



**HIGH STREET SURGERY**  
**Safeguarding Adults Policy**

<b>Brief Description (max 50 words)</b>	All Staff employed by <b>High Street Surgery</b> , including those staff who are employed on a permanent, temporary, voluntary, contract, self-employed, bank or agency basis
<b>Target Audience</b>	All staff working within or on behalf of <b>High Street Surgery</b>

<b>Version Number</b>	1
<b>Accountable Officer</b>	Dr R Pradhan
<b>Responsible Officer</b>	Dr R Pradhan

**Amendment History**

<b>Version</b>	<b>Review Date</b>	<b>Next Review</b>
1	December 2018	December 2019
1.1	January 2020	January 2021
1.2	January 2022	January 2023

## 1. INTRODUCTION

This policy applies to all staff working for the High Street Surgery regardless of their role. Safeguarding and promoting the welfare of adults at risk of abuse and/or neglect must be an integral part of the care offered to all adults and their families. It is intended to support staff working within the High Street Surgery; it does not replace, but is supplementary to the Southend, Essex and Thurrock (SET) Safeguarding Adults Guidance (August 2015)

This policy provides the framework that ensures a robust and safe system is in place to safeguard adults who reside either permanently or temporarily in our area who are registered with the High Street Surgery. This includes providers of services and those who work in partnership with the High Street Surgery (e.g. volunteers/contractors).

The policy ensures that the High Street Surgery, with their partner agencies and Essex Safeguarding Adults Board that services are coordinated to effectively safeguard and protect adults registered with the practice.

The High Street Surgery recognises that adult safeguarding is a shared responsibility with the need for effective joint working between agencies and professionals. This cross-organisational working is crucial in protecting the most vulnerable groups in society from harm.

## 2. Scope

The High Street Surgery is committed to:

- Ensuring that the welfare of adults is paramount at all times
- Maximising people's choice, control and inclusion and protecting the human rights
- Working in partnership with others in order to safeguard adults
- Ensuring safe and effective working practices are in place
- Supporting staff within the organisation

The High Street Surgery will inform the police if it has cause to believe a crime has been committed in respect of adult safeguarding concerns. "Adults at risk of abuse and neglect are entitled to the protection of the law in the same way as all. Behaviour which amounts to abuse and neglect, for example assault and physical, sexual or psychological abuse, theft and fraud and certain forms of discrimination may also constitute specific criminal offences. If a local authority, other agency or individual believes that a criminal offence may have been committed then it must refer it to the police urgently." (Care and Support Statutory Guidance 2014 (section 14.23))

## SAFEGUARDING PRINCIPLES

The Government has identified the following 6 key principles that underpin all safeguarding adult work.

Safeguarding Adults Principles	Application within Health Commissioning
<b>Principle 1. Empowerment</b> – People being supported and encouraged to make their own decisions and informed consent.	Patients need to be in control of their care and involved in all aspects to the extent they are able. This includes involving people in how services related to Adult Safeguarding are designed and delivered as well as involvement in their own care planning.
<b>Principle 2. Prevention</b> - It is better to take action before harm occurs-	Planning and procuring services that deliver personalised care that reduces the likelihood of neglect and abuse occurring.
<b>Principle 3. Proportionality</b> - The least intrusive	Efficient and proportionate responses to risks

response appropriate to the risk presented.	whether this relates to individual patient care or whole service provision
<b>Principle 4. Protection</b> - Support and representation for those in greatest need.	Positive obligation to take additional measures for patients who may be 'adults at risk' who may not have their voice heard or be unable to protect themselves..
<b>Principle 5. Partnerships</b> - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.	Integrated and cohesive partnerships at all levels of the organisation focused at improving outcomes for patients in the most vulnerable situations, for example: Health and Wellbeing Boards; Local Safeguarding Adults & Children's Boards; Community Safety Partnerships; Quality Surveillance Groups.
<b>Principle 6. Accountability</b> - Accountability and transparency in delivering safeguarding	Openness and transparency to patients with regard to how concerns are managed, including those identified as serious incidents, through inter-agency procedures. Providing assurance on the effectiveness of safeguarding arrangements to patients; public; and the Local Safeguarding Adults Board.

### Relevant Legislation, Guidance and Policies

- The Mental Capacity Act 2005
- The Mental Capacity Act: Code of Practice
- Mental Health Act 1983
- Deprivation of Liberty Safeguards (DoLS): Code of Practice
- The Mental Health Act 2007
- The Human Rights Act 1998
- The European Convention on Human Rights
- The Care Standards Act 2003
- The Children Act 1989
- SET Mental Capacity Act and Deprivation of Liberty Safeguards Policy and Guidance 2018
- SET Safeguarding Adults Guidance 2014
- SET Safeguarding Childrens Guidance
- The Care Act 2014
- WECCG Mental Capacity Act Policy 2018
- WECCG Safeguarding Adults Policy 2018

### 3. Definitions

#### Safeguarding

“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” (DOH 2016 para 14.7).

#### Abuse

“Abuse and neglect can take many forms. It may be an isolated incident, a series of incidents or a long-term pattern of behaviour and could affect one person or more, whether in someone’s home, in public or in an institutional setting. It may be deliberate or the result of negligence or ignorance” (SET 2017 para. 1.11).

All staff must be open to the possibility that abuse can take place in a variety of settings, such as the person's own home, day or residential centres, supported housing, educational establishments, and in nursing homes, clinics, hospitals and GP surgeries

### Categories of abuse

Below are examples of the types of abuse that can occur. For further information on each category please refer to the SET Safeguarding Adults Guidelines

(accessed at: <http://www.essexsab.org.uk/media/1895/doc-set-safeguarding-guidelines.pdf>)

- **Physical abuse including:** hitting; biting; punching; misuse of medication; restraint; rough handling and inappropriate physical sanctions
- **Domestic abuse including:** physical; emotional; financial; sexual; forced marriage; honour based violence and Female Genital Mutilation:
- **Sexual abuse including:** rape; sexual assault; indecent exposure; inappropriate touching, teasing or innuendo; non-contact sexual acts such as online abuse; sexting; any sexual act that the adult.
- **Psychological abuse including:** – emotional abuse; humiliation; blaming; intimidation; coercion; threats of harm or abandonment; isolation; verbal abuse; unjustified/unreasonable 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** including: human trafficking; forced labour; forced prostitution; forced begging; forced criminality; forced marriage; forced organ removal; 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:** harassment, slurs or similar treatment because of race; gender and gender identity; age; disability; sexual orientation; religion.
- **Organisational abuse including:** neglect and poor care practice within an organisation or specific care setting such as a hospital or care home, or in relation to care provided in one's own home from domiciliary services. It occurs 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 healthcare; care and support or educational services; withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect** – A wide range of behaviour; neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding

#### 4. HOW TO REPORT SAFEGUARDING ADULT CONCERNS

The first priority should always be to ensure the safety and wellbeing of the adult. The adult should experience the safeguarding process as empowering and supportive. The practitioners should wherever practicable seek the consent of the adult before taking action.

However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but it is in their best interests to undertake an enquiry.

Whether or not the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action because a criminal offence has occurred.

It is the responsibility of all staff and members of the public to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency

The views of the person (experiencing the abuse and/or neglect) about what they would like to happen should be sought, recorded and taken into account

Any action should aim to minimise the risk of further harm to the adult (or others)

Medical attention should be sought where there is a possibility that an injury may have occurred even where there are no visible signs

Action should be taken to preserve all essential and vital evidence

Aim to minimise the risk of intimidation by any alleged perpetrator whether known or unknown should be minimised

Obtain only sufficient information to be able to tell the police, medical personnel or management what is believed to have happened, when and where

If a crime is being alleged contact the police on:

- '999' for an emergency (e.g. rape, serious physical or sexual assault, robbery), or
- The non-emergency number 101 to report a crime where a safeguarding issue is not alleged/suspected (e.g. property has been stolen by another adult or the adult has been assaulted by a neighbour when out shopping)
- The non-emergency number 101 to report a crime if a safeguarding issue is suspected, a SET SAF should be completed and forwarded to the Safeguarding officers within Essex Police at: OC.triage.team.essex@essex.pnn.police.uk (e.g. property being stolen by a staff or family member, adult being seen with unexplained bruises following a family visit or complaints by family of excessive force being used on an adult)

**DO NOT interview any alleged perpetrator**

Notify manager or nominated senior person on duty as soon as practicable

Relevant regulatory bodies must be notified when the concern relates to registered premises or services (e.g. Care Quality Commission (CQC), Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), environmental health, trading standards etc.).

In Essex all referrals should be made to Social Care Direct using the current safeguarding processes, which can be accessed via:

<http://www.essexsab.org.uk/professionals/reporting-concerns-setsaf-forms/> and copying in the WECCG Quality Team on: [WECCG.SUI@nhs.net](mailto:WECCG.SUI@nhs.net)

**or by calling:**

Social Care Direct: 0345 6037630 and completing a WECCG incident form and sending to WECCG.SUI@nhs.net

If there are any children involved or at risk WECCG's Children's Safeguarding Policy must be followed.

Any safeguarding concerns which meet the criteria of a serious incident must be reported in line with the WECCG Serious Incident Management Policy.

**5. ALLEGATIONS AGAINST STAFF**

In the event of staff identifying any concerns of organisational abuse within the High Street Surgery, they must ensure service users safety and escalate (The Public Interest Disclosure Act 1998) this to their line manager and the safeguarding team .

If these actions are taken and the risks remain unchanged or the matter is so serious that the staff cannot discuss this with any of the above, then the practice Whistleblowing Policy must be followed.

Staff can escalate their concern to the Chief Officer, care quality commission (CQC) or LSAB.

## **6. ROLES, RESPONSIBILITIES AND DUTIES**

The High Street Surgery has clear leadership and reporting in order to promote practice that safeguards adults at risk of abuse and neglect. The High Street Surgery is committed to:

- Ensuring that the welfare of adults at risk of abuse or neglect is paramount at all times
- Maximising people's choice, control and inclusion and protecting their human rights
- Working in partnership with others in order to safeguard adults at risk of abuse or neglect
- Ensuring safe and effective working practices are in place.
- Supporting staff within the organisation.

Staff members receive adult safeguarding awareness training in line with the national and local training strategy, and are clearly briefed on the responsibilities and requirements of the Practice in respect of adult safeguarding at their induction, regardless of their level of training in any other role which they may hold.

All High Street Surgery staff and those engaged by the High Street Surgery are responsible for:

- Following both internal and local multi-agency safeguarding policies and procedures at all times.
- Participating in mandatory adult safeguarding training and maintaining current working knowledge.
- Discussing any concerns about the health and wellbeing of adults at risk with their line manager.
- Reporting concerns in line with Care Act 2014 and SET Safeguarding Adults Guidelines (2015)
- Contributing to actions required including information sharing and attending meetings as required.
- Recognising the impact that diversity, beliefs and values of people who use services can have.
- Recognising the impact of the Mental Capacity Act and Deprivation of Liberty Safeguards on care planning and delivery.

## **7. PREVENT**

PREVENT is part of the Government's counter terrorism strategy CONTEST, which is led by the Home Office. Supporting vulnerable individuals and reducing the threat from violent extremism in local communities is a priority for the health services and its partners. Practice staff will participate in PREVENT basic awareness training.

The Designated Lead for Safeguarding Adults will participate in any CHANEL activity as required.

## **8. SAFEGUARDING ADULT REVIEWS**

Under the Care Act 2014, LSAB are responsible for Safeguarding Adults Reviews (SARs). The purpose of a SAR is not to apportion blame as to who is responsible for the death or significant harm to the adult or how the death or significant harm happened. The purpose of a SAR is to:

- Establish whether there are lessons to be learned from the case in which local professionals and agencies work together to safeguard vulnerable adults
- Identify what those lessons are, how they will be acted upon and what is expected to change as a result within a given timescale and as a result, to improve practice
- Inform and improve local inter agency working
- Review the effectiveness of procedures (both multi agency and those of individual organisations) and make recommendations for improvement
- To prepare or commission an overview report which brings together and analyses the findings of the various reports from agencies in order to identify the learning points and make recommendations for future action

## **9. DOMESTIC HOMICIDE REVIEWS**

Domestic Homicide Reviews (DHR's) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act 2004 and came into force on 13th April 2011.

A DHR means a review of the circumstances in which the death of a person aged 16 or over has or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or was / has an intimate relationship or a member of the same household.

DHR have been established to ensure agencies are responding appropriately to victims of domestic violence by offering and putting in place appropriate support mechanisms, procedures, resources and interventions. The aim is to avoid future incidents of domestic homicide and violence.

The High Street Surgery has a duty to have regard to the guidance and to ensure that providers across the health economy have the necessary arrangements to respond to this statutory guidance.

## **CONSENT AND CAPACITY**

The overriding principles in adult safeguarding is capacity and consent. Whenever possible every effort must be made to obtain the consent of an adult to report abuse taking into consideration the definitions of the Mental Capacity Act (2005).

A patient that has capacity, in regards to making decisions in respect of reporting of the abuse, must be consulted as to whether or not they wish action to be taken in relation to their own situation.

Their response will be viewed in the context of the need for any intervention in order to protect other service users and / or staff from harm or risk of harm (or themselves where there is risk to life and limb).

If the patient does not wish to report the abuse a discussion must take place with the Designated Professional for Safeguarding Adults regarding the appropriate course of action to safeguard other service users and staff or in the public interest.

The outcome of this discussion must be conveyed to the patient as to whether a report will be made without their consent.

Any circumstance when a patient does not have capacity to make this decision whether to report or not, must be discussed with the Designated Professional for Safeguarding Adults to determine how best to proceed.

On occasions, vulnerable adults are left in situations which leave them seriously at risk of abuse. Sometimes attempts to justify this are made on the grounds of a person's right to make choices about their lifestyle, which may involve risk.

Decisions about risk at this level should never be taken by individual staff but through a properly constituted professionals meeting and by involving risk assessments.

## **10. DEPRIVATION OF LIBERTY**

DoLS protect patients, that are under continuous control or supervision and not free to leave, and do not have mental capacity to consent to whether they reside in care homes or whether they are able to consent to treatment in hospital settings

This is irrespective of whether they are trying to leave or not.

Patients can also be under continuous control and supervision and not free to leave outside of the above settings. This can occur in their own home setting. When this occurs an application to the Court of Protection must be considered.

Every provider commissioned by the CCG must have an internal MCA/DoLS policy that links explicitly and complies with the SET MCA Policy and procedures <http://www.essexsab.org.uk/media/1887/doc-set-mental-capacity-and-deprivation-of-liberty-safeguards-guidance-mca-and-dols.pdf>

## **11. TRAINING**

All staff will receive safeguarding adults training at a level according to their role and as stated within the NHS Intercollegiate Document.

This training is mandatory on a 3 yearly basis.

## **12. SAFER RECRUITMENT**

The High Street Surgery will adopt safe recruitment procedures in accordance with best practice guidance within the NHS

The High Street Surgery will ensure that any organisation delivering its recruitment function can demonstrate awareness of the requirements, and systems of practice that ensure that there are 'fail-safe' checks.

The High Street Surgery will ensure that where disciplinary action has been taken against an employee of the appropriate action has been taken in respect of notification to professional bodies.

The High Street Surgery will make appropriate referrals as required to The DBS to support safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

## **13. CONFIDENTIALITY AND INFORMATION SHARING**

The Care Act (2014) states that there is a duty on relevant organisations to supply information to Safeguarding Adult Boards (SABs) on request.

The information must be requested for the purpose of enabling or assisting the SAB to perform its functions. Its functions relate to doing anything it believes necessary to co-ordinate and ensure the effectiveness of all those who exercise 'enquiries' functions.

Organisations are expected to share information about individuals who may be at risk from abuse and/or neglect.

## **14. INFORMATION GOVERNANCE**

All records relating to service users including adults at risk of abuse or neglect will be stored securely and safely.