Chew medical practice

SAFEGUARDING ADULTS POLICY

Practice lead: Dr Tim Sephton

INTRODUCTION

The purpose of this document is to set out the policy of the Practice in relation to the protection of adults who are at risk of abuse or neglect.

This local policy reflects the Safeguarding Adults multi-agency policies agreed by the Bath & North East Somerset Local Safeguarding Adults Board. The full range of multi-agency policies can be found at http://www.bathnes.gov.uk/services/care-and-support-and-you/safeguarding-and-legal-information or in hard copy in the Safeguarding Adults folder.

Definition

Safeguarding Adults means protecting a person's right to live in safety, free from abuse and neglect. This applies to anyone aged 18 or over who may be unable to protect themselves from abuse, harm or exploitation, because of their needs for care or support. The level of need is not relevant, and the adult does not need to be eligible for any specific care or support, or be receiving any particular service, for safeguarding duties to apply.

This policy also applies to anyone over the age of 18 who is still receiving children's services.

Forms of abuse

- Neglect – ignoring mental or physical needs, care, education, or basic life necessities or rights
- Bullying – family, carers, friends
- Financial – theft or use of money or possessions
- Sexual – assault, rape, non-consensual acts (including acts where unable to give consent), touching, indecent exposure
- Physical – hitting, assault, man-handling, restraint, pain or forcing medication
- Psychological – threats, fear, being controlled, taunts, isolation
- Discrimination – abuse based on perceived differences and vulnerabilities
- Institutional abuse – in hospitals, care homes, support services or individuals within them, including inappropriate behaviours, discrimination, prejudice, and lack of essential safeguards
- Radicalisation – see below under **Prevent**

ROUTINE MANAGEMENT ACTION TO SAFEGUARD AGAINST ABUSE

The Practice will name an Adult Safeguarding Lead, whose responsibilities are set out in Appendix A.

All staff recruitment and selection will be carried out according to the Practice Recruitment Policy and by staff who have been trained in safer recruitment principles. On appointment, all staff who are considered to be in a regulated activity will undergo a Disclosure & Barring Service enhanced check.

All staff will receive mandatory training in Safeguarding at Level 1 as part of induction and at least every three years from then on. Clinical staff will be trained to Level 2 with additional training in Mental Capacity Act, Deprivation of Liberty Safeguards and Consent.

SUSPECTED SAFEGUARDING INCIDENTS: ACTION REQUIRED

The flowchart at Appendix B sets out the actions expected of non-clinical and clinical staff.

In all cases the welfare of the patient is paramount.
Staff must be prepared to consult with colleagues and take advice from experts.
Anyone involved in a safeguarding incident must keep comprehensive and clear notes at the time of the incident.

Information sharing is an essential element of good safeguarding practice. The Practice will follow the guidance set out in "Information Sharing: Advice for practitioners providing safeguarding services", published by the Dept for Education in 2015. A flowchart based on this guidance is included in the Safeguarding Adults hard copy folder for staff.

All staff

It is the responsibility of all Practice staff, whatever their role, to be alert to the possibility and warning signs of abuse, and to act on any concerns. Warning signs may not be linked to physical sighting of the patient, and could include failure to collect medication, failure to attend hospital appointments, frequent out of hours calls.

Concerns should be passed on at the earliest opportunity to the Practice Lead, Duty Doctor, another Partner, or any other doctor or nurse.

Clinical staff

Adult safeguarding concerns may be raised with any doctor or nurse in the absence of the Practice Lead. It is the responsibility of that clinician to decide whether or not the issue appears to meet safeguarding criteria and to act according to Step 3 onwards of the flowchart. Unless there is an immediate risk to the patient's safety, the clinician receiving information about a potential safeguarding issue is advised to discuss this with at least one

internal clinical colleague before involving any outside agency, and always if possible to discuss the case with any other GP who has been recently and actively involved in the care of the patient. This will enable the Practice to reach a considered opinion on appropriate action.

Where abuse of a vulnerable adult is suspected, the welfare of the patient takes priority. In deciding whether to disclose concerns to a third party or other agency the GP will assess the risk to the patient. Ideally the matter should be discussed with the patient involved first, and attempt made to obtain consent to refer the matter to the appropriate agency. Where this is not possible, or in the case of emergency where serious harm is to be prevented, the patient's doctor will balance the need to protect the patient with the duty of confidentiality before deciding whether to refer. The patient should usually be informed that the doctor intends to disclose information, and advice and support should be offered.

Due regard will be taken of the patient's capacity to provide a valid consent, according to the statutory framework set out in the Mental Capacity Act 2005. The five statutory principles of the Mental Capacity Act are:

- A person must be assumed to have capacity unless it is established otherwise
- A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been taken without success
- A person is not to be treated as unable to make a decision simply because their decision is unwise
- Anything done for or on behalf of a person without capacity must be in his/her best interests
- Regard must be given as to whether the purpose of the treatment can be effectively achieved in a way that is less restrictive to the person's basic rights and freedoms.

In addition the GP should establish whether the patient has made any Advance Decision that may affect the situation, and whether if the person lacks capacity there is a Personal Welfare Lasting Power of Attorney in place.

If the patient is resident in a nursing home, then the GP will also be mindful of the Deprivation of Liberty Safeguards.

In assessing the risk to the individual, the following factors will be considered:

- Nature of abuse, and severity
- Chance of recurrence, and when
- Frequency
- Vulnerability of the adult (frailty, age, physical condition etc.)
- Those involved – family, carers, strangers, visitors etc.
- Whether other third parties are also at risk: other members of the same household may being abused at the same time, including children, in which case there may be child safeguarding concerns as well

All actions relating to a suspected or actual safeguarding case must be documented on the patient's clinical record in enough detail to be clearly understood by another person reading the record. Where there is immediate concern for the patient's safety, a warning to this effect should be placed on the patient's record, viewable every time the record is accessed. If the case proceeds to a formal multidisciplinary level, then an appropriate safeguarding Read code must be applied. Only GPs may apply warnings and Read codes.

Any safeguarding incident must be brought to the attention of the Practice Lead as soon as possible after the event, so that s/he has a full understanding of adult safeguarding issues within the Practice.

The Practice will co-operate fully with any multi-disciplinary case management of our patients. The Practice Lead will normally be responsible for this, but there may be occasions when another clinician who has been more closely involved with the care of the patient should be included in place of or as well as the Practice Lead. Minutes of multi-disciplinary meetings should not be scanned on to the patient's record, although the GP's report to the meeting should be. Minutes will be kept securely by the Practice Manager.

ALLEGATIONS

If an adult makes an allegation about abuse, whether concerning themselves or a third party, this information must be treated as a suspected safeguarding incident. It should be notified to the CCG Adult Safeguarding Lead within one working day. If the allegation is against a member of the Practice team, this will be investigated and if proven, the member of staff will be subject to the Practice Disciplinary Procedure, or if the allegation is against a Partner, s/he will be subject to the terms of the Partnership Agreement. If the allegation is against the Practice Safeguarding Adults Lead, then the investigation will be led by another Partner.

If a member of staff has concerns about the behaviour of another member of the team, then the terms of the Practice Whistleblowing Policy will apply.

PREVENT

Prevent is part of the government's Counter-Terrorism Strategy. The objectives of **Prevent** are to identify people who may be vulnerable to being drawn into extremism and to offer them appropriate advice and support. Extremism may relate to terrorism, religion or domestic groups such as extreme right- or left-wingers or animal rights activists. People who are vulnerable to radicalisation include individuals who are emotionally, intellectually or physically susceptible.

Any member of the clinical or non-clinical team who suspects that a patient is at risk of radicalisation should discuss the matter with a partner or their manager. For further advice,

the matter can be discussed with the CCG **Prevent** lead. If the risk is considered to be genuine, then the police must be informed.

CONTINUOUS IMPROVEMENT

The Practice recognises that the occurrence of safeguarding cases is comparatively rare, and the issues associated with such cases may not be part of our routine work. It is therefore very important to make sure that all staff are ready to deal with them appropriately when they do occur. Every case will be treated as an important opportunity for learning at both operational and clinical levels.

The key mechanism for learning from safeguarding cases is through the Significant Events Policy and process. Any safeguarding issue, whether or not it goes beyond the Practice, should be considered as a significant event if there is the potential for learning from it. At every Significant Events meeting it will be noted whether there are any safeguarding items on the agenda. Organisational matters will be dealt with at the meeting, while clinical matters will be referred to a clinical meeting.

It is the responsibility of the Practice Lead and any other clinician who has been involved in a safeguarding case to disseminate the learning from cases, training or any other form of updating at clinical meetings.

Resources:
At the date of this policy, there is guidance on adult safeguarding at http://www.bathnes.gov.uk/services/care-and-support-and-you/safeguarding-and-legal-information
Hard copies of relevant documents, along with this policy, are kept in the Safeguarding Adults folder in the Secretaries' Room.

APPENDIX A

The Practice Lead for Safeguarding Adults:

- Implements Chew Medical Practice Safeguarding Adults policy
- Ensures that the practice meets contractual guidance
- Acts as **Prevent** lead for the practice
- 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 vulnerable adults
- 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 including the lead GP
- Attends meetings as appropriate with others in the Primary Healthcare Team to discuss particular concerns

Appendix B

Adult Safeguarding Reporting & Review Flow Chart

Step 1: all staff
Identify any incident which leads or could lead to harm/abuse – see policy for definitions

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Step 2: all staff
- Ensure patient is immediately safe
- Seek advice from one of the following, starting at the top of the list:
  - Tim Sephton, Practice Lead
  - Or Duty Doctor
  - Or other Partner
  - Or any other GP or nurse
  - Or a manager
- Call 999 for police immediately if criminal act
- Make a note of what happened to give to GP or nurse (not on Emis)

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Step 3: GP or nurse
- Assess situation: does incident appear to meet safeguarding adults criteria?
- Take immediate action and make alert
- Seek advice if needed

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Yes – appears to meet safeguarding criteria
Does the patient live in BANES or N Somerset? Check on list of villages in catchment area

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If BANES:
- Phone Sirona on 01225 396000

If N Somerset:
Phone Care Connect on 01275 8888801

- This can be followed up by a written summary if needed – you will be told where to send an email or fax summary
- Put a warning on patient Emis record, document incident on Emis, add a Read code if appropriate
- Notify Tonia Grant to start Significant Event process

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Step 4: Sirona / Care Connect
Sirona / Care Connect will process safeguarding alert & decide if investigation is required

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Investigation not required
Sirona / Care Connect will advise why investigation not required

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No – does not meet safeguarding criteria
- Consider whether a warning is appropriate on patient Emis record and document incident appropriately
- Make health or social care referral if unmet needs are identified
- Consider whether incident is a significant event internally – if so, notify Tonia Grant

Adult Safeguarding referral contacts: Sarah Jeeves, BANES CCG lead 01225 831857, or
BANES (Sirona): 01225 396000 North Somerset (Care Connect): 01275 888801
Somerset: 0845 345 9133 Wiltshire: 0300 456 0111
If Sirona are unavailable for any reason, try one of the other numbers for advice.

Appendix C

Safeguarding Vulnerable Adults contacts

Adult Safeguarding Lead, BANES CCG Leads on Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS) **Prevent** Lead	Sarah Jeeves	01225 831857 sarahjeeves@nhs.net
Lead GP for Adult Safeguarding	Dr Louise Leach	01225 831853 louise.leach1@nhs.net
Adult Safeguarding Lead, B&NES Local Authority	Sue Tabberer	01225 396534 sue_tabberer@bathnes.gov.uk
MCA & DOLS Co-ordinator, B&NES Local Authority		01225 477920
Social Care, Sirona Care & Health	Office hours: referral & assessment	01225 396000
Duty Social Care (B&NES)	Out of Hours	01454 615165
Social Care (North Somerset)	Office hours: single point of access	01275 888808
Duty Social Care (North Somerset)	Out of hours	01454 615165
Southside (council-funded domestic violence service)		01225 331243
National Domestic Violence Freephone Helpline (24 hrs)		0808 2000 247
Action on Elder Abuse		0808 8088 141
Local police station (non-emergency)		101
Police contact for reporting under **Prevent**		channelsw@avonandsomerset.pnn.police.uk This is a secure network