

# **Safeguarding Adults**

**Assessing Capacity Chart** 

Is there an impairment or disturbance in the functioning of mind or brain? (permanent or temporary)

NO

Impairment is not present record refusal and arrange safety netting, the patient is deemed capable

YES

With all possible help given, is the person able to understand the information relevant to the decision?

YES

NO

Are they able to retain the & information long enough to make the decision?

YES

NO

Are they able to weigh the & information as part of the decision making process?

YES

NO

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Are they able to communicate the decision?

YES

NO

Has capacity

**Lacks capacity** 

If the answer to 1 is YES and the answer to any of 2 is NO then the person lacks capacity under the Mental Capacity Act 2005.

Adapted from East Midlands Ambulance Service Trust

NHS **Safeguarding Adults Deprivation of Liberty (DoL)** Developed by NHS Midlands and East.

# Your responsibilities

# You have a responsibility to follow the 6 safeguarding principles:

#### **Principle 1**

# **Empowerment**

Presumption of person led decisions and consent: Adults should be in control of their care and their consent is needed for decisions and actions designed to protect them. There must be clear justification where action is taken without consent such as lack of capacity or other legal or public interest justification. Where a person is not able to control the decision, they will still be included in decisions to the extent that they are able. Decisions made must respect the person's age, culture, beliefs and lifestyle.

#### **Principle 2**

#### **Protection**

Support and representation for those in greatest need: There is a duty to support all patients to protect themselves. There is a positive obligation to take additional measures for patients who may be less able to protect themselves.

### **Principle 3**

#### **Prevention**

Prevention of harm or abuse is a primary goal: Prevention involves helping the person to reduce risks of harm and abuse that are unacceptable to them. Prevention also involves reducing risks of neglect and abuse occurring within health services.

#### **Principle 4**

# **Proportionality**

Proportionality and least intrusive response appropriate to the risk presented: Responses to harm and abuse should reflect the nature and seriousness of the concern. Responses must be the least restrictive of the person's rights and take account of the person's age, culture, wishes, lifestyle and beliefs. Proportionality also relates to managing concerns in the most effective and efficient way.

#### **Principle 5**

# **Partnerships**

Local solutions through services working with their communities: Safeguarding adults will be most effective where citizens, services and communities work collaboratively to prevent, identify and respond to harm and abuse.

#### **Principle 6**

# Accountability

Accountability and transparency in delivering safeguarding: Services are accountable to patients, public and to their governing bodies. Working in partnerships also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.

(Ref: The role of Health Service Practitioners DH 2011)

Abuse thrives on secrecy. You have a duty to share information.