NHS North of Tyne

SAFEGUARDING ADULTS POLICY

Date: May 2012

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Mandatory/ Statutory Standards or Requirements	Care Quality Commission Outcome 7

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. 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 North of Tyne Adult Safeguarding Training plan.

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 RACHEL BAILEY**

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.

This policy should be read in conjunction with the local Multi-Agency Safeguarding Adults Policy and Procedures documents which are available at:

http://www.newcastle.gov.uk/care-and-wellbeing/adult-social-care/safeguarding-adults

http://www.northumberland.gov.uk/default.aspx?page=9599

http://www.northtyneside.gov.uk/browse.shtml?p_subjectCategory=421

Procedures Template

1. 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.

2. 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 CRB 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.

3. 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 the NHS North of Tyne Adult Safeguarding Training Plan.

“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.

4. Practice Lead for Safeguarding Adults

The Practice Safeguarding Adults Lead is **Dr RACHEL BAILEY**

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

5. 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
- 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

- 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

- The Directors of Adult Social Services North East Threshold Guidance (appendix 1) is one way of determining whether a referral is indicated and what action is indicated. If in doubt err on the side of caution and seek advice.

- 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

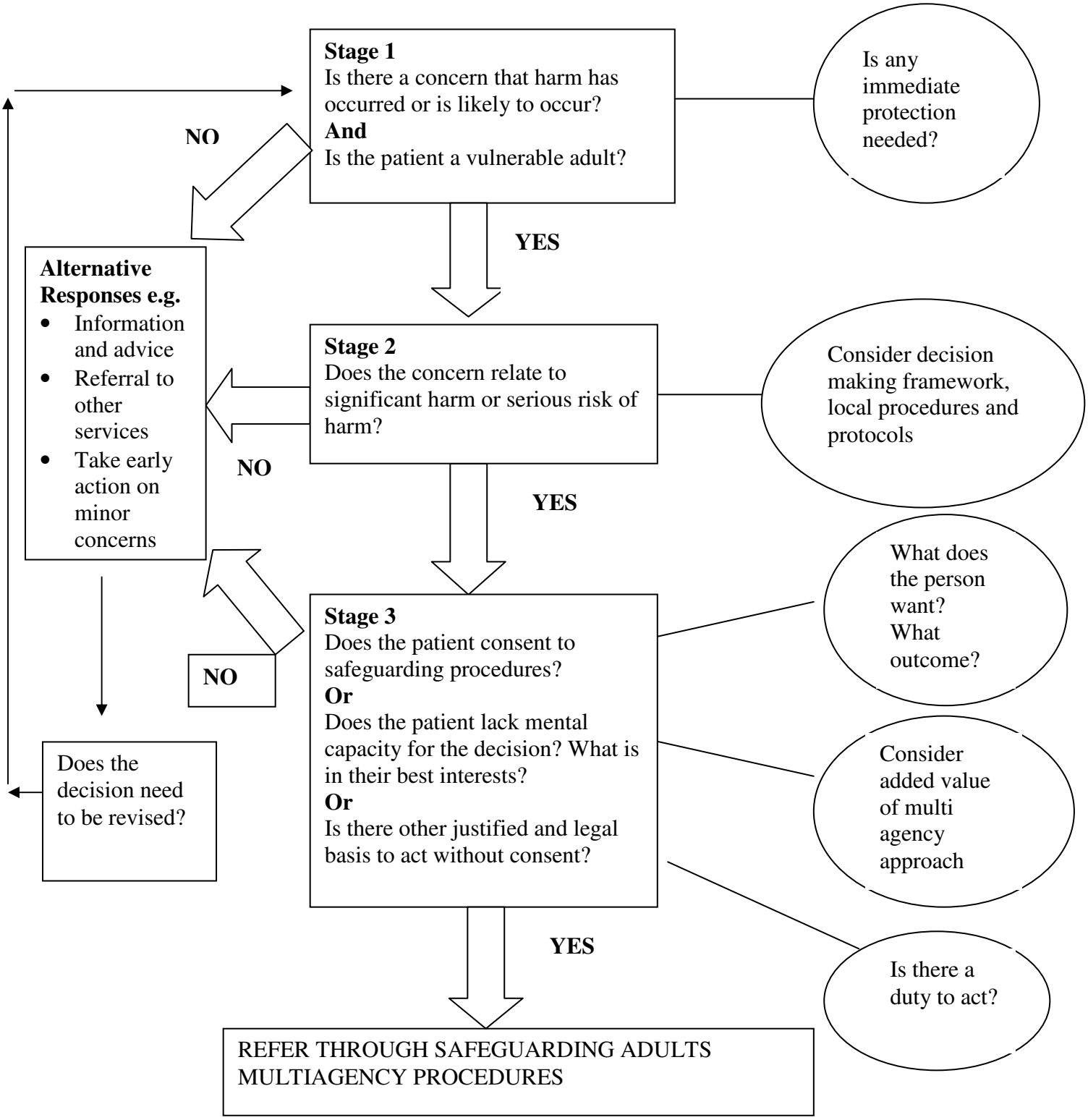
- If a member of staff feels unable to raise a concern with the patient's GP or the Practice Adult Safeguarding Lead then concerns can be raised directly with Adult Social Care and/or the Safeguarding Adults Unit.

- 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.

If the Safeguarding Adults Manager decides the safeguarding process needs to be instigated this will then lead to the implementation of the next stages of the Multi-Agency Policy and Procedures. (Please see Appendix 2 for an example overview of the multi-agency procedure. These can vary slightly between local authorities)

Safeguarding Adults Decision Making Flowchart – From Safeguarding Adults: The Role of Health Service Practitioners



Referrals should be made by telephone to the appropriate Adults Social Care service. You should ask to make a safeguarding adults alert. The contact details are in Appendix 3

The telephone call should be followed up in writing to the Adult Social Care service outlining concerns using the local Safeguarding Adults Multi-Agency Alert form.

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.

7. 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.

8. 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, e 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 Safeguarding Lead

- 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

9. 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_125310

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.

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

Signed by: Date:

Signed: _____

This policy will be reviewed on DATE**:**

THRESHOLD INFORMATION: APPENDIX 1 – USE AS A GUIDE ONLY AND IF IN DOUBT SEEK ADVICE

These examples provide a limited illustration of the abuse that can occur, along with an indication of the possible range of severity

Type of Abuse	**Lower Level Harm** Could be addressed via agency internal process/procedures e.g. disciplinary, care management or consider referral to safeguarding to be made. It is not a 'given' that any concerns falling into this section would be dealt with internally		**Significant ~~Very~~ significant Harm** Addressed under Safeguarding Procedures - referral to safeguarding to be made		**Critical** Addressed as potential criminal matter - contact Police/Emergency Services - could be addressed as MAPPA, MARAC, Hate Crime.
Physical	• Staff error causing no/little harm, e.g. skin friction mark due to ill-fitting hoist sling • Minor events that still meet criteria for 'incident reporting'	• Isolated incident involving service user on service user • Inexplicable very light marking found on one occasion	• Inexplicable marking or lesions, cuts or grip marks on a number of occasions	• Inappropriate restraint • Withholding of food, drinks or aids to independence • Inexplicable fractures/injuries • Assault	• Grievous bodily harm/assault with weapon leading to irreversible damage or death
Medication	• Adult does not receive prescribed medication (missed/wrong dose) on one occasion - no harm occurs	• Recurring missed medication or administration errors that cause no harm	• Recurring missed medication or errors that affect more than one adult and/or result in harm	• Deliberate maladministration of medications • Covert administration without proper medical authorisation	• Pattern of recurring errors or an incident of deliberate maladministration that results in ill-health or death
Sexual	• Isolated incident of teasing or low-level unwanted sexualised attention (verbal or by gestures) directed at one adult by another whether or not capacity exists	• Verbal sexualised teasing or harassment	• Sexualised touch or masturbation without valid consent • Being subject to indecent exposure • Contact or non-contact sexualised behaviour which causes distress to the person at risk	• Attempted penetration by any means (whether or not it occurs within a relationship) without valid consent • Being made to look at pornographic material against will/where valid consent cannot be given	• Sex in a relationship characterised by authority, inequality or exploitation, e.g. staff and service user • Sex without valid consent (rape) • Voyeurism

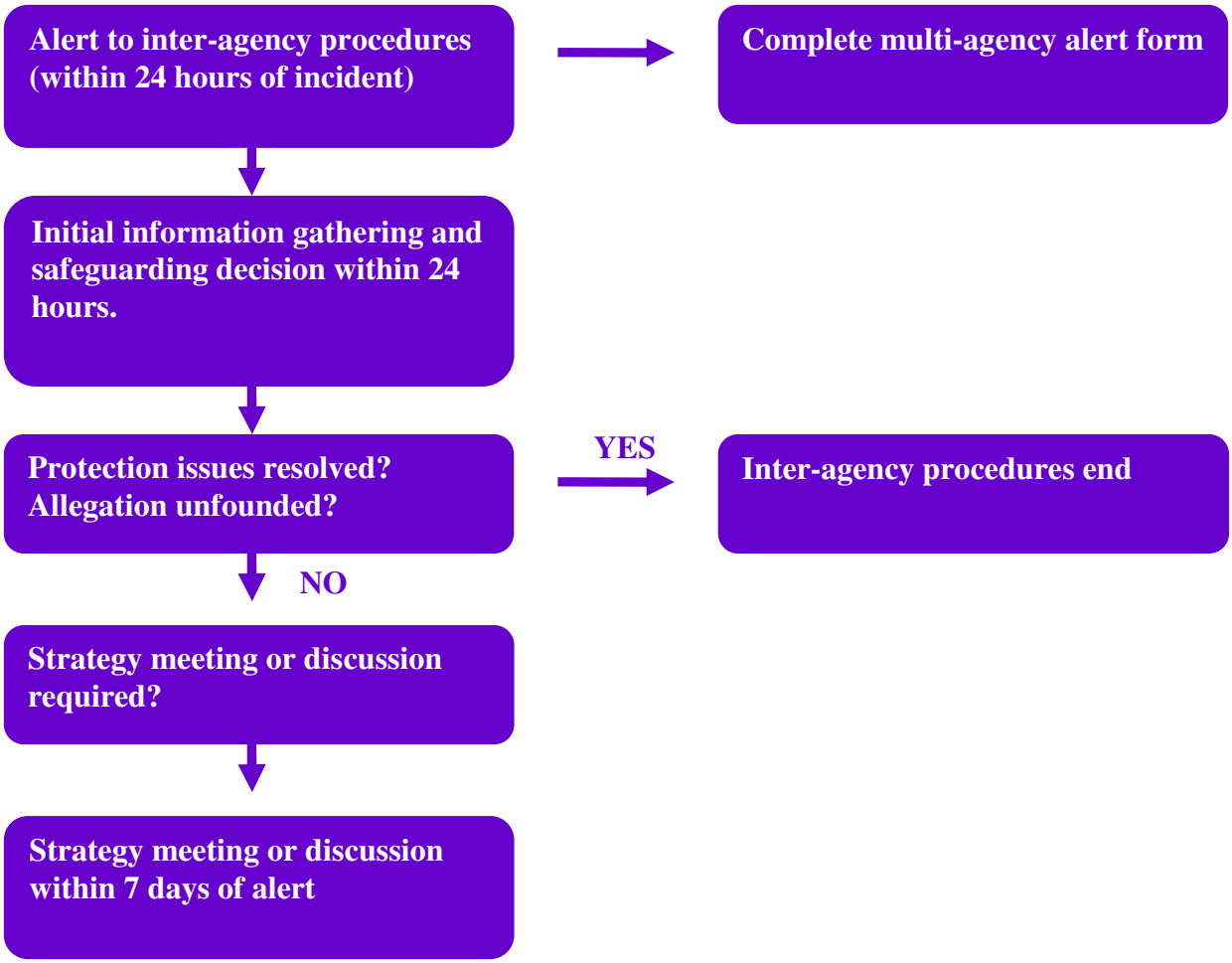
Psychological	• Isolated incident where adult is spoken to in a rude or inappropriate way – respect is undermined but no or little distress caused •	• Occasional taunts or verbal outbursts which cause distress • The withholding of information to dis-empower	• Treatment that undermines dignity and damages esteem • Denying or failing to recognise an adult's choice or opinion • Frequent verbal outbursts	• Humiliation • Emotional blackmail e.g. threats of abandonment/ harm • Frequent and frightening verbal outbursts	• Denial of basic human rights/civil liberties, over-riding advance directive, forced marriage • Prolonged intimidation • Vicious/personalised verbal attacks
Financial	• Money is not recorded safely or recorded properly	• Adult not routinely involved in decisions about how their money is spent or kept safe - capacity in this respect is not properly considered	• Adult's monies kept in a joint bank account – unclear arrangements for equitable sharing of interest • Adult denied access to his/her own funds or possessions	• Misuse/misappropriation of property, possessions or benefits by a person in a position of trust or control. To include misusing loyalty cards • Personal finances removed from adult's control	• Fraud/exploitation relating to benefits, income, property or will • Theft
Neglect	• Isolated missed home care visit - no harm occurs • Adult is not assisted with a meal/drink on one occasion and no harm occurs	• Inadequacies in care provision leading to discomfort - no significant harm e.g. occasionally left wet. • No access to aids for independence	• Recurrent missed home care visits where risk of harm escalates, or one miss where harm occurs • Hospital discharge, no adequate planning and harm occurs	• Ongoing lack of care to extent that health and well-being deteriorate significantly e.g. pressure wounds, dehydration, malnutrition, loss of independence/confidence	• Failure to arrange access to life saving services or medical care • Failure to intervene in dangerous situations where the adult lacks the capacity to assess risk
Discriminatory/Hate Crime	• Isolated incident of teasing motivated by prejudicial attitudes towards an adult's individual differences	• Isolated incident of care planning that fails to address an adult's specific diversity associated needs for a short period • Recurring taunts	• Inequitable access to service provision as a result of diversity issue • Recurring failure to meet specific care/support needs associated with	• Being refused access to essential services • Denial of civil liberties e.g. voting, making a complaint • Humiliation or threats on a regular basis	• Hate crime resulting in injury/emergency medical treatment/fear for life • Hate crime resulting in serious injury/attempted murder/honour-based

			diversity		violence
Institutional (any one or combination of the other forms of abuse)	• Lack of stimulation/ opportunities to engage in social and leisure activities • SU not enabled to be involved in the running of service	• Denial of individuality and opportunities to make informed choices and take responsible risk • Care-planning documentation not person-centred	• Rigid/inflexible routines • Service users' dignity is undermined e.g. lack of privacy during support with intimate care needs, pooled under-clothing	• Bad practice not being reported and going unchecked • Unsafe and unhygienic living environments	• Staff misusing position of power over service users • Over-medication and/or inappropriate restraint managing behaviour • Widespread, consistent ill treatment
Professional	• Service design where groups of service users living together are incompatible	• Poor, ill informed or outmoded care practice no significant harm • Denying VA access to professional support and services such as advocacy	• Failure to whistle blow on serious issues when internal procedures to highlight issues are exhausted • Failure to refer disclosure of abuse	• Failure to support vulnerable adult to access health, care, treatments • Punitive responses to challenging behaviours	• Entering into a sexual relationship with a patient/client,

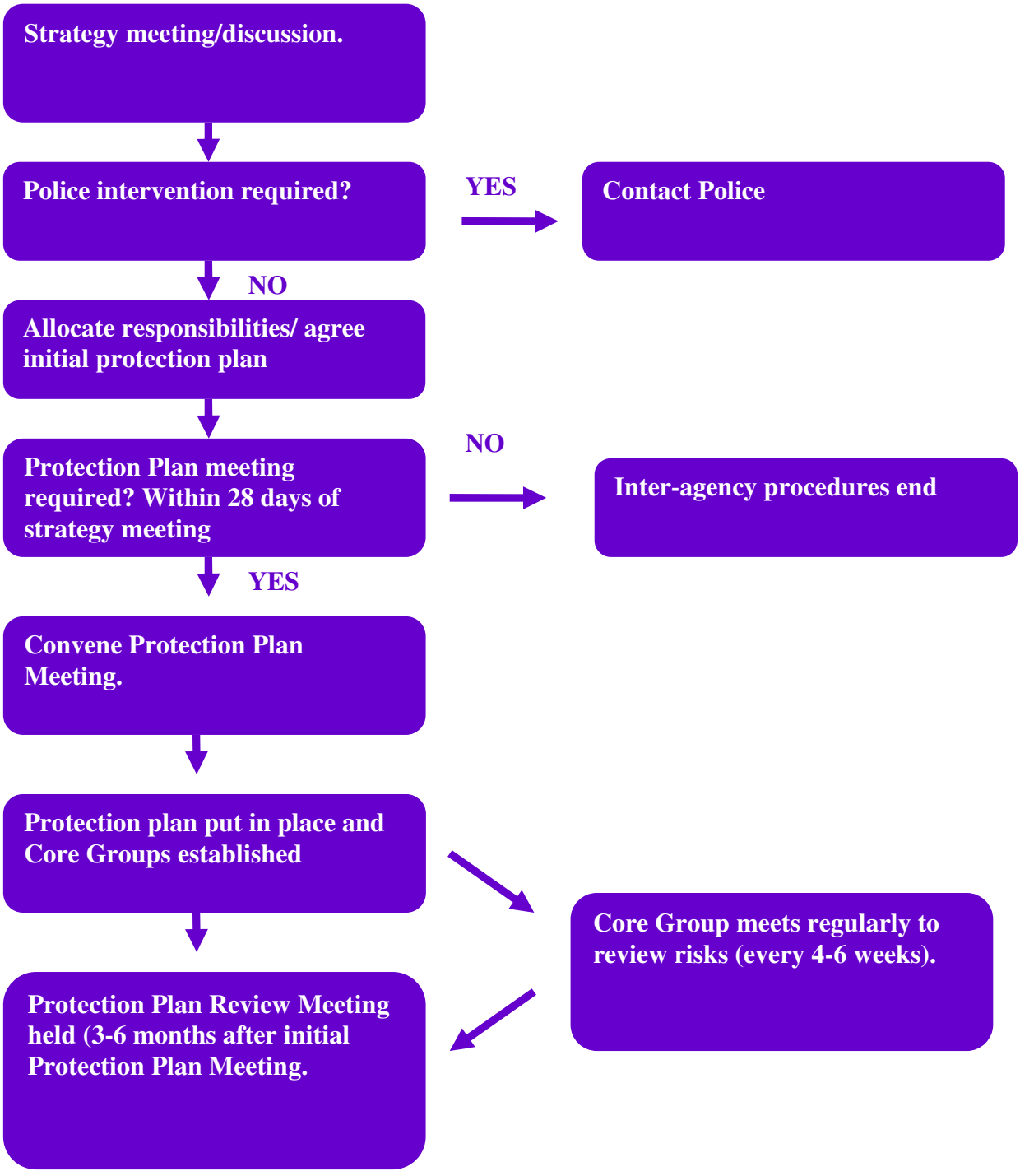
If you are in any doubt about whether a concern constitutes a safeguarding matter, then you should submit an alert your local Team see **http//:www.safeguardingadultsne.co.uk.**

Appendix 2

Decision and strategy stage – Example – Timescales may vary between Local Authorities



Strategy and Protection Plan Stage



SAFEGUARDING ADULTS CONTACT DETAILS

Local Contact Details – Newcastle

Raising a Safeguarding Adults Alert

Tel: 0191 278 8377
Fax: 0191 278 8312
All safeguarding adults alerts (referrals) should be made by telephone to the Adult Social Care Direct Team at the Shieldfield Centre Monday to Friday 8.00 a.m. – 6.00 p.m.

Tel: 0191 232 8520
In an emergency situation outside of these times please contact the Emergency Duty Team.

Safeguarding Adults Unit

Tel: 0191 278 8156
Fax: 0191 278 8102
Available Monday, Wednesday and Friday morning, 9.30-12.00. Please note that this is an advice service ONLY. All alerts should be raised with Adult Social Care Direct.

Newcastle Hospitals

Tel: 0191 282 0959
Advice can also be obtained from this Safeguarding Team. This may be particularly relevant when the patient is known to Community Services.

NHS North of Tyne

Stephen Blades
GP Lead for Adult Safeguarding
Mobile: 07764 196 398
Email: stephen.blades@nhs.net

Local Contact Details – North Tyneside

Raising a Safeguarding Alert

Tel: 0191 643 2777
Fax: 0191 643 2569
All safeguarding adults alerts (referrals) should be made by telephone to the Adults Gateway Team Monday to Friday 08.30 – 5.00 p.m.

Tel: 0300 123 0812
In an emergency outside these times contact the Emergency Duty Team.

Adult Protection Team

Tel: 0191 643 7646
Available 8.30 – 5.00 p.m. Monday to Friday.
This is an advice service ONLY. All referrals should be made to Adults Gateway Team.

Northumbria Healthcare

Tel: 0191 293 1141 / 07899 707 813
Advice can also be obtained from this Safeguarding Team. This may be particularly relevant when the patient is known to Community Services.

Local Contact Details – Northumberland

Raising a Safeguarding Adults Alert

Tel: 01670 536 400
Fax: 01670 536 830
All safeguarding adults alerts (referrals) should be made by telephone to the Adult Service
Monday to Friday 8.00 a.m. – 6.00 p.m.

Tel: 0845 600 5252
In an emergency outside these times contact the Emergency Duty Team.

Tel: 01670 622 683
Advice can be obtained from the Safeguarding Adults Team at County Hall, Morpeth. This may be particularly relevant when the patient is known to Community Services.

Northumbria Police

Tel: 03456 043 043
(Ask for local Area Police Station or Public Protection Unit)

Northumberland, Tyne and Wear NHS Trust

Tel: 0191 213 0151 Ext: 32732
For patients under the care of mental health services advice can be sought from the safeguarding team.

Appendix 4

Safeguarding Adults – Practice Checklist

Practice Name - **Date –**

	Yes	No	Action Needed
The practice has agreed a safeguarding adults policy			
The practice has a safeguarding adults lead			
The practice highlights the records of vulnerable adults			
Exception reporting for QOF is based on a clinician decision on a case by case basis			
The practice has patient information on safeguarding adults available in the waiting room and/or other public areas			
The practice has a record of training undertaken by all clinical and non clinical staff			
Safeguarding adults issues have been discussed at a significant event meeting within the past 2 years			
The primary health care team regularly share concerns about vulnerable adults			
The practice has adopted minimum safety criteria for the employment of staff			
The practice has a complaints policy and a whistle-blowing policy			
The practice has a carers policy and the implementation of this has been reviewed			