SAFEGUARDING ADULTS

A SAMPLE POLICY FOR GENERAL PRACTICE

The aim of this policy is to ensure that **[insert name of practice]** will safeguard and promote the health of adults at risk of harm, whether they are patients of the practice or not. The policy ensures that we are working within both local and national guidance.

[Insert name of practice] is committed to implementing this policy by ensuring all staff are trained appropriately, all learning opportunities are utilised, and that all staff are working within the scope of this document.

[Insert name of practice] will work with all agencies and professionals in order to safeguard adults at risk of harm in the local community.

Breaches of policy may lead to employees being disciplined in an appropriate manner. Breaches may also result in professionals being reported to their recognised professional body.

Our clinical Adult Safeguarding Lead is (insert name)
Our managerial Adult Safeguarding Lead is (insert name)
Our Prevent Lead is (insert name)

The CCG Named GP and Designated Professional for Safeguarding Adults can be contacted via 01482 344700 for support and advice.

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Safeguarding is everyone's responsibility and aims to protect people's health, wellbeing and human rights, and enable them to live free from harm, abuse and neglect.

The aims of adult safeguarding are to:-

- Stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well -being of an adult.
- Address what has caused the abuse or neglect.

The Care 2014 Act sets out the first ever statutory framework for adult safeguarding stating that Local Authorities are required to make enquiries into allegations of abuse or neglect. Safeguarding is mainly aimed at people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect by others. In these cases, local services must work together to identify those at risk and take steps to protect them. Local authority statutory adult safeguarding duties apply equally to those adults with care and support needs regardless of whether those needs are being met, regardless of whether the adult lacks mental capacity or not, and regardless of setting.

Safeguarding Adult Policy and General Practice

The support and protection of vulnerable adults cannot be achieved by a single agency; every service has a responsibility. Practice staff are not responsible for making a diagnosis of adult abuse and neglect, however they are responsible for sharing concerns appropriately and referring onto the relevant agency responsible for carrying out an assessment of need based on the safeguarding allegations.

This policy outlines how *insert name of Practice* will fulfil their legal duties and statutory responsibilities effectively in accordance with the safeguarding adult procedures of the Hull Safeguarding Adult Board.

GPs are often the first point of contact for people with health problems; this sometimes includes individuals who are not registered but seek medical attention. GPs may be the first to recognise an individual's health problems, carer related stress issues, or someone whose behaviour may pose a risk to vulnerable people. The primary health care team may be the only professionals to have contact with adults at risk and it is important that any response taken is appropriate and timely, thereby preventing the potential long term effects of abuse and neglect.

Practice Team Responsibilities

The Practice Team have a responsibility for recognising the potential signs and indicators of abuse, sharing information appropriately, and acting on concerns in a timely manner. The Practice recognises that safeguarding adults is a shared responsibility with the need for effective joint working between professionals and agencies. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:

- the commitment of all staff within the practice to safeguarding and promoting the welfare of adults;
- clear lines of accountability within the practice for work on safeguarding;
- practice developments that take account of the need to safeguard and promote the welfare of adults and is informed, where appropriate, by the views of the adult at risk and their families;
- staff training and continuing professional development enabling staff to fulfil their roles and responsibilities, and have an understanding of other professionals and organisations in relation to safeguarding adults;
- Safe working practices including recruitment and vetting procedures;
- Effective interagency working, including effective information sharing

Current Legislation:

The Care Act 2014 defines an adult at risk of harm as being over 18 years of age, who has care needs that may or may not be met, and by reason of disability, age or illness is unable to take care of themselves or safeguard themselves from harm.

The practice recognises that not all adults at risk of harm fit this definition and will work towards protecting adults not covered by this definition using other mechanisms.

The Mental Capacity Act 2005 is a legal framework which protects people who may lack capacity to make decisions for themselves. The presumption is that adults have mental capacity to make informed choices about their safety and how they live their lives. Mental Capacity and a person's ability to give informed consent are at the heart of decisions and actions taken by this practice under our *Safeguarding Policy*. We aim to help them understand what is likely to result from or affect their situation. We aim to assist them to take action to prevent the abuse themselves. The patient will be included in making decisions about their lives and which other agencies to involve when resolving safeguarding issues.

A person's ability to make a decision may be affected by duress and undue influence. Adults with capacity would normally make their own in- formed decision as to whether they consented to be involved in the adult safeguarding process. If a practitioner reasonably believed that the decision not to engage with the process was being made because of threats or coercion the decision could be overridden. If this course of action is taken particular care must be taken for the patient's safety. This is particularly common in domestic abuse which may go on into old age.

Scope

This policy applies to all staff employed by the *insert name of Practice* including; all employees (including those on fixed-term contracts), temporary staff, bank staff, locums, agency staff, contractors, volunteers (including celebrities), students and any other learners undertaking any type of work experience or work related activity. All Practice staff have an individual responsibility to safeguard and promote the welfare of individuals and must know what to do if concerned that an adult is at risk of being abused or neglected. This policy outlines how the Practice will fulfil its statutory responsibilities and ensure that there are in place robust structures, systems and quality standards for safeguarding adults, which are in line with City of Hull.

Adult Safeguarding

All adults (those over 18 years of age) have the right to live a life free from abuse and neglect. Abuse is a violation of an individual's human and civil rights by any other person or persons. Where someone is 18 or over but is still receiving children's services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. For example, this could occur when a young person with substantial and complex needs continues to be supported in a residential educational setting until the age of 25. Where appropriate adult safeguarding services should involve the local authority's children's safeguarding colleagues as well as any relevant partners.

The safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect;
- and, as a result of those care and support needs, is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

Principles of Adult Safeguarding

The Practice acknowledges the **six** principles of adult safeguarding and ensures these principles underpin Practice Staff safeguarding work:-

1. **Empowerment** - people being supported and encouraged to make their own decisions and informed consent.

2. **Prevention** - It is better to take action before harm occurs.

3. **Proportionality** - The least intrusive response appropriate to the risk presented.

4. **Protection** - Support and representation for those in greatest need.

5. **Partnership** - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

6. **Accountability** - Accountability and transparency in delivering.

Making Safeguarding Personal (MSP)

Making Safeguarding Personal (MSP) is the approach now taken to all safeguarding work. The key principle of MSP is to support and empower each adult to make choices and have control about how they want to live their own life. It is a shift in culture and practice in response to what is now known about what makes safeguarding more or less effective from the perspective of the adult being safeguarded. MSP is about having conversations with people about how responses to safeguarding situations can be made in a way that enhances their involvement, choice and control as well as improving their quality of life, well-being and safety. It is about seeing people as experts in their own lives, and working alongside them to identify the outcomes they want.

MSP focuses on achieving meaningful improvements to people's lives to prevent abuse and neglect occurring in the future, including ways for them to protect themselves.

Types and patterns of abuse and neglect

Incidents of abuse and neglect may be one-off or multiple occurrences and may affect one person or groups of people. Abuse may be intentional or may be an unintended consequence resulting from poor practice, lack of knowledge or lack of training. It is important in safeguarding practice that professionals' and others in addition to addressing single incidents or individuals also look beyond to identify themes or patterns of harm. For example repeated instances of poor care may be an indication of more serious problems. In order to see these patterns it is important that information is recorded, analysed and appropriately shared and acted upon. The following types and examples are a guide and not intended as an exhaustive list:-

Physical abuse including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence and abuse including any incident or pattern of incidents of controlling behaviour, coercive behaviour or threatening behaviour, violence or abuse between those aged 16 or over who are family members or who are, or have been, intimate partners.

This includes psychological, physical, sexual, financial and emotional abuse. It also includes **'honour' based violence**, f**orced marriage** and **female genital mutilation.**

Sexual abuse including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation

of property, possessions or benefits.

Modern slavery encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment

Discriminatory abuse including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse including neglect and poor care practice within an institution or specific care setting such as a hospital or care home or in relation to care provided in one's own home. This may range from one off incidents to ongoing ill treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Self-neglect *this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Who may abuse and neglect adults?*

Anyone can carry out abuse and neglect, including: Spouses/partners Other family members, friends or neighbours, acquaintances, local groups, individuals or groups who deliberately target adults perceived as 'vulnerable', paid staff or professionals, volunteers, strangers. It is important to note that while a lot of media attention may be paid to targeted fraud and internet scams carried out by strangers, it is far more likely that the person responsible for abuse is known to the adult and is in a position of trust and power.

Domestic Abuse: Any agency identifying or receiving a disclosure of domestic abuse should complete an assessment of the risk of harm for the person experiencing this. Support and advice in Hull can be found here: http://www.hulldap.co.uk/

DASH Risk Indicator

The DASH Risk Indicator checklist can be found here:

http://www.safelives.org.uk/sites/default/files/resources/Dash%20risk%20checklist%20quick%20start%20guidance%20FINAL.pdf

It is the preferred tool for assessing risk of harm in domestic abuse, stalking and 'honour' based violence cases. Where the risk of harm is assessed as high, or where there is evidence of escalation in the frequency or severity of abuse, a referral should be made to the local **Multi-Agency Risk Assessment Conference (MARAC)**.

A MARAC is a local information-sharing meeting where the focus is domestic abuse cases of the highest risk. The meeting involves representatives of the local police, probation, health, children and adults safeguarding, housing practitioners, substance

misuse services, independent domestic violence advisers (IDVAs) and other specialists from the statutory and voluntary sector.

The four aims of a MARAC are:-

- To safeguard any adults and children who are at high risk of domestic abuse.
- To make links with other protection arrangements in relation to children, people causing harm and adults with care and support needs.
- To safeguard staff.
- To work towards addressing and managing the behaviour of the person causing harm.

If a safeguarding adults concern indicates that the issue involves domestic abuse, stalking or 'honour'-based violence, a discussion must take with the practice safeguarding leads as soon as possible, regarding a referral to the MARAC and who should make that referral.

There are local procedures in place regarding the need to conduct a multi-agency review when a homicide relates to domestic violence. Domestic Homicide Reviews (DHR) are commissioned and led by Community Safety Partnerships (CSP).

Prevent

Prevent is a key part of the government's Counter Terrorist Strategy (CONTEST). It's aim is to prevent vulnerable individuals being radicalized. Early intervention is essential to divert vulnerable people away from being drawn into extremist ideologies and activity.

Safeguarding adults from radicalisation is no different from safeguarding them from other forms of harm or abuse.
Indicators that someone might be engaged with an extremist group, cause or ideology:-

- Spending time in the company of suspected extremists.
- Changing their style of dress or personal appearance to accord with the group.
- Their day-to-day behaviour becoming increasingly centred around an extremist ideology, group or cause.
- Loss of interest in other friends and activities not associated with the extremist ideology, group or cause.
- Possession of material or symbols associated with an extremist cause (eg. the swastika for far-right groups).
- Attempts to recruit others to the ideology, group or cause.
- Communication with others that suggests identification with an ideology, group or cause.

Further advice can be found here;

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97976/prevent-strategy-review.pdf

Channel is the name of the process of identifying and referring a person for early

intervention and support. It uses existing collaboration between local authorities, statutory partners, the police to identify people at risk of being drawn into extremism and assess the nature and extent of that risk. The channel panel will develop the most appropriate support plan for the individuals concerned. Any prevent concerns in Hull should be forwarded to Humberside Police prevent team at the following:

prevent@humberside.pnn.police.uk

Multi-Agency Public Protection Arrangements (MAPPA)

The purpose of the MAPPA framework is to reduce the risks posed by sexual and violent offenders in order to protect the public, including previous victims, from serious harm. The responsible authority (i.e. the police, prison and probation services) has a duty to ensure that MAPPA is established in each of their geographic areas to ensure the risk assessment and management of all identified MAPPA offenders (primarily violent offenders on licence or mental health orders and all registered sex offenders). The police, prison and probation services have a clear statutory duty to share information for MAPPA purposes. NHS organisations also have a duty to co-operate with MAPPA processes. Disclosures will be shared with primary care when deemed appropriate.

How should the practice respond if they become aware of abuse and neglect?

All members of the practice both clinical and non-clinical must be aware of the process involved in raising a safeguarding concern both within the practice and reporting externally to the Local Authority. Practice staff must be aware of the different types of abuse and neglect and their signs.

Practice staff will initially when suspecting or having abuse reported to them by a patient or member of the public:-

- Remain calm and non-judgmental
- Take immediate action to ensure the safety or medical welfare of the adult
- Not discourage the adult from further disclosure
- Use active listening skills, clarify the main facts and summarise what has been said.

How to raise a concern/ reporting procedure.

Safeguarding concerns will be completed in accordance with the locally agreed multi-disciplinary safeguarding procedures. The practice understands that the local authority have the power to make (or request another agency to make) a formal investigation under Section 42 of the Care Act. The Care Act offers the following statement regarding section 42 enquiries;

Although the local authority is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine who is the right person to begin an enquiry. In many cases a professional who already knows the adult will be the best person. They may be a social worker, a housing support worker, a GP or other health worker such as a community nurse.'

Section 42 enquiries may range from a simple telephone conversation between

professionals or a large multi-agency strategy meeting. If the abuse involves a criminal act then you must also inform the police.

There may be times when the Local Authority may not accept a safeguarding referral for a variety of reasons, so other measures may need to be taken to protect adults with care and support needs. These may include:

- Complaints investigation
- Referral to the CQC
- Significant Event Analysis (SEA)/Serious Incident (SI) within the practice
- Disciplinary procedures
- Referral to the Local Authority where there are quality concerns of a care provider
- Police/criminal investigation
- Whistleblowing
- Health and safety investigation
- Referral to the GMC or NMC

(See Appendix 1: Flowchart on how to raise a concern)

Information Sharing

If a person has capacity to consent to a safeguarding referral this should be sought and respected if they refuse. If they lack capacity a best interest decision under the MCA must be made. If other adults at risk of harm are vulnerable to the same abuse then the person with capacity's refusal to consent should be over-ridden and the abuse reported. Advice on sharing safeguarding information, coding and breaching patient confidentiality can be found at:-

http://www.rcgp.org.uk/clinical-and-research/toolkits/safeguarding-adults-at-risk-of-harm-toolkit.aspx

Mental Capacity Act 2005

Mental Capacity should always be presumed and documented. It is time and decision specific. The five Principles of the Mental Capacity Act that the practice will follow when they believe a person may lack capacity are:-

- **Presume Capacity** which means start off by thinking that the individual can make their own decision.
- Take all **practicable steps** to enable the person to make their own decision, this may involve using someone who can help with communication, or maybe as simple as making sure someone wears their hearing aid.
- Never say someone cannot make a decision just because someone else thinks it's wrong or bad, this is called an **unwise decision** in the MCA.
- When an individual cannot make their own decision someone has to make it in their **best interests** for them.
- When someone makes a **best interest** decision for an individual they must consider whether there is a **less restrictive** option that is one that doesn't limit their **rights and freedom** more than necessary.

http://www.rcgp.org.uk/~/media/Files/...76.../CIRC-Mental-Capacity-Act-Toolkit-2011.ashx

Deprivation of Liberty Safeguards (DoLS)

The DoLS in the Mental Capacity Act 2005 provides a framework for authorising the deprivation of liberty of people who lack mental capacity to consent to arrangements made for their care or treatment.

Local authorities are the supervisory bodies who administrate and maintain all DoLS applications. Further advice and guidance re DoLS can be found here;

http://www.scie.org.uk/search?sq=dols

Independent Mental Capacity Advocate (IMCA)

An Independent Mental Capacity Advocate (IMCA) will be sought by the practice if the person lacking capacity has no one to represent them. The process for sourcing an advocate is as follows- (insert local procedure). An IMCA must be engaged if major treatment decisions are being made or if a change of residence is being considered. If a patient has no one to represent them during the course of a safeguarding investigation an IMCA should be used

Safeguarding Adult Reviews as defined by the Care Act 2014

The practice understands if asked to contribute information to a Safeguarding Adult Review (SAR), they will comply with this request dependent on which methodology is being used. Help and support is available on such occasions from the CCG Named GP for safeguarding adults or designated professional for safeguarding adults.

Record keeping

The GMC in its document *Good Medical Practice* provides the following advice on record keeping which this practice endorses:
Documents you make (including clinical records) to formally record your work must be clear, accurate and legible. You should make records at the same time as the events you are recording or as soon as possible afterwards.

You must keep records that contain personal information about patients, colleagues or others securely, and in line with any data protection requirements.

Clinical records should include:-

- Relevant clinical findings
- The decisions made and actions agreed, and who is making the decisions and agreeing the actions
- The information given to patientsAny drugs prescribed or other investigation or treatment
- Who is making the record and when.

Who are we safeguarding?

The practice understands safeguarding to mean protecting an adult's rights to live safely, free from abuse, it involves people and organisations working together to prevent and stop abuse whilst at the same time making sure the adult's wellbeing is promoted.

In England safeguarding duties apply to an adult

who:-

- is 18 or over
- has needs for care and support, whether or not these needs are being met
- is experiencing, or at risk of harm, abuse or neglect and, as a result of those care and support needs, is unable to protect themselves from either the risk of harm or the experience of abuse or neglect.

The practice acknowledges that some adults may fall outside this definition and may look for alternative methods to support these groups.

If the practice is in any doubt about whether to complete a safeguarding referral they will discuss it with the practice safeguarding lead, the named professional at the CCG (Local Authority Safeguarding Team.

How should the practice respond if they become aware of abuse and neglect?

All members of the practice both clinical and non-clinical are aware of the process involved in raising a safeguarding issue both within the practice and reporting externally to the Local Authority. Practice staff are aware of the different types of abuse and neglect and their signs. Practice staff are able to support adults to help them feel safe.

Practice staff will initially when suspecting or having abuse reported to them by a patient or member of the public:-

- Remain calm and non-judgmental
- Take immediate action to ensure the safety or medical welfare of the adult
- Not discourage the adult from further disclosure
- Use active listening skills, clarify the main facts and summarise what has been said to you
- Remain supportive, sensitive and attentive
- Give reassurance but do not press for more detail or make promises
- Retain, record and report information
- Ensure all potential evidence had been preserved
- Inform the practice safeguarding lead.

What to do if a member of the public raises a safeguarding concern

Members of the public may disclose information about abuse of a third party to any member of the practice staff. These disclosures must be taken seriously. Members of the public can report safeguarding incidents themselves and should be encouraged to do so, but once a member of staff knows of these allegations they have a duty to report themselves.

Allegations against practice staff

Any member of the practice staff who is alleged to have caused harm has the right to be assumed innocent until the allegations against them are proved on the evidence. The information shared with them about the allegation should be decided as soon as practicably possible unless the police advise otherwise. The alleged perpetrator should be provided with appropriate support throughout the process.

Whistleblowing

The practice has a whistleblowing policy which clearly states how any member of the practice staff should respond if they are aware of abuse or poor practice leading to harm. Although this is a separate policy it must be used in conjunction with the practices safeguarding policies for adults and children

Audit and Assurance

Staff Safeguarding Training

The managerial safeguarding lead and clinical safeguarding lead will ensure that all staff in the practice are suitably trained in accordance with current local and national guidelines for adult safeguarding, mental capacity act and prevent.

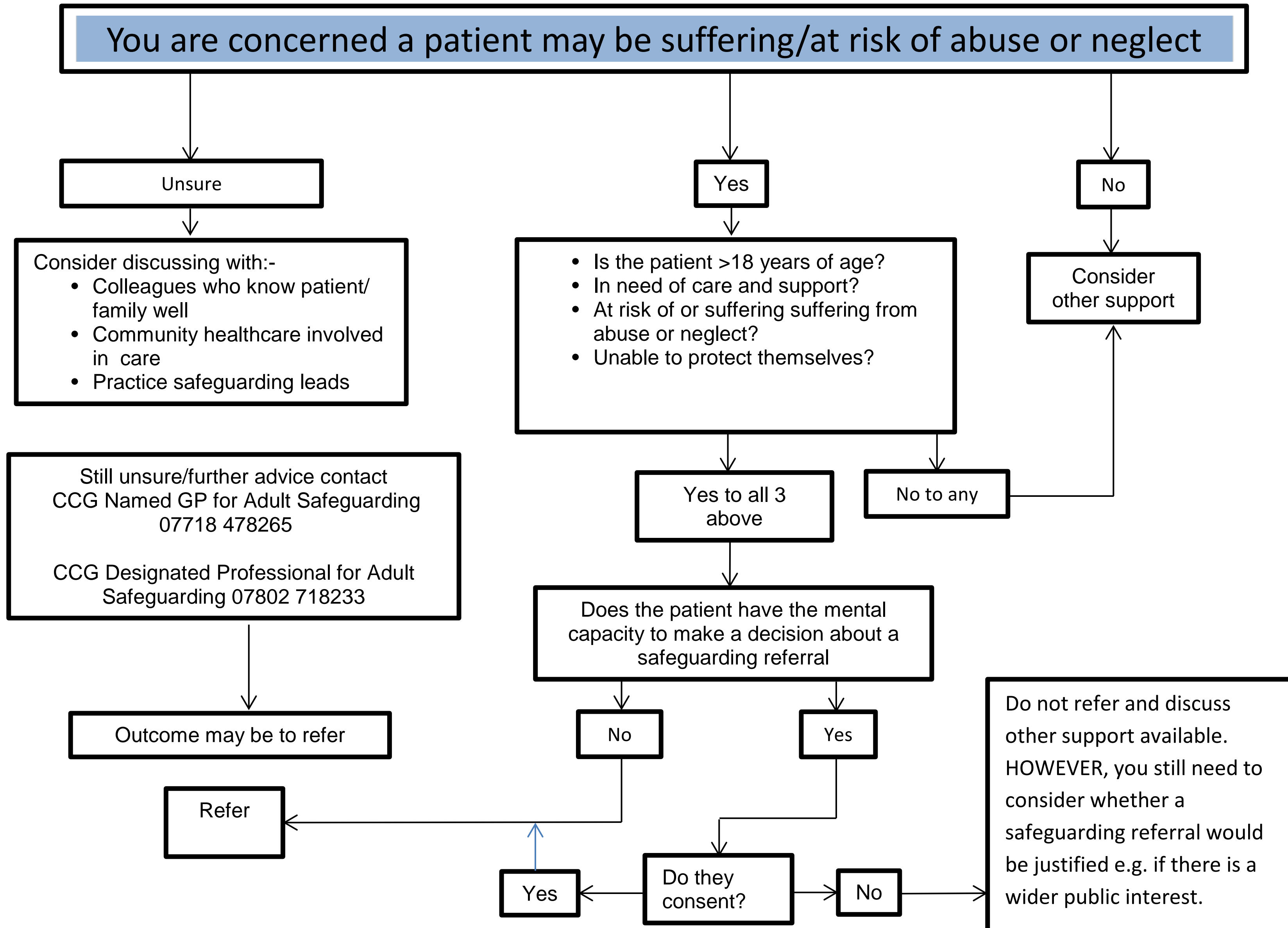
Staff will be given appropriate protected time to complete this training. All staff will have read this policy.

Adult safeguarding will be discussed on a regular and agreed basis. These discussions will be recorded appropriately as part of quality assurance processes.

Reference documents

- Care Act 2014 http://www.legislation.gov.uk/ukpga/2014/23/contents
- Mental Capacity Act 2005
- http:/ / www.legistlation.gov.uk/ukp ga /2 0 0 5 /9 /p df s / u k p- ga_20050009_en.pdf
- Safeguarding Policy: Protecting Vulnerable Adults, Office of the Public Guardian
- https://www.gov.uk/government/publications/safeguarding-pol-icy protecting-vulnerable-adults
- Social Care Institute for Excellence (SCIE)
- https://www.gov.uk/government/publications/safeguarding-policy-protecting vulnerable-adults. This website contains large amounts of adult safeguarding and MCA guidance.

Appendix 1 Fig 1



Appendix 1 Fig 2