



# Royal Pharmaceutical Society of Great Britain

## Guidance on the Protection of Vulnerable Adults

This guidance was prepared on behalf of the Practice and Quality Improvement Directorate of the Royal Pharmaceutical Society of Great Britain.

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## Protection of Vulnerable Adults

### 1. Introduction

There has been growing awareness of the vulnerability of some adults to abuse or neglect. Pharmacists and registered pharmacy technicians are likely to have regular contact with vulnerable adults or their carers, and in the course of their professional duties may become aware of situations where a vulnerable adult is at risk of abuse, or is being abused. It is important that pharmacists and registered pharmacy technicians are alert to signs of abuse and take appropriate action to safeguard vulnerable adults.

This guidance is intended to help raise awareness of the ways in which vulnerable adults may be abused and advise what pharmacists and registered pharmacy technicians should do if abuse is suspected. The key principles are set out in the Panel.

#### **Key Principles**

Pharmacists and registered pharmacy technicians should

- Be alert to and act on indications that a vulnerable adult may be being abused or at risk of abuse.
- Know how to access details of local policies for the protection of vulnerable adults.
- Act in accordance with local policies to protect vulnerable adults.

### 2. Definition of vulnerable adult

A vulnerable adult is someone who is aged 18 years or over who *'is or may or may be in need of community care services by reasons of mental health or other disability, age or illness'* and *'is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'*. (Who Decides- Lord Chancellors Department (1997))

A vulnerable adult may be a person who

- Is elderly or frail
- Has learning disabilities
- Suffers from mental illness (e.g. dementia, personality disorder)
- Has physical disability
- Is a substance misuser
- Is homeless
- Is in an abusive relationship

*(It should be noted that disability or age alone does not signify that an adult is vulnerable.)*

### 3. Abuse of adults

Abuse can consist of a single or repeated act of harm or exploitation. It may be perpetrated as a result of deliberate intent, negligence or ignorance. Abuse can be physical, verbal, psychological, emotional, or a result of neglect or an omission to act. Abuse can also occur when a vulnerable adult is persuaded to enter into a financial arrangement or sexual relationship to which they have not, or could not, consent to or understand e.g. as a result of mental or physical incapacity.

Vulnerable adults may be abused by a wide range of people including family members, friends, professional staff, care workers, volunteers or other service users.

Abuse can occur in a variety of circumstances. It may take place within the vulnerable adult's own home, nursing, residential or day care facilities, hospitals or other institutional settings. Incidents of abuse can be either to one person or more than one person at a time. Some instances of abuse will constitute a criminal offence, for example, assault, rape, theft or fraud.

Patterns of abuse vary and can include:

- Serial abusing, where the perpetrator seeks out and 'grooms' vulnerable adults (sexual abuse and some forms of financial abuse usually fall into this pattern).
- Situational abuse, as a result of pressures building up and/or because of difficult or challenging behaviour.
- Long term abuse in the context of an ongoing family relationship, for example domestic violence.
- Neglect of a person's needs because others are unable to take responsibility for their care e.g. the carer has financial, alcohol or mental health problems.
- Institutional abuse arising from poor standards of care, inadequate staffing, lack of response to individual patients complex needs, insufficient knowledge base and expertise.
- Unacceptable treatment programmes including over medication, unnecessary use of restraint, withholding food, drink or medication.
- Inability or failure to access key health and social care services.
- Misappropriation of benefits and/or use of vulnerable adult's money by other members of the household.
- Fraud or intimidation in connection with wills, property or other assets.

#### **4. Framework for the protection of adults**

Autonomy, capacity and the ability to consent are key components in working with vulnerable adults. All vulnerable adults have a right to live and receive services in an environment which is free from prejudice and safe from exploitation or abuse. A vulnerable adult's wishes should be taken into account at all times.

At present, there is no specific legislation which directly protects vulnerable adults, instead the applicable duties and powers to assess and intervene are contained within a range of legislation. The primary aim should be to prevent abuse where possible, but if preventative measures fail, robust procedures should be in place to deal with incidents of abuse effectively and sensitively. Social Service authorities (and where a criminal offence may have been committed, the police) have a responsibility to make inquiries into concerns about the welfare of a vulnerable adult. At a local level agencies involved in the care and protection of vulnerable adults (e.g. commissioners, providers and regulators of health and social care services; the police; local housing and education departments; voluntary and private sector organisations) are beginning to work in partnership to ensure robust procedures are in place.

Work has also been undertaken to develop lists of people who are considered unsuitable to work with vulnerable adults. In England and Wales, the Protection of Vulnerable Adults Scheme for care homes and domiciliary care agencies introduced a list of care workers who have harmed a vulnerable adult or put them at risk of harm. The aim of this list is to ensure a known abusers do not rejoin the care workforce. Full details of this scheme can be obtained at [www.doh.gov.uk](http://www.doh.gov.uk). In Scotland, the Scottish Executive has consulted on proposals to compile and maintain a list of people who are considered unsuitable to work with vulnerable adults ([www.scotland.gov.uk](http://www.scotland.gov.uk)).

Pharmacists and registered pharmacy technicians are advised to know, if required, how to access details about local policies and procedures (e.g. via local primary care organisation, trust or social services) and ensure they act in accordance with them.

### **5. What to do if abuse is suspected**

Pharmacists or registered pharmacy technicians may become concerned that a vulnerable adult is being abused, or is at risk of abuse, as a result of one or more of the following:

- direct disclosure by the vulnerable adult
- a complaint or expression of concern by another person, or
- observing the behaviour of the vulnerable adult.

**It is important that pharmacists and registered pharmacy technicians do not discuss concerns about abuse with the alleged perpetrator. Care must also be taken not to disturb or destroy articles that may be used in evidence during a criminal investigation or ultimate prosecution.**

If abuse is suspected or reported, pharmacists and registered pharmacy technicians should act in line with local policies and procedures to;

- Take reasonable steps to ensure the adult is in no immediate danger.
- Seek appropriate medical treatment for the adult if required.
- Contact the police if it is believed that a crime may have been committed.
- Obtain permission from the vulnerable adult before disclosing confidential information about them (*See below for further guidance on confidentiality and consent*).
- Where appropriate, discuss concerns with the relevant manager or person responsible for overseeing the care of the vulnerable adult.
- Consider the need to inform the vulnerable adult's GP or treating doctor.
- If, after discussion, abuse or neglect is still considered to be a possibility a referral should be made to the Social Services Department.
- Where a child is also at risk local child protection procedures should be followed.
- Records should be kept of all concerns and discussions about the adult, the decisions made and reasons for these decisions. As abuse can often be a culmination of events, it is important to maintain appropriate records of concerns whether or not further action is taken at the time.

### **6. Consent**

A key issue in the protection of vulnerable adults is one of consent. The Code of Ethics states that pharmacists and registered pharmacy technicians must help individuals to make informed decisions about whether they wish to use particular services or treatment options, and ensure that when a patient is not legally competent, any treatment or care provided is in accordance with the appropriate legal requirements. Vulnerable adults have a fundamental human right to decide how and with whom they live. A person who is able to make decisions for themselves is entitled to refuse protection. However, if the person lacks mental capacity to make this decision or there is an overriding public interest (e.g. other vulnerable adults are at risk) the need for referral should be considered. Wherever possible, the vulnerable adult should be informed that a referral will be made and the reasons for this.

The law relating to consent is complex. Pharmacists and registered pharmacy technicians are often unlikely to be in a position to accurately assess a person's

mental capacity. Therefore where there is a concern about a vulnerable adult's mental capacity to consent to protection, it is advisable to discuss concerns with other appropriate professionals and persons involved in the adults care. If this is not possible pharmacists and registered pharmacy technicians should use their professional judgement, based on the information that they have, to act in the patient's best interests.

More detailed standards and guidance on consent can be found in the Society's document 'Professional Standards and Guidance for Patient Consent' ([www.rpsgb.org](http://www.rpsgb.org)).

## **7. Confidentiality**

Pharmacists and registered pharmacy technicians have a duty to respect and protect the confidentiality of any information they have relating to a vulnerable adult. Such information should not normally be disclosed without the vulnerable adult's consent. However, there is an underlying professional requirement to act in the interests of patients and other members of the public. Consideration may need to be given to disclosure without the vulnerable adult's consent in situations where:

- A vulnerable adult's health renders them incapable of consent (e.g. mental incapacity)
- Disclosure is necessary to prevent serious injury or damage to the health of the vulnerable adult, third party or to public health (e.g. other vulnerable adults are also at risk).
- Disclosure is required by law or under an order of the court.

Section 4 of the Society's document 'Professional Standards and Guidance for Patient Confidentiality' details the exceptional circumstances in which information may be disclosed without the patient's consent. This can be accessed at [www.rpsgb.org](http://www.rpsgb.org).

Information should only be disclosed to relevant persons or agencies on a 'need to know' basis.

Pharmacists and registered pharmacy technicians should not give a vulnerable adult assurance of absolute confidentiality of information disclosed to them, especially in situations where other vulnerable people may be at risk. Wherever possible, the vulnerable adult should be informed of any decision to share information that is contrary to their wishes. They should be aware of what information is being shared and with whom.

Further guidance on confidentiality and consent can be found in the Society fact sheet 'Confidentiality, the Data Protection Act 1998 and the Disclosure of Information' which can be accessed at [www.rpsgb.org](http://www.rpsgb.org) or by sending a stamped, self addressed envelope to the Society's Fitness to practise and Legal Affairs Directorate.

## **8. Further information and advice**

Pharmacists and registered pharmacy technicians can get advice about any local procedures for the protection of vulnerable adults by contacting their primary care organisation, NHS Trust, Health Board or Social Services Authority. Further information can also be obtained from the following sources-

1. No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. Department of

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- Health/Home Office. London: Department of Health; 2000. Available at [www.doh.gov.uk/scg/nosecrets.htm](http://www.doh.gov.uk/scg/nosecrets.htm)
2. In Safe Hands: implementing adult protection procedures in Wales. National Assembly for Wales. Cardiff: National assembly for Wales; 2000. Available at [www.wales.gov.uk](http://www.wales.gov.uk)
  3. The Scottish Executive [www.scotland.gov.uk](http://www.scotland.gov.uk)
  4. Protection of vulnerable adults scheme in England and Wales for care homes and domiciliary agencies. Department of Health. London: Department of Health; 2004. Available at [www.doh.gov.uk](http://www.doh.gov.uk)
  5. Professional Standards and Guidance for Patient Consent: [www.rpsqb.org](http://www.rpsqb.org)
  6. Professional Standards and Guidance for Patient Confidentiality: [www.rpsqb.org](http://www.rpsqb.org)
  7. Confidentiality, the Data Protection Act 1998 and the Disclosure of Information (Fitness to Practise and Legal Affairs Directorate fact sheet 12). London: Royal Pharmaceutical Society; 2004. Available at [www.rpsqb.org](http://www.rpsqb.org)