles and good practice that apply to information sharing between the OPG and Local Authorities when considering safeguarding issues for vulnerable adults.

Nothing in this framework overrides any legal obligation on the OPG or Local Authorities to share information in specified circumstances, e.g. under the requirements in the Safeguarding Vulnerable Groups Act.

What information may be shared

Information shared should be on a “need to know” basis, i.e. it should only be information that is directly relevant to the investigation, and the minimum necessary to achieve the objective of protection of vulnerable adults. Care should also be taken to ensure the quality of the information shared, e.g. names, addresses and dates of birth are accurately recorded.

Information about a client, an alleged perpetrator or others, which may be shared includes:

- contact details, e.g. names, addresses, telephone numbers, email addresses
- personal details, e.g. national insurance numbers, dates of birth, family and close contacts, carer’s details.
- information about someone’s health or welfare, e.g. G.P., details of care/support packages.
- financial information, e.g. bank details, investments
- sensitive information, e.g. details of alleged abuse.

When information will be shared

Information will be shared where consent is given to do so in compliance with the Data Protection Act 1998.

Information will be shared on a need to know basis with appropriate selection of information.

The scenarios that this protocol covers are:

- where it is practicable to obtain the individual’s consent, and consent is given
- where a decision is taken to apply an exemption under the Data Protection Act 1998 e.g. prevention or detection of crime, obtaining legal advice.
- where it is in the public interest to share the information
- where the OPG wants to obtain information from a Local Authority about a safeguarding matter
- where the OPG wants to disclose information to a Local Authority so that they can carry out their own investigation
- where a Local Authority is carrying out an investigation and asks the OPG to disclose information to it by way of assistance

- joint investigations by the OPG and Local Authority in regard to a safeguarding matter
- where the OPG is carrying out its own investigation

For other scenarios not listed above, staff should seek guidance from the Departmental Legal Team to ensure that information is shared within the requirements of the law.

Local authorities and the OPG may not share information that has been provided by their respective organisations with other organisations and individuals unless:

Permission is given by the person about whom the information is held, *or* there is an overriding justification, legal requirement or duty to share information without the person's consent.

When the person does not have the capacity to consent to information sharing

If an adult does not have capacity to make a decision about consenting to information sharing, others can take that decision on their behalf. Capacity to be able to give consent can be assessed by considering:

- does the person have a general understanding of what decision they need to make and why they need to make it?
- has the person got the ability to understand and retain the information relevant to the decision?
- will they be able to understand the reasonably foreseeable consequences of deciding one way or another?
- do they have the ability to communicate (by any means) the decision they have come to?

Where a person is not the legal representative but acts as a "carer" to a person not capable of giving consent, it should be considered whether they are acting on their behalf and in the individual's best interests.

Why information may be shared

The objective of sharing information will be to achieve where possible:

- The safeguarding of vulnerable adults
- Appropriate sharing of information between agencies for the benefit of safeguarding the vulnerable adult
- Prompt identification of abuse
- Prevention of abuse, or prevention of further abuse
- Safeguarding other vulnerable adults
- Dealing with a perpetrator of abuse

Personal and sensitive information will be shared in compliance with the requirements of the Data Protection Act 1998, i.e. where there is a legal obligation, it is to do with the administration of justice, it is "in the vital interest of the data subject" (in the best interest of a vulnerable adult) or "in the public interest" (e.g. where others in the same care setting may be at risk).

Benefits of sharing information (outcomes)

A number of agencies may be involved in different aspects of the care and support of a vulnerable adult. The benefits of sharing information in the above circumstances are:

- agencies can pool information and expertise to resolve problems
- intelligence is shared and a full picture obtained that will initiate appropriate action
- to enable investigations
- to assess the risk to the vulnerable adult and others
- to put in place protective measures

Data handling of client information

Information may be shared in the context of an investigation into abuse without the individual's knowledge or consent. This may be because the vulnerable adult may be unable to give informed consent, or because obtaining consent or notifying someone that information will be shared may prejudice the outcome of an investigation. The consent of the subject of the information will be sought wherever possible and where it will not undermine the purpose of the disclosure.

Individuals have a right of access to information recorded about them. The OPG and individual Local Authorities publish information about how individuals may access their records, and will ensure that shared information is covered by their records management and Information Security policies and practice.

It is the responsibility of the OPG and individual Local Authorities to ensure that there is no unauthorised access, loss, misuse, modification or disclosure of someone's personal or sensitive information.

Legal framework

Data protection Act 1998 and The Data Protection (Processing of Sensitive Personal Data) Order 2000.

The conditions for disclosure that are relevant to this document are in Schedules 2 and 3 of the Data Protection Act 1998 and include conditions 3 (legal obligation) and 5 (e.g. administration of justice) of Schedule 2, as well as condition 4 (vital interests of the data subject). Schedule 3 conditions 6 and 7 are also relevant to the processing of sensitive personal information and its disclosure.

The Data Protection Act permits the sharing of personal information when it is:

- i. in the vital interest of the data subject, or
- ii. in the public interest

Mental Capacity Act 2005

Section 58(2) of the Mental Capacity Act 2005 provides for the Public Guardian's duties to supervise Deputies and investigate concerns about the way a Deputy or Attorney is exercising their powers to be discharged "in co-operation with any other person who has functions in relation to the care or treatment of P" (the person lacking capacity).

Section 58(5) of the Mental Capacity Act 2005 gives the Public Guardian authority, in the course of carrying out his duties, to examine and take copies of any health record, any record of, or held by, a Local Authority and compiled in connection with a social services function, and any record held by a person registered under Part 2 of the Care Standards Act 2004 (c.14), so far as the record relates to P.

This authority does not extend to records relating to a Deputy or Attorney.

Information Security

Ensuring security of information

The OPG aims to ensure that there will be no unauthorised access to, loss, misuse, modification or disclosure of its client's information. It respects a client's right to privacy and understands that information may be imparted to in a relationship of confidence. It will ensure that disclosure is proportionate to the matter under investigation.

The following standards will be applied when exchanging information with Local Authorities.

Telephone calls

If the Local Authority requests information about a client, the OPG will verify who the caller is before releasing any information. Verification may be carried out by calling back the person on a number recorded in the OPG's case file, or asking for the query to be e- mailed. Once received, the e-mail will be checked that it has come from a Local Authority and the contact can be called back.

Use of e-mail

External e-mails sent between Local Authorities and the OPG are not encrypted in any way; nor are they transmitted over a secure medium. To avoid unauthorised disclosure of personal information, the OPG applies the following standards to e-mail correspondence:

The OPG will not send any personal information about a client or deputy, e.g. information about finances or personal circumstances via e mail. E mails received by the OPG that contain personal information will be acknowledged and replied to by letter within published correspondence targets. If urgent, a letter may be sent as an attachment to an e-mail, in which case it will be password protected and the password sent in a separate e mail. Staff will take care to confirm e mail addresses and will keep personal information to a minimum

E-mail communications can be used for non-case specific enquires, to send information about OPG services, to send electronic forms and templates, and to acknowledge receipts of letters, etc.

Paper documents and records

The OPG applies a system of protectively marking personal information and applying handling controls according to the sensitivity of the information and risk of unauthorised disclosure. Documents containing personal information can be sent to Local Authorities by ordinary letter post. Depending on the level of risk, documents may be double enveloped to ensure secure delivery. The outer envelope will not bear any markings or notations to indicate that the contents are protectively marked. Envelopes will be marked with a return address in the event of non-delivery.

Information security breaches

Any breach of procedure and or loss of information must be reported immediately by the member of staff who has discovered the breach to their Line Manager who will inform their Head of Department. Reporting of information security breaches within the OPG should follow the OPG Post-Incident Response Plan, a copy of which can be found on the OPG intranet. Loss of OPG information held outside of the OPG must be reported immediately to the OPG Records Manager.

Appendix 4: Glossary

Abuse

Abuse is a violation of an individual's human and civil rights by another person or persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he is she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

Appointee

Someone appointed under Social Security regulations to claim and collect social security benefits on behalf of a person who lacks capacity to manage their own benefits.

Attorney

Someone appointed under either a Lasting Power of Attorney (LPA) or an Enduring Power of Attorney (LPA), who has the legal right to make decisions within the scope of their authority on behalf of the person (the donor) who made the power of attorney. Also known as a donee.

Care home

A home registered with the Commission for Social Care Inspection, or Care and Social Services Inspectorate in Wales, that provides accommodation with personal care. A care home with nursing provides nursing and personal care.

Commission for Social Care Inspection (CSCI)

The single, independent inspectorate for social care (all care providers) services in England.

Capacity

The ability to make a decision about a particular matter at the time the decision needs to be made. The legal definition of a person who lacks capacity is set out in section 2 of the Mental Capacity Act 2005.

Care and Social Services Inspectorate in Wales (CSSIW)

The single, independent inspectorate for social care (all care providers) services in Wales.

Care package

Services designed to meet an individual's assessed needs as part of the care plan arising from their assessment. Consists of one or more services, which may be residential and/or community-based. Where necessary this covers both NHS and social care.

Care plans

Written agreements setting out how care will be provided within the resources available for people with complex needs.

Care Quality Commission

From April 2009, the Care Quality Commission will have responsibility for regulating and improving the quality of health and social care in England and will look after the interests of people detained under the Mental Health Act. It takes over the work of the Commission for Social Care Inspection, the Healthcare Commission, and the Mental Health Act Commission.

Carer

Person who provides a substantial amount of care on a regular basis, and is not employed to do so by an agency or organisation. Carers are usually friends or relatives looking after someone at home who is elderly, ill or disabled.

Care worker

Paid workers that support people with everyday tasks who may be elderly, ill, have physical or learning disabilities, or emotional or social problems.

Continuing care

The criteria for assessing and providing health and social care over an extended time as the result of disability, accident or illness, in order to meet both physical and mental health needs. Continuing care can be provided in a range of settings, including hospital, care home or hospice and the individual's own home. Continuing care aims to provide the right long-term support, to promote independence, prevent deterioration and maximise a person's health and quality of life

Court of Protection

The specialist Court for all issues relating to people who lack capacity to make specific decisions.

Court of Protection Visitor

Someone who is appointed to report to the Court of Protection or Public Guardian on how attorneys or deputies are carrying out their duties.

Criminal Records Bureau (CRB)

An executive agency of the Home Office which provides access to criminal records information. Organisations in the public, private and voluntary sectors can ask the CRB to check candidates for jobs to see if they have any criminal records which would make them unsuitable for certain work, especially that involves children or vulnerable adults.

Data Protection Act 1998

A law controlling the handling of, and access to, personal information, such as medical records, files held by public bodies and financial information held by credit reference agencies.

Day Centre

Facility, run by social services, health or a voluntary organisation, that provides care, stimulation and activities for people who need support during the day and is thus also a valuable source of respite for carers.

Declaration

A kind of order made by the Court of Protection, e.g. whether a person has or lacks capacity to make a particular decision, or declaring that a particular act would or would not be lawful.

Dementia

Term used for different illnesses that affect the brain and diminish the ability to do everyday tasks. 'Dementia' should be used to describe symptoms, not the condition itself. Symptoms include loss of memory; difficulty in understanding people and finding the right words; difficulty in completing simple tasks and solving minor problems; mood changes and emotional upsets.

Deputy

Someone appointed by the Court of Protection with ongoing legal authority as prescribed by the Court to make decisions on behalf of someone who lacks capacity to make particular decisions. A Deputy may be appointed to make decisions in relation to property and affairs (financial) or welfare (including healthcare), or both. A Deputy may be a professional, e.g. solicitors, local authorities, or lay, e.g. family members, friends of the person lacking capacity.

Domiciliary care

Homecare that helps people cope with disability or illness, and allows them to maintain independence.

Donee

Someone appointed by a Donor to make decisions under a Lasting Power or Enduring Power of Attorney.

Donor

A person who makes a Lasting Power of Attorney or Enduring Power of Attorney.

Enduring Power of Attorney (EPA)

A power of attorney created under the Enduring Powers of Attorney Act 1985 appointing an attorney to deal with the donor's property and financial affairs. The Mental Capacity Act 2005 replaced the EPA Act 1985 but existing EPAs continue to operate under Schedule 4 of the Act.

Health

State of complete physical, mental and social well-being – not merely the absence of disease and infirmity

Health Care Commission

The independent watchdog for healthcare (NHS and private) in England.

Health Care Inspectorate Wales (HIW)

A department of the National Assembly for Wales with responsibility for inspecting and investigating the provision of health care by and for Welsh NHS bodies.

Independent Mental Capacity Advocate (IMCA)

Someone who provides support and representation for a person who lacks capacity to make specific decisions, where the person has no-one else to support them.

Independent Safeguarding Authority (ISA)

The Independent Safeguarding Authority's role is to help prevent unsuitable people from working with children and vulnerable adults. From October 2009, employers will be required to ensure that any staff they have working with children or vulnerable adults are checked by the ISA and have gone through the registration process with the Criminal Records Bureau.

Key Worker

Person responsible for co-ordinating the care plan of an individual receiving social care, for monitoring their progress, and for staying in regular contact with the agencies and individuals involved.

Lasting Power of Attorney (LPA)

A power of attorney created under the Mental Capacity Act appointing an attorney or attorneys to make decisions about the donor's personal welfare (including healthcare) and/or deal with the donor's property and affairs.

Learning disabilities

Disabilities that reduce a person's ability to understand new or complex information, learn new skills and cope independently.

Local Authority

Elected council responsible for providing public services such as education, housing and social services within a particular area. Most urban areas, including London, have unitary authorities i.e. one council provides all local government services

Long term conditions

Conditions, such as diabetes, asthma and arthritis that cannot currently be cured, but whose progress can be managed and influenced by medication and other therapies.

NHS Trusts

Hospitals, community health services, mental health services and ambulance services that are managed by their own boards of directors. NHS trusts provide services on the requirements of patients as represented by primary care trusts.

Nursing Home

Care home that provides nursing care (with, generally, at least one registered nurse on duty). Under the Care Standards Act 2000, which came into effect in April 2002, nursing homes were renamed 'care homes with nursing'

Office of the Public Guardian (OPG)

An agency of the Ministry of Justice. The Public Guardian is an officer established under section 57 of the Mental Capacity Act 2005. The OPG supports the Public Guardian to support and promote decision-making for those who lack capacity or wish to plan for their future. It registers powers of attorney, and supervises deputies appointed by the Court of Protection to make decisions on behalf of someone who lacks capacity. It also provides administrative support to the Court of Protection. The OPG replaced the Public Guardianship Office (PGO).

Primary care

The collective term for all services which are people's first point of contact with the NHS, eg GPs, dentists.

Primary care trusts (PCTs)

NHS bodies with responsibility for delivering health care services and health improvements to their local areas. Commissions primary care services within a particular area and is also responsible for providing local community health services.

Protection of vulnerable adults (POVA)

Public body initiative set up to specifically address the abuse of vulnerable adults. The POVA list is a register of individuals who have abused, neglected or otherwise harmed vulnerable adults in their care or placed vulnerable adults at risk of harm. A way of preventing the employment of people who should not be appointed to positions of trust e.g. Carers

Public Protection Units

Public Protection Units are specialist units in local police forces that commonly manage and investigate crimes involving adult abuse, child abuse, domestic abuse, sex and dangerous offenders and vulnerable and intimidated witnesses. They are normally staffed with specialist officers trained on interviewing children and vulnerable adults.

Social Services Department (Adult Care Social Services)

Department of local authority providing needs assessments to determine individuals' eligibility for assistance and ascertain how support can be given to meet eligible needs. Also provides and purchases a range of residential, day and domiciliary care packages to support people in need.

Vulnerable adult

The definition of vulnerable adult that applies to Adult Care Social Services is "a person 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 her self, or unable to protect him or her self against significant harm or exploitation.”

The OPG’s policy on safeguarding vulnerable adults applies to anyone who has a Deputy appointed by the Court of Protection or is the donor of a registered EPA or LPA, or is someone for whom the Court of Protection has authorised a person to carry out a transaction on their behalf under s16(2)(d) of the Mental Capacity Act (single orders).