Broomfield Park Medical Centre; Mental Capacity Act Policy

Last Reviewed / Edited: March 2024
By: Lynne O'Connor; Adult Safeguarding Co-ordinator

Vulnerable Adult (Safeguarding) Policy / Procedure

INTRODUCTION

Broomfield Park Medical Centre is committed to best practice which safeguards vulnerable adults (appendix 1) irrespective of their background and recognises that an adult may be abused especially if they have learning or physical disability, mental health issues or are an older person.

The purpose of this document is to set out the policy of the Practice in relation to the protection of vulnerable adults. Further guidance may be available on local inter-agency procedures via the Primary Care Organisation and / or Social Services.

This policy/procedure will be widely available to all staff and next reviewed **March 2025**

Aim of the Vulnerable Adults Policy

To ensure that throughout the practice, vulnerable adults are protected from abuse and exploitation.

Name of Safeguarding Adults Lead

- Dr Majella O'Brien (GP)
- Mr Dale Ball (Deputy Lead, Practice Manager)

Named Safeguarding Professionals (NSPs)

- Mrs Lynne O'Connor

The role of NSP is to ensure high quality safeguarding service is provided by Broomfield Park Medical Centre. They can provide support, advice and liaise with external agencies.

What to do if you have adult safeguarding concerns

(See appendix 3 for information on types abuse and indications someone is being abused)

- Non clinicians Role and Responsibilities:
  - Nonclinical employees are responsible for understanding and applying this policy
  - Nonclinical staff witnessing an adult safeguarding issue or having one brought to their attention should discuss the case with the on-call doctor or the Safeguarding Adult lead or deputy at Broomfield Park Medical Centre.

- Clinicians:
  - Clinical employees are responsible for identifying, investigation and responding to allegations/suspicions of abuse.
  - If a clinician is made aware of an adult safeguarding issue, said clinician is responsible for responding appropriately to the information. This may involve asking for advice from those more experienced in safeguarding issues but the ultimate responsibility, for referral to social care, is with the clinician involved.

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- If a referral is made it is said clinician responsibility to ensure referral is received and acted upon, if necessary, ringing to check it has been received and estimated time of action.

- Practice Management and GP Partners:
  - The management of the Practice is responsible for communicating the policy and supervising the identification, investigation and reporting of any allegations/suspicions of abuse.

Sharing of Information / consent

- When possible, the clinician should ask for permission from vulnerable adult involved to share their information.
- If it is not possible to gain consent it may still be appropriate to share information, but this should be discussed with safeguarding lead, other colleagues or seek legal advice. Do not delay referral if urgent need.

Training

- All new members of staff will undergo in-house training or other basic awareness training, in addition;
- All members of staff will undergo adult safeguarding training at least every three years.
- The Practice will organise at least an annual update session and/or discuss and record at least one clinical incident involving safeguarding at which:
  - All clinical and non-clinical staff are expected to attend.
  - Update training is available.
  - Significant events in safeguarding can be reviewed.
  - Practice safeguarding policy can be reviewed.
- All staff undergoing training will be expected to keep a learning log for their appraisals and / or personal development.
- Safeguarding lead will arrange mentoring and supervision as need arises.

Deprivation of Liberty Safeguards (DoLS)

- DoLS are an amendment to the Mental Capacity Act 2005. They apply in England and Wales only.
- The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person's best interests.
- Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.
- The Deprivation of Liberty Safeguards can only be used if the person will be deprived of their liberty in a care home or hospital. In other settings the Court of Protection can authorise a deprivation of liberty. There are six assessments which have to take place before a standard authorisation can be given. The person involved has to have someone appointed with legal powers to represent them. This is called the relevant person's representative and will usually be a family member or friend.
- We will record all instances where a DoLS is in place in the patients notes using the read code "standard aurthorisation deprivation of liberty MCA2005 given" (9NgzG) and include information about DoLS n our training.

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Inappropriate use of Internet, mobile phones and electronic equipment

Accessing or downloading data from inappropriate websites, (e.g., pornographic websites or emails, racist, sexist or gambling websites or emails, sites promoting violence and illegal software) at any time is forbidden and may lead to disciplinary proceedings.

Contacting Safeguarding Teams

Coventry Adult social care direct

- www.coventry.gov.uk/safeguarding
- Phone 024 76833003 or 024 76833800
- Email ascdirect@coventry.gov.uk

In an emergency always call 999 or ring 101 to report an urgent issue.
See Appendix 3 for sample written referral / information requested

Other Useful Numbers:
Community Mental Health: 0300 200 0011
Age UK Coventry: 024 76231999
Medical Defence Organisation: 0800 716646
MASH (Multi Agency Safeguarding Hub): 024 76788555
Head of Safeguarding - Sharon Mikael: 07917828442
Safeguarding Adults Nurse - Vicki Herbert: 07827553060
Named GP for Safeguarding - Sarah Raistrick: 07971452680

Resources

GMC Guidance on Confidentiality, October 1995.

BMA publication – Confidentiality and Disclosure of Health Information

Safeguarding Process Guide for Incidents

Below is a guide for how safeguarding incidents are managed at the practice.

1. Incident received by a any member of staff in practice, social worker, carer, patient, friend of a friend, MASH etc. Any urgent actions are immediately dealt with by Safeguarding Officer or on call GP. (e.g. – Book in with GP for telephone consultation or home visit, refer to OT's, Dietician, MH etc.)
2. MDT and Safeguarding Tracker updated by Safeguarding Lead.
3. This incident is placed on our MDTs for discussion. Recorded on the Incident log and discussion spreadsheet. Safeguarding Officer will notify GP Safeguarding Lead of the Incident immediately.
4. Cases discussed at our MDTs and appropriate actions taken by either Safeguarding Officer, GP, OT's, SPs, MH etc.
5. Update minutes from meeting, send out Minutes to GPs & Nurses. Add comments from minutes on to pts records in EMIS securely. Update Incident Log and discussion spreadsheet.
6. Chase up Social Worker, Care Home, Hospital etc. for updates – Update all comments/discussions on to patients records into EMIS securely.
7. Discuss case again at next month's MDTs – Remove from MDTs if resolved.

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Appendix 1: Definition of a Vulnerable Adult

An Adult at risk, as defined by the Care Act 2014 is:

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.

A person aged 18 or over whom need extra help to manage their lives and be independent. This may include:

- people with a learning disability or physical disability;
- people with mental health needs;
- people with sensory needs;
- people with cognitive needs, e.g., acquired brain injury;
- people who are experiencing short or long term illness.

However, it is important to note that inclusion in one of the above groups does not necessarily mean that a person is implicitly unable to protect themselves from abuse or neglect.

The Care Act guidance 2014 describes "care & support" as-

"The mixture of practical, financial and emotional support for adults who need extra help to manage their lives and be independent, including older people, people with a disability or long-term illness, people with mental health problems, and carers. Care and support will include assessment of people's needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations."

Appendix 2: Forms of Abuse and Indications of Abuse

Abuse can be:

- **Physical:** This includes hitting, slapping, kicking, misuse of medication, restraint and force feeding.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Financial or material:** This includes theft, fraud or using a person's money, possessions or property without consent.

- **Psychological/emotional:** This includes threats of harm or abandonment, isolation, humiliation, blaming, controlling, intimidation, harassment, verbal abuse, threats or bribes.
- **Sexual:** This includes sexual assault, rape or sexual acts to which the vulnerable adult has not consented, could not consent, or was pressurised into consenting.
- **Neglect or acts of omission:** A failure to provide appropriate care (such as; food, clothing, medication, heating, cleanliness, hygiene) and denying religious or cultural needs.
- **Discriminatory abuse:** This includes racism, sexism, ageism and discrimination based on a person's disability or sexual orientation. Some abuse in this category might also be classed as a hate crime.
- **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.
- **Self-neglect** – this covers a wide range of behaviour around neglecting to care for personal hygiene, health or surroundings and includes behaviour such as hoarding.

Indications of Abuse can be:

- Bruising
- Burns
- Falls
- Apparent lack of personal care
- Nervousness or withdrawn
- Avoidance of topics of discussion
- Inadequate living conditions or confinement to one room in their own home
- Inappropriate controlling by carers or family members
- Obstacles preventing personal visitors or one-to-one personal discussion
- Sudden changes in personality
- Lack of freedom to move outside the home, or to be on their own
- Refusal by carers to allow the patient into further care or to change environs
- Lack of access to own money
- Lack of mobility aids when needed

PESRSONS IN A POSITION OF TRUST

A person in a position of trust is someone who has a position of power or influence over another person, and who is therefore expected to act in the best interests of that other person. This includes people such as:

- Healthcare professionals, such as doctors, nurses, and social workers
- Teachers
- Police officers
- Care workers
- Religious leaders
- Sports coaches
- Foster carers

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People in positions of trust have a responsibility to protect the people in their care from abuse and neglect. This includes both physical and emotional abuse.

GP practices should:

- Be aware of the definition of a person in a position of trust and the risks they may pose to patients.
- Have a policy and procedure in place for dealing with concerns about persons in a position of trust.
- Train all staff on the policy and procedure.
- Provide support to staff who raise concerns.

If you have a concern about a person in a position of trust, you should:

Report the concern to your supervisor or manager.
If you are not satisfied with the response you receive, you can escalate the concern to a more senior person or agency.
You can also contact a safeguarding whistle-blower hotline.

Escalation

Escalation is the process of taking a safeguarding concern to a more senior person or agency if it cannot be resolved at the local level. This may be necessary if:

- The concern is serious and there is a risk of immediate harm to the patient.
- The person responsible for safeguarding the patient is not taking appropriate action.
- The person raising the concern is not satisfied with the response they have received.
- The concern is about a person in a position of trust.

To escalate a safeguarding concern, you should:

Follow your organization's safeguarding policy and procedure. This will usually involve reporting the concern to your supervisor or manager. If you are not satisfied with the response you receive, you can escalate the concern to a more senior person or agency.

In the UK, the following agencies are responsible for safeguarding patients:

- Local authorities
- The police
- The Care Quality Commission (CQC)
- The NHS England Safeguarding Team

You can also contact a safeguarding whistleblower hotline if you have concerns about a person in a position of trust.

Here are some examples of situations where you might need to escalate a safeguarding concern:

- A patient tells you that they have been abused by a healthcare professional.
- You notice that a patient is showing signs of physical or emotional abuse, but the person responsible for their care is not taking action.

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- You have concerns about the safety of a patient who is being cared for in a care home or other residential setting.
- You believe that a person in a position of trust is exploiting a patient.

If you have any concerns about the safety of a patient, it is important to speak up.

Even if you are not sure whether or not the concern is serious, it is always best to err on the side of caution and report it.

Remember, you do not have to have proof of abuse to report a concern. If you have any suspicions or worries, it is important to speak up.

Additional Guidance

GP practices should develop a safeguarding policy and procedure that is tailored to their specific needs. The policy should be based on the NHS Safeguarding Handbook and other relevant guidance. The policy and procedure should be regularly reviewed and updated to ensure that it is up-to-date and effective.
All staff should be trained on the safeguarding policy and procedure. This training should be refreshed regularly.
GP practices should provide support to staff who raise concerns about safeguarding. This support may include access to counselling or other professional help.

Safely recording MARAC information on the victims/survivors, children's, and perpetrator(s) records.

Due to the changes coming into effect from 1st November 2022 where patients in England will have automatic access to their medical records from that date forwards. We must ensure the information below a is hidden from Online visibility and code the patients note using the **SNOMED** code "Enhanced review indicated before granting access to own health record" (the "104 code").

The victim/survivor's EMR
• Record the domestic abuse information under 'History of domestic abuse' or update the existing code if already recorded (14XD)
• Record the Marac referral information under 'referred to Marac' (8T0b)
• Use the online visibility function to hide this consultation from online access.
• Ensure that any reference to domestic abuse or the Marac on a victim/survivor's or their child(ren)'s records is not accidently visible to the perpetrator during appointments. The computer screen showing the medical record should never be seen by third parties (i.e. family or friends accompanying a patient).
• Never disclose any allegation to the perpetrator or any other family members (there is a risk of family members colluding with the perpetrator, multiple perpetrators within the family, or where there is the risk of 'honour'- based abuse). Additionally, it is important to remember that the perpetrator may be a same sex partner or the person's carer.

The children's EMR
• Record 'History of domestic abuse' under the 14XD code.
• Record the Marac information under 'subject to Marac' (13Hm).
• Use the online visibility function to hide this consultation from online access.

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• Ensure that any reference to domestic abuse is redacted from children's records if provided to the perpetrator or provided to the children who are deemed to have capacity to request their information.
• Ensure that any reference to domestic abuse or the Marac on the child(ren)'s records is not accidently visible to the perpetrator during appointments. The computer screen showing the medical record should never be seen by third parties (i.e. family or friends accompanying a patient).
• Never disclose any allegation to the perpetrator or any other family members (there is a risk of family members colluding with the perpetrator, multiple perpetrators within the family, or where there is the risk of 'honour'-based abuse).

The perpetrator's EMR
If you are not certain that the perpetrator is aware of any allegation (or disclosure) or the Marac cases, the GP should not record information on the perpetrator's record. It is unlikely that the GP will be certain of the extent of the perpetrator's knowledge of domestic abuse disclosures or allegations to other agencies. Therefore, in most circumstances, the GP will not record information within the perpetrator's notes.

Appendix 3: Example of a Written Referral Form

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Background Information
Confidential

Person details

First Name		Last Name	
Title		Date of birth:	
NHS number:		Social care ID:	
Gender		Religion	
Address		Phone number and email address	
GP name		GP address	
Ethnicity		Country of birth	
If non UK –provide immigration status			

Help required

I am going to ask you some questions about why you are calling and about you (or the person you are phoning about). Do you need help answering these questions?

Yes/No	Please provide reason for needing help with this assessment
Yes ☐ No ☐	

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What format would you, or the person you are calling about, require information to be provided to you in?

Format	Details
☐ Large font ☐ Audio ☐ Braille ☐ Translated into another language ☐ Easy read ☐ Other	

Consent and information sharing
I agree that this assessment may be shared as needed to support my care

Details of any limitations/issues

Can we email you or someone else on your behalf?
Yes ☐ No ☐

Referral details (If self-referral address will be assumed to be as above. If in hospital identify person's ward)

Referral date/time:

Is this referral about a carer?
Yes ☐ No

If yes, person cared for details

Name	Relationship:	Age:	Tel no.	Address:

If no, is there a carer in the household?
Yes ☐ No ☐

If no, is there a young carer in the household?
Yes ☐ No ☐

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If there are carers, what are the main Carers details?

Main carer:	Relationship:	Age:	Tel no.	Address:

If there are other carers, what are their details?

Name	Relationship:	Age:	Tel no.	Address:

Location of the person the referral is about:

Referral method

Referral type with detail

Referral type	
Details	

Is the person you are phoning about aware of the referral? If no why not?

Yes/No	Details
Yes ☐ No ☐	

Referrer name (if not the person who the referral is about)

Referrer role if not who the referral is about (e.g. family member, carer, cousin)

	Address:	Postcode: If provider/institution
Referrer address (e.g. hospital):		

Referrer tel no:

Referrer email:

Can we email you?
Yes ☐ No ☐

Reason for referral

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Is this referral related to safeguarding?
Yes ☐ No ☐

Reported Health Conditions

Reported health condition	Diagnosed?	Date diagnosed
	Yes ☐ No ☐	
	Yes ☐ No ☐	
	Yes ☐ No ☐	
	Yes ☐ No ☐	

Details
(e.g. other health conditions)

Your (or the person you are phoning about) current difficulties and concerns

The support already available to you

Have there been any important recent events or changes in your life?

Yes/No	Details
Yes ☐ No ☐	

What is most important to you? What would you like to keep the same or how would you like to improve your life/situation now and in the future, e.g. your needs, interests, likes, dislikes, talents,

religion, cultural background, preferred language and wishes?

Dependents:

- ☐ Partner
- ☐ Children
- ☐ Other adults
- ☐ Pets

Details:

Summary, actions and next steps

Summary

Actions and next steps

	Yes/No	Details:
Information and advice (please detail)	Yes ☐ No ☐	
Signposted (please detail)	Yes ☐ No ☐	
Refer for safeguarding enquiry	Yes ☐ No ☐	
Specialist deaf & blind assessment required	Yes ☐ No ☐	
Refer for continued assessment	Yes ☐ No ☐	
Signpost to interpreter	Yes ☐ No ☐	
Signpost to telecare	Yes ☐ No ☐	
Signpost for equipment and	Yes ☐ No ☐	

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adaptations		
Signpost to Independent Financial Advice	Yes ☐ No ☐	
Refer for Independent Advocate	Yes ☐ No ☐	
Refer for DOLs	Yes ☐ No ☐	
Signpost to carers	Yes ☐ No ☐	

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(or secure email address if appropriate ASCDirect@coventry.gcsx.gov.uk)