

Morland House Surgery

ADULT SAFEGUARDING POLICY

Introduction

The purpose of this document is to set out the policy of this practice in relation to the support and protection of vulnerable adults. Further guidance is available via the Oxfordshire Safeguarding Adults Board website: www.osab.co.uk. Other contact information is available at the end of this document.

WHO IS A VULNERABLE ADULT?

Someone who is:

- 18 or over
- Receiving or in need of care e.g. help with washing or dressing
- Unable to take care of themselves, or unable to protect themselves against significant harm or exploitation

This could include: people with dementia, learning disabilities, mental health problems, drug/alcohol problems, sight/hearing/physical disabilities, people through age/illness are dependent on others to help them, people who care for others.

WHAT IS ABUSE?

Forms of abuse include the following:

- Physical abuse – hitting, slapping, pushing, kicking, misuse of medication, misuse of restraint or other restrictions
- Sexual abuse – assault, rape, non-consensual acts (including acts when unable to give consent), touching, indecent exposure, inappropriate comments or being made to watch or listen to inappropriate material
- Emotional or psychological abuse – verbal abuse, threats, deprivation of contact, humiliation, blaming, controlling, intimidation, bullying, coercion, harassment, isolation, withdrawal from services or support networks
- Financial or material abuse – theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions or the misuse and misappropriation of property, possessions and benefits
- Neglect and acts of omission – ignoring medical or physical care needs or not taking action to alleviate the risk of harm e.g. from falls. Also can include failure to access health, social care or educational services or withholding necessities of life such as medication, food, drink and heating.
- Discriminatory abuse – including racist and sexist remarks, or comments based on a person's impairment, disability, age or illness, and other forms of harassment, slurs or similar treatment. This may also include isolation or withdrawal from religious or cultural activity, services or supportive networks.

Abuse may be perpetrated by anybody, although most commonly the abuser is well known to the victim. It may also be carried out by someone who lives with the victim or shares a service with them.

Abuse may not always be deliberate or intentional. However if a vulnerable person is frightened, harmed or placed at risk of harm either intentionally or unintentionally then there is a duty to report it.

PREVENT

This is a national multi-agency organisation to counter the risks of some people (children or adults) being affected by the process of radicalisation. This is the development of support of terrorism and violent extremism or in some cases terrorist groups. This can include all forms of terrorism including Far Right Extremism as well as some aspects of non-violent extremism. Vulnerable adults are at increased risk of radicalisation.

It is important to be aware of possible signs that someone is being drawn into these groups:

- NOTICE – if you have a concern about someone such as altered attitude or change in behaviour
- CHECK – discuss concern with appropriate other (safeguarding lead)
- SHARE- appropriate, proportional information (safeguarding lead/police)

WHAT ARE POSSIBLE SIGNS OR INDICATORS OF ABUSE?

- You may see and/or hear something happen:
 - Someone being bullied/intimidated
 - Someone being made to feel frightened/unhappy
 - Someone in a situation of unnecessary risk
- The vulnerable adult might say/tell you something that worries you
- The person might say things or behave in a way that causes you concern:
 - They may seem unhappy/distressed
 - They may appear frightened, anxious or agitated without clear cause or around certain people
 - Sleeping problems
 - Constant visits to the toilet without a medical reason
- Someone else may tell you something that gives cause for concern:
 - a colleague
 - family member
 - member of the public
- Physical signs, unexplained or unusual or multiple injuries at different stages:
 - Bruises
 - Slap marks
 - Black eyes

- Bleeding
- Burns or scalds
- Cigarette marks
- Torn, stained or bloodstained clothes
- Other signs such as:
 - No food or drink available for the person
 - Unpaid bills/services
 - Shortage of money
- The behaviour of a colleague or other person:
 - Dismissive or intolerant attitude
 - Task/routine orientated rather than person focused
 - Not team player; insists on doing things their own way
 - Secretive about contact with clients
 - Oversteps their professional boundaries with clients and colleagues/overfriendly
 - Neglects professional development
- You may not know but just be worried.

WHAT TO DO IF YOU SEE AN INJURY OR SOMETHING YOU ARE CONCERNED ABOUT?

- Don't make assumptions
- Ask the person or if the person is not able to tell you, their carer, about what you are concerned about e.g. a bruise
- Follow the advice below about disclosures and allegations (but be aware you may not always be told the truth)
- Record/ write down a description of any physical signs, or injuries including site, size, shape and colour
- Make sure you sign and date it
- Report it (see below)

WHAT TO DO IF SOMEONE DISCLOSES TO ME OR MAKES AN ALLEGATION?

- Take time to listen to the person first (rather than direct questions)
- Don't interrupt a vulnerable adult who is freely telling you what happened
- Accept what is being said without comment and remain open minded
- Do not make judgements or jump to conclusions
- Reassure the person
- Ask the person what they would like to do about what has happened
- Do not promise the person that you will be able to keep what they have said confidential. Make clear that you may need to share what you are told but only to people that need to know
- Let the person know that their wishes will be taken into account and what will happen next
- Make a note of what was said and who was there, including any questions you have asked. Always remember to sign and date any notes that you make.
- Report it.

REPORTING CONCERNS

All concerns that a vulnerable person has been harmed or placed at risk of harm as a result of abuse or neglect must be reported at the earliest possible opportunity. Do not attempt any form of investigation yourself.

In an emergency when immediate police or medical response is required, raise the emergency practice alert and **call 999**.

In all other circumstances where there are concerns regarding the welfare of the person, contact the Adult Safeguarding Lead, **Dr Magdalen Gould** and the person's GP. If it is an urgent matter and neither of the above is available, please contact the duty doctor. They will be able to further assess the risk to the patient as well as further action.

The vulnerable person should be aware of this and consent should be sought before sharing information.

The contact details for safeguarding referrals for adults are available in the safeguarding folder. This includes information for emergency and routine referrals as well as contact numbers for information, support and advice.

Online reporting

For professionals who have concerns about a person with care and support needs that they are working with, please use this form: <https://www.oxfordshire.gov.uk/cms/content/raising-safeguarding-concern-professional>

You can still contact the team via telephone: **0845 0507 666**

Out of hours emergency: **0800 833408** (free-phone)

Unsure if it's a safeguarding issue? If you've encountered an issue and are unsure if it is a safeguarding issue or not you can call and request a consultation with the Safeguarding Triage Team. They can be reached on **01865 328232**. This is only for new issues where you are unsure if it is a safeguarding issue, it is not for discussion of open safeguarding cases. Please note the Triage Team will ask you to complete the form above if after discussion the issue is deemed to be a safeguarding one.

See Appendix 1 for full list of numbers/contact details.

MENTAL CAPACITY (See Appendix 2)

All people over 16 are presumed, in law, to have capacity to give or withhold their consent to sharing of confidential information, unless there is evidence to the contrary. When making decisions on sharing information with carers or next of kin, the first decision by the health professional should be whether they can obtain informed consent and if the person has capacity to do so (in accordance with the principles outlines in the Mental Capacity Act 2005).

If they can give informed consent, it should be clearly documented what information will be shared and with which other people or organisations. When information is shared, this should be clearly recorded in the patient's records stating why the information was shared and who it was share with.

Information relating to adults with capacity should only be shared without consent where it is in the public interest or where there is other lawful authority such as a court order or statute.

Where an adult patient lacks capacity, information can be disclosed in accordance with the Mental Capacity Act, where in the opinion of the relevant health professional, it would be in the best interests of the individual. The disclosure of any information should also be clearly documented as per the information sharing for patients with informed consent.

FEMALE GENITAL MUTILATION

Please see separate guidelines.
Also website: www.oxfordagainstcutting.org

DOMESTIC VIOLENCE

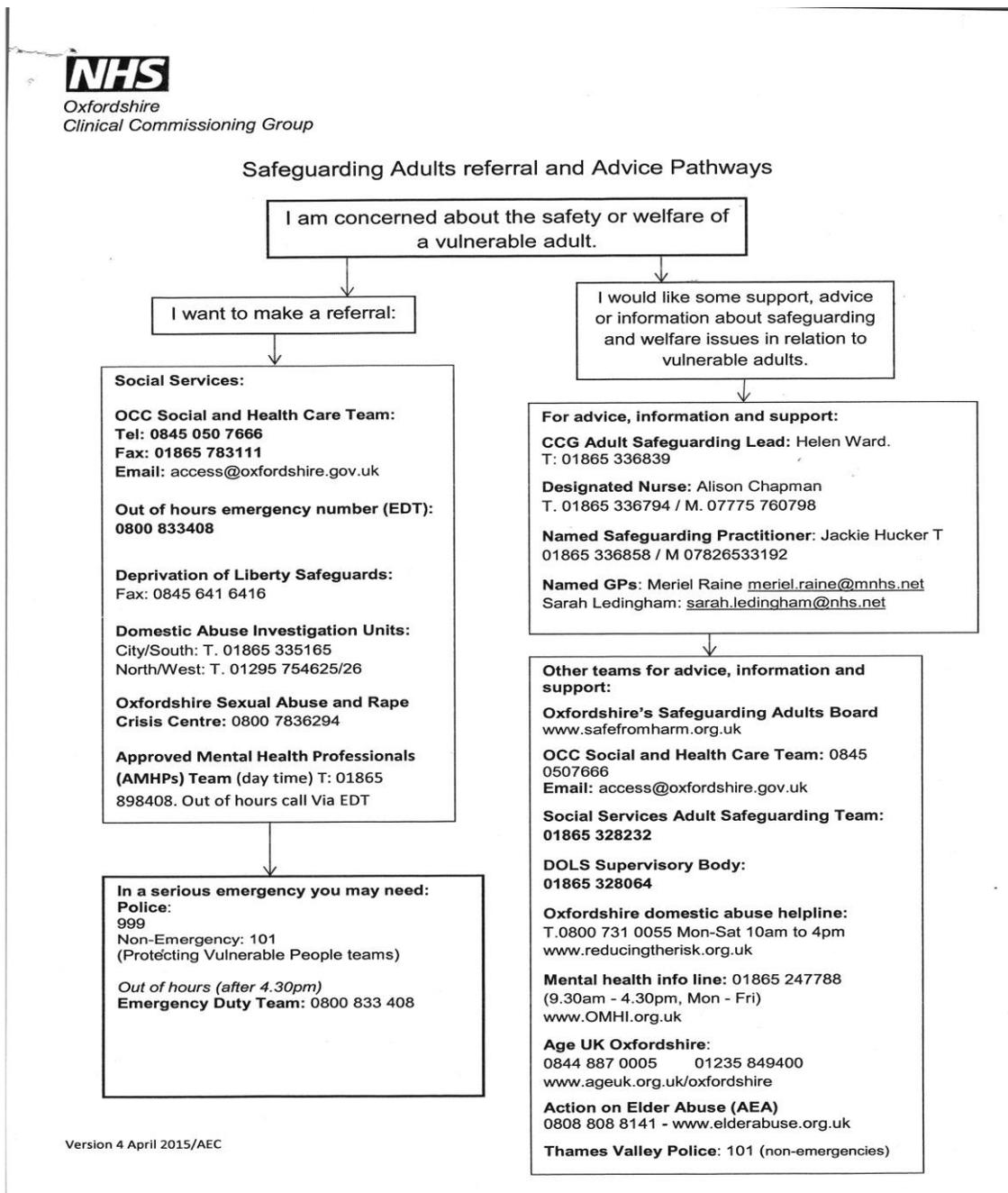
See website: www.reducingtherisk.org.uk

ALLEGATIONS AGAINST STAFF

Where there are concerns held about a vulnerable adult regarding malpractice or misconduct in a workplace or by employees of an organisation or agency, these concerns should in most circumstances be raised with the organisation/agency involved. However there may be some circumstances where the person feels at risk of being victimised, dismissed by their employer or has good reason to believe that the employer will not take appropriate action e.g. having already raised concerns with the employer and received an unsatisfactory response. Report initially to safeguarding lead or see below for information.

See website: <http://www.osab.co.uk/professionals/escalating-a-concern-whistleblowing/>

APPENDIX 1



Nb. New Adult Social Services Number in hours: 0345 050 7666

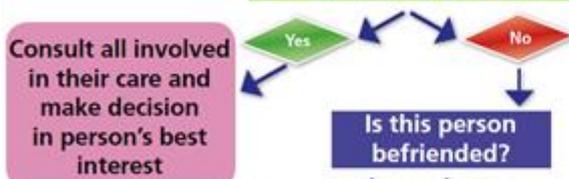


MCA (2005) best-interest decision-making flowchart

The person is assessed as not having the capacity to make a required decision
 ↓
 Have arrangements been made for incapacity?
 ↓
 Has the person made an advanced decision relevant to the required decision?



Decision maker:
 Is this serious medical treatment or a proposed change of accommodation within the meaning of the Act?



- The decision maker:**
- Must ensure that the proposed action/treatment is in the best interests of the person.
 - The decision maker needs to check if there is an Advance Decision (AD), Lasting Power of Attorney (LPA) or Deputy or if there is a friend/carer of person nominated by the person to consult.
 - Advance Decision must be relevant to this decision.

- Best-interest-checklist**
- The decision maker must:
- Consult with all relevant others, i.e. the person, medic/GP, carers, Allied Health Professionals, social care staff, Advocate/IMCA, or people who know the person well, i.e. LPA or Deputy or Enduring Power of Attorneys
 - Identify the views of all relevant people in the person's life
 - Not make assumptions about a person's best interests based upon the person's age, or appearance, condition or any aspect of their behaviour
 - Consider all the relevant circumstances relating to the decision in question
 - Involve the person as fully as possible
 - Ensure that if the decision concerns the decisions relating to life-sustaining treatment, the decision maker must not be motivated by a desire to bring about death
 - Be able to justify and evidence their decision making
 - Ensure that other least restrictive options are always explored (complete best interests decision record).

A formal best interests meeting is not always needed. It is important that consultation has taken place and the decision maker follows the guidance above with all relevant others and this is documented on the agreed paperwork.

Record keeping: it is important that you accurately record and evidence any decisions made with regards to best interests.

Source: NHS London 2012

APPENDIX 3

EMIS CODES

Title	Read Code
Vulnerable adult	133P
Vulnerable elderly person	133R
Referred to social services for adult safeguarding plan	8HHg
Vulnerable adult care plan	8CMB
Refugee	13ZB
Asylum seeker	13ZN
Failed asylum seeker	13Zd
Lacks capacity for consent	9NdL
Learning disability	13Z4E
Substance misuse	13cM
At risk of violence in the home	13VF
History of domestic violence	14X3
Police domestic incident report reported	9NDJ
At risk of FGM	13VY
FGM	K578
Family history of FGM	12b
At risk of sexual exploitation	13VX
Victim of modern slavery	14XL
Victim of trafficking	14XF
At risk of trafficking	13ZZ3