Morecambe Bay

Primary Care Collaborative

Safeguarding Adults Policy

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Purpose	The purpose of this policy is to outline the duty and responsibility of staff working on behalf of the organisation in relation to Safeguarding Vulnerable Adults.
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CONTENTS

1. INTRODUCTION

1.1 Summary

The Care Act 2014 sets out the first ever statutory framework for adult safeguarding. Local Authorities are required to make enquiries into allegations of abuse or neglect. Safeguarding is mainly aimed at people with care and support needs who may be in vulnerable circumstances and at risk of abuse or neglect by others. In these cases, local services must work together to identify those at risk and take steps to protect them.

"The support and protection of adults cannot be achieved by a single agency; every service has a responsibility". Safeguarding is a shared responsibility. The MBPCC team is not responsible for making a diagnosis of adult abuse and neglect; however, is responsible to share concerns appropriately and refer onto the relevant agency responsible for carrying out an assessment of need based on the safeguarding allegations. Social care takes the lead in adult safeguarding, but primary care is key in identifying adults at risk, and therefore reporting abuse or potential abuse to the local safeguarding adult's team.

Recognising that a patient is at risk is the first step before understanding that they may need more time or help in accessing healthcare according to their needs. This document provides guidance for staff to ensure the principles of safeguarding adults are embedded in all aspects of MBPCC practice.Should you have any suspicions or concerns relating to Adult Protection, contact the Medical Director as Designated Safeguarding Lead mbpcc.gpfed@nhs.net or call the head office on 01524 244348.

1.2 Purpose

The aim of this policy is to ensure that throughout the work of all MBPCC we will safeguard and promote the welfare of adults with care and support needs. We aim to do this by ensuring that we comply with statutory and local guidance for safeguarding and by ensuring safeguarding the rights of adults with care and support needs is integral to all we do.

This policy provides guidelines to:

- Enable staff to define abuse and recognise and understand how abuse can occur
- Enable staff to respond positively and appropriately to incidences of actual or suspected adult abuse
- Ensure that safeguarding adult concerns and enquiries are dealt with appropriately
- Ensure that all staff act in accordance with MBPCC Adult Safeguarding Policy and the relevant protocols
- Ensure that there is a consistent and effective response to safeguarding concerns.

MBPCC will provide learning opportunities and make provision for appropriate safeguarding adults training to all staff and partners. This policy will be made widely accessible to staff and partners and regularly reviewed.

This policy addresses the responsibilities of all MBPCC employees and those with whom we have arrangements. It is the responsibility of the MBPCC CEO and the MBPCC lead for safeguarding, to brief employees on their responsibilities under the policy.

MBPCC recognise that safeguarding adults is a shared responsibility with the need for effective joint working between agencies and professionals, with acknowledgement of different roles and expertise if the adult at risk is to be protected from harm. In order to achieve effective joint working, there must be constructive relationships at all levels, promoted and supported by:

- the commitment of all staff, at all levels within MBPCC to safeguarding and promoting the welfare of adults with care and support needs.
- clear lines of accountability within MBPCC for work on safeguarding.
- service developments that take account of the need to safeguard and promote the welfare of adults and is informed, where appropriate, by the views of the adult and their families where appropriate;
- staff training and continuing professional development so that staff have an understanding of their roles and responsibilities and those of other professionals and organisations in relation to safeguarding adults.
- Safe working practices including recruitment and vetting procedures.
- Effective interagency working, including effective information sharing.

1.3 Scope

This policy applies to all MBPCC employees and directors.

From time-to-time MBPCC may utilise the resources of sub-contractors to deliver contractual obligations. For avoidance of doubt, where a sub-contractor is providing care to patients, as laid out in the contracts between MBPCC and subcontractors, they are solely responsible for delivery of the regulated activity they are providing and must ensure all their employees operate under their own policies which must meet the relevant CQC standards. MBPCC will seek assurance from all sub-contractors that suitable policies are in place and may at their discretion request copies of any relevant policies for review and for verification. In such cases this policy document does not apply.

1.4 Breaches of Policy

For employees, failure to adhere to the Safeguarding Adults Policy could lead to dismissal or constitute gross misconduct. For others (volunteers, supporters, donors, and partner organisations) their individual relationship with MBPCC may be terminated.

2. PROCEDURE

2.1 Why is safeguarding necessary in general practice?

GPs remain the first point of contact for most people with health problems, this sometimes includes families who are not registered but seek medical attention. Adults with care and support needs are part of the general practice population and should be registered with a general practitioner ; it is important that a coordinated approach is taken in response to management of their health needs.

Safeguarding adults is a complex area of practice. The client group is extremely wide, ranging from adults who are incapable of looking after any aspect of their lives, to individuals experiencing a short

period of illness or disability. A wide range of services and service providers can also be involved, making it difficult to identify those with responsibility. Safeguarding adults is everybody's responsibility.

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.

A GP may be the first to recognise an individual's health problems or carer related stress issues, or someone whose behaviour may pose a risk to adults with care and support needs. The primary health care team may be the only professionals to have contact with adults with care and support needs and it is important that any response taken is appropriate and timely.

The long-term effects of abuse are widely documented and include a range of physical, psychological, emotional and social effects, early detection and intervention where appropriate is paramount.

It is crucial that a holistic approach is taken with families when treating a patient or carer who may be experiencing domestic abuse, mental health or learning difficulties or where there is substance misuse (including alcohol). This includes ensuring that the needs of the individual and any adults they are caring for are assessed and that referral on to appropriate services such as social care is considered.

MBPCC have a duty of care for all those to whom they provide care and services. This includes ensuring their safety on GP premises and minimising any risk presented by MBPCC staff, including GPs, and by having in place within MBPCC, guidance for safe recruitment practices, procedures for managing allegations against workers and whistle blowing procedures that reflect the policies within Lancashire and Cumbria Safeguarding Adults Boards websites.

2.2 Key Definitions

Adult Safeguarding

The Department of Health (2011) have agreed best practice principles for safeguarding adults have been embedded in the Care Act 2014 and should be utilised to provide a benchmark for achieving good outcomes for patients.

Principle 1: Empowerment - People being supported and encouraged to make their own decisions and informed 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 - It is better to take action before harm occurs.

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.

Principle 4: Proportionality - The 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 adults with care and support needs.

Principle 6 – Accountability: Accountability and transparency in safeguarding practice

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.

Making Safeguarding Personal

In addition to these principles, Making Safeguarding Personal (MSP) is about engaging with people to understand what outcomes they wish to achieve from a safeguarding response, by seeking to achieve a personalised approach to safeguarding, where safeguarding is done in partnership with someone and not 'done to them'. The aim is to focus practice on achieving an improvement to people's circumstances which is meaningful to them, and their own wishes and preferences should be acted on as far as possible, in keeping with the principles it sets out.

Adult at Risk

The Care Act 2014 defines safeguarding duties which apply to an adult who

- Has needs for care and support (whether or not the local authority is meeting any of those needs)
- Is experiencing, or at risk of neglect or abuse

- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

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 abuse, physical frailty or chronic illness, sensory impairment, challenging behaviour, drug or alcohol problems.

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 (Care Act 2014).

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.

Adults with capacity

A person's ability to make a particular decision may be affected by:

- Duress and undue influence.
- Lack of mental capacity.

There may be a fine distinction between a person who lacks the mental capacity to make a particular decision and a person whose ability to make a decision is impaired, e.g. by duress of undue influence. Nonetheless, it is an important distinction to make

Safeguarding interventions must ensure that when an adult with mental capacity takes a decision to remain in an abusive situation, they do so without duress or undue influence, with an understanding of the risks involved, and with access to appropriate services should they change their mind. The exception to this principle would occur in situations where the decision may have been influenced by threat or coercion and consequently lack validity and need to be over-ridden.

The Royal College of General Practitioners, with IRIS and CAADA have produced guidance for general practices to help them respond effectively to patients experiencing domestic abuse. The guidance includes key principles to help practices develop a domestic abuse policy. Safe Lives have also developed a number of resources for GP practices. The Association of Directors of Adult Social Services (ADASS) have also published guidance on making the connection between domestic abuse and adult safeguarding where they should be considered in tandem due to the overlap.

Following this guidance will support the knowledge and confidence of professionals so that the complexities of working with people who need care and support and who are also experiencing/reporting domestic abuse are better understood and better outcomes for people can be achieved as a result. It also makes links with children's safeguarding where adult safeguarding and domestic abuse are being addressed and children are involved or present as family members. Professionals have a duty to refer to children's services, using local policies and procedures, even if the adult victim chooses not to, or is not able to, accept help for themselves. This policy must be read in conjunction the Domestic Violence and Abuse Policy. Lancashire Victim Services website can also be accessed here.

Adults who are or may be eligible for social care or health services and whose independence and well-being is at risk due to abuse can expect arrangements to be made that will promote their safety, independence and well-being in both the short and longer term. All adults should have wherever possible: -

- The right to be safeguarded from abuse
- Their needs regarded as paramount
- The right to be taken seriously
- To be offered independent advocacy and/or support and be kept informed of safeguarding processes and outcomes, as appropriate
- The right to appropriate information on the safeguarding adult process
- The right to privacy and confidentiality throughout the safeguarding process, except where there is a requirement to override
- The right to be involved in decisions regarding themselves, made as a result of the safeguarding process

Any intervention to protect an adult must be carried out with the consent of the adult concerned, there may be occasions where their consent may not be valid, due to consent needing to be over-ridden by an agency's duty to protect others.

Lack of mental capacity for a specific decision

The Mental Capacity Act (MCA) 2005 provides a statutory framework that underpins issues relating to capacity and protects the rights of individuals where capacity may be in question. MCA implementation is integral to safeguarding adults.

The five principles of the MCA must be followed and are directly applicable to safeguarding:

1. **A person must be assumed to have capacity unless it is established that he/she lacks capacity.** Assumptions should not be made that a person lacks capacity merely because they appear to be vulnerable.
2. **A person is not to be treated as unable to make a decision unless all practicable steps to help him/her do so have been taken without success.** Empower patients to make decisions about managing risks e.g., use communication aides to assist someone to make decisions; choose the optimum time of day where a person with cognitive impairment may best be able to evaluate risks.
3. **A person is not to be treated as unable to make a decision because they make an unwise decision.** Patients will wish to balance their safety with other qualities of life such as independence and family life. This may lead them to make choices about their safety that others may deem to be unwise, but they have the right to make those choices.
4. **An act or decision made under this Act for or on behalf of a person who lacks capacity must be done, or made, in the patients best interests.** Best interest decisions in safeguarding take account of all relevant factors including the views of the patient, their values, lifestyle and beliefs and the views of others involved in their care.
5. **Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's right and freedom of action.**

Where a person lacks capacity to make a decision, any use or restriction and restraint must be necessary and proportionate and to prevent harm to that person. Safeguarding interventions need to balance the wish to protect the patient from harm with protecting other rights such as right to family life.

All interventions in safeguarding adults must be:-

- lawful
- proportionate to the risk
- respectful of the wishes of the person at risk with regard to their human rights

2.3 Safeguarding Adults Policy

Statement of Responsibilities

MBPCC Directors

- To ensure that safeguarding adults is integral to clinical governance and audit arrangements within MBPCC.
- Ensure that MBPCC meets the contractual and clinical governance arrangements on safeguarding adults.
- To ensure that all staff in contact with adults with care and support needs are alert to the potential indicators of abuse or neglect, and know how to act on those concerns in line with local guidance.

MBPCC CEO

- To ensure that MBPCC operates safe recruitment processes in line with national and local guidance including disclosure and barring and managing allegations against staff.
- Ensure safeguarding responsibilities are reflected in all job descriptions.

MBPCC Safeguarding Lead

MBPCC safeguarding lead is Dr Steve McQuillan, Medical Director mbpcc.gpfed@nhs.net or call the head office on 01524 244348.

Their role is to:

- Act as a focus for external contacts on safeguarding adult and Mental Capacity Act matters; this may include requests to contribute to sharing information required for adult reviews, domestic homicide reviews, multi-agency/ individual agency reviews and contribution to safeguarding investigations where appropriate;
- Disseminate information in relation to safeguarding adults/Mental Capacity Act to all practice members;
- Act as a point of contact for practice members to bring any concerns that they have, to document those concerns and to take any necessary action to address concerns raised.
- Assess information received on safeguarding concerns promptly and carefully, clarifying or obtaining more information about the matter as appropriate.
- Facilitate access to support and supervision for staff working with adults with care and support needs and their families.

- Ensure that MBPCC team completes MBPCC's agreed incident forms and analysis of significant events forms as per the MBPCC Incident Investigation and Management Policy.

Their responsibilities are to:

- Be fully conversant with MBPCC safeguarding adult policy, the policies and procedures of Lancashire and Cumbria Safeguarding Adult Boards; and the integrated processes that support safeguarding.
- Be responsible for facilitating training opportunities for individual staff groups.

Individual staff members, including employed staff and volunteers

- To be alert to the potential indicators of abuse or neglect for adults with care and support needs and know how to act on those concerns in line with national guidance for Lancashire/ Cumbria & North Yorkshire safeguarding adult procedures;
- To be aware of and know how to access Lancashire/Cumbria & North Yorkshire Safeguarding Adults Board's policies and procedures via relevant Board websites.
- To take part in training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding adults and implementation of the Mental Capacity Act.
- Understand the principles of confidentiality and information sharing in line with local and government guidance;
- To contribute, when requested to do so, to the multi-agency meetings established to safeguard and protect adults with care and support needs.
- To minimise any potential risk to adults with care and support needs.

2.4 Recognition of the Abuse and Neglect of Adults with Care and Support Needs

Safeguarding duties have a legal effect in relation to all organisations. The aim of safeguarding is to prevent harm and reduce the risk of abuse or neglect and to stop or prevent abuse or neglect wherever possible. 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. Professionals should work with the adult at risk to establish what being safe means to them.

Consideration needs to be given to a number of factors; abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act or it may occur when a person is persuaded to enter into a financial or sexual transaction to which he or she has not consented to or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. The following categories of abuse are taken directly from the Care Act.

Categories of Abuse

Physical abuse: including assault, hitting, slapping, pushing and misuse of medication, restraint or inappropriate physical sanctions.

Domestic abuse: including psychological, physical, sexual, financial, emotional abuse; so- called 'honour' based violence, forced marriage or female genital mutilation. The cross-government definition of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

Sexual abuse: including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

Psychological abuse: including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse: including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Modern slavery: encompasses slavery, human trafficking and 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. The Modern Slavery Act 2015 was introduced in the UK with the intention of combatting slavery and human trafficking and provides law enforcement the tools to fight modern slavery; ensuring perpetrators can receive suitably severe punishments for these crimes and enhance support and protection for victims.

Discriminatory abuse: including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

Organisational abuse: including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission: including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Self-neglect: covers a wide range of behaviour, neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding. Self-neglect may not prompt a section 42 enquiry however an assessment will be made on a case-by-case basis. A decision as to whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when the individual is no longer able to do this without external support.

It is important to note that any or all of these types of abuse may be perpetrated as the result of deliberate intent, negligence or ignorance.

PREVENT

Radicalisation is defined as the process by which people (children or adults) begin to support terrorism and violent extremism and in some cases, to then participate in terrorist groups. Radicalisation is the process where someone has their vulnerabilities or susceptibilities exploited towards crime or terrorism – more often by a third party, who has their own agenda; this may take place face to face or via social media or the internet

PREVENT is a vital part of the UK's counter-terrorism strategy, to stop people becoming terrorists or supporting terrorism. It seeks to:

- Respond to the ideological challenge of terrorism and aspects of extremism, and the threat we face from those who promote these views.
- Provide practical help to prevent people from being drawn into terrorism and ensure they are given appropriate advice and support.
- Work with a wide range of sectors where there are risks of radicalisation and a multi-agency approach is needed including education, criminal justice, faith, charities, the internet and health.

Prevent addresses all forms of terrorism, including Far Right extremism and some aspects of non-violent extremism. Work is conducted with the Police, Local Authorities, Government Departments and health services.

Channel is a multi-agency process within Prevent, which aims to support those who may be vulnerable to being drawn into violent extremism. It works by Identifying individuals who may be at risk, assessing the nature and extent of the risk; and where necessary, referring cases to a multi-agency panel which decides on the most appropriate support package to divert and support the individual at risk.

Channel aims to draw vulnerable individuals away from violent extremism before they become involved in criminal activity. Partnership working and effective information sharing is crucial in ensuring that multi-agency partners are able to build a comprehensive picture of an individual's vulnerability and therefore provide the appropriate type and level of support to safeguard the individual at risk.

Healthcare professionals may meet and treat people who are vulnerable to radicalisation. People with mental health issues or learning difficulties may be more easily drawn into terrorism. We also know that people connected to the health sector have taken part in terrorist acts.

The key challenge for the health sector is to be vigilant for signs that someone has been or is being drawn into terrorism. General Practitioners and their staff often remain the first point of contact for most people and are in a prime position to safeguard those people they feel may be at risk of radicalisation.

The GP Practice Safeguarding/Prevent Lead will advise and signpost in raising concerns following the referral pathway in line with the policy and procedure.

It is important to note that Prevent operates within the pre-criminal space and is aligned to the multi-agency safeguarding agenda.

- **NOTICE** – if you have a cause for concern about someone, perhaps their altered attitude or change in behaviour
- **CHECK** - discuss concern with appropriate other (safeguarding lead)
- **SHARE** – appropriate, proportionate information (safeguarding lead/police)

2.5 What To Do If You Have Concerns About an Adult's Welfare

Responding to an adult who tells you about abuse

Concerns about the wellbeing and safety of an Adult at Risk must always be taken seriously; this includes situations where the alerter remains anonymous.

A worker, who is either directly or indirectly involved, who first becomes aware of concerns of abuse must report those concerns as soon as possible and in any case within the same working day to the relevant senior manager/safeguarding lead within MBPCC.

When an adult makes a disclosure, it is important to reassure the adult at risk that the information will be taken seriously.

Give them information about what steps will be taken also including any emergency action to address their immediate safety or well-being.

If an adult in need of protection or any other person makes an allegation to you asking that you keep it confidential, you should inform the person that you will respect their right to confidentiality as far as you are able to, but that you are not able to keep the matter secret and that you must inform your manager/safeguarding lead within MBPCC and the Local Authority safeguarding team.

If it is thought a crime could have been committed. It is important that you do not contact the alleged perpetrator or anyone that might be in touch with them. The disclosed information must be recorded in the health care records in the way that the adult at risk describes the events, as this information could be required at a later stage to support the investigation.

The human rights and views of the adult at risk should be considered as a priority, with opportunities for their involvement in the safeguarding process to be sought in ensuring that the safeguarding process is person centred.

Making Safeguarding Personal means that safeguarding should be person led, engaging the individual in a conversation about how best to respond to their safeguarding situation, in a way that enhances their involvement choice and control as well as improving quality of life. Ability to consent to the safeguarding process should be determined by the person's mental capacity at that specific time in their understanding of risk and consequences of their situation. In determining validity of consent to making a safeguarding adult alert, the possibility of threat or coercion from others should also be explored and considered.

There may be instances where a safeguarding alert can be made without an adult at risk's consent. This could include circumstances where others could be at risk if the alert is not made or instances where a crime may have been committed; this is known as a public interest disclosure, to share information. In circumstances where information is shared using public interest disclosure the alerter must be able to justify their decision to raise an alert in that information is accurate, shared in a timely manner and necessary and proportionate to the identified risk. If in doubt about making

an alert, the case can be discussed with a senior colleague/line manager, safeguarding practice lead or a member of the safeguarding team. (See Appendix 1 for contact details)

Anyone who is unsure as to whether abuse has occurred should make an alert in order for the relevant information to be gathered and a decision made about the appropriate course of action. Advice can be sought from the MBPCC Safeguarding Lead/CCG safeguarding team / LCFT safeguarding team and by contacting the Local Authority Safeguarding Adults Enquiry Team.

Risk Assessment

An 'alert' is a response to a concern, where an individual believes that an adult with care and support needs may be at risk of harm or abuse. It is best practice to raise an alert at the earliest opportunity of the allegation or immediately after the abuse or neglect was witnessed or suspected. A preliminary risk assessment should be undertaken with the main objective to act in the adult at risk's best interest and to prevent the further risk of potential harm. It is important to consider the following:

- Is the adult at risk, still in the place where the abuse was alleged or suspected or is the adult about to return to the place where the abuse was alleged or suspected?
- Will the alleged perpetrator have access to the adult at risk or others who might be at risk?
- What degree of harm is likely to be suffered if the alleged perpetrator is able to come into contact with the adult at risk or others again?

Once the alert has been raised and if appropriate to be managed by the safeguarding process, the safeguarding plan sets out an individual risk assessment plan to ascertain what steps can be taken to safeguard the adult at risk, review their health or social care needs to ensure appropriate accessibility to relevant services and how best to support them through any action to seek justice or rectify the situation.

Making an alert to Local Authority Safeguarding Adults Enquiry Team

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On receiving an alert, the person responsible must decide whether to make a referral to the Local Authority safeguarding enquiry team. Anyone who suspects or knows that abuse has taken place (or is still occurring) has a duty of care to report immediately to their own line manager and raise an alert directly to the local authority safeguarding adults enquiry team immediately when the concern is identified.

The alerter is not expected to prove abuse has happened but to provide information based on the disclosure from the adult with care and support needs. All professionals have a duty of care in terms of challenging poor practice and escalating their concerns appropriately.

Information required to raise the alert
Who the alleged victim is
Who the alleged perpetrator is
What has happened
When abuse has happened
Where abuse has happened
How often is it happening

Who witnessed it

Contact Numbers	
Safeguarding Adults Enquiry Team Lancaster between 9am - 5pm Safeguarding Adults Enquiry Team Cumbria Between 9am – 5pm Safeguarding Adults Enquiry Team North Yorkshire Between 9am – 5pm	0300 123 6721 01228 606060 01609 780780
Out of hours Lancashire Out of Hours Cumbria Out of Hours North Yorkshire	0300 123 6722 01228 526690 01609 779838
In an emergency if a person is at risk of serious harm or needs immediate medical attention	999
Police Public Protection Unit	101 or 0845 125 35 45
Regional Prevent Coordinator NHS Lancashire Area Team	01138 248 938

What to do if members of the public raise concerns

Members of the public may talk to MBPCC employees about the abuse of adults known to them. They may specifically allege incidents or knowledge of abuse to an adult or may refer to it when discussing other issues. The type and nature of the abuse may be quite specific, or it may be described only in very general terms.

It is important that all such allegations or references to abuse are taken seriously, and relevant details should be referred to adult safeguarding for further enquires to be made. In such circumstances, you should be clear with that person that you have a duty to report any alleged abuse and encourage the person to make a direct referral to the adult safeguarding enquiry team where there are concerns for the safety and wellbeing of the adult, remembering that safeguarding is everyone's responsibility.

It is essential that clear notes of any such allegation are kept within the records as these may be required at a later date. If possible, take the name and contact details of the person alleging the abuse – it may be necessary for the adult safeguarding enquiry team or the Police to talk to them further.

What to do if there is a professional disagreement

Generally, there are good working relationships between agencies, but occasionally there will be a difference of professional views. At no time must professional disagreement detract from ensuring that the adult is safeguarded. The person's welfare and safety must remain paramount throughout.

Where there is a difference of opinion between professionals, refer to Lancashire/ Cumbria & North Yorkshire's safeguarding adult board procedures.

Stage 1: If professionals are unable to reach agreement about the way forward regarding an individual issue, then their disagreement must be addressed by more senior staff. In most cases this will mean the safeguarding lead, discussing the issue of dispute and seeking to reach a resolution.

Stage 2: If the issue cannot be resolved at this level, then the matter must be referred up through each agencies line management structure without delay to MBPCC Board, via the Chair.

Stage 3: If the issue cannot be resolved at Board level, then consideration should be given to raising the dispute through the CCG Designated Lead Nurse Safeguarding Adults/ Mental Capacity Act. The CCG Designated Nurse will ensure that issues relating to professional disagreements are escalated and a resolution focused approach is sought. (Contact details available in appendix 1.)

Where there is a need for intervention to prevent a life-threatening episode (for example risk of suicide) immediate action to reduce the risk of harm will be required by all relevant parties whilst the dispute is on-going. In such circumstances, where certain agencies maintain a position of non-involvement and other agencies disagree with this position, the safeguarding team should be informed at the earliest opportunity.

Written records of all these discussions must be kept.

2.6 Information Sharing

Sharing of information is vital for early intervention to ensure that adults with care and support needs get the services they require. It is also essential to protect adults from suffering harm from abuse or neglect and essential that all practitioners understand when, why and how they should share information.

Always consider the safety and welfare of the adult when making decisions on whether to share information about them. Adults have a general right to independence, choice and self-determination including control over information about themselves. In the context of adult safeguarding these rights can be overridden in certain circumstances:

- Emergency or life-threatening situations may warrant the sharing of relevant information with the relevant emergency services without consent
- The law does not prevent the sharing of sensitive, personal information within organisations. If the information is confidential, but there is a safeguarding concern, sharing it may be justified
- The law does not prevent the sharing of sensitive, personal information between organisations where the public interest served outweighs the public interest served by protecting confidentiality – for example, where a serious crime may be prevented
- Information can be shared lawfully within the parameters of the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

Where there is concern that the adult may be suffering or is at risk of suffering significant harm then their safety and welfare **must** be the overriding consideration.

Below are 7 key points on information sharing but for further detailed guidance refer to Information sharing: Guidance for practitioners and managers (HM Government 2018)

Seven key points on information sharing:

1. **Remember that the General Data Protection Regulation (GDPR 2018) is not a barrier to sharing information** but provides a framework to ensure that personal information about living persons is shared appropriately.
2. **Be open and honest** with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. **Seek advice** if you are in any doubt, without disclosing the identity of the person where possible.
4. **Share with consent where appropriate** and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. **Consider safety and well-being:** Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.
6. **Necessary, proportionate, relevant, accurate, timely and secure:** Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

See Appendix 2 : Areas for consideration when sharing information

2.7 GP Attendance at Safeguarding Meetings

Whilst MBPCC does not operate a registered list of patients, we recognise that GP contribution to multiagency safeguarding adults meetings is invaluable and supports best practice within the Royal College of General Practitioners. Where GP input is requested, MBPCC will endeavour to release the GP from any MBPCC commitments so that priority can be given to attendance wherever possible. A written report should be made available where possible for the meeting where the GP will not be in attendance.

Within the Care Act, Safeguarding Adult Boards must arrange safeguarding adult reviews where an adult in its areas has died as a result of abuse or neglect whether known or suspected and there is a concern that partner agencies could have worked more effectively to protect the adult. MBPCC will be required to cooperate in the sharing of information and timeline of events to support continuous learning and the opportunity to improve and promote good practice in the protection of adults with care and support needs.

2.8 Recording Information

Good record keeping is a vital component of professional practice. Where there are concerns about an adult's welfare, all concerns, discussions and decisions made and the reasons for those decisions must be recorded in writing in the medical records. Any bruises, marks and/or unexplained injuries observed should be clearly documented on a body map within the records.

2.9 Managing Allegations

Managing allegations against workers who have contact with adults with care and support needs - Persons in a Position of Trust (PIPOT)

Adults with care and support needs can be subjected to abuse by those who work with them in any and every setting. All allegations of abuse or maltreatment of adults with care and support needs by an employee, agency worker, independent contractor or volunteer will be taken seriously and treated in accordance with Lancashire and Cumbria's Safeguarding Adult Board policy and procedures. This includes implementation of MBPCC's disciplinary procedures and possible suspension without prejudice.

There should be a clear distinction between:

A concern/allegation about abuse or neglect by a professional, or volunteer – this should be managed via the Safeguarding Board PIPOT procedures.

A concern about the quality of care or practice provided by the person in a position of trust, that do not meet the criteria for a safeguarding enquiry – these should be raised as quality issues initially to management within the organisation.

Or a complaint – these need to be dealt with via the organisations own complaints procedure. Staff can be considered to be in a 'position of trust' where they are likely to have contact with adults with care and support needs as part of their employment or voluntary work, Where the role carries an expectation of trust and the person is in a position to exercise authority, power or control over an adult(s) with care and support needs (as perceived by the adult themselves).

Where such concerns are raised about someone who works with adults with care and support needs, it will be necessary for partners to assess any potential risk to other adults who use their services and if necessary, to take action to safeguard those adults.

Suspension of the employee concerned from his or her employment should not be automatic, but should be considered if:

- There is cause to suspect an adult at risk has suffered abuse or neglect; and/or
- The allegation warrants investigation by the police; and/or
- The allegation is so serious that it might be grounds for dismissal.

MBPCC safeguarding lead should, following consultation with the local authority Safeguarding Adults Enquiry Team and the Police where appropriate, inform the subject of the allegations. If it is deemed appropriate to conduct an investigation prior to informing those who are implicated, clear records need to be made of who took the decision and why.

Further information can be found on the Lancashire/Cumbria & North Yorkshire's Safeguarding Adult Board website.

The manager will need to balance supporting the alleged victim, the wider staff team, the investigation and being fair to the alleged perpetrator. The alleged perpetrator will be considered innocent until proven otherwise. Suspension offers protection for them as well as the alleged victim and other service users and enables a full and fair investigation/safeguarding risk assessment to take place.

All allegations should be followed up regardless of whether the person involved resigns her/his post, responsibilities or a position of trust, even if the person refuses to co-operate with the process. 'Compromise agreements', where a person agrees to resign without any disciplinary action and agreed future reference must not be used in these cases.

When it is concluded there is insufficient evidence to determine whether the allegation is substantiated, the chair of the safeguarding strategy meeting will ensure that relevant information is passed to MBPCC safeguarding lead. The CEO of MBPCC will consider what further action, if any, should be taken in consultation with the Local Authority Safeguarding Lead for Managing Allegations and PIPOT.

When an allegation of abuse or neglect has been substantiated, MBPCC safeguarding lead should consult with the Local Authority Safeguarding Enquiry team for advice on referral to the PIPOT Lead and consider whether it's appropriate to make a referral to the professional or regulatory body; and to the Disclosure and Barring Service (DBS), because the person concerned is considered unsuitable to work with adults with care and support needs.

The safeguarding practice lead should review MBPCC procedures to help prevent similar events from occurring in the future and to ensure lessons learnt, shared and are implemented.

Whistle-blowing

MBPCC recognises the importance of building a culture that allows all MBPCC staff to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns they have about a colleague's behaviour. This will also include behaviour that is not linked to safeguarding but that has pushed the boundaries beyond acceptable limits.

Complaints procedure

MBPCC has a clear well publicised procedure that is capable of dealing with complaints from all patients and employees.

Please refer to MBPCC Complaints Policy. Consideration should always be given to whether a complaint meets the criteria for managing allegations procedures.

2.10 Learning and Development of Staff

To protect adults from harm, all health staff must have the competences to recognise adults with care and support needs of or actual abuse and to take effective action as appropriate to their role.

To support MBPCC in ensuring staff are trained to the appropriate level, a range of e-learning material is available along with multiagency face to face training. (See Appendix II: Safeguarding Adults Training for GP practices)

All staff undergoing learning and development are expected to keep a learning log for their appraisals and/ or personal development.

2.11 Supervision of Staff

Staff working with adults with care and support needs need to have access to support and supervision; this will provide an opportunity for practitioners to share their concerns and to enable them to manage the stresses inherent in this work. It also promotes good standards of practice, which are soundly based and consistent with local and national guidance for safeguarding adults.

Supervision also provides an opportunity to ensure there is an understanding of roles and responsibilities, as well as the scope of professional discretion and authority. Key decisions taken during supervision must be recorded in the medical records. Safeguarding incidents should be discussed at MBPCC learning reflection events to support in wider learning of recommendations for MBPCC. Opportunities for reflection and to identify any development needs may also be available through the GP appraisal process as safeguarding issues should form a standard part of this process.

3. REFERENCES

In developing this Policy account has been taken of the following statutory and non-statutory guidance, best practice guidance and the policies and procedures of Lancashire/Cumbria & North Yorkshire's Safeguarding Adults Board.

Adult Safeguarding and Domestic Abuse (2013) *Adult Safeguarding and Domestic abuse*

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

Care Quality Commission CQC (2016) NHS GP practices and GP out of Hours Services

DH (2018) Care and Support Statutory Guidance

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

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)

HM Government (2018) *Information Sharing: Advice for safeguarding practitioners*

HM Government (2014) *The Care Act*

Law Commission (2011) *Adult Social Care Report*

LGA (2010) Making Safeguarding Personal

Local Safeguarding Adults Board Policies, Procedures and Practice Guidance

NHS Commissioning Board March 2015 *Safeguarding Vulnerable people in the Reformed NHS - accountability and assurance framework*

Safeguarding Adults at Risk of Harm Toolkit (2018)

Commented [GC1]: Added the reference but apologies I don't seem to be able to create the link

NHS Employment Check standards (2013):

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

4. DEFINITIONS/GLOSSARY OF TERMS

Abbreviation or Term	Definition
CEO	Chief Executive Officer
MBPCC	Morecambe Bay Primary Care Collaborative
CQC	Care Quality Commission
MCA	Mental Capacity Act
IRIS	Identification and Referral to Improve Safety
CAADA	Coordinated action against domestic abuse
ADASS	The Association of Directors of Adult Social Services
CCG	Clinical Commissioning Group
LCFT	Lancashire Care NHS Foundation Trust
PIPOT	Person in a position of trust
DBS	Disclosure and barring service
DH	Department of Health
GDPR	General Data Protection Regulation

5. CONSULTATION WITH STAFF, PRACTICES AND PATIENTS

Name	Job Title	Date Consulted
Emma O'Kane	Safeguarding and Quality Practitioner	27/08/2020

6. DISSEMINATION/TRAINING PLAN

Action by	Action Required	Implementation Date
Jo Knight/Boyana Konar	Upload policy to MBPCC website	Following approval of V1.1 end Sept 2020
Jo Knight	Delete out of date copies and host current copy on Federation G Drive (supporting induction process), updating Policy tracker	Following approval of V1.1 end Sept 2020
Andrew Giles	Ensure all employees are aware of the policy and are asked to read and understand it	MBPCC Board Meeting 22/09/20
Liz Stedman	Upload to TeamNet	Jan 2021

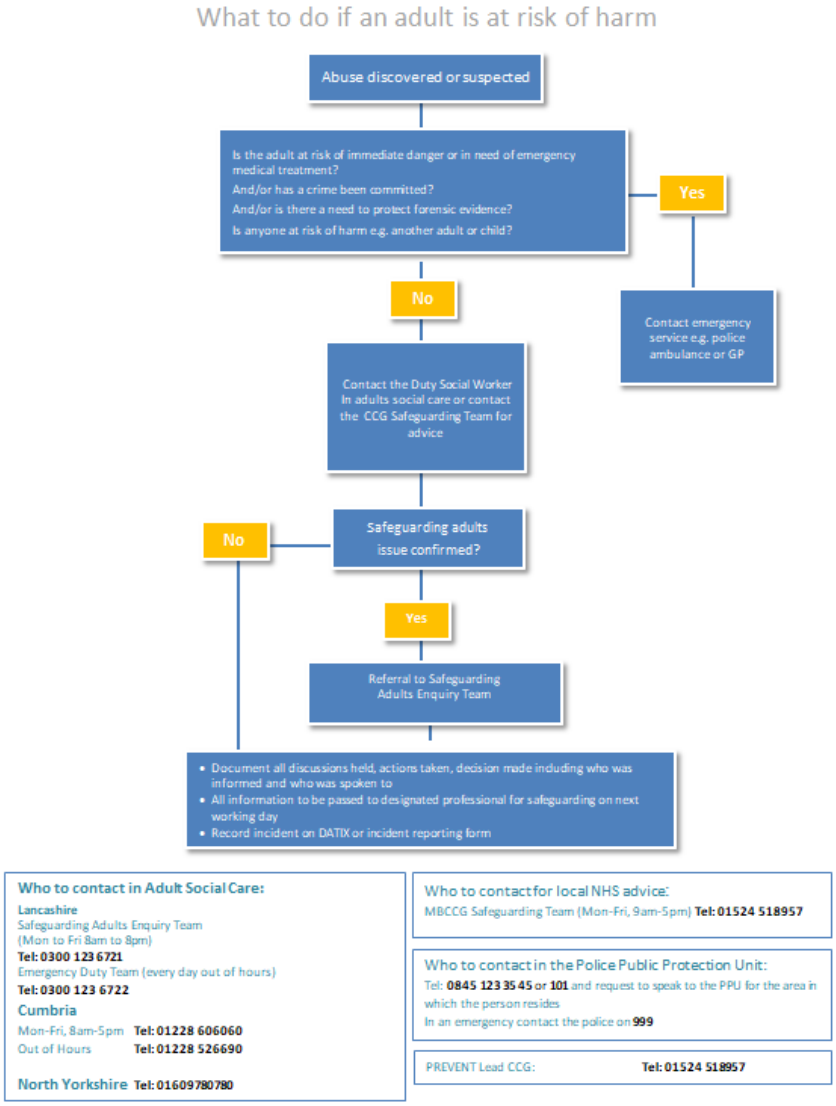
7. AMENDMENT HISTORY

Version No.	Date of Issue	Section/Page changed	Description of change	Review Date

V1.0	27/07/20	Approved Policy	Updated policy in line with latest guidance	22/10/2023
V1.1	20/09/20	All	New format and full adoption of the CCG model policy	N/A
V2.0	22/09/20	N/A	MBPCC Board approval	22/09/2022
V2.1	19/01/21	Page 21	Additional Definitions/Glossary of Terms added	
V2.2	07/02/22	Contact details	Updated contact details	
V2.3		P4,6, 7,8,9,15, References.	Review and update	
V3.0	01/04/2023		Approved by Board	01/04/2026

8. APPENDICES

Appendix 1: Flowchart: 'what to do if an adult is at risk of significant harm'



Appendix 2: Areas for consideration when sharing information

Legal framework to share information flowchart

Public Law

- Purpose
- Context
- Perform a task set down in UK law
- To protect child/adult

Supporting frameworks

- Care Act 2014 s45
- Children Act 1989
- GDPR – special category
- Common Law
- Duty of Confidentiality
- Caldicott
- Article 8 human rights act

Share information in line with

- GDPR principles
- Consent
- Contract
- Legal obligation
- Vital interests – means life
- Public task
- Legitimate interests
- DPA 2019

Principles to consider

- Necessary and proportionate
- Relevant
- Adequate
- Accurate
- Timely
- Secure
- record

Flowchart of when and how to share information