July 2017

Safeguarding Vulnerable Adults Policy

Responsible Committee: Clinical Governance Committee
Date Effective: August 2017
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Next Review Done: August 2017

Contents

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Introduction

The safeguarding of vulnerable adults is paramount and an essential part of clinical governance and risk management. SELDOC will work collaboratively with all relevant services, teams and agencies to safeguard and protect the welfare of people who use its services, and undertake all necessary actions, including sharing information, co-operating during any investigative process and contributing to relevant forums including the local Safeguarding Adults Board.

High profile inquiries[1] have identified the need for effective prevention, early warning systems, ability to recognise neglect and abuse, transparency, safeguarding being seen as everyone's responsibility and effective mechanisms for listening to and acting on patients or carers' concerns.

Abuse is the violation of an individual's human and civil rights by any other person. It can vary from the seemingly trivial act of not treating someone with proper respect to extreme punishment or torture.

Abuse can take place in any context. It may occur in the vulnerable adult's own home, either when they receive a service there or when the abuser either lives with them or visits them. It may also occur within nursing, residential or day care settings, in hospitals, or in public places. In some cases, the place where they live or the services they receive may be of a poor quality.

A person may be vulnerable to abuse if they are unable to protect themselves from the actions of others. The nature of a person's disability, ability to communicate or mental capacity may increase the likelihood of abuse remaining undiscovered.

[1]Care and Compassion; Report of the health Service Ombudsman on ten investigations into NHS care of older people; Parliamentary and Health Service Ombudsman 2011
Safeguarding adults: report on the consultation on the review of No secrets, Department of Health (2009)
Francis Report: Independent Inquiry into the Care Provided by Mid Staffordshire NHS Foundation Trust: Department of Health 2010
Death by Indifference; MENCAP 2007
'Winterbourne View Hospital: A Serious Case Review", South Gloucestershire Safeguarding Adults Board (2012)

The following groups of people may be more vulnerable to abuse:

- people from minority ethnic groups
- people with severe physical illnesses or physical disabilities
- people with learning disabilities or mental health problems
- older people
- the homeless
- people with sensory impairments
- people diagnosed as HIV positive.

1. Key principles of Adult Safeguarding

- All patients, including vulnerable adults and their carers accessing SELDOC are to be treated in a manner that respects their human rights and diversity in a fair and equal way.
- Due regard should be given to issues of race, culture, gender and disability when working with families and organizations to safeguard and promote the welfare of vulnerable adults.
- The welfare, well-being and protection of the vulnerable adult is the paramount consideration in all cases.
- People that have been abused or are suspected of being abused (or where appropriate, people acting on their behalf) are to be :
    - Taken seriously and treated with dignity and respect when they report abuse.
    - Provided with appropriate help and support to report abuse.
    - Supported by the service to take part in the safeguarding process to the extent to which they want, are able to, or to which the process allows.
    - Made confident that their care, treatment and support will not be compromised if they raise issues of abuse.
    - Made aware of, and supported to access, sources of support outside the service including local independent information advice, or independent mental health advocacy services where relevant.

2. Aims

In summary, this policy serves to:

- Clearly set out best practice and joint working of non-clinical staff and healthcare professionals at SELDOC to promote the welfare of vulnerable adults and safeguard them from abuse and neglect.

- Define SELDOC's systems and procedures for safeguarding to minimise harm or risk of harm to vulnerable adults.
- Develop a culture that enables the early identification and reporting of safeguarding issues, and their effective management in the out-of-hours period, when the full range of support services may not be available
- Ensure all SELDOC staff and duty clinicians have adequate knowledge to report and respond appropriately to safeguarding issues.
- Support a robust safeguarding process at SELDOC in line with national and local requirements and obligations to commissioners and Care Quality Commission (CQC).

The following policies are linked to the SELDOC Safeguarding Vulnerable Adults Policy and should be read in conjunction with this policy**:**

- Safeguarding Children and Young People
- Whistleblowing / Protected Disclosures
- Complaints
- Chaperone
- Confidentiality
- Consent
- Records Management
- Information Sharing
- DBS checks and disclosure of information
- Disciplinary policy and procedures
- Alcohol and Substance Misuse at Work

SELDOC is committed to achieving high quality care for all patients and complying with the CQC regulations Essential Standards for Quality and Safety[2].

SELDOC has integrated robust clinical governance systems in safeguarding into routine patient care and all staff take responsibility. It aims to:

- Prevent harm and abuse through provision of high quality care
- Respond effectively to allegations of harm and abuse, in line with local multi-agency procedures
- Use learning to improve service to patients.

[2]Guidance about compliance, Essential Standards for Quality & Safety (Care Quality Commission, 2010)

The following reference documents should also be read in conjunction with this policy:

- Staff Handbook
- No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (DH and Home Office, 2000) Safeguarding Adults: The role of health services (DH, 2011) 'Safeguarding Vulnerable People in the Reformed NHS' - Accountability and Assurance Framework, The NHS Commissioning Board (2013)
- 'Winterbourne View Hospital: A Serious Case Review". South Gloucestershire Safeguarding Adults Board (2012)
- Protecting adults at risk: London multi-agency policy and procedures to safeguard adults from abuse. SCIE (2011)
- Responding to Domestic Abuse: A Handbook for Health professionals. DH (2005).
- Safety and Justice; sharing personal information in the context of domestic violence – and overview. Home office (2004)
- Professional Codes of Conduct (e.g. GMC, NMC, HPC)
- The fundamental rights of individuals are contained within the Human Rights Act 1998. Health services have positive obligations to uphold these rights and particular duties to protect patients who are unable to do this for themselves. The following legislation provides the framework for safeguarding vulnerable adults:

- Mental Health Act 1983
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- NHS Act 2006
- Equality Act 2010
- Care Quality Commission Safeguarding Adults and Children standards
- Human Rights Act (1998)
- Domestic Violence, Crime and Victims Act (1998)

3. Definitions

3.1 Vulnerable Adults

A vulnerable adult is a person 'who is or may be, in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to

take care of him or herself, or unable to protect him or herself against significant harm or exploitation'[1,3] .

3.1.1 Mental Capacity

The prime principle that underpins both current law and medical practice with regard to issues of mental capacity is the people should be 'enabled and encouraged to take for themselves those decisions which they are able to take' (Law Commission Report 1995).

The Mental Capacity Bill defines a person lacking mental capacity in this manner; 'a person should be regarded as unable to make a decision because of mental disability if the disability is such that, at the time that decision needs to be made, the person is unable to understand or retain the information relevant to the decision or unable to make a decision based on that information.'

It is important to note that capacity must be assessed in relation to any particular decision that an individual makes. The test of the capacity to give consent to medical treatment differs from the test of capacity to make a gift or to draw up a will for example. It is essential that in situations where a vulnerable adult is thought to lack capacity, medical and legal advice as appropriate should be sought.

To have capacity an individual must have the ability to:

- Understand and retain the information relevant to the decision in question.
- Believe that information.
- Weigh that information in the balance and arrive at a choice.
- Understand in simple language what is being proposed, the purpose and nature and why it is being suggested.
- Understand the principal benefits, risks and alternative options available.
- Understand in broad terms what the consequences will be of not pursuing
- options.
- Retain the information for long enough to make an effective decision.
- Make a free choice.
- The mental capacity of a vulnerable adult may fluctuate or change over time.

[3] **Who Decides**? Making Decisions on Behalf of Mentally Incapacitated Adults (London, HMSO, 1997)

3.2 Abusers

Vulnerable adults can experience abuse by a wide range of people both known and unknown to them. This can include relatives, family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends, associates, and strangers.

3.3 Abuse -Types of Abuse

Abuse may be an act or repeated acts and may involve one or more of the following:

Physical Abuse

Physical abuse is non-accidental harm to the body (including hitting, slapping, pushing, kicking) including misuse of medication (e.g. under or over-medication), forced feeding, deliberately being underfed, being given alcohol or a substance that is known to cause harm (e.g. sugar for diabetic), being confined, locked up or otherwise restrained (medical/chemical/physical).

Sexual Abuse

Sexual abuse is the involvement of someone in sexual activities which they do not have the capacity to understand, have not consented to, or to which they were pressurised into consenting. It also includes being subject to sexual innuendoes and harassment.

Emotional or Psychological Abuse

Emotional or psychological abuse is any action which has an adverse effect on an individual's mental well-being, causing suffering and affecting their quality of life e.g.

- being bullied, controlled or intimidated
- being humiliated, ridiculed or blamed
- being threatened with harm or abandonment
- being consistently ignored, isolated or deprived of services or support networks

Financial Abuse

- Financial abuse is the theft / misuse of money or personal possessions, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, and can include:
- money being withheld, stolen or borrowed by someone providing a service to the vulnerable adult
- goods or services purchased in someone's name without their consent
- misuse or misappropriation of property, possessions or benefits

Neglect and Acts of Omission

These include:

- Ignoring or failing to respond to a person's needs
- Preventing someone else from meeting a person's medical / physical care needs
- Failing to provide access to appropriate health, social care or educational services
- Withholding necessities of life e.g. medication, adequate hygiene, nutrition or heating

Institutional abuse

- This can include:
- Repeated instances of poor care
- Isolated incidents of poor or unsatisfactory professional practice
- Ill treatment or gross misconduct
- The needs of the service provider taking priority over the needs of the patient.

4. Scope

This policy is intended for all staff and healthcare professionals working at SELDOC, including staff not employed directly by SELDOC e.g. agency staff, and is particularly relevant for all staff that have any kind of patient contact, including those involved in the administration of patient records and line management responsibility.

All professionals should also be familiar with any Safeguarding guidance provided by their own professional organisations.

4.1 Roles and responsibilities

It is the responsibility of all non-clinical staff and healthcare professionals working at SELDOC to have read this policy and be in a position to act in accordance with its contents.

4.2 SELDOC Safeguarding Lead

The Safeguarding Lead is responsible for:

- Ensuring that all staff and Duty Clinicians are trained in accordance with requirements.
- Ensuring that all staff and Duty Clinicians are aware of SELDOC's Vulnerable Adults Safeguarding policies and procedures.

- Awareness of all safeguarding issues and queries at SELDOC and oversee and advise as necessary.
- Documenting any information relevant to Safeguarding Vulnerable Adults to raise awareness for call handlers and duty clinicians.
- Working collaboratively with the local Adult Safeguarding Boards in each borough to ensure that procedures are consistent with local best practice and recommendations.

4.3 Role of the Clinical Governance Committee

The role of the Committee is to develop, comply with and monitor systems and processes to ensure the safeguarding of adult patients whilst in the care of SELDOC and to report to the Board.

4.4 Clinical Director On-Call

In the out-of-hours period, the on-call clinical director is the Safeguarding Lead and is responsible for responding to any concerns raised by clinical or non-clinical staff.

- Taking any immediate action required to ensure the patient(s) is safe and to provide advice and support to all staff involved
- Ensuring that if an alert is to be made that the alerter follows the internal procedure laid down in this Policy and supports him/her through the process
- Taking action whether the suspected abuse involves a member of SELDOC staff or not and if ascertained that a member of staff is involved to contact the relevant staff member's Manager or Clinical Lead or the On Call Manager / Exec / Consultant out of office hours to ascertain next steps to be taken.

4.5 Line Managers' Responsibilities

Managers are responsible for ensuring the adult safeguarding policy is implemented within their area of responsibility. Managers will ensure that all staff undertake mandatory training at the appropriate level for their role and that a record of this training is maintained. They will ensure that staff are aware of this policy and the local Safeguarding procedures so staff understand how to raise a concern relating to a vulnerable adult

When abuse is reported or suspected, managers must find out if any immediate action is needed to make the person safe and then decide on the course of action to be taken.

The person making the complaint (including the patient, where appropriate) must be informed of the action taken.

The manager may be made aware of a concern from a member of staff in two ways:

- Either the member of staff suspects, or is concerned, that something is wrong and abuse may be taking place or has occurred
- Or as a specific observation or report of abuse.

The Manager must ensure that the individual making the report is supported throughout the process and receives feedback, whilst maintaining confidentiality. The supervisor or Director of Operations / Medical Director, whoever is felt to be appropriate at the time, may provide this. The member of staff should be asked to describe what they have witnessed, or what has been reported to them, and this must be clearly documented. The member of staff must be advised that in the case of allegations that require criminal or disciplinary proceedings, there are obvious limits to confidentiality and anonymity. All allegations will be dealt with sensitivity and with an open mind.

The manager must be prepared to contribute to any subsequent multi-agency investigation, protection plans or disciplinary procedures.

4.6 All other staff

All other non-clinical staff and Duty Clinicians are responsible for the following in accordance with their contract of employment / Service Level Agreement (SLA):

- Attending relevant safeguarding training
- Implementing the standards within this policy
- Liaising with the SELDOC Safeguarding Lead as required
- Contribute to any subsequent multi-agency investigation, protection plans or disciplinary procedures.

All non-clinical staff and healthcare workers at SELDOC should:

- Be alert to potential indicators of abuse or neglect;
- Be alert to the risks which individual abusers, or potential abusers, may pose to vulnerable adults;
- Contribute to whatever actions are needed to safeguard and promote the welfare of vulnerable adults;
- Work co-operatively with families / carers, unless this is inconsistent with ensuring the adult's safety

4.7 Practices

Out-of-hours duty clinicians do not have access to patients' complete medical records therefore to enable effective, integrated care out-of-hours, practices should upload a special note on ADASTRA on the medical record of known vulnerable adults.

5. Implementation and dissemination of this Policy

The policy will be shared with all staff and duty clinicians via mandatory training events, highlighted via the Quarterly GP Educational Newsletter and made available on the SELDOC intranet / ADASTRA.

This policy can only be considered valid when viewed via the SELDOC intranet. If this document is printed in hard copy, or saved at another location, you must check that it matches the version on the intranet.

6. Confidentiality and Information sharing:

All health care staff, providing clinical or administrative services, must respect patients' privacy and their right to have information about them held in confidence and held in private and secure systems, however **any member of staff or duty clinician who has information about an adult which may impact on their welfare or safety, has a responsibility to share that information –** this disclosure of confidential information is permitted where necessary to safeguard a vulnerable adult in the public interest.[4]

6.1 Consent to Safeguarding Decisions

An adult's legal right to consent marks the fundamental difference between safeguarding adults and safeguarding children. Adults have the right to take risks and may *choose to live at risk* if they have the capacity to make such a decision.
Consent does not need to be obtained when the situations described below exist:

6.2 Risks to Others

A patient's right to make choices about their own safety has to be balanced with the rights of others to be safe. Proportionate decisions have to be made that manage competing rights e.g. sharing information without consent to protect others at risk of harm[5]. Clinicians must therefore also consider:

[4]Information Sharing: Practitioners. Guide" DFES 2006.
[5]Information Sharing; Guidance for Managers & Practitioners; HM Government 2008

a) **Risks to children in the home**, in accordance with the Children Act and Working Together to Safeguard Children 2010[6].

b) **Risks to other adults** within the home, or care service.

6.3 Concerns about Mental Capacity and Impaired Decision-making

People may need additional support to make decisions; where a person lacks mental capacity for a particular decision, the Mental Capacity Act provides the authority to make a 'best interests' decision without consent. A person's ability to make a particular decision may be affected by:

a) Lack of Mental Capacity to make a Decision

Where a patient is unable to make a particular decision, individuals still have a duty to involve the person but will make decisions based on their best interests[7] in accordance with the Mental Capacity Act 2005.

b) Duress and undue influence

This occurs when a person has the mental capacity to make decisions but their ability to give free and true consent may be impaired, if they are under constraint, coercion or undue influence. The clinician's role is to support the person to make decisions and take positive action to prevent another individual from interfering with their rights.

7. Identifying safeguarding concerns

Possible indicators of abuse for each category of abuse (see 4.3) are summarised in the table below:

Type of Abuse	Possible Indicators
Physical abuse	An injury not explained by the history given, or different versions of the cause of an injury given to different people Any self-inflicted injury, unexplained fractures, lacerations, bruises or burns Weight loss, dehydration, complaints of hunger, untreated medical problems, poor personal hygiene including incontinence
Sexual abuse	Disclosure, or hints about sexual abuse, inappropriate sexualised behaviour, obsession with washing Torn, stained or blood-stained underclothing or bedding Pain, itching or bruising in the genital area, thighs and/or upper arms

[6]Working together to safeguard children: A guide to interagency working to safeguard and promote the welfare of children; Dept for Education 2010

[7]Mental Capacity Act 2005; Code of practice; Dept Constitutional Affairs; 2007

	Sexually transmitted disease, urinary tract infection or vaginal infection Pregnancy in a person who is unable to give consent to sexual relations.
Emotional or psychological abuse	Self harm, emotional withdrawal and symptoms of depression, unexplained fear or defensiveness Severe lack of concentration
Financial abuse	Lacking goods or services which they can afford Living in poorer circumstances than other members of a household Encouragement to spend their money on items intended for communal use in a residential home Benefits used for the household income and not for the vulnerable person
Neglect and Acts Of Omission	Neglect of accommodation, including inadequate heating and lighting Failure to provide basic personal care needs Inadequate or unsuitable food Failure to give medication or giving too much medication Failure to ensure appropriate privacy and dignity
Institutional abuse	Neglect, poor professional practice and repeated instances of poor care may be an indication of more serious problems. This may take the form of isolated incidents of poor or unsatisfactory professional practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other and is often witnessed as the needs of the service provider taking priority over the needs of the patient.

7.1 Cases of severe self-neglect

Cases of severe self-neglect require a balance between protecting the vulnerable adult from that self neglect against their right to self determination. It is not unusual for people to refuse a particular form of care due to lack of insight into the need for intervention. Examples may be:

- A person with dementia sends away a home care worker who is tasked to do cleaning or prepare a meal

- A person is incontinent but is reluctant to wear pads
- A person with diabetes refuses their insulin injection

7.1.1 The assessment of mental capacity in cases of severe self neglect

In this instance the assessment of the person's mental capacity to make these decisions is crucial. If the person is assessed as lacking capacity to consent to the identified intervention the law permits actions to be taken in their best interests. In these circumstances, skilled and sensitive responses from staff will frequently enable the task to be completed. However, a patient may have appointed a lasting power of Attorney under the Mental Capacity Act. If so, this person is legally empowered to make decisions on behalf of the patient and must be consulted. The effect of the failure to provide the particular intervention will vary with the nature of the care or treatment.

Consideration must always be given to the likely effect of the failure to provide the planned care or treatment, to the person, their environment and to those around them. This will help determine the urgency of the decision-making needed regarding implementation of the care plan. It is imperative that in circumstances where an incapacitated person is refusing or resisting care or treatment, discussions are held with senior staff to consider how to ensure the appropriate care is delivered and this process in documented in the patient's medical record. If necessary these discussions should include the wider team and family/carers. Where a vulnerable adult has been identified as having been subject to severe self neglect that could result in significant harm refer to the Medical Director / Dirctor of Operations.

8. Responding to safeguarding concerns and reporting abuse - actual or suspected abuse

Refer to Appendices A and B for summary of the process

8.1 Actual or Suspected Abuse of a Patient or 'vulnerable adult'– Does not involve member of SELDOC staff

In this case the abuse may be reported by the patient, or the person caring for the patient may identify that s/he is at risk of abuse, or abuse may be considered by SELDOC staff during their examination of the patient or due to the patient's presenting condition.

It is very important to treat all cases of suspected or actual abuse seriously – from minor to serious incidents. Where behaviour suggests possible abuse, there are potential injuries compatible with abuse or it is believed that a vulnerable adult has been, or is likely to be, harmed by **abuse or neglect it is your responsibility to act. Safeguarding is everybody's business.**

8.2 Staff Responsibilities

All staff employed or contracted by SELDOC have a duty to act promptly and report concerns if: they believe that a patient in their care is being abused, or have concerns about standards of care which suggest there is a risk of abuse to vulnerable adults using the service. The seriousness, or the extent of the abuse, is often not clear. It is therefore important that staff report incidents immediately so that the matter can be investigated further and that staff approach such allegations with an open mind.

It is the responsibility of the staff caring for the person to ensure that the patient is in no immediate danger. If deemed necessary, the medical team caring for the patient may be required to examine the patient and instigate any clinical investigations needed.

SELDOC staff must make sure that they assure the person raising the concerns that their concerns will be will be taken seriously and that they, and SELDOC, have a duty to report incidents of this nature. It should be explained to the person raising the concern that in order to safeguard an individual information will need to be shared with others, or with safeguarding teams, who have a part to play in protecting them. Do not give promises of complete confidentiality.

When responding to an adult at risk who is making a disclosure (or the person raising the concerns)

- Assure them that you are taking them seriously
- Listen carefully to what they are telling you, stay calm, get as clear a picture as you can but avoid asking too many questions at this stage
- Do not give promises of complete confidentiality
- Explain that you have a duty to tell your manager, or other designated person, and that their concerns may be shared with others who could have a part to play in protecting them/victim
- Reassure them that they will be involved in decisions about what will happen

- Explain that you will try to take steps to protect them from further abuse
- Provide support and information in a way that is most appropriate to them
- Do not be judgemental or jump to conclusions

If you are a non-clinical member of staff:

- Document your concerns
- Inform your line manager of your concerns - they will report the matter to a duty clinician / Medical Director / Director of Operations.

If you are the consulting duty clinician (see APPENDIX A):

- Follow the normal history-taking routine, taking particular note of any inconsistency in history and any delay in contacting the service.
- If necessary, ask appropriate clarifying questions of those present
- **Be aware that someone who is frightened might be reluctant to say what may be the cause of their injury, especially if the person responsible for the abuse is present.**
- Where you consider it appropriate, raise your concerns with the adult and carer, provided you do not think this would put the vulnerable adult more at risk.
- Make a reasoned decision about whether to refer.
- Consider whether the vulnerable adult is at risk of immediate further harm, or needs to be referred to on-call physicians / surgeons for admission by calling 999 – either for their own safety, or for collection of medical or forensic evidence.
- Document concerns of possible abuse and communicate these to the appropriate agency, i.e. staff in the A&E Department, the appropriate local Social Services Department or the Police
- Refer to **the Duty Social Worker for Adults in the borough where the person resides** (see Appendix B for contact details), who will assess and arrange for an assessment / examination as necessary.
- Ideally you should obtain consent from the patient or carer for the referral to social services; however, seeking consent is inadvisable if the person would be placed more at risk if the carer(s) were informed, In these circumstances you should refer to social services without obtaining consent.
- It is important to ascertain the wishes of the patient and to take into account whether or not they want to be admitted to hospital. However, the decision not to admit a patient to hospital is one that must not be taken lightly.

- If in doubt liaise confidentially with colleagues and/or the on-call clinican
- Consider making alternative arrangements for the patient if their condition requires less immediate treatment. (e.g. a GP visit or follow-up the next day).

- Involve the police if the patient needs to be conveyed to hospital and another person tries to prevent this and consider Social Services Departments, who will co-ordinate an investigation with the police and healthcare professionals, where necessary.

N.B. If you need clinical advice or support, contact the SELDOC on-call clinician (see ADASTRA / Intranet for on-call clinician rota)

8.3 Allegations, Actual or Suspected Abuse of a Patient or 'vulnerable adult' by a member of SELDOC staff (a member of SELDOC staff is the alleged perpetrator of the abuse)

Refer to Appendices A and B for summary of the process.

All allegations of abuse will be taken seriously; an Incident Form must be completed in as much detail as possible and procedures followed involving external facilitators.
Any member of staff at SELDOC with concerns about a colleague's behaviour will be supported to share information in confidence in line with SELDOC's Protected Disclosure Policy.

All incidents will be reviewed in line with SELDOC's incident policy and serious incidents are considered and investigated in line with national reporting and learning framework guidance

The procedure remains the same as in sections 5 and 10. In addition the following procedure applies:

Where the alleged perpetrator of abuse is a member of SELDOC staff an immediate risk assessment needs to be undertaken to decide if the staff member should be immediately removed from their work area.

The decision to suspend a member of staff pending an investigation will be made by the duty supervisor / clinical lead in discussion with the Operations Director/Medical Director and Human Resources Manager.

If an incident occurs in the evening, overnight, weekend or public holidays the decision will be made after discussion with the executive on call in conjunction with the Medical Director/duty supervisor/on call senior manager.

The SELDOC disciplinary procedure will be instigated as soon as possible.

The police must be involved if a crime has believed to have been committed. Contact with the police should be via the Medical Director or Operations Director or the Executive on call, unless it is an emergency.

In an emergency the police will be called by the duty supervisor/site manager or the on call senior manager. In order to preserve evidence, the police investigation will take precedence over SELDOC disciplinary proceedings.

In situations involving allegations against staff, SELDOC's 'Whistle blowing / Protected Disclosures policy' may also apply.

8.4 Investigation of concerns

The responsibility for leading the safeguarding investigation is with the designated social work team. This would normally be undertaken by the Local Authority in which the abuse occurred.

The investigation process normally includes:

- Strategy discussion or meeting – the risk is evaluated and decision made if investigation is required - investigation plan agreed – any immediate actions for safeguarding put in place to protect the individual
- Investigation - evidence collated and shared with involved organisations
- Case conference – receives investigation evidence- evaluates risk- formulates protection plan – closes safeguarding process or keeps under review – decision made on outcome/closure

There may be some circumstances, in which SELDOC staff are required to present evidence at the strategy or case conference or provide information from a health perspective. If this is the case the staff members concerned will be given the appropriate support from their supervisor/line manager or Medical Director.

9.Documentation

9.1 Referral Form to Social Services

Please use the generic Safeguarding Referral form located on the Seldoc Website (appendix C)

The referral should record the exact circumstances of the event/s

The referral should record:

- the exact circumstances of the event/s
- what was actually said and by whom
- names of relevant witnesses
- any injuries observed using body maps
- relevant health details
- relevant social circumstances
- other agencies involved with the adult if known
- what actions have been taken

If for whatever reason the Adult Safeguarding form cannot be downloaded or printed, complete the electronic safeguarding referral form. Which will go directly to the Clinical Governance Team, to refer the patient the next working day.

9.2 Medical records

Clearly document the consultation, key concerns and referral to social services in the medical records to inform the patient's GP. All communication pertaining to the case must be recorded contemporaneously - records will include relevant telephone and informal conversations pertaining to the case with colleagues or fellow professionals.

9.2 Follow-up actions

The Clinical governance Team will:

- **Inform the patient's GP of the referral to Social Services by telephone on the next working day, and ;**

- **Inform SELDOC's Medical Director.** The Medical Director is then responsible for ensuring that any follow up action is carried out.

The record must outline the following:

- Date and time incident reported/occurred
- Actual words used by the patient/person
- Details of any observed injuries – **use a body map to record injuries**
- Details of witnesses and any other people involved
- Details of action taken
- In the absence of the line manager to complete the further actions, the incident form should be given to the on call executive / operations manager to complete

Employment – safer recruitment

SELDOC is committed to best employment practice in order to support patients' safety with rigorous pre-employment checks for all staff as most will have access to confidential medical records and many work directly with patients.

SELDOC recruits in accordance with its DBS Policy and a robust quality assurance process is in place for duty clinician recruitment.

10. Training

All staff at induction are required to familiarise themselves with the relevant policies, procedures and updates as advised .These are accessible to all staff and duty clinicians on ADASTRA / Intranet.

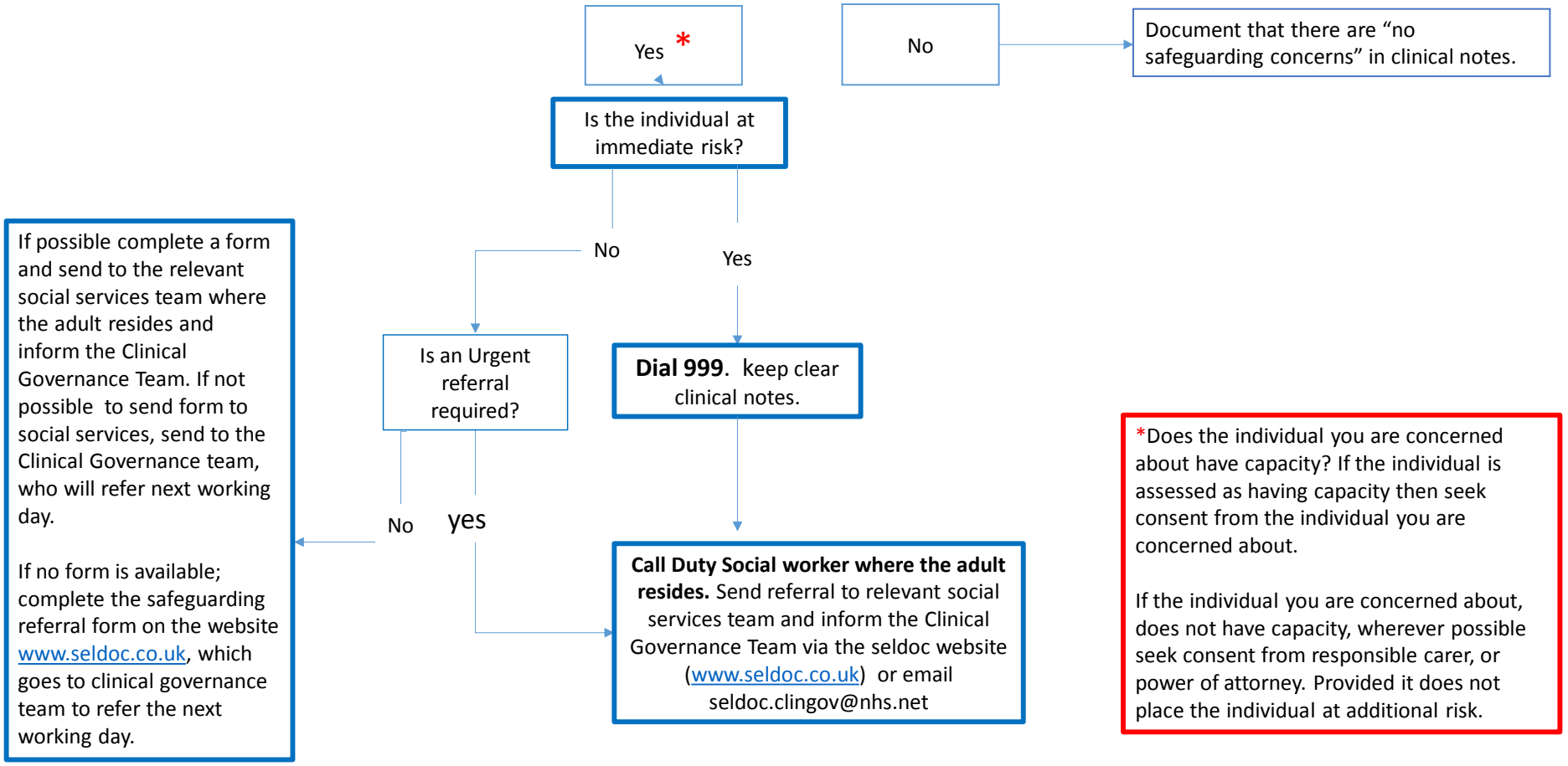
All GPs are required to be trained to Level 3 Safeguarding, other clinicians Level 3 and all other staff to Level 1/2 and undertake the appropriate updates as specified.

11.Monitoring compliance an effectiveness

The effectiveness of this guidance will be monitored through reports to the Clinical Governance Committee. Monitoring will also occur through borough Safeguarding Adults Boards and reports to Commissioners. This will include co-operation with the Boards in the event of a serious case review involving the organisation.

Appendix A: What to do if you suspect maltreatment

Do you have a safeguarding concern?



Appendix B: Important contacts and information

IN AN EMERGENCY ALWAYS DIAL 999.

SELDOC

Out of hours On-call Clinical Director (see Intranet / ADASTRA for on-call clinician rota or speak to Shift Supervisor)

In hours: Dr Sarah Donald, Medical Director & Safeguarding Lead

Tel: 0208 619 1250

LAMBETH

http://www.lambeth.gov.uk/Services/HealthSocialCare/ServicesAdults/ProtectingAdultsFromAbuse.htm
Lambeth Adults' and Community Services: 020 7926 5555 (9.00am to 5.00pm)
Lambeth Adults Emergency Duty Team - Out Of Hours Service
020 7926 1000 (5pm – 9am, weekends and bank holidays)

LEWISHAM

http://www.lewishammylifemychoice.org.uk/i-need-help-with/keeping-people-safe/suspected-abuse-or-neglect-of-a-vulnerable-adult.aspx
Adult Safeguarding Advice and Information Team,
Monday to Friday on 020 8314 7777 (9am to 5pm)
Lewisham Adults Emergency Duty Team - Out Of Hours Service
020 8314 6000 (5pm – 9am, weekends and bank holidays)

SOUTHWARK

http://www.southwark.gov.uk/info/731/keeping_safe_and_reporting_abuse/2406/protecting_adults_at_risk_of_abuse

Southwark Safeguarding Adults Team - 0845 600 1287
Southwark Adults Emergency Duty Team - Out Of Hours Service
020 7525 5000 (5pm – 9am, weekends and bank holidays)

SUTTON

https://www.sutton.gov.uk/info/200609/safe_from_abuse_-_adult_safeguarding/1617/help_for_adults_being_abused
Adults and Safeguarding Referral Point (24 hours)
Phone: 020 8770 4565 (24hrs a day)

WANDSWORTH
http://www.wandsworth.gov.uk/site/scripts/home_info.php?homepageID=148&directoryCategoryID=688
The Adult Social Care Access Team: 020 8871 7707 (9.00am to 5.00pm)
Wandsworth Out Of Hours Service 02088716000
Adults Emergency Social Work Team - Out Of Hours Service (5pm – 9am, weekends and bank holidays)

KINGSTON
https://www.kingston.gov.uk/info/200368/help_to_stay_safe/232/adult_safeguarding_%E2%80%93_helping_adults_at_risk
Adult Safeguarding Advice and Information Team,
Monday to Friday on 020 8547 4735 (9am to 5pm)
Kingston Adults Emergency Duty Team - Out Of Hours Service
020 8770 5000 (5pm – 9am, weekends and bank holidays)

MERTON

http://www2.merton.gov.uk/health-social-care/adult-social-care/safeguarding-adults.htm

Merton Safeguarding Adults Team - 0845 618 9762 (24 hours)
Adults and Safeguarding Referral Point (24 hours)
Phone: 020 8770 4565

FOR CONCERNS ABOUT ABUSE WITHIN AN ORGANISATION OR INSTITUTION:
If it is not possible to alert the relevant social services department, concerns should be reported to the CQC
Tel: 03000 616161 Email: safeguarding@cqc.org.uk

APPENDIX C:

July 2017

Referral Form to Adult social services

This form is to be used when raising a safeguarding concern, please discuss with the Duty Social worker in the borough where the person resides if this is an urgent referral. For urgent referrals, once this form is completed send to the Relevant Social Work Team in local authority/borough where patient resides or is located. For all forms completed (urgent and non-urgent concerns) inform the clinical lead/ Duty supervisor and send a copy of referral form to Clinical Governance Team, the clinical governance team will follow up any non-urgent concerns the next working day.

Referral Completed by: *(details of person taking the referral)*		
Name of referrer:	**Job title:**	**Agency:**
Address of service:	**Email:**	**Telephone:**
Date of Referral:	**Time of referral:**	

1. DETAILS OF VULNERABLE ADULT						
Last Name	**First Name**	**Age/DOB/ EDD**	**M/F**	**Ethnicity/ Language**	**Religion**	**Address and telephone number**

2. HOUSEHOLD DETAILS (including extended family)- where known						
Last Name	**First Name**	**Age/DOB /EDD**	**M/F**	**Ethnicity/ Language**	**Relationship to Adult**	**Address and telephone number**

Are there any communication/interpreting needs?	**Does the named patient and/or family have a disability or special needs?**

3. Other professionals involved (to include GP, carers and details of any voluntary agencies involved)- where known			
Name	**Job Title**	**Address**	**Telephone/email**

4. Reason for Referral

What was the date and time of presentation? Was the named patient present? ☐ YES ☐ NO If NO, please give details of where the vulnerable adult was at the time of referral and who they were with:
Why are you worried about this person?
What has happened? What are these concerns based on? Why is Social Services' involvement needed now?
5. Previous involvement
Are you aware of any previous social work involvement with this person? ☐ YES ☐ NO If YES, please give details, including approximate dates:
6. Consent (Please note that parents/carers have to consent to this referral unless obtaining this consent will place the child at further risk of harm)
Has the named person / carer given consent for this referral? ☐ Yes ☐ No
If consent has not been obtained, please give reason.
7. Are there any issues we should be aware of when contacting the person?

July 2017

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If further information is required, please contact Clinical Governance Team or Medical Director for further information

Don't forget to include details of registered GP

Contact Police – 999, if risk of violence

LAMBETH
http://www.lambeth.gov.uk/Services/HealthSocialCare/ServicesAdults/ProtectingAdultsFromAbuse.htm
Lambeth Adults' and Community Services: 020 7926 5555 (9.00am to 5.00pm)
Lambeth Adults Emergency Duty Team - Out Of Hours Service
020 7926 1000 (5pm – 9am, weekends and bank holidays)

LEWISHAM
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