The TBD Clinic
88 North Street, Hornchurch, RM11 1SR

Review Sheet

Last Reviewed	Last Amended	Next Planned Review in 12 months, or sooner as required.
17 Jun '21	17 Jun '21	

Business impact	MEDIUM IMPACT Changes are important, but urgent implementation is not required, incorporate into your existing workflow.
Reason for this review	Scheduled review
Were changes made?	Yes
Summary:	This policy sets out the approach to safeguarding and promoting the welfare of vulnerable adults. It has been reviewed and updated following the Domestic Abuse Bill which passed both Houses of Parliament and was signed into law on 29 April 2021. The Domestic Abuse Act 2021 raises awareness and understanding about the devastating impact of domestic abuse on victims and their families. The procedure at section 5.8 has been updated to refer to the new Domestic Violence and Abuse Policy and Procedure. A new definition has been added about Domestic Violence and Abuse (DVA), and further reading has been added with a link to the Domestic Abuse Act: Factsheet. References have been reviewed and updated.
Relevant legislation:	• The Criminal Justice and Courts Act 2015 Section 20-25 • Public Interest Disclosure Act 2018 • Counter-Terrorism and Security Act 2015 • Mental Health Act 1983 (as amended 2007) • Domestic Abuse Bill 2020 • Serious Crime Act 2015 • Domestic Violence, Crime and Victims Act 2004 • Anti-social Behaviour, Crime and Policing Act 2014 • The Care Act 2014 • Equality Act 2010 • Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015 • Human Rights Act 1998 • Medical Act 1983 • Mental Capacity Act 2005 • Mental Capacity Act Code of Practice • Protection of Freedoms Act 2012 (links to) The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012 • Safeguarding Vulnerable Groups Act 2006

Underpinning knowledge - What have we used to ensure that the policy is current:	• Author: NICE, (2018), *Decision-making and mental capacity (NG108)*. [Online] Available from: https://www.nice.org.uk/guidance/ng108 [Accessed: 17/6/2021] • Author: NHS England, (2017), *Safeguarding Adults*. [Online] Available from: https://www.england.nhs.uk/wp-content/uploads/2017/02/adult-pocket-guide.pdf [Accessed: 17/6/2021] • Author: British Medical Association, (2020), *Adult Safeguarding Ethics Toolkit*. [Online] Available from: https://www.bma.org.uk/advice/employment/ethics/adult-safeguarding-ethics-toolkit [Accessed: 17/6/2021] • Author: RCGP, (2019), *RCGP supplementary guide to safeguarding training requirements for all primary care staff*. [Online] Available from: https://www.rcgp.org.uk/-/media/Files/CIRC/Safeguarding/Safeguarding-training-requirements-for-Primary-Care-FINAL.ashx?la=en [Accessed: 17/6/2021] • Author: GOV.UK, (2011), *Guidance - Safeguarding Adults: The role of health services*. [Online] Available from: https://www.gov.uk/government/publications/safeguarding-adults-the-role-of-health-services [Accessed: 17/6/2021] • Author: Nursing and Midwifery Council, (2018), *Adult Safeguarding: Roles and Competencies for Health Care Staff*. [Online] Available from: https://www.rcn.org.uk/professional-development/publications/pub-007069 [Accessed: 17/6/2021] • Author: CQC, (2021), *Nigel's surgery 25: Safeguarding adults at risk*. [Online] Available from: https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-25-safeguarding-adults-risk [Accessed: 17/6/2021]
Suggested action:	• Encourage sharing the policy through the use of the QCS App • Share 'Key Facts' with all staff • Develop training sessions for relevant staff • Ensure relevant staff are aware of the content of the whole policy
Equality Impact Assessment:	QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

The TBD Clinic
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1. Purpose

1.1 Protect and promote a person's right to live in safety and to ensure that they are free from abuse and neglect.
1.2 Give Patients as much control as possible and help them make informed choices.
1.3 Help people develop resilience and maintain independence based on and including all aspects of the individual's wellbeing as well as their safety.
1.4 To support The TBD Clinic in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	HE6: Is consent to care and treatment always sought in line with legislation and guidance?
SAFE	HS1: How do systems, processes and practices keep people safe and safeguarded from abuse?
SAFE	HS2: How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?
WELL-LED	HW4: Are there clear responsibilities, roles and systems of accountability to support good governance and management?

1.5 To meet the legal requirements of the regulated activities that {The TBD Clinic} is registered to provide:

- The Criminal Justice and Courts Act 2015 Section 20-25
- Public Interest Disclosure Act 2018
- Counter-Terrorism and Security Act 2015
- Mental Health Act 1983 (as amended 2007)
- Domestic Abuse Bill 2020
- Serious Crime Act 2015
- Domestic Violence, Crime and Victims Act 2004
- Anti-social Behaviour, Crime and Policing Act 2014
- The Care Act 2014
- Equality Act 2010
- Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
- Human Rights Act 1998
- Medical Act 1983
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Protection of Freedoms Act 2012 (links to) The Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
- Safeguarding Vulnerable Groups Act 2006

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2. Scope

2.1 The following roles may be affected by this policy:

- All staff

2.2 The following Patients may be affected by this policy:

- Patients

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

3.1 To address the specific needs of individuals and promote their independence and wellbeing in order to reduce the likelihood of abuse and neglect occurring.
3.2 To achieve optimal Patient outcomes through a person-centred approach rooted in good communication and respectful of each person's dignity and independence.

4. Policy

4.1 Safeguarding Adults Statement of Intent

The TBD Clinic will have a designated lead for safeguarding adults at risk.
The TBD Clinic will give sufficient priority to safeguarding adults at risk.
The Practice Team will take a proactive approach to safeguarding and focus on prevention and early identification.
Staff members will take steps to protect people where there are known risks, respond appropriately to any signs or allegations of abuse and work effectively with other organisations to implement protection plans.
The TBD Clinic will engage in local safeguarding structures and procedures.
The TBD Clinic will participate with other relevant organisations to ensure that multi-agency working is effective.
The TBD Clinic will be aware of the local health commissioning body (CCG) Safeguarding Adults Leads and the Local Authority Safeguarding Adults Team.
The Practice Safeguarding Lead will ensure that all Practice staff can demonstrate their competence in safeguarding adults at risk by their:

- Understanding of the definition of an adult at risk and the types of abuse they may be subject to
- Awareness of the internal arrangements for recording a safeguarding adult concern and how this is included within the Practice's Safeguarding Adults Policy and Procedure; and
- Awareness of the external process for reporting the concern and how this is in line with local multi-agency policies and procedures

4.2 Members of the team at The TBD Clinic recognise their duty to advocate for Patients, their families and carers by extending their support to wider welfare considerations that go beyond defined health needs.
4.3 The TBD Clinic will maintain good professional standards and undertake the clinical governance activities that are central to safeguarding. Significant event reporting, peer review and the appraisal and revalidation process support the highest clinical standards and promote Patient welfare, in particular, for Patients, their families and carers who may have trouble looking after their own interests.
4.4 Under the Care Act, safeguarding duties apply to any person aged 18 or over who:

- Has care and support needs, and
- Is experiencing or is at risk of abuse or neglect, and
- Is unable to protect themselves because of their care and support needs

Adults with care and support needs who may be at risk of abuse and neglect can include:

- An older person who is particularly frail
- Someone with mental health needs including dementia or a personality disorder
- A person with a significant and impairing physical or sensory disability
- Someone with a learning disability
- A person with a severe physical illness
- An unpaid carer who may be overburdened, under severe stress or isolated
- A homeless person
- Someone who misuses substances or alcohol to the extent that it affects their ability to look after themselves
- Someone living with a person who abuses substances or alcohol; or
- Women who may be particularly in need because of isolating cultural factors

People with care and support needs are not always at risk of abuse or neglect.
There is a clear distinction between adults who have capacity to make decisions and those on whose behalf some decisions need to be made.
Adults lacking capacity to make decisions must be involved in decision-making that promotes their best interests.
Personalised care that is focused on the needs of the individual and how to promote their independence and control is more important than any label that may have been attributed to an individual.
Adults who have the relevant decision-making capacity have the right to make decisions about their lives, even if it involves risk but it is critical that attention will be paid to identified systemic sources of risk to the

Patient.

4.5 To ascertain if an adult has safeguarding needs, The TBD Clinic will identify and record all the factors that may put them at risk as the first step required to ensure that the Patient receives the necessary support.

4.6 The Practice Team at The TBD Clinic will be familiar with local adult safeguarding procedures and maintain an up-to-date resource centre containing all current contact information and templates on the computer clinical system accessible by all members of the Practice Team via a desktop icon.

4.7 Safeguarding Adults Training Requirements

The TBD Clinic will provide or support the Practice Team in undertaking the following training according to current requirements for the safeguarding of adults:

- Level 1: All staff in healthcare settings (includes Practice receptionists and non-clinical staff) – two (2) hours of training to be repeated every three (3) years
- Level 2: All non-clinical and clinical staff who have regular contact with Patients, their families or the public (includes Phlebotomists, Healthcare Assistants, Practice Managers, Reception Managers and Safeguarding Administrators) – 3–4 hours of training to be repeated every three (3) years
- Level 3: All healthcare staff involved in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (includes GPs , Practice Nurses, Advanced Nurse Practitioners, Registered Nurse Care Co-ordinators) – eight (8) hours of training to be repeated every three (3) years

5. Procedure

5.1 Safeguarding Adults Responsibilities

Step 1: Identifying adults who may have safeguarding needs

Identify and record the factors that contribute to risk in order for the Patient to get the support they need. A Safeguarding Adults Meeting Template is available in the forms section of this policy.

Step 2: Responding to immediate risks

Establish whether the Patient is at immediate risk of harm, if a crime has been committed and whether emergency services, including the Police, need to be involved. The priority is to ensure the Patient's safety and wellbeing.

Consider whether an urgent referral to the appropriate Local Authority Safeguarding Adult Services is required.

Step 3: Assessing the individual's needs

Make a thorough and holistic assessment of the Patient, looking at their broader emotional, psychological and safeguarding needs in addition to their presenting physical and clinical factors. Consider:

- Any existing safeguarding alerts or any current agency involvement
- Whether others may be at risk, e.g. children or other adults
- Whether the Patient's home circumstances contribute to risk; and
- Whether the Patient has support of any kind

Step 4: Assessing capacity

Does the Patient have the capacity to make relevant decisions or do best-interests decisions need to be made on their behalf?

Adults with capacity have the right to make decisions on their own behalf, even where their decision may expose them to risk.

It is important to ensure that the Patient understands the nature of the risk and is offered support as appropriate.

Step 5: Responding to harm or abuse - identifying relevant services

Explore with the Patient what their goals are and how they want to live (attention must be given to all aspects of the individual's wellbeing in order to help them develop resilience and maintain independence: it is more holistic than just their safety).

Following discussion, relevant supporting services can be identified and offered.

With Local Authorities having overall responsibility for adult safeguarding, it may be appropriate to refer the Patient to social care, particularly where they cannot keep themselves safe.

Where adults are at risk because of poor care, it may be appropriate to contact the CQC or the body responsible for commissioning their care.

Alternative support services will also be considered including citizens' advisers or charitable organisations offering support and advice for individuals with specific conditions or with social needs.

Step 6: A consensual approach

Most adults with capacity accept the offer of support services.

Where adults with capacity decline services, the reasons will be explored with sensitivity and alternatives offered where appropriate.

The adult Patient must be made aware of risks and the possible impact on their wellbeing and they must be encouraged to develop strategies to protect themselves.

Ultimately, the decision to accept care and treatment rests with the competent adult.

Information may need to be shared without consent in some cases, e.g. where others are at risk of significant harm.

Step 7: Review

Local Authority Safeguarding Adult Boards have a statutory obligation to undertake safeguarding adult reviews in especially serious cases where an adult has been seriously injured or has died and abuse or neglect are suspected.

Where significant events or incidents have taken place, GPs will often have an important role.

5.2 Abuse and Neglect

Abuse and neglect can take many forms: the distinction between them is not always clear. Neglect can lead to harm as significant as direct abuse. Within healthcare, neglect is the most serious form of abuse.

Abuse involves the misuse of power. When identifying if abuse has taken place, it is important to remember

that intent is not the issue. The definition of abuse is not based on whether the perpetrator intended to harm the individual, but whether harm was caused, and its impact on the individual.
Abuse and neglect can amount to serious violations of an individual's rights. Many acts of abuse are criminal offences and all adults are entitled to the full protection of the law. Where a crime has been committed, or is likely to be committed, it may be necessary to involve the police.
The Care Act guidance identifies the following types 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 so-called 'honour' based violence
- 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, 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
- 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 care setting such as a hospital or care home, or in one's own home
- Neglect and acts of omission - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate healthcare and support or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating; or
- Self-neglect - this covers a wide range of behaviour that involves neglecting to care for one's personal hygiene, health or surroundings

5.3 Mental Capacity in Safeguarding
Capacity is a vital concept in relation to the care and treatment of adults who may be at risk. Retaining control means that competent adults have the right to assess and manage risks to which they are exposed and support will normally involve talking through those risks and offering support where appropriate.
In the absence of serious crime and of significant risks to third parties, competent adults retain the right to make decisions about how they wish to direct their lives. Neglecting or violating these decision-making rights, even where the intention is to protect the individual, can itself be a form of abuse.
A key feature of adult safeguarding is considering how best to balance respect for the ability of adults to make informed choices about their lives with the provision of support to help them manage risks. The challenge for The TBD Clinic is managing a respect for autonomy with the requirement to act to prevent avoidable harms. Appropriate support and advice must be offered without infringing basic freedoms in any way.
Adults With Capacity
Adults have the right to make decisions on their own behalf; they are assumed to have the capacity to do so. However, decisions that entail personal risks may not be in accordance with an objective view of their best interests.
Where there are doubts about capacity, the responsibility for demonstrating that an individual lacks capacity falls to the person challenging it.
The fact that an adult is regarded as 'at risk' is not (by itself) evidence that capacity is lacking. Therefore, care must be taken to avoid making this assumption.
Where an adult has capacity in relation to a specific decision, e.g. a health intervention, consent is required and their decision must be respected unless treatment is being provided under mental health legislation.

Where a doctor and/or nurse at The TBD Clinic believes that an adult with capacity is at risk of harm but refusing assistance, they will respect this decision but keep an accurate and contemporaneous record of the support offered and the reasons for refusal. These decisions must be kept under review with ongoing support offered.
Exceptions are where a criminal offence may have taken place or where there may be a significant risk of harm to a third party. Where a criminal offence is suspected, it may also be necessary to involve the police or take legal advice. Ongoing support must also be offered in these circumstances.
An adult must not be lost to or abandoned by relevant services because they initially refused the offer of assistance. The situation must be monitored and the individual informed that they can accept the offer of assistance at any time.

Where there are Doubts about a Person's Capacity

Difficulties arise where some capacity exists but its extent is uncertain. In these circumstances, difficult decisions may need to be made involving a balance between respecting the decision-making freedom of adults and the requirement to intervene.
Where there is doubt about an adult's capacity, a formal assessment must be undertaken. The more serious the decision, including the identification of the scale and seriousness of any risks their decision may expose them to, the more formal the assessment of capacity is likely to be.
Depending on the circumstances, it may be appropriate to refer the Patient to a psychiatrist or psychologist with experience in assessing capacity.
Where there are doubts about a person's capacity that cannot be resolved using more informal methods, the Court of Protection can be asked for a judgment.

When an Individual Refuses to be Assessed

In most cases, no one can be required to undergo an assessment. A sensitive exploration of the consequences of refusing to be assessed, e.g. that their wishes are open to being contested without an assessment, may help to obtain their consent.

5.4 Assessing Capacity

An assessment of capacity involves three stages:
Stage 1: Does the person have an impairment of the mind or brain?
Stage 2: Is the person able to:

- Understand the decision they need to make?
- Understand, retain, use and weigh the information relevant to the decision?
- Understand the consequences of making, or not making the decision? or
- Communicate the decision - by any means?

If the answer to any of these questions is 'no', the adult lacks capacity.

Mental Capacity Act 2005 (MCA)

The MCA sets out several basic principles that must govern all decisions taken in relation to adults lacking capacity.
An assessment of mental capacity is decision-specific. The question is whether the individual has the capacity to make a specific decision at a specific time, including with the provision of appropriate support. Although some Patients, e.g. those who are unconscious, will not be able to make any decisions, most individuals will be able to participate in straightforward ones, e.g. what to wear.

Best Interests

All decisions taken under the MCA on behalf of someone who lacks capacity must be taken in his or her best interests.
Although a best-interests judgement is not an attempt to determine what the person would have wanted, the courts have made it clear that this must be considered and may be determinative. Any decision taken that contradicts an adult's previously expressed wishes would need clear justification.

Lasting Powers of Attorney (LPA)

The MCA allows individuals aged 18 or over and who have capacity to appoint an attorney under an LPA to make financial and health and welfare decisions on their behalf once they lose capacity.
Unless it is an emergency, consent from the attorney is required for all decisions that would have required consent from the adult had he or she retained capacity. Attorneys are under a duty to act in the incapacitated adult's best interests.

Independent Mental Capacity Advocates (IMCAs)

Under the Act, an IMCA must be instructed in relation to individuals who lack capacity and who have no family or friends whom it is appropriate to consult when:

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

5.5 When Information can be Shared about Adults at Risk

- Health professionals owe the same duty of confidentiality to all their Patients
- Competent adults have the right to determine how their information is used, although this right is not absolute; confidentiality may be overridden by legal authority or where there is a significant risk of harm to others, or to prevent or prosecute a serious crime
- Where an adult lacks capacity, relevant information can be disclosed where it is in their best interests; and
- The principle of proportionality involves making balanced decisions about whether to share information without consent

5.6 Communication

Good communication is a basic medical skill but time constraints in primary care can challenge the delivery of personalised care. Therefore, doctors and nurses must be sensitive to the potentially coercive effects of pressurised decision-making.

The basic principle is that all individuals will be offered information about their condition and the options for treatment or support in a manner appropriate to their needs.

This will extend to the offer of information about their wider care.

Adults at risk must be supported to explore choices about their safety and wellbeing including adults who may lack capacity but who have some ability to participate in decision-making.

5.7 Safeguarding and the Government's Anti-radicalisation Prevent Strategy

Section 26 of the Counter-Terrorism and Security Act 2015 places a duty on health authorities to have 'due regard to the need to prevent people from being drawn into terrorism'.

The Act imposes a duty to consider how to prevent people from being drawn into terrorism in the exercise of their ordinary duties.

It creates no additional duties for doctors.

Health staff are placed under a general duty, as part of their ordinary work, to be alert to those who may be at risk of being drawn into terrorism and to refer as appropriate.

As the legislation makes clear, the Prevent duty exists in a 'pre-criminal space'. Its purpose is to identify those at risk of being drawn into terrorism, not to identify those who already present a terrorist threat.

5.8 Domestic Violence and Abuse (DVA)

The Practice Team at The TBD Clinic will have appropriate and up-to-date training to identify Patients whose physical or psychological symptoms indicate that they may be subject to domestic violence or abuse.

For the procedure on how to respond to domestic violence or abuse concerns or a DVA disclosure please refer to the The TBD Clinic Domestic Violence and Abuse Policy and Procedure.

Sharing Information

Sharing information with appropriate agencies can be an important part of keeping people safe. Many people who are subject to abuse are understandably anxious about information being disclosed in case it gets back to the abuser and puts them at further risk. Therefore, it is vital to be clear that, in almost all circumstances, the Patient's information will only be disclosed with their consent.

It may be appropriate for doctors to encourage disclosure where it is necessary for their protection and this can include warning about the risks of not disclosing, but doctors will ordinarily respect the wishes of adults with capacity even if their decision leaves them at risk of harm.

In exceptional circumstances, e.g. where a third party such as a child or other adult is at risk of harm, it may be necessary to share information without consent. Information will not be disclosed without consent unless there is clear evidence of immediate risk.

Some cases considered at multi-agency risk assessment conference (MARAC) meetings may constitute exceptional circumstances because MARACs discuss the most serious cases of alleged or suspected domestic abuse.

5.9 Victims of Modern Slavery

There is no typical victim of trafficking and modern slavery although many originate from areas of political instability and economic deprivation. Two thirds of victims are women, and one in four is a child. Although

potential victims have been reported from at least 100 countries of origin, the most common are the UK, Vietnam, Romania, Nigeria and China.

Signs that Might Suggest Someone is Being Trafficked

Identifying victims of trafficking in a health context is not straightforward. They are unlikely to self-identify as victims. They may be frightened, ashamed and may have poor English.

Factors to look out for include:

- The individual is accompanied by someone controlling or who insists on giving information
- The individual is withdrawn or submissive and defers to the accompanying person
- They give a vague, inconsistent or implausible account of themselves and the origins of their presenting complaint
- They are unregistered with a GP or other relevant local service
- They have moved frequently, whether nationally or internationally
- They have old or serious injuries that have not been treated properly; and/or
- They may be suffering from psychiatric or psychological distress such as PTSD

How to Respond to Concerns that Someone may be Trafficked

It is important to try to find out as much as possible about their situation, in private, without any accompanying person.

Reassure the individual that the consultation is safe and that information will not be released without consent to anyone accompanying them or to anyone other than relevant statutory services.

Offer ongoing support and explore ways in which the individual can access appropriate services although this may be difficult on a practical level.

Discuss it urgently with the Practice Safeguarding Lead where an adult is identified as having been trafficked or there is a suspicion of trafficking.

If there is a reasonable belief that the individual is at immediate risk of serious harm, taking appropriate immediate action must be considered.

5.10 Safeguarding Adults is Part of Ordinary Care

While abuse of any sort cannot be tolerated, the overwhelming concern of doctors and other health professionals is to meet the health and care needs of their Patients. It is in this day-to-day work that most support is provided to adults with care or support needs.

Exploring the Needs of Adults

A central feature of safeguarding adults in the context of ordinary care is the need for sensitive and supportive communication, particularly where factors such as poor health or problems with understanding or retaining complex or challenging information may mean that decision-making is difficult.

In addition to taking a normal medical history, it may be helpful for doctors to think more laterally, looking beyond medical concerns and exploring wider aspects of the Patient's experience, e.g. social, financial and emotional factors that may contribute to a loss of wellbeing, in order to help to establish a richer understanding of their needs and identify multiple factors – mobility issues, financial or other difficulties in providing for the necessities of life, health deficits, domestic or other abuse – that can combine to put adults at risk of serious harm.

Working with Carers

Partners and family members in long-term, non-professional care roles who are under severe and long-term stress can present a source of possible harm. Respite care and the provision of some professional care support can be important contributors to help both the carer and the adult.

Prevention as Part of Ordinary Care

Prevention is critical to safeguarding, with GP Practices needing to use targeted, effective methods for continuity of contact with adults who may be at risk, e.g. the use of flags in electronic notes, regular Practice meetings to discuss at-risk adults, successive appointments, home visits or other reminders enabling the Practice to work as a whole system in supporting adults at risk.

5.11 GP Referral Through to Adult Safeguarding Services

Overall responsibility for co-ordinating multi-agency responses to the harm or abuse of adults rests with the Local Authority.

Where adult Patients are at risk of harm due to a lack of appropriate health resources or poor clinical performance, doctors have clear responsibilities as outlined by the GMC to take action via established channels to protect Patients. This will include engaging multi-agency safeguarding services.

Multi-agency procedures can be the best way to reach agreement about how to support adults and how to

investigate the concerns of abuse or neglect.

Significant Harm

The point at which The TBD Clinic will consider involving Local Authority adult protection procedures is the concept of 'significant' harm. This is likely to include not only violent and unlawful acts, e.g. hitting, sexual abuse and harmful psychological coercion as well as any acts or omissions likely to lead to a serious impairment of physical or mental health.

Factors to take into account when considering the involvement of adult protection services include:

- The risks to the individual
- The nature and extent of the abuse
- The length of time it has been occurring
- The effect of the abuse on the individual
- The risk of repeated or increasingly serious abuse
- The likelihood that other individuals may also be put at risk
- The risk of serious harm; and
- Whether criminal offences are involved

The nature of the response and the agencies that may be contacted will vary according to circumstances and to local procedures and protocols. Therefore, The TBD Clinic must check that they are using current local procedures, Local Authority adult protection leads and multi-agency adult protection panels.

Serious Crime

Where health professionals suspect that a serious crime may have been, or is about to be, committed, action should be taken as a matter of urgency. Although health professionals owe a duty of confidentiality to all their Patients, this duty is not absolute.

Adults with decision-making capacity have the freedom to decide how best to manage the risks to which they are exposed, including whether to be referred through multi-agency procedures.

Where other individuals may be at harm or where there is concern that a serious crime may be, or may have been, committed, referral must be made using appropriate procedures.

In these circumstances, The TBD Clinic must discuss the matter with the Social Services Adult Protection Team as a matter of urgency and it may also be necessary to contact the police direct.

5.12 When to Report Concerns about Patient Safety

Ensuring that people are kept as safe as possible may involve identifying:

- Abusers and working to ensure that adults are protected from them; and
- Both systemic failures and poor professional performance which can lead to harm

Health Systems and Poor Resources

Where systemic problems or poor performance are identified and early intervention has not been successful at minimising harm, in its Good Medical Practice guidance, the GMC states in relation to concerns about Patient safety:

“If you have good reason to think that patient safety is or may be seriously compromised by inadequate premises, equipment, or other resources, policies or systems, you should put the matter right if that is possible. In all other cases you should draw the matter to the attention of your employing or contracting body. If they do not take adequate action, you should take independent advice on how to take the matter further.”

In relation to concerns about the conduct and performance of colleagues, the GMC states:

“You must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. If you have concerns that a colleague may not be fit to practise, you must take appropriate steps without delay, so that concerns are investigated and patients protected where necessary.”

Information Gathering

Where there are concerns about colleagues, or about the impact of services on Patient safety, The TBD Clinic may first need to gather information to establish the facts, taking Patient confidentiality into consideration as appropriate.

If Patients are at risk, health professionals have a responsibility to act in accordance with Practice and Commissioner procedures for dealing with concerns about health services and individual performance.

The GMC has final responsibility for doctors' performance. Concerns can be discussed with the GMC on an anonymous basis to obtain advice on how to proceed. However, where Patients are at risk, it is likely to be

necessary to refer the matter formally to the GMC for further action.

Freedom to Speak up and Whistleblowing

If the above remedies have left Patients still at risk, it may be necessary to raise the issue more widely. The TBD Clinic encourages staff to speak up by 'whistleblowing', which may involve providing information to the media or MPs. The Public Interest Disclosure Act protects whistleblowers who disclose information 'in good faith' to a manager or employer. In the NHS, disclosure in good faith to the Department of Health is protected in the same way provided that it is reasonable, not made for gain and meets these conditions:

- Whistleblowers reasonably believe that they would be victimised if they raised the matter internally or with a prescribed regulator
- They believe a cover-up is likely and there is no prescribed regulator; and
- They have already raised the matter internally or with a prescribed regulator

5.13 Practice Safeguarding Adults Lead

The Practice's Safeguarding Adults Lead who is Georgia Tuckey:

- Implements the Safeguarding Adults Policy and Procedure
- Ensures that the Practice meets contractual guidance
- Ensures safe recruitment procedures
- Supports reporting and complaints procedures
- Advises Practice Team members on any concerns they have
- Ensures that Practice Team members receive adequate support when dealing with safeguarding adults concerns
- Leads on analysis of relevant significant events
- Determines training needs and ensures that these are met and up to date
- Makes recommendations for change or improvements in practice policy and procedure
- Acts as a focus for external contacts; and
- Meets regularly with other members of the Primary Healthcare Team to review and update the Safeguarding Adults Register and discuss particular concerns

5.14 Consent

When reporting information that directly concerns the safety of an adult at risk of harm, consent from the Patient is not required. However, informing the Patient of your concerns and your referral is good practice unless it would put you or your colleagues at risk or it would put the adult at further risk. When reporting to , allegations or concerns about an adult at risk of harm, must be informed whether the Patient is aware of the report. In reporting all suspected or confirmed cases of harm, an employee has a responsibility to act in the best interest of the Patient but still operate within the relevant legislation and the parameters of the codes and standards of their practice.

5.15 Audit and Compliance

It is essential that the implementation of this policy and associated procedures is audited to ensure that The TBD Clinic is doing all it can to safeguard those people receiving its services. The audit of this policy will be completed through a systematic audit of:

- Recruitment procedures and Disclosure and Barring Checks
- Audits of incident reporting, frequency and severity
- Audit of training processes, including reviews of uptake of training and evaluations

Safeguarding concerns and incidents will be reviewed by the Senior Management Team as part of root and cause analysis with the following terms of reference:

- Review incident themes
- Reports from the lead responsible for safeguarding within The TBD Clinic
- Look in detail at specific cases to determine learning or organisational learning
- Ensure implementation of the Safeguarding Adults Policy and Procedure

5.16 Whistleblowing

Whistleblowing is an important aspect of the support and protection of adults at risk of harm where staff are encouraged to speak up and share genuine concerns about a colleague's behaviour. Their behaviour may not be related to an adult at risk, but they may not be following the Code of Conduct or could be pushing

boundaries beyond normal limits or displaying conduct which is a breach of the law, conduct which compromises health and safety or conduct which falls below established standards of practice with adults at risk.
The TBD Clinic has a clear Whistleblowing Policy and Procedure in place which staff are frequently reminded about, and they must be familiar with and understand how to escalate and report concerns.

6. Definitions

6.1 MARAC

- Multi-Agency Risk Assessment Conference. The Domestic Violence MARAC is a meeting where agencies talk about the risk of future harm to people experiencing domestic abuse and, if necessary, their children and draw up an action plan to help manage that risk

6.2 Domestic Violence and Abuse (DVA)

- Domestic abuse is the misuse of power and the exercise of control by a person(s) over another, usually within the context of an intimate relationship or within a family
- Domestic abuse occurs in all groups and sections of society and may be experienced differently, due to, and compounded by, race, sexuality, disability, age, religion, culture, class or mental health

6.3 Case Review

- The term ‘case review’ applies to the range of multidisciplinary adult safeguarding meetings

6.4 Significant Harm

- Significant harm is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health

6.5 Adult at Risk

- Any person who is aged 18 years or over and at risk of abuse, harm or neglect because of their needs for care and/or support and are unable to safeguard themselves

6.6 Adult

- An individual who is 18 years of age or over

6.7 Adult Safeguarding

- To work with an individual to protect their right to live in safety, free from abuse, harm and neglect. This can include both proactive and reactive interventions to support health and wellbeing with the engagement of the individual and their wider community. The aim is to enable the individual to live free from fear and harm and have their rights and choices respected

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Key Facts - Professionals

Professionals providing this service should be aware of the following:

- The priority in adult safeguarding is to actively promote the independence and wellbeing of individuals
- People with care and support needs are not always at risk of abuse or neglect
- Safeguarding adults is a part of good medical care, linked to both Patient safety and overall wellbeing
- Abuse and neglect can take many forms and the distinction between them is not always clear. Intent is not the issue - abuse is not based on whether the perpetrator intended to harm the individual, but whether harm was caused and its impact on the individual
- Decision-making in relation to adults who lack capacity is governed in England and Wales by the Mental Capacity Act 2005
- Health professionals owe the same duty of confidentiality to all their Patients regardless of age, vulnerability or the presence of disability
- Good communication is a basic medical skill; this is common to all discussions between doctors and Patients regardless of whether it concerns safeguarding issues
- Capacity is a vital concept in relation to the care and treatment of adults who may be at risk
- Doctors who are likely to work with adults at risk of abuse must be familiar with all local procedures and have up-to-date resources to hand for referral or advice when required
- A key component of safeguarding is ensuring that people are kept as safe as possible, identifying abusers and working to ensure that adults are protected from them as well as systemic failures and poor professional performance which can lead to harm where early intervention systems designed to identify and protect adults at risk have failed
- Identifying victims of trafficking in a health context is not straightforward and involves risk assessment for both the doctor or nurse as well as the Patient
- It is in the day-to-day work that most support is provided to adults with care or support needs. Therefore, while abuse of any sort cannot be tolerated, the overwhelming concern of doctors and other health professionals is to meet the health and care needs of their Patients
- A key question for health professionals is the point at which they should consider involving Local Authority adult protection procedures: a useful starting point is the concept of 'significant' harm
- The Counter-Terrorism and Security Act 2015 places a general duty on health staff - as part of their ordinary work - to be alert to those who may be at risk of being drawn into terrorism and to refer as appropriate. It creates no new duties for doctors

Key Facts - People affected by the service

People affected by this service should be aware of the following:

- Safeguarding adults means protecting your health, wellbeing and human rights which will make sure that you live safely, free from abuse and neglect
- If you think you are at risk of harm or abuse, are being harmed or abused or have been harmed or abused you can talk to our Safeguarding Lead. If you would rather talk to your doctor or anyone else who works in our Practice, our staff all have been trained and will be able to make sure that they can get the help and support you need
- Adult safeguarding is about people and organisations working together to prevent and reduce both the risks and experience of abuse or neglect

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Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

SCIE - Highlights - Safeguarding adults:
https://www.scie.org.uk/safeguarding/adults/introduction/highlights
National FGM Centre:
https://nationalfgmcentre.org.uk/breast-flattening/
Hourglass - Safer ageing, stopping abuse:
https://wearehourglass.org/
Department of Health and Social Care - Safeguarding Adults Protocol - Pressure Ulcers and the interface with a Safeguarding Enquiry:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/675192/CSW_ulc
NHS England - Prevent Training and Competencies Framework:
https://www.cumbria.gov.uk/elibrary/Content/Internet/537/6683/6687/17169/42977111912.pdf
Home Office - Criminal Exploitation of Children and Vulnerable Adults - County lines guidance:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741194/HOCount
HM Government - FGM Resource Pack: https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack
One Chance Rule - Honor Based Violence:
https://www.safelives.org.uk/sites/default/files/resources/One%20Chance%20Rule.pdf
ARCUK - Mate Crime - Easy read booklet: https://arcuk.org.uk/safetynet/files/2012/08/Friend-or-Fake-Booklet.pdf
Safer Places - Domestic Abuse Support Services:
https://www.saferplaces.co.uk/
GOV.UK - Domestic Abuse Act: Factsheet:
https://homeofficemedia.blog.gov.uk/2021/04/29/domesticabuseactfactsheet/
GPG10 - Whistleblowing Policy and Procedure
GCR19 - Domestic Violence and Abuse Policy and Procedure

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Outstanding Practice

To be ' outstanding ' in this policy area you could provide evidence that:

- The Practice Team understands the usual requirement for confidentiality and when it is appropriate to share information to prevent significant harm to an adult at risk
- Staff members show awareness of the internal arrangements for recording and handling a safeguarding adult concern, how this is included within the Practice's Safeguarding Adults Policy and Procedure and the purpose of safeguarding meetings to review and update the Safeguarding Register
- The Practice Team understands the role of the Practice Adult Safeguarding Lead both internally and in respect of the external process for reporting adult safeguarding concerns according to local procedures
- Doctors and nurses assess the holistic needs of the Patient by looking at their wider welfare considerations as well as their health requirements in whatever setting they see the Patient
- There is a zero-tolerance approach to abuse, unlawful discrimination and restraint including neglect, subjecting people to degrading treatment, unnecessary or disproportionate restraint or deprivation of liberty if this is suspected or detected
- There are robust procedures and processes in place to identify abuse and prevent people from harm or, if harm is suspected or detected, to take appropriate action without delay by making contact with the right people at the right time using the correct templates and providing accurate and relevant information
- Staff induction training includes individual awareness of how to identify an adult at risk of actual or potential abuse and how to work within the team to report it including information gathering and where whistleblowing to prevent harm that is identified but not being addressed may be necessary
- The Practice Team individually understands the definition of an adult at risk, the types of abuse to which they may be subject and the signs, symptoms and behaviour that they may demonstrate or present and why a risk assessment may be necessary before taking any action in order to keep the adult at risk, or other members of the Practice Team, safe from harm
- The wide understanding of the policy is enabled by proactive use of the QCS App

Forms

The following forms are included as part of this policy:

Title of form	When would the form be used?	Created by
Safeguarding - A Quick Guide for Staff - GCR05	In team meetings, supervision or training.	QCS
Cuckooing and County Lines Fact Sheet - GCR05	During training or supervision or team meetings.	QCS
Safeguarding Adults Case Register - GCR05	To record all Safeguarding Adult cases	QCS
Safeguarding Adults Meeting Template - GCR05	To record a Safeguarding Adult case meetings	QCS

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What is Adult Abuse?

Abuse is mistreatment by any other person or persons that violates a person's human and civil rights. The abuse can vary from treating someone with disrespect in a way which significantly affects the person's quality of life, to causing actual physical suffering.

Abuse can happen anywhere – at home, in a residential or nursing home, a hospital, in the workplace, at a day centre or educational establishment, in supported housing, in the street, online.

What Does Safeguarding Mean?

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.

What Should you do if you are Concerned that Someone is Being Abused or is at Risk of Abuse?

- **Act** - don't assume that someone else is doing something about the situation. **Doing nothing is not an option!**
- If anyone is injured get a doctor or ambulance
- If you think a criminal offence has been committed call the **Police** on **999**
- Speak to your manager as soon as possible. If you think no action has been taken, escalate to a more senior manager. If you are still concerned follow your **Whistleblowing Policy**. You should always follow your local safeguarding procedures. Ask your manager if you aren't sure what they are
- Make a note of your concerns, what happened and any action you take so that you can tell your manager. Think about **Who?** (is involved) **What?** (has happened) **Where?**(did it take place). Be careful what you write in the visit log as this may be seen by others

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What are the Types of Abuse?

The Care Act 2014 defines the different types of abuse. It is not intended to be an exhaustive list but a guide to the sort of behaviour which could trigger a safeguarding concern:

Types of Abuse	Types of Behaviours
Physical Abuse	Assault, hitting, slapping, pushing, misuse of medication, restraint, inappropriate physical sanctions
Sexual Abuse	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
Financial or Material Abuse	Theft; fraud or exploitation; pressure regarding Wills, property, or inheritance; misuse 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
Domestic Violence and Abuse	Psychological, physical, sexual, financial, emotional abuse, 'honour' based violence
Neglect	Ignoring medical or physical care needs; preventing access to health, social care, or educational services; withholding the necessities of life, such as food, drink, or heating
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
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
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

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What are County Lines?

"County lines" is a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other forms of “deal lines”. They are likely to exploit children and vulnerable adults to move and store the drugs and money and they will often use coercion, intimidation, violence (including sexual violence) and weapons. County lines activity and the associated violence, drug dealing, and exploitation has a devastating impact on young people, vulnerable adults and local communities.

Gangs typically use children and adults at risk of harm to transport and/or deal drugs to customers. These victims are recruited using intimidation, deception, violence, debt bondage or grooming. During this process the ‘victims’ are likely to commit criminal offences.

Who does it Affect?

The term vulnerable adults is used here in the context of ‘vulnerable to harm or abuse’. They do not need to be receiving social care or support to be vulnerable. Some vulnerabilities are outlined in this fact sheet.

County Lines Exploitation:

- Can affect any child or young person (male or female) under the age of 18 years
- Can affect any vulnerable adult over the age of 18 years
- Can still be exploitation even if the activity appears consensual
- Can involve force and/or enticement-based methods of compliance and is often accompanied by violence or threats of violence
- Can be perpetrated by individuals or groups, males or females, and young people or adults; and
- Is typified by some form of power imbalance in favour of those perpetrating the exploitation. Whilst age may be the most obvious, this power imbalance can also be due to a range of other factors including gender, cognitive ability, physical strength, status, and access to economic or other resources

One of the key factors found in most cases of county lines exploitation is the presence of some form of exchange (e.g. carrying drugs in return for something). Where it is the victim who is offered, promised or given something they need or want, the exchange can include both tangible (such as money, drugs or clothes) and intangible rewards (such as status, protection or perceived friendship or affection). Some of the factors that heighten a person’s vulnerability include:

- Having prior experience of neglect, physical and/or sexual abuse
- Lack of a safe/stable home environment, now or in the past (domestic violence or parental substance misuse, mental health issues or criminality, for example)
- Social isolation or social difficulties
- Economic vulnerability
- Homelessness or insecure accommodation status
- Connections with other people involved in gangs
- Having a physical or learning disability
- Having mental health or substance misuse issues
- Being in care (particularly those in residential care and those with interrupted care histories)
- Being excluded from mainstream education, in particular attending a Pupil Referral Unit

What Happens?

- Once in debt to a dealer, they will be encouraged to sell drugs to pay the debt off
- The gang will ensure the debt is never fully paid off and the victim can quickly become trapped in

a cycle where their only option is to commit further crime

- The more crime they commit, the less likely they are to tell someone what is happening or seek help
- They will be dispatched to travel to other parts of the country where they are not known to police or social services and can essentially fly under the radar
- During this time away from home they are highly at risk of coming to further harm at the hands of people they are dealing to or rival local drug dealers

Older people may become exploited to also traffic drugs, weapons and cash but additionally their homes might get taken over by gangs needing somewhere to hide drugs or deal from. Adults with mental or physical disabilities, adults with addictions or adults who are particularly elderly may experience ‘cuckooing’ where the gang takes over their home

- Other victims include the relatives of the exploited person who ‘lose’ their loved one to a criminal gang, and the communities where the drug dealing and associated violence is exported to

What are the Signs in Adults?

In adults, signs of ‘cuckooing’ can include:

- A loved one or neighbour not being seen for some time
- Unknown visitors and vehicles to their house at unusual times
- Exchanges of cash or packages outside their home
- Open drug use in the street; damage and deterioration to the appearance of their home
- A change in their own personality or behaviour and appears nervous, worried or intimidated

What Should you Do?

If you are worried that a person is at immediate risk of harm you should also contact the police: your local safeguarding team or, in the case of a child, your local safeguarding partner (the group of Local Authority, CCG and Police. Refer to 'Working Together to Safeguard Children 2018' for more information)

References

Serious Violence Strategy April 2018:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698009/serious-violence-strategy.pdf

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Patient NHS or identifying Number	Date added to Register	Date of MDT Meeting	Summary	Safeguarding Lead Actions	Due Date	Completed?

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Date of Safeguarding Meeting	
Patient's NHS Number	
Patient's Date of Birth	
Patient's Full Name	
Patient's Address	
Person raising the safeguarding concern	
Name of the Safeguarding Lead	
Names and job roles of others present at this meeting	
Is this a new safeguarding concern?	Yes or No
Summary of the safeguarding concerns	e.g. Summary of contacts with surgery, information on A&E attendance, all safeguarding information important to the meeting such as any mental health problems, substance misuse and domestic abuse
Date of their last contact with the Practice	
Other household members involved, and if they are also registered	
Are any children involved?	Yes or No – give details
Are there any concerns for a child that require interim discussion with another healthcare professional?	e.g. Midwife, Health Visitor, School Nurses
Has the concern been reported to the local Safeguarding Team?	Yes or No
Safeguarding Read Code entered on the patient's record?	Yes or No
Safeguarding Concerns Read Code entered on any household member's record?	Yes or No

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Is record sharing considered and set appropriately for anyone named in this meeting?	Yes or No
Actions to be taken from this meeting	
Action by	Date
Signed by Safeguarding Lead	