**Reviewed 10th August 2017 V3**

**Reviewed June 2019**

**Reviewed June 2020**

**Market Square Surgery**

**Safeguarding Adults Policy**

**Safeguarding Adults Policy Statement**

This policy will enable the practice to demonstrate its commitment to keeping

safe patients who are vulnerable adults and other vulnerable adults with

whom it comes into contact with. The practice acknowledges its duty to

respond appropriately to any allegations, reports or suspicions of abuse.

It is important to have the policy and procedures in place so that all who work

at the practice can work to prevent abuse and know what to do in the event of

abuse.

The Policy Statement and Procedures have been drawn up in order to enable

the Practice to:

* promote good practice and work in a way that can prevent harm, abuse

 and coercion occurring.

* to ensure that any allegations of abuse or suspicions are dealt with

 appropriately and the person experiencing abuse is supported.

* and to stop that abuse occurring.

The Policy and Procedures relate to the safeguarding of vulnerable adults.

Vulnerable adults are defined as:

* People aged 18 or over
* Who are receiving or may need community care services because of

 learning, physical or mental disability, age, or illness

* Who are or may be unable to take care of him or herself, or unable to

 protect him or herself against significant harm or exploitation.

 (No Secrets, Department of Health, 2000)

It is acknowledged that significant numbers of vulnerable adults are abused

and it is important that the practice has a Safeguarding Adults Policy, a set of

procedures to follow and puts in place preventative measures to try and

reduce these numbers.

The practice is committed to implementing this policy. The protocols it sets out

for all staff and partners will provide in-house learning opportunities. It is mandatory for all staff members to take Blue Stream training on safeguarding adults. This

policy will be made accessible to staff and partners via the practice intranet

and paper copy and will be reviewed annually**.**

It addresses the responsibilities of all members of the practice team and those

outside the team with whom we work. It is the role of the practice manager

and Safeguarding Adults Lead to brief the staff and partners on their

responsibilities under the policy, including new starters and sessional GPs.

For employees, failure to adhere to the policy could lead to dismissal or

constitute gross misconduct.

In order to implement the policy the practice will work:

* to promote the freedom and dignity of the person who has or is

experiencing abuse

* to promote the rights of all people to live free from abuse and coercion
* to ensure the safety and well being of people who do not have the

capacity to decide how they want to respond to abuse that they are

experiencing

* to manage services in a way which promotes safety and prevents abuse
* to recruit staff safely, ensuring all necessary checks are made
* to provide effective management for staff through supervision, support

 and training. The practice will seek to meet the requirements of the NHS

West Essex Adult Safeguarding Training plan.T

the practice

* will work with other agencies within the framework of the local

 Safeguarding Adults Board Policy and Procedures, issued under No

 Secrets guidance (Department of Health, 2000)

* will act within GMC guidance on confidentiality and will usually gain

permission from patients before sharing information about them with

another agency

* will pass information to Adult Services when more than one person is at

 risk. For example: if there are concerns regarding any form of abuse,

 including neglect, within a care home.

* will inform patients that where a person is in danger, a child is at risk or a

 crime has been committed then a decision may be taken to pass

 information to another agency without the service user’s consent

* will make a referral to Adult Services as appropriate
* will endeavour to keep up to date with national developments relating to

 preventing abuse and welfare of adults.

The Practice Safeguarding Adults Lead is Dr. Deepa Dabas

The Practice recognises that it is the role of the practice to be aware of

maltreatment and share concerns but not to investigate or to decide whether

or not a vulnerable adult has been abused.

**Procedures Template**

 **Introduction**

These procedures have been designed to ensure the welfare and protection

of any adult who accesses services provided by the practice. The procedures

recognise that adult abuse can be a difficult subject for workers to deal with.

The practice is committed to the belief that the protection of vulnerable adults

from harm and abuse is everybody’s responsibility and the aim of these

procedures is to ensure that all partners and staff act appropriately in

response to any concern around adult abuse.

 **Preventing abuse**

The practice is committed to putting in place safeguards and measures to

reduce the likelihood of abuse taking place within the services it offers and

that all those involved with the practice will be treated with respect.

Therefore this policy needs to be read in conjunction with the following

policies:

Equal Rights and Diversity

Complaints

Whistle Blowing

Confidentiality

Disciplinary and Grievance

Information Governance

Recruitment and Selection

**Any other policies which are relevant that the practice has in**

**place**

The practice is committed to safer recruitment policies and practices for

partners and employees.

The minimum safety criteria for safe recruitment of all staff that work at the

practice are that they:

• have been interviewed face to face

• have 2 references that have been followed up

• have been DBS checked [enhanced for clinical staff]

The practice will work within the current legal framework for reporting staff or

volunteers to the Independent Safeguarding Authority where this is indicated.

The complaints policy and Safeguarding Adults policy statement will be

available to patients and their carers/families. Information about abuse and

safeguarding adults will be available within public areas of the practice.

The practice is committed to the prevention of abuse and will highlight the

records of patients about whom there is significant concern. The practice will

be alert for warning signs such as failure to attend for chronic disease

management reviews and take appropriate action. The practice recognises its

role in supporting carers as one way of preventing abuse.

 **Recognising the signs and symptoms of abuse**

All who work at the practice should take part in training and if appropriate

significant event discussion regarding safeguarding adults. This should take

note of Safeguarding Vulnerable Adults – a toolkit for General Practitioners

published by the British Medical Association which identified that is essential

that

Health professionals should be able to identify adults whose physical,

psychological or social conditions are likely to render them vulnerable

Health professionals should be able to recognise signs of abuse and

neglect, including institutional neglect

Health professionals need to familiarise themselves with local

procedures and protocols for supporting and protecting vulnerable adults

The practice will seek to meet the requirements of thw West Essex CCG.

“Abuse is a violation of an individual’s human and civil rights by any other

person or persons” (No Secrets: Department of Health, 2000)

**Abuse includes:**

physical abuse: including hitting, slapping, punching, burning, misuse of

medication, inappropriate restraint

sexual abuse: including rape, indecent assault, inappropriate touching,

exposure to pornographic material

psychological or emotional abuse: including belittling, name calling,

threats of harm, intimidation, isolation

financial or material abuse: including stealing, selling assets, fraud,

misuse or misappropriation of property, possessions or benefits

neglect and acts of omission: including withholding the necessities of life

such as medication, food or warmth, ignoring medical or physical care

needs

discriminatory abuse: including racist, sexist, that based on a person’s

disability and other forms of harassment, slurs or similar treatment

institutional or organisational: including regimented routines and

cultures, unsafe practices, lack of person-centred care or treatment

Abuse may be carried out deliberately or unknowingly. Abuse may be a single

act or repeated acts. Abuse may occur in any setting including private homes,

day centres and care homes. Abuse may consist of acts of omission as well

as of commission.

People who behave abusively come from all backgrounds and walks of life.

They may be doctors, nurses, social workers, advocates, staff members,

volunteers or others in a position of trust. They may also be relatives, friends,

neighbours or people who use the same services as the person experiencing

abuse.

 **Practice Lead for Safeguarding Adults**

The Practice Safeguarding Adults Lead is **Dr Jitin Dhawan**

The practice lead

• implements the practice’s safeguarding adults policy

• ensures that the practice meets contractual guidance

• ensures safe recruitment procedures

• supports reporting and complaints procedures

• advises practice members about any concerns that they have

• ensures that practice members receive adequate support when dealing

with safeguarding adults concerns

• leads on analysis of relevant significant events

• determines training needs and ensures they are met

• makes recommendations for change or improvements in practice

procedural policy

• acts as a focus for external contacts

• has regular meetings with others in the Primary Healthcare Team to

discuss particular concerns

 **Responding to people who have experienced or are experiencing**

**abuse**

The practice recognises that it has a duty to act on reports, or suspicions of

abuse or neglect. It also acknowledges that taking action in cases of adult

abuse is never easy.

How to respond if you receive an allegation:

Reassure the person concerned

Listen to what they are saying

Record what you have been told/witnessed as soon as possible

Remain calm and do not show shock or disbelief

Tell them that the information will be treated seriously

Don’t start to investigate or ask detailed or probing questions

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Don’t promise to keep it a secret if you witness abuse or abuse has just taken place the priorities will be:

To call an ambulance if required

To call the police if a crime has been committed

To preserve evidence

To keep yourself, staff, volunteers and service users safe

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To inform the patient’s GP or the Practice Adult Safeguarding Lead

To record what happened in the medical records

The flowchart below provides a framework to support decision making. Key

points are

If immediate action is needed this requires a referral to the police or

immediately to Adult Social Care depending on the situation

Patients should normally be informed of a referral being made. This stage

is known as an alert

If a referral is not made a plan should still be put in place to reduce the risk

of abuse in the future and this should be reviewed at agreed intervals.

A referral will normally be made by the most appropriate senior clinician

available but any member of the clinical or non clinical staff may take

action if the situation justifies this.

It there is uncertainty whether a patient has capacity to safeguard

themselves then an assessment of capacity should be undertaken.

If the patient does not have capacity then a referral can be made in their

best interests

Referrals can be made without consent if there is a good reason to do so

e.g. a risk to others, immediate risk to self

If a member of staff feels unable to raise a concern with the patient’s GP

or the Practice Adult Safeguarding Lead then concerns can be raised

directly with Adult Social Care and/or the Safeguarding Adults Unit.

Advice may be taken from Adult Social Care and/or the Safeguarding

Adults Unit and/or other advice giving organisations such as Police.

Following an alert, a Safeguarding Adults Manager from Adult Social Care will

decide if the safeguarding process should be instigated or if other

support/services are appropriate. Feedback will be given to the person who

raised the safeguarding adults alert.

service. You should ask to make a safeguarding adults alert.

For urgent concerns a telephone call should be made and followed up in writing to the Adult Social Care service outlining concerns. For non-urgent concerns a form should be emailed to the Adult Social Care service.

**6. Whistle Blowing and Complaints**

The practice has a whistle-blowing policy that recognises the importance of

building a culture that allows all Practice Staff to feel comfortable about

sharing information, in confidence and with a lead person, regarding concerns

they have about a colleague’s behaviour. This will also include behaviour that

is not linked to safeguarding adults but that has pushed the boundaries

beyond acceptable limits. Open honest working cultures where people feel

they can challenge unacceptable colleague behaviour and be supported in

doing so, help keep everyone safe. Where allegations have been made

against staff, the standard disciplinary procedure and the early involvement of

the Local Authority Safeguarding Adults team may be required.

The practice has a clear procedure that deals with complaints from all

patients.

 **Case conferences, strategy meetings etc.**

The contribution of GPs to safeguarding adults is invaluable and priority

should be given to attendance and sending a report to meetings wherever

possible. Consider liaising with your district nurse or other relevant

professionals in addition about your attendance. If attendance is not possible,

the provision of a report is essential.

 **Recording Information**

Concerns and information about vulnerable adults should be recorded in

the medical records. These should be recorded using recognised

computer codes.

Concerns and information from other agencies such as social care, or

the police or from other members of the Primary Health Care Team,

including district nurses should be recorded in the notes under a computer

code

• Email should only be used when secure, [e.g. nhs.net to nhs.net] and the

email and any response(s) should be copied into the record

• Conversations with and referrals to outside agencies should be recorded

under an appropriate computer code

• Case Conference notes may be scanned in to electronic patient records as

described below. This will usually involve the summary/actions,

appropriately annotated by the patient’s usual doctor or Practice Adults

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• Records, storage and disposal must follow national guidance for example,

*Records Management, NHS Code of Practice* 2009

• If information is about a member of staff this will be recorded securely in

the staff personnel file and in line with your own jurisdiction guidance

 **Case Conference Summaries & Minutes**

Case conference minutes frequently raise concerns - much of it about

information concerning third parties. See also the Good Practice Guidance to

GP electronic records: (accessed 11/1/12)

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH

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Case conference minutes should be stored in the patient’s records.

Conference minutes should not be stored separately from the medical records

because:

• they are unlikely to be accessed unless part of the record

• they are unlikely to be sent on to the new GP should the patient

register elsewhere

• they may possibly become mislaid and lead to a potentially serious

breach in patient confidentiality.

Whilst GPs may have concerns about third party information contained in

case conference minutes, part of the solution is to remove this information if

copies of medical records are released for any reason, rather than not

permitting its entry into the medical record in the first place.

**10. Sharing Information and Confidentiality**

The practice will follow GMC guidance on patient confidentiality.

In most situations patient consent must be obtained prior to release of

information including making a safeguarding adults alert.

If the patient may lack capacity an assessment of mental capacity should be

undertaken. If this assessment indicates that the patient lacks capacity then

an alert may be made and information shared under best interest’s guidance.

In some circumstances disclosure of confidential information should be made

without patient’s consent in the public interest. This is most commonly if there

is a risk to a third party. An example would be it children or other vulnerable

adults were potentially at risk. The patient should normally be informed that

the information will be shared but this should not be done if it will place the

patient, yourself or others at increased risk.

**General Principles of Information Sharing**

The ‘Seven Golden Rules’ of information sharing are set out in the

government guidance, *Information Sharing: Pocket Guide.* This guidance is

applicable to all professionals charged with the responsibility of sharing

information, including in safeguarding adults scenarios.

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**1. The Data Protection Act is not a barrier to sharing information** but

provides a framework to ensure personal information about living persons

is shared appropriately.

**2. Be open and honest** with the person/family from the outset about why,

what, how and with whom information will be shared and seek their

agreement, unless it is unsafe or inappropriate to do so.

**3. Seek advice** if you have any doubt, without disclosing the identity of the

person if possible.

**4. Share with consent where appropriate** and where possible, respect the

wishes of those who do not consent to share confidential information. You

may still share information without consent, if, in your judgment, that lack

of consent can be overridden by the public interest. You will need to base

your judgment on the facts of the case.

**5. Consider safety and well-being**, base your information sharing decisions

on considerations of the safety and well-being of the person and others

who may be affected by their actions.

**6. Necessary, proportionate, relevant, accurate, timely and secure**,

ensure that the information you share is necessary for the purpose for

which you are sharing it, is shared only with those people who need to

have it, is accurate and up to date, is shared in a timely fashion and is

shared securely.

**7. Keep a record of your concerns, the reasons for them and decisions**

Whether it is to share information or not. If you decide to share, then

record what you have shared, with whom and for what purpose

**Declaration**

In law, the responsibility for ensuring that this policy is reviewed belongs to

the partners of the practice. The checklist (Appendix 4) has been completed

on behalf of the practice.

We have reviewed and accepted this policy

Signed by: Date:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on behalf of the partnership

The practice team has been consulted on how we implement this policy