Adult Safeguarding Policy

The Safeguarding Lead for all **Kingston GP Chambers (KGPC) services, including Kingston Education Centre** is Dr Anthony Hughes and the safeguarding administrative lead is Ann Cox.

Key Points

- All health care professionals should be able to identify adults whose physical, psychological or social circumstances are likely to render them vulnerable
- Health care professionals and administrative support staff should be able to recognise signs of abuse and neglect including institutional neglect
  Staff working for Kingston GP Chambers need to be familiar with the action that must be taken in response to an Adult Safeguarding concern.

Basic Principles for Good Practice

1. **Empowerment –** the presumption that adults should be in charge of their own care and decisions that affect their lives
2. **Protection –**patients should be offered the support necessary to enable them to protect themselves. Where adults are less able to protect their own interests, health professionals should take action to ensure their protection. This may involve proactive measures such as making an assessment of an individual's capacity to make a specified decision.
3. **Prevention –** of harm or abuse is the primary goal. All adults have the right to care that is focussed on their individual needs including the needs to be kept safe. Prevention involves delivering high quality person- centred healthcare in a safe environment.
4. **Proportionality –** Safeguarding responses need to be proportionate to the nature and seriousness of the concern. Options considered should be the least restrictive of individual rights and choices while remaining true to the desired goals.
5. **Partnership-** Safeguarding adults is effective when individuals, professional and communities work together to prevent, detect and respond to harm and abuse.
6. **Transparency and accountability –** safeguarding responsibilities should form part of ongoing assessment, training and audit in order to identify areas of concern and improve delivery within the Practice.

A Stepped Approach to Adult Safeguarding

1. Understanding what constitutes abuse or neglect
2. Identifying adults who may be vulnerable
3. Assessing competence
4. Identifying relevant services
5. Taking a consensual approach
6. Safeguarding

1. WHAT CONSTITUTES ABUSE AND NEGLECT?

The *No Secrets* Guidance identifies various factors that categorize abuse

- It may be a single or repeated acts
- It may be physical , verbal or psychological
- It may be neglect or an omission to act including and unintended lack of attention to someone who needs it
- It may occur when a person is persuaded into a financial or sexual transaction to which he or she has not consented or is cannot consent
- It can occur in relationships and lead to significant harm or exploitation

There are many forms of abuse. The most significant are

- Physical abuse
- Sexual abuse
- Psychological abuse – coercion, emotional abuse, bullying, harassment
- Financial abuse
- Neglect and acts of omission
- Discriminatory abuse- racial, religious, gender, sexuality, disability

Abuse may be deliberate or as a result of lack of attention or thought, and may involve combinations of all or any of the above forms. It may be regular or on an occasional or single event basis, however it will result in some degree of suffering to the individual concerned. Abuse may also take place between one vulnerable adult and another, for example between residents of care homes or other institutions.

Indications:

- 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

2. IDENTIFYING ADULTS WHO MAY BE VULNERABLE

Vulnerable Adults

The definition is contentious and care must be taken to avoid using it pejoratively or in a way that undermines fundamental rights. Clear distinction needs to be drawn between adults who retain capacity to make decisions and those whose capacity is impaired or lost. A key factor in assessing vulnerability is whether individuals are able to protect or promote their interests.

The most widely-used definition is set out in Government's *No Secrets* Guidance, 2009

A person aged 18 or over who may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of himself or herself, or unable to protect him or herself against significant harm or exploitation.

Factors contributing to Vulnerability

Individuals will vary according to their needs and circumstances. The following groups are at enhanced risk of vulnerability.

- Older person who is frail
- An individual with a mental disorder including dementia or a personality disorder
- A person with significant sensory or physical disability
- Someone with a learning disability
- Someone with severe physical illness
- A carer who may be stressed or overburdened or isolated
- A homeless person
- A person living with someone who is physically, mentally or financially abusive or controlling
- A person living with someone who is abusing alcohol or drugs
- Women who may be vulnerable as a result of isolating cultural factors

3. ASSESSING COMPETENCE AND SUPPORTING VULNERABLE PEOPLE TO MAKE DECISIONS

Vulnerable people may have difficulty in assessing and managing the risks to which they are exposed, either because the lack mental capacity to do so, or because the circumstances contributing to their vulnerability impact their decision making (for example, where an individual's decision making is impacted by threats of violence) Good care will involve talking through the risks and offering appropriate support. In the absence of serious crime or risk of significant harm to third parties, competent adults retain the right to direct their own lives.

Vulnerability can develop over time due to changes in health or circumstances. It is not a static concept and can change- assessment needs to be made on a case by case basis and subject to regular review. The challenge is to balance the respect for a person's autonomy with the requirement to prevent avoidable harm.

Key principles

- All adults are presumed to have the capacity to make decisions on their own behalf
- Exceptions to the obligation to respect the informed decisions of adults is where there is a risk of significant harm to a third party

- An assessment of mental capacity is decision- specific. It relates to the specific decision that needs to me made at the time it needs to be made
- Where there is doubt about an adult's capacity a more formal assessment can be made. Discuss with the adult safeguarding lead or with the local Adult Safeguarding team who can advise.

Adults lacking capacity

Decision- making in relation to adults lacking capacity is regulated in England by the Mental Capacity Act, 2005. Adults who lack capacity are extremely vulnerable and the emphasis should be on promoting their best interests.

Key principles

- Presumption of capacity - capacity is assumed unless it is proven otherwise
- Maximising decision making capacity – making sure that everything possible to enable a person to make their own decision is done before deciding a person lacks capacity. This could be as simple as ensuring someone is given enough time to be able to make their own decision
- Freedom to make unwise decisions – an unwise decision does not indicate a lack of capacity
- Best interests – where capacity is lacking any decision made on a person's behalf must be in their best interests. A crucial part of a best interests discussion should involve those close to the person such as family, friend or carer, bearing in mind duties of confidentiality
- Less restrictive alternative – when a person is making a decision on behalf of a person who lacks capacity he or she must consider whether the decision can be made in another way that is less restrictive of their fundamental freedoms
- Decision-specific

Lasting Power of Attorney

The MCA allows individuals over 18 years to appoint an attorney to make financial and or health and welfare decisions on their behalf should they lose capacity. Attorneys are under a duty to act in the incapacitated adults best interests.

Independent Mental Capacity Advocates (IMCA)

An IMCA should be appointed for those who lack capacity who have no appointed attorney, friends or relations whom it is appropriate to consult when

- An NHS body is proposing to provide, withhold or withdraw 'serious medical treatment'
- An NHS body or Local Authority is proposing to arrange accomodation or change accomodation in a hospital or care home and the stay in hospital will be for more than 28 days or in the care home for more than 8 weeks

4. IDENTIFYING RELEVANT SERVICES

At GP Chambers, after discussion with the patient, we have a duty to think wider than their health needs to wider personal and social factors and identify relevant local services that can

provide support. These could be statutory social services or voluntary sector. All information must be forwarded to the patients' practice.

5. TAKING A CONSENTUAL APPROACH

The majority of adults take up offers of support services. Where adults with capacity decline services, the reasons should be explored with the alternatives offered if possible. Where capacity is lacking, individuals should be involved in decision- making as much as possible and involve those close to them, particularly anyone with power of attorney for health and welfare or finances (see Adults Lacking Capacity section above).

6. SAFEGUARDING

In the course of their work, chambers staff (both clinical and non-clinical) may identify safeguarding concerns relating to vulnerable patients.

What to do if there are safeguarding concerns about a vulnerable adult

- Concerns must always be taken seriously.
- The clinician seeing the patient is responsible for making an onward referral to social services. The local authority contact details are on the next section of this policy. In addition to making a safeguarding referral to the local authority safeguarding team, the safeguarding lead within KGPC should be informed of the concern and action taken by emailing anthonyhughes@nhs.net and concerns should be logged in the Adult Safeguarding Log (see Appendix 1).
- Clear and detailed notes should be made in the patient's clinical notes. Where there is evidence of physical or sexual abuse, the body map in Appendix A should be used to document all injuries and marks.
- Clear and detailed notes should be made in the patient's clinical notes. Where there is evidence of physical or sexual abuse, the body map in Appendix 2 should be used to document all injuries and marks.
- In addition to making a safeguarding referral to the local safeguarding team, the safeguarding lead within KGPC should be informed of the concern and action taken.
- Concerns will be reviewed by KGPC team and an action plan decided.
- Staff should provide information to the individual concerned about what steps will be taken, including any emergency action needed to address their safety/ health needs.
- Information relating to the concern should be documented using the own words of the individual concerned and include examination findings and details of action taken. Any injuries should be documented on a body map – located in the shared drive Adult Safeguarding Folder. Detail the discussion and decisions made in the consultation.
- Confidentiality- it is important that if an adult is asking for you to keep an allegation of abuse secret that you inform them that you will respect their rights for confidentiality as far as you are able but that you have a duty to inform the Safeguarding Lead at GP Chambers and the Local Authority Adult Safeguarding Team. A safeguarding alert can be raised without consent where there are others who could be at risk if the alert is not

made or where there are concerns that a crime may have be committed (known as a public interest disclosure).

- Do not contact the alleged perpetrator.
- The manager of the service where the concern is raised is responsible for communicating this to the patient's own practice. The service manager will ensure that details of the consultation are sent to the patient's own practice. Additionally, the service manager will contact the practice to communicate the concern within 24 hours. They will tell the member of staff they speak with at the practice to pass the matter to the practice safeguarding lead. The service manager will document within the patient's record who they spoke with at the practice and the name of the safeguarding lead.

Raising an Alert with the Local Adult Safeguarding Team

An 'alert' is a response to a concern that a vulnerable adult may be at risk of harm or abuse. Alerts should be raised as soon as abuse or neglect is witnessed or suspected, especially where the adult is about to return to the place where suspected abuse has taken place or where they will encounter the alleged abuser.

Information required to raise the Adult Safeguarding Alert

- Name of alleged victim
- Who alleged perpetrator is
- What has happened
- When the abuse has happened
- Where abuse has happened
- How often it is happening
- Who if anyone has witnessed it

Contact Numbers

		Phone	Email
KGPC Interim Clinical Safeguarding Adult Lead	Dr Anthony Hughes	**07788 415560**	anthonyhughes@nhs.net
KGPC Administrative Lead	Ann Cox	07801057821	Ann.cox7@nhs.net

Kingston Adult Safeguarding Team	020 8547 500	adult.safeguarding@rbk.kingston.gov.uk
Richmond Adult Safeguarding Team	No number	Online form: Report adult abuse - London Borough of Richmond upon Thames
Sutton Adult Safeguarding Team	020 8770 6770	Online form: Adult Safeguarding concern form for professionals in Sutton - Before you begin - Self (achieveservice.com)
Merton Adult Safeguarding Team	0845 618 9762	safeguarding.adults@merton.gov.uk

Wandsworth Adult Safeguarding Team	020 8871 7707	access.team@wandsworth.gov.uk
Croydon Adult Safeguarding Team	020 8726 6500	Report via online form: Professional referral - Safeguarding concern (croydon.gov.uk)

Contributing to safeguarding investigations

Clinical staff may be asked to contribute to safeguarding investigations being conducted by external agencies (e.g. Social Services or the Police). The role of Chambers staff in these instances is not to investigate, but to contribute to the formal investigation by providing information when requested.

If you are unsure about your role or the extent of the information you should provide, please contact the Safeguarding Lead for advice.

Staff Training

All staff working in the GPwER and Extended Hours Service have received training in Adult Safeguarding and a record is kept by the Service Manager.

Receptionists and nurses are required to complete an Adult Safeguarding online module within 1 month of starting and refresh every three years. A record of training is kept by the recruitment manager

Doctors and service managers have received more in depth training as well as having completed the level 2 training module of online training with the e-learning for Health programme or Blue stream Academy.

Other sources of Information

Within the locations there are further resources to inform good practice in Adult Safeguarding. Some of these are within the shared drive Safeguarding folder. Other paper resources are located in a folder in each location entitled Adult Safeguarding.

If there are any queries please do ask the Safeguarding Lead or Administrative Lead – we are here to help and support you in your work in the Kingston GP Chambers and the Kingston Primary Care Extended Service- do contact us!

Appendix 1

Adult Safeguarding Log

The purpose of this document is to record when there is a suspicion that an adult may have been abused or at risk of abuse. The response to a concern is known as an 'alert'.

- Concerns need to be logged on the same day as the disclosure or suspicion was raised
- Details of the incident should be logged using the patient's own words and factual information

Name of person at risk Date of Birth	
Address Telephone	
Name of Person reporting a concern (if 3rd party) Relationship to person at risk Telephone	
Details of concern	
Action taken	
Form completed by	
Date and Time	

Appendix 2

Suspected Adult Abuse Body Map

Name of Patient: **DOB of Patient:**

Date of Incident: **Person Completing Body Map:**