Haltwhistle Medical Group
SAFEGUARDING ADULTS POLICY

Lead Person responsible: **Dr Sarah Davies – Safeguarding Adult lead**
Date of last review: **March 2017**
Date of next review **March 2020**
Target audience **All practice staff**

Safeguarding Adults Policy Statement

Introduction
The Policy defines the course of action Haltwhistle Medical Group staff must take to protect adults at risk of harm from abuse. For the purposes of this document, 'adult at risk' will hereafter be referred to as 'adult'.
All staff employed by Haltwhistle Medical Group must know what their duties and responsibilities are, with regard to safeguarding and promoting the welfare of adults and must act in accordance with this policy and procedure when the situation or circumstances require them to do so.
This policy reflects and is compliant with the following legislation and guidance:
The Care Act (2014) sets out for the first time, a legal framework for how local authorities and other partner agencies including Health should protect adults at risk of abuse or neglect. The Act came into force in April 2015.
The Care and Support Statutory Guidance, issued under the care Act in October 2014 (DOH 2014).

Northumberland CCG has a statutory duty to ensure that providers from whom they commission services, have appropriate safeguarding adults arrangements in place that are compliant with the relevant legislation and statutory guidance as stated above.

The Care and Support Statutory Guidance issued under the care Act (DOH 2014) clarifies the role of CCGs in relation to commissioned services as follows:
"*Commissioners have a responsibility to assure themselves of the quality and safety of the organisations they place contracts with and ensure that those contracts have explicit clauses that holds the providers to account for preventing and dealing promptly and appropriately with any example of abuse and neglect."* (DOH, 2014).

Definitions (as per statutory guidance The Care and Support Statutory Guidance, issued under the care Act (DOH October 2014) :
The safeguarding duties apply to an adult who:

- Are aged 18 or over
- 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.
- Who are receiving or may need community care services because of learning, physical or mental disability, age, or illness

Safeguarding and promoting the welfare of adults:
Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

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; and
- Address what has caused the abuse or neglect.
- In order to achieve these aims, it is necessary to:
- Ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities;
- Create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect;
- Support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners;
- Enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect; and Clarify how responses to safeguarding concerns deriving from the poor quality and inadequacy of service provision, including patient safety in the health sector, should be responded to.

The following six principles apply.

The principles should inform the ways in which staff work with adults at risk.

Six key principles underpin all adult safeguarding work:

- Empowerment – People being supported and encouraged to make their own decisions and informed consent.
- Prevention – It is better to take action before harm occurs.
- Proportionality – The least intrusive response appropriate to the risk presented.
- Protection – Support and representation for those in greatest need.
- Partnership – Local solutions through services working with their communities.
- Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability– Accountability and transparency in delivering safeguarding

Categories of abuse and neglect:
This section considers the different types and patterns of abuse and neglect and the different circumstances in which they may take place. This is not intended to be an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern

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

Domestic violence – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

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, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going 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.

Modern slavery - encompasses slavery, human trafficking, forced labour and domestic servitude

Radicalisation – the abusive process whereby adults with care and support needs are radicalised.

Domestic Abuse:
In 2013, the Home Office announced changes to the definition of domestic abuse:

- Incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse.by someone who is or has been an intimate partner or family member regardless of gender or sexuality.

- Includes: psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; Female Genital Mutilation; forced marriage.

- Age range extended down to 16.

Many people think that domestic abuse is about intimate partners, but it is clear that other family members are included.

Financial abuse:
Financial abuse is the main form of abuse by the Office of the Public Guardian both amongst adults and children at risk. Financial recorded abuse can occur in isolation, but as research has shown, where there are other forms of abuse, there is likely to be financial abuse occurring. Although this is not always the case, everyone should also be aware of this possibility.

Potential indicators of financial abuse include:

- Change in living conditions;
- Lack of heating, clothing or food;
- Inability to pay bills/unexplained shortage of money;
- Unexplained withdrawals from an account;
- Unexplained loss/misplacement of financial documents;
- other recent addition of authorised signers on a client or donor's signature card;

- Sudden or unexpected changes in a will or other financial documents.

This is not an exhaustive list, nor do these examples prove that there is actual abuse occurring. However, they do indicate that a closer look and possible investigation may be needed.

Incidents of abuse may be one-off or multiple, and affect one person or more

Haltwhistle Medical Group staff should look beyond single incidents or individuals to identify patterns of harm. Repeated instances of poor care may be an indication of more serious problems and of what is now described as organisational abuse. In order to see these patterns it is important that information is recorded and appropriately shared.

Patterns of abuse vary and include:

- Serial abusing in which the perpetrator seeks out and 'grooms' individuals.
- Sexual abuse sometimes falls into this pattern as do some forms of financial abuse;
- Long-term abuse in the context of an ongoing family relationship such as domestic violence between spouses or generations or persistent psychological abuse; or
- Opportunistic abuse such as theft occurring because money or jewellery has been left lying around.

The Concept of Significant Harm - There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements.

In order to implement the policy Haltwhistle Medical Group 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.

Haltwhistle Medical Group

- 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

Haltwhistle Medical Group 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 Haltwhistle Medical Group are that they:

- have been interviewed face to face
- have 2 references that have been followed up
- have been CRB checked, if appropriate for staff members role

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 Haltwhistle Medical Group 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

Practice Lead for Safeguarding Adults

The Practice Safeguarding Adults Lead is Dr Sarah Davies

The practice lead

- implements Haltwhistle Medical Group 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

Haltwhistle Medical Group 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

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 Safeguarding Adults Procedural Framework Ten Step Summary Guidance 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. (see appendix 1 for contact details)

- 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.

Whistle Blowing and Complaints

Haltwhistle Medical Group 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.

Haltwhistle Medical Group 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.
- **EMIS READ codes**:

Adult Safeguarding Concern	**9Ngj**
Vulnerable Adult	**133P**
On learning disability register	**918e**
Learning difficulties	**13Z4E**

- 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.
- 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

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.

We have reviewed and accepted this policy

Signed by: Dr Sarah Davies Date: 01.03.2017

Signed: _____

on behalf of the partnership

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

Signed by: Dr Sarah Davies Date: 01.03.2017

Signed: _____

This policy will be reviewed on DATE**: March 2020**

Appendix 1

SAFEGUARDING ADULTS CONTACT DETAILS.

Local Contact Details – Northumberland CCG

Raising a Safeguarding Adults Alert

Foundry House Call Centre

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

Local Contact Details – Northumberland CCG

Fiona Kane **Email Fiona.kane@nhs.net** **01670 335190**	**Safeguarding Adults Lead**
Patricia Henderson **Email Patricia.henderson1@nhs.net** **01670 335160**	**Business Support**

Nov 2017

Care Quality Commission (CQC)

Raising a Safeguarding Adults Concern

Tel: 03000 616161

Registered health and care services also need to notify the Care Quality Commission of safeguarding concerns and immediate protective actions.

If an allegation is made against any worker in any organisation, the employer should refer to his/her organisation's internal human resources/suspension/staff disciplinary procedures and take prompt action to protect the interests of all parties.

http://www.cqc.org.uk