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| **Whitecliff Group Practice**  **Whitecliff Surgery, Whitecliff Mill Street**  **Blandford Forum, Dorset, DT11 7BH** | **Eagle House Surgery,** **Whitecliff Mill Street, Blandford Forum, Dorset, DT11 7DQ** | **Whitecliff Group Practice**  **Child Okeford Surgery, Upper Street**  **Child Okeford, Dorset, DT11 8EF** |

**THE BLANDFORD GROUP PRACTICE**

**SAFEGUARDING ADULTS POLICY**

ADULT SAFEGUARDING POLICY

INTRODUCTION

The purpose of this document is to set out the policy of the Practice in relation to the protection of adults who may be or are at risk of harm. Further guidance is available on local adult safeguarding boards web sites

Dorset:

<https://www.dorsetforyou.com/dorsetsafeguardingadultsboard>

Bournemouth and Poole:

<http://www.bpsafeguardingadultsboard.com/>

Who is an adult at Risk?

An **Adult at Risk** is: an adult aged 18 years or over

* 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 (<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf>

Where someone is 18 or over but is still receiving children’s services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements.

*(For example, this could occur when a young person with substantial and complex needs continues to be supported in a residential educational setting until the age of 25.)*

**Adult Safeguarding and why it matters**

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. Making safeguarding personal means it should be person-led and outcome-focused and will engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. The practice should always promote the adult’s wellbeing and ensure the principle of the Mental Capacity Act are considered as Patient’s have complex lives and being safe may only one of the things they want for themselves. [Mental Capacity Act Policy - Feb 2015.doc](Mental%20Capacity%20Act%20Policy%20-%20Feb%202015.doc)

Safeguarding is not a substitute for the quality of care being provided to an adult at risk.

Adult Safeguarding adopts six principles to inform the way practice staff should work with patients

* 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 – Multi agency working
* Accountability – Accountability and transparency in delivering safeguarding.

The Local Authority takes the lead in Adult Safeguarding and the aims 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 and wellbeing of an adult.
* Address what has caused the abuse or neglect.

In order to achieve these aims, it is necessary for the LA to:

* Ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities within Adult Safeguarding.
* Create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect.
* Support positive learning from safeguarding.

**Training**

All practice staff should undertake adult safeguarding training:

* Non clinical staff require induction training ( level one)
* Clinical Staff require Awareness training (level two)
* GPs and Safeguarding Lead – Level 3

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| Practice Clinical Safeguarding Lead | Dr Ford |
| Practice Safeguarding Deputy Lead | Dr Slater / C. Tilley |

FORMS OF ABUSE

* Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
* Domestic violence – including psychological, physical, sexual, financial, emotional abuse and honour based violence
* Further support can be obtained from:

<http://www.bcha.org.uk/our-services/community-support/domestic-abuse-support-in-the-community/> , Monday - Friday, 9am -5pm: 01202410500, out of these hours call New Leaf Support Solutions: 0300 1234 002. Consideration for a MARAC referral if required

* 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
* Exploitation by radicalization. The Home Office leads on the anti-terrorism strategy, CONTEST. PREVENT is part of the overall CONTEST strategy which aims to avoid people becoming terrorists or supporting violent extremism. Local safeguarding structures have a role to play for those eligible for adult safeguarding. Referrals in respect of radicalization should be made to the Dorset Police Safeguarding Referral Unit regarding any individuals identified that present concern regarding violent [Dorsetprevent@police.pnn.uk](mailto:Dorsetprevent@police.pnn.uk). ***If the concern around radicalisation is urgent an immediate phone call to 999 will be required***

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

This is not an exhaustive list:

* 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

ACTION REQUIRED

Where abuse of a vulnerable adult is suspected, the welfare of the patient takes priority. In deciding whether to disclose concerns to a third party or other agency the GP / professional will assess the risk to the patient.

Ideally the matter should be discussed with the patient involved first, and attempt made to obtain consent to refer the matter to the appropriate agency. Where this is not possible, or in the case of emergency where serious harm is to be prevented, the patient’s doctor / professional will balance the need to protect the patient against the need to protect confidentiality.

The patient should usually be informed that the doctor intends to disclose information, and advice and support should be offered. The option to seek advice and support from the medical defence organisation is available prior to any action being taken if the urgency of the situation allows.

All actions taken must be documented in a contemporaneous manner in the patient records; this should include all contacts made with other relevant parties.

In the event of a safeguarding alert being submitted information should be shared under the Dorset, Bournemouth and Poole multiagency information sharing policy.

Due regard will be taken of the patient’s capacity to provide a valid consent. If a person lacks capacity then the GP must act in the patient’s best interest and all actions and contacts made must be recorded, dated and signed in the patient’s record.

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

* Nature of abuse, and severity.
* Chance of recurrence, and when.
* Frequency.
* Vulnerability of the adult (frailty, age, physical condition etc.).
* Are others involved – “Think family”, carers, strangers, visitors etc.
* Whether other third parties are also at risk (other members of the same household may be being abused at the same time).

*All adult safeguarding if subject to the local Adult Safeguarding policy and procedures in force, consideration will be given to: (Please refer to flow chart in Appendix 1)*

* Reporting the harm or potential harm to relevant Local Authority safeguarding teams
* Report to Police if there is potential criminal activity

CARERS:

* Throughout the care act, the rights and recognition of carers is strengthened by offering additional support, information and advice may be available to them. All carers are eligible for a carer’s assessment and this should be offered to them. A carers assessment will look at different ways that caring affects their life and can be undertaken by the local Authority:
* Bournemouth - 01202 454979
* Dorset - 01305 221016
* Poole - 01202 633902

DOMESTIC VIOLENCE:

**POLICE DOMESTIC ABUSE REPORTS PPNs, GUIDANCE FOR GPs ON MANAGEMENT OF SINGLE COMBINED ASSESSMENT OF RISK FORM**

**The definition of domestic abuse was updated by the Home Office in 2013:**

*Any incident or pattern of incidents of controlling, coercive or threatening behaviour,*

*violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse*

* psychological
* physical
* sexual
* financial
* emotional

**Controlling behaviour is: a range of acts designed to make a person subordinate** and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

**Coercive behaviour is: an** act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.\*\*

*This definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced mamage, and is clear that victims are not confined to one gender or ethnic group.*

**Currently Dorset Police will distribute PPNs where there are children involved** to health practitioners via the Dorset Healthcare Safeguarding Children Team. This vital information is shared with health visitors and school nurses, to enable them to assess risk to the victim and any children in the household and to ensure that health staff is made aware of any potential risks to professionals. Health vis tors will share the SCARF report with the victim's GP.

**Action by GPs:**

**See bellow chart for coding, flagging, scanning and sharing**

No specific action is required by the GP in respect of the victim, however, if the victim seeks support, the GP can signpost them to domestic abuse support services. Also the information might be useful when assessing the patients holistically especially if attendances are related to mental health, substance misuse, employment or recurrent unexplained medical

symptoms.

GPs may be aware of other issues, which place the children at risk of harm and the SCARF information may elevate concerns, if so, a referral can he made to Children's Social Care, who will have also received a copy of the SCARF.

Children's Social Care's response to the receipt of this information does not automatically result in intervention or contact with other agencies, who may already be working with the family. They may, for example collate 3 reports before they make contact with the family. This is often by letter to offer the family support if they choose. Clearly where there is

serious injury or where there is evidence the children may have suffered harm they would make an assessment of the case.

**GPs can seek support or guidance from:**

**The Safeguarding Children Team at MASH – 01202 228866**

Dr Isi Sosa: [isi.sosa@dorsetccq.nhs.uk](mailto:isi.sosa@dorsetccq.nhs.uk)

From April 2015, Dorset Police has agreed that **scanning SCARFs into the Primary care patients' electronic notes of the victim and perpetrator is acceptable,** if the practice believes it is in the best interest of the family. It is important to ensure that these documents **are stored in** a safe area of the patients' notes (for example — Safeguarding folder provided by System One) In relation to the children it is important to flag and code the event including details of where the SCARF can be found

Current advice by Dorset Police as originator of the scarf form is that SCARFS forms must not be shared with patients (victims, perpetrators or witnesses) and if in doubt the GP practice should contact Dorset Police for further advice. However, if a health practitioner involved with the child is aware that the child is being seen in a secondary or tertiary care setting, and the information they hold is relevant, under safeguarding this information should be shared



APPENDIX A - FLOWCHART FOR NOTIFYING A CONCERN

**FOR A VULNERABLE ADULT**

**CONCERN**

**About abuse/neglect/safety of an Adult at risk**

B

Carer or member of the public might disclose information to use which may make you suspect that the adult is at risk.

A

Physical or behavioural indication or sign.

C

An adult tells you they are being abused or harmed in some way.

**Report concerns immediately to Lead GP or Practice Manager**

**either verbally or via Report Form**

**NB In the absence of both, report to a GP Partner**

**Lead GP/Practice Manager**

Review concern and gaining factual accuracy

(Remind person highlighting concern of confidentiality and consider consent in the case of emergency where serious harm is to be prevented, thepatient’s doctor / professional will balance the need to protect the patient against the need to protect confidentiality)

**Lead GP**

**CONSIDER CONCERN**

**Lead GP / professional**

**Does concern warrant reporting?**

**UNSURE**

**Lead GP / professional**

**Does concern warrant reporting?**

**NO**

**Lead GP/ professional**

**Does concern warrant reporting?**

**YES**

**Lead GP / professional**

**Contact your local Social Services:**

Care Direct, Bournemouth - 01202 454979

Help Desk, Poole **-** 01202 633902

Dorset County Council (safeguarding) - 01929 557712

Out of Hours: Poole 01202 657279

**Lead GP / professional**

**Provide full details of reasons why and record all information fully.**

**Lead GP / Professional**

**Refer case to local Social Services at Poole**

**01202 633902**

APPENDIX B - ADULT AT RISK INTERNAL CONCERN REPORTING FORM

|  |  |
| --- | --- |
| Date, time and place of disclosure,  suspicion, allegation or actual  incident of abuse |  |
| Name and age of adult at risk of abuse or harm |  |
| Nature of incident, complaint or allegation (continue on a separate sheet if necessary) |  |
| What questions were asked in the initial conversation with the adult at risk (continue on a separate sheet if necessary)? |  |
| What was the exact response from the adult at risk (continue on a separate sheet if necessary)? |  |
| Action taken (continue on a  separate sheet if necessary) |  |
| If Police or Adult safeguarding were contacted, name, position and telephone number of person handling the case and date and time referred |  |
| If the decision was taken not to consult with a relevant statutory agency, why was this decision taken? |  |
| Name and position of any person who the report, complaint, allegation is about |  |
| Name and position of person  completing the form |  |
| Contact telephone number |  |
| Signature of person completing the form |  |
| Print Name |  |
| Date & time completed |  |

**Notes**

1. No matter what happens to a suspicion, allegation or actual incident of abuse (that is whether or not it is processed through a statutory agency or not) all details must be recorded.
2. If for any reason it is decided not to consult with a relevant statutory agency, a full explanation of why must be documented.
3. Recording should be factual that is no reference made to your own subjective opinions.
4. Records should be kept completely confidential and secure (always locked away) and only shared with those who need to know about the suspicion, allegation or actual incident of abuse.
5. This form is electronically available to all GPs, staff on the practice shared drive

|  |  |  |
| --- | --- | --- |
| DOMESTIC ABUSE | | |
| In an emergency | | Phone 999 |
| Bournemouth | BCHA | 01202 547755 |
| Poole | BCHA | 01202 710777 |
| Dorset | You First | 0800 2000 247 |

APPENDIX C

**Safeguarding Adult Team Dorset CCG (updated Oct 2016)**

**Source of support/escalation** Monday – Friday (9:00 – 17:00)

|  |  |  |
| --- | --- | --- |
| Designated Adult Safeguarding Manager | Verena Cooper | 01305 213 515/07795882116  [Verena.cooper@dorsetccg.nhs.uk](mailto:Verena.cooper@dorsetccg.nhs.uk) |
| Adult Safeguarding Lead GP | Dr Sam Abdollahian | 01305 213515/07717793640  [sam.abdollahian@dorsetccg.nhs.uk](mailto:sam.abdollahian@dorsetccg.nhs.uk) |
| Dr Isi Sosa | 01305 213644/07831774906  [Isi.Sosa@dorsetccg.nhs.uk](mailto:Isi.Sosa@dorsetccg.nhs.uk) |
| Mental Capacity Act Team | Paul Greening | 01305225651 |
| PREVENT | Matt Wain | [SRU@dorset.pnn.police.uk](mailto:SRU@dorset.pnn.police.uk)  **and** [Dorsetprevent@police.pnn.uk](mailto:Dorsetprevent@police.pnn.uk)  **and** [prevent.in-box@nhs.net](mailto:prevent.in-box@nhs.net)  Or 999 |

**ADULTS - Safeguarding in Acute Sector and NHS Trusts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Poole Hospital | Royal Bournemouth Hospital | Dorset County Hospital | Dorset Health Care Foundation Trust |
| Named Adult Safeguarding Lead | Denise Richards  Teresa Izzo 01202 442619 | Jenny House  01202 704743 | Sarah Cake  01305 253274 | Fiona Holder  07500814558  Sandra Wood  07825897596 |

**Social Care Local Offices**

**For referrals, discussing a possible referral, follow up on cases, source of information**

|  |
| --- |
| Bournemouth: 01202 454979 / (for enquiries / concerns ) 01202 458892 |
| Poole: 01202 633902 (option one) / (for enquiries concerns ) 01202633407 |
| Dorset: 01929 557712 |
| OOH: 01202 657279 |

Dorset County Police (non urgent number) 101

**In an emergency:**

***GP, Practice Manager, Nurses, staff, volunteers should do the following:***

**If a vulnerable adult is potentially seriously injured: Ring 999**

**If someone is threatening to harm the vulnerable adult:** **Ring 999**

Emergency Duty Ser