

Safeguarding Adults Policy

Version:	2	Amendments (from previous version)
Ratified by:	Partners	Reformatted into new policy format and added action algorithm (Ratified May 2015) New Policy LMP & VHS merger October 2016 Safeguarding Contacts updated (Appendix A) Aug 2017
Date ratified:	25 April 2017	
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Review date:	April 2019	
Consultees:	Management Team	

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1. Policy Statement

The practice will act to safeguard vulnerable adults in line with the Care Act 2014.

Adult safeguarding is working with adults with care and support needs to keep them safe from abuse or neglect. Safeguarding is aimed at people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect. In these cases, local services must work together to spot those at risk and take steps to protect them.

A key area of consideration is the implementation of the Mental Capacity Act (MCA) which is supported by a Code of Practice and sets out the legal framework for people who lack capacity. The MCA identifies who can take decisions and in what situations, as well as protecting the right of the individual not to be treated as unable to make a decision merely because they make an unwise decision.

There is also the question of whether the adult can best be safeguarded through ordinary care routes, or whether the risks require the involvement of dedicated multi-agency safeguarding procedures. Health services have a duty to safeguard all patients and provide additional measures for patients who are less able to protect themselves from harm or abuse.

2. Explanation of Terms

A vulnerable adult is:

- Aged 18 years or over and who;
- May already be in receipt or in need of community care services by reason of mental or other disabilities, age or illness and who;
- May be unable to take care of themselves or unable to safeguard themselves against significant harm or exploitation.

This could include people with learning disabilities, mental health problems, older people and people with physical disabilities or impairments. This can include people who are vulnerable themselves as a consequence of their role as a carer for such a person. They may need additional support to protect themselves, for example, in situations such as domestic violence, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems.

Principle 1 – Empowerment - Presumption of person led decisions and consent Adults should be in control of their care and their consent is needed for decisions and actions designed to protect them. Clear justification must be made and documented where action is taken without consent such as lack of capacity or other legal or public interest justification. Where a person is not able to control the decision, they should still be included in decisions to the extent that they are able. Decisions made must respect the person's age, culture, beliefs and lifestyle.

Principle 2 - Protection - Support and representation for those in greatest need All staff have a duty to support all patients to protect themselves. Staff have a positive obligation to take additional measures for patients who may be less able to protect themselves.

Principle 3 - Prevention of harm or abuse is a primary goal. Prevention involves helping the person to reduce risks of harm and abuse that are unacceptable to them. Prevention also involves reducing risks of neglect and abuse occurring within health services.

Once printed control is no longer possible and this document may become out of date. Please refer to the Network Policy Folder to ensure you are reviewing the current version of this document.

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Principle 4 - Proportionality. Proportionality and least intrusive response appropriate to the risk presented Responses to harm and abuse should reflect the nature and seriousness of the concern. Responses must be the least restrictive of the person’s rights and take account of the person’s age, culture, wishes, lifestyle and beliefs. Proportionality also relates to managing concerns in the most effective and efficient way.

Principle 5 - Partnerships. Local solutions through services working with their communities. Safeguarding adults will be most effective where citizens, services and communities work collaboratively to prevent, identify and respond to harm and abuse. The skills of the multiagency team should be utilised when safeguarding vulnerable adults.

Principle 6 - Accountability. Accountability and transparency in delivering safeguarding Services are accountable to patients, public and to their governing bodies. Working in partnerships also entails being open and transparent with partner agencies about how safeguarding responsibilities are being met.

3. Duties

Role	Duties
Dr Anderson	Safeguarding Lead for the practice providing support and advice to staff where required and to oversee the safeguarding processing and reporting within the practice.
Dr Doucas	Deputy Safeguarding Lead. Deputising for the Safeguarding Lead as above.
All staff	Maintain awareness and vigilance in relation safeguarding following up and where necessary reporting all concerns as set out within this policy and the Incident Management Policy.

4. Policy Detail

The risks that increase a person’s vulnerability should be appropriately assessed and identified by the health care professional at the first contact and continue throughout the care pathway (DH 2010). Support provided should be appropriate to the person’s physical and mental abilities, culture, religion, gender and sexual orientation and tailored to enable people to live lives that are free from violence, harassment, humiliation and degradation. All Safeguarding incidents are to be reported as per the Practice Learning Events Policy.

Confidentiality

Staff are required to have access to confidential information people in order to do their jobs, and this may be highly sensitive information. These details must be kept confidential at all times and only shared when it is in the interests of the person to do so, and this applies to the restriction of the information within the clinical team. Care must be taken to ensure that the person is not humiliated or embarrassed in any way.

If there is any doubt about whether to share information or keep it confidential, seek guidance from the designated clinical Safeguarding lead. Any actions should be in line with locally agreed information sharing protocols, and the Data Protection Act applies.

Attitude of Family or Carers

Indicate that may give cause for concern:

- Unexpected delay in seeking treatment

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- Denial of injury pain or ill-health
- Incompatible explanations, different explanations or the individual is said to have acted in a way that is inappropriate to his/her development
- Reluctance to give information or failure to mention other known relevant injuries
- Unrealistic expectations or constant complaints about the child
- Alcohol misuse or drug/substance misuse
- Violence between adults in the household
- Appearance or symptoms displayed by siblings or other household members

5. Training

All staff undergo mandatory training as per their role. All partners are to undergo Level 3 safeguarding training, other clinical staff Level 2 and all other staff Level 1.

6. Process for Monitoring Compliance

All safeguarding issues are to be discussed as part of Incident reviews within the Partners Meetings.

7. References

Adult Safeguarding and Domestic Abuse (2013) A guide to support practitioners and managers

Care Quality Commission CQC (2009) Guidance about compliance: Essential Standards of Quality and Safety Guidance

DH (March 2011) Adult Safeguarding: The Role of Health Services

DH (May 2011) Statement of Government Policy on Adult Safeguarding.

DH (November, 2011), Building Partnerships, Staying Safe. - The Health Sector Contribution to HM Governments Prevent Strategy. Guidance for Healthcare organisations.

DH (June 2012) The Functions of Clinical Commissioning Groups (updated to reflect the final Health and Social Care Act 2012)

DH (2010) Clinical Governance and adult safeguarding: an integrated approach

HM Government (2008) Information Sharing: Guidance for practitioners and managers, DCSF publications

HM Government (2014) The Care Act

Law Commission (2011) Adult Social Care Report

Local Safeguarding Adults Board Policies, Procedures and Practice Guidance

NHS Commissioning Board March 2013 Safeguarding Vulnerable people in the Reformed NHS - accountability and assurance framework

NHS Employment Check standards (2013):

RCGP IRIS CAADA (2012) Responding to domestic abuse, Guidance for General Practices

8. Equality Impact Assessment

There is a statutory duty under The Equality Act 2010 to undertake Equality Impact Assessments (EqIA) on all procedural documents and practices.

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Appendix A - Safeguarding Adults Key Contacts

Adult safeguarding contacts for
Primary Care professionals



Oxfordshire
Clinical Commissioning Group

In an EMERGENCY:

POLICE 999	If immediate risk of harm
Police 101	For concerns that do not need an immediate response

Accessing social care:

To make a referral to social care	use this form Be aware that you will need to read the Threshold of Needs document on the website in order to make a referral – a link is clearly provided.
01865 328232	If you want to speak to a social worker for advice about a safeguarding concern. Please note: you cannot make a referral via this number.
0800 833 408	Social Care Out of Hours Emergency Duty Team (5pm-9am)
01865 903750	If you believe a care needs assessment is required please call the Single Point of Access team (SPA)

Other teams for advice, information and support:

Oxfordshire Safeguarding Adults Board	http://www.osab.co.uk/
OCC Social and Health Care team	access@oxfordshire.gov.uk
Deprivation of Liberty Safeguards (DoLs) supervisory body	01865 328064
Oxfordshire Domestic Abuse Helpline	0800 731 0055 10am-4pm Mon-Sat www.reducingtherisk.org.uk
Mental Health Information Line	01865 247788 (9.30am – 4.30pm, Mon-Fri) www.OMHI.org.uk
Age UK Oxfordshire	0844 887 0005/01235 249400 www.ageuk.org.uk/oxfordshire
Action on Elder Abuse	0808 808 8141. www.elderabuse.org.uk
Oxford Sexual Abuse and Rape Crisis Centre	0800 7836294

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Adult safeguarding contacts for Primary Care professionals



Oxfordshire
Clinical Commissioning Group

OUH and Oxford Health also have named nurses who can be contacted via their switchboards, for concerns involving patients under their care.

Key Oxfordshire CCG adult safeguarding contacts:

Alison Chapman	Designated Nurse and Safeguarding Lead (Adults and Children)	07775 760798
Sarah Ledingham	Named GP	Meriel.raine@nhs.net
Meriel Raine	Named GP	Sarah.ledingham@nhs.net
Pauline Burke	General safeguarding telephone enquiries and VAM	01865 336709
Cat d'Angelo	General safeguarding telephone enquiries and CDOP	01865 337023

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Appendix B – Link to our Safeguarding Folder on our Shared Drive



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Appendix C - Equality Impact Assessment Tool

To be completed prior to consideration for ratification.

		Yes/No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	• Race		
	• Ethnic origins (including roma and/or travelling community)	Y	Those who have difficulty in reading English may require additional support in understanding policy requirements.
	• Nationality	N	
	• Gender (including gender reassignment)	N	
	• Culture	N	
	• Religion or belief	N	
	• Sexual orientation	N	
	• Age	N	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	Y	Those staff who have difficulties in accessing the Computer Network and or reading may require additional support in understanding policy requirements.
2.	Is there any evidence that some groups are affected differently?	Y	As above
3.	If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?	Y	There are currently no staff who come into the groups identified and pre-emptive action is not feasible
4.	Is the impact of the document/guidance likely to be negative?	N	
5.	If so, can the impact be avoided?	N	
6.	What alternative is there to achieving the document/guidance without the impact?	N	
7.	Can we reduce the impact by taking different action?	Y	Colleague and management support if required

If you have identified a potential discriminatory impact of this procedural document, please refer it to *[insert name of appropriate person]*, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Management Team.