

# VULNERABLE ADULTS POLICY

## Adult Safeguarding

### Introduction

General Practice remains the first point of contact for most people experiencing health problems. Vulnerable adults are part of the general practice population and should be registered with a general practitioner. Safeguarding vulnerable adults is everybody's responsibility - it is important that a coordinated approach is taken in response to management of their health needs.

The purpose of this document is to set out the policy of the Practice in relation to the protection of vulnerable adults. Further guidance may be available on local inter-agency procedures via the Integrated Care Board and / or Social Services.

The aims of adult safeguarding are to;

- Stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult.
- Address what has caused the abuse or neglect.

Adult safeguarding in Primary Care is:

- Identifying adults at risk in order to provide the right support and access to safety and safe care
- Working together with partner organisations to prevent/reduce the risk of abuse or neglect.
- Advocating for, and giving a voice to, those who are struggling to be, or not being heard.
- Protecting the basic human rights of everyone in our community, especially those who are unable to protect themselves from harm.
- Part of the universal care already given to patients and a fundamental part of patient safety and wellbeing.

Primary Care also contributes to multiagency safeguarding adult processes. This may include providing timely patient information to statutory review processes such as Domestic Homicide Reviews, Safeguarding Adults Reviews, LeDeR as well as other safeguarding meetings, including MARAC (Multi Agency Risk Assessment Conferences), CHANNEL (Prevent Duty) and MAPPA (Multi Agency Public Protection Arrangements).

## Policy Statement

Safeguarding is everyone's responsibility. This practice aims to protect people's health, wellbeing and human rights, and enable them to live free from harm, abuse and neglect and ensure that all staff act appropriately in response to any concern around adult abuse or neglect.

**The Old Dairy Health Centre** believes everyone has the right to live free from abuse or neglect regardless of age, ability or disability, sex, race, religion, ethnic origin, sexual orientation, marital or gender status.

We are committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution.

**The Old Dairy Health Centre** acknowledges that safeguarding is everybody's responsibility and is committed to prevent abuse and neglect through safeguarding the welfare of all adults involved.

This organisation recognises that health, well-being, ability, disability and need for care and support can affect a person's resilience. We recognise that some people experience barriers, for example, to communication in raising concerns or seeking help. We recognise that these factors can vary at different points in people's lives.

We are committed to Safeguarding Adults in line with national legislation and relevant national and local guidelines. We will safeguard adults by ensuring that our activities are delivered in a way which keeps all adults safe.

We will safeguard adults by ensuring that our activities are delivered in a way which keeps all adults safe, and committed to best safeguarding practice and to uphold the rights of all adults to live a life free from harm from abuse, exploitation and neglect.

**The Old Dairy Health Centre** recognises that there is a legal framework within which primary care organisations need to work to safeguard adults who have needs for care and support and for protecting those who are unable to take action to protect themselves and will act in accordance with the relevant safeguarding adult legislation and with local statutory safeguarding procedures.

Actions taken by the Practice will be consistent with the principles of adult safeguarding ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned.

We recognise that safeguarding vulnerable 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 the practice to safeguarding and promoting the welfare of vulnerable adults;
- clear lines of accountability within the practice for work on safeguarding;
- practice developments that take account of the need to safeguard and promote the welfare of vulnerable adults and is informed, where appropriate, by the views of the vulnerable 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 vulnerable adults;

- Safe working practices including recruitment and vetting procedures;
- Effective interagency working, including effective information sharing.

## Key Points

- Adults at risk are defined in legislation and there is a legal duty to provide support to 'adults at risk'.
- The safeguarding legislation applies to all forms of abuse that harm a person's well-being.
- The law provides a framework for good practice in safeguarding that makes the overall well-being of the adult at risk a priority of any intervention.
- The UK legislation emphasises the importance of person-centred safeguarding, (referred to as 'Making Safeguarding Personal' in England).
- The law provides a framework for making decisions on behalf of adults who can't make decisions for themselves (Mental Capacity).
- The law provides a framework for sports organisations to share concerns they have about adults at risk with the local authority.
- The law provides a framework for all organisations to share information and cooperate to protect adults at risk.

## Adult Safeguarding - 'Adults at Risk'

Section 42 of The Care Act requires that a local authority must make enquiries, or cause others to do so when it has reasonable cause to suspect that an adult (a person aged 18 or over) in its area is under the following conditions;

Has care and support needs (whether or not the local authority is meeting any of these needs) and is experiencing/at risk of abuse or neglect

and as a result of those needs is vulnerable (i.e. unable to) protect themselves from the risk of/the experience of abuse or neglect that will cause them harm.

Safeguarding duties apply regardless of whether a person's care and support needs are being met by the local authority or anyone else. They also apply to people who pay for their own care and support services.

## What is a Vulnerable Adult?

The definition is wide; however, this may be regarded as anyone over the age of 18 years who may be unable to protect themselves from abuse, harm or exploitation, which may be by reason of illness, age, mental illness, disability or other types of physical or mental impairment. Those at risk may live alone, be dependent on others (care homes etc.), elderly, or socially isolated. Most Safeguarding Adults groups in the UK define a vulnerable adult who is subject to or at risk of abuse, as:

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

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

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

The UK Safeguarding Adults legislation creates specific responsibilities on Local Authorities, the NHS and health organisations, and the Police to provide additional protection from abuse and neglect to Adults at Risk.

When an organisation has reason to believe there is an adult at risk, they have a responsibility to find out more about the situation and decide what actions need to be taken to support the adult. In Scotland and Wales, the Local Authority can gain access to an adult to find out if they are at risk of harm for example, if that access is being blocked by another person.

Action may be taken by the Local Authority (usually social services) and/or the Police. A primary care organisation may need to take action as part of safeguarding an adult - e.g., Practice disciplinary procedures in relation to a member of staff or member who has been reported to be harming a patient or colleague. The Local Authority role includes having multi-agency procedures which coordinate the actions taken by different organisations.

## Forms of Abuse

- Neglect – ignoring mental or physical needs, care, education, or basic life necessities or rights
- Bullying – family, carers, friends
- Financial – theft or use of money or possessions
- Sexual – assault, rape, non-consensual acts (including acts where unable to give consent), touching, indecent exposure
- Physical – hitting, assault, man-handling, restraint, pain or forcing medication
- Psychological – threats, fear, being controlled, taunts, isolation
- Discrimination – abuse based on perceived differences and vulnerabilities
- Institutional abuse – in hospitals, care homes, support services or individuals within them, including inappropriate behaviours, discrimination, prejudice, and lack of essential safeguards

Abuse may be deliberate or as a result of lack of attention or thought, and may involve combinations of all or any of the above forms. It may be regular or on an occasional or single event basis, however it will result in some degree of suffering to the individual concerned. Abuse may also take place between one vulnerable adult and another, for example between residents of care homes or other institutions. More information on this can be found at the following link from the **Social Care Institute for Excellence**;

[Safeguarding adults: types and indicators of abuse \[PDF\]](#)

## Indications

- Bruising
- Burns
- Falls
- Apparent lack of personal care
- Nervous or withdrawn
- Avoidance of topics of discussion
- Inadequate living conditions or confinement to one room in their own home

- Inappropriate controlling by carers or family members
- Obstacles preventing personal visitors or one-to-one personal discussion
- Sudden changes in personality
- Lack of freedom to move outside the home, or to be on their own
- Refusal by carers to allow the patient into further care or to change environs
- Lack of access to own money
- Lack of mobility aids when needed

## Principles of Adult Safeguarding

The Practice acknowledges the six principles of adult safeguarding, embedded in the Care Act and ensures these principles underpin any Practice safeguarding work:

- Empowerment: People being supported and encouraged to make their own decisions and informed consent.
- Prevention: It is better to take action before harm occurs and involves helping the person to reduce risks of harm and abuse that are unacceptable to them.
- Proportionality: The least intrusive response appropriate to the risk presented.
- Protection; Support and representation for those in greatest need.
- Partnership; Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability; Accountability and transparency in safeguarding practice.

## Safeguarding Adults and The Mental Capacity Act 2005

The **Mental Capacity Act 2005 (MCA)** and its accompanying Code of Practice provides a legal framework for decisions about those aged 16 or over in England and Wales who may lack the ability to make decisions for themselves. The Mental Capacity Act 2005 has five statutory principles:

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because they make an unwise decision.
- An act done, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests.
- 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.

## Adults with Capacity

A patient's ability to make a particular decision may be affected by undue influence (or duress), or a 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;

<https://www.rcgp.org.uk/blog/good-practice-safeguarding-in-general-practice>

The 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.

Vulnerable 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 have the following;

- 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 adults 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.

## **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 vulnerable adults.

The 5 principles of the MCA must be followed and are directly applicable to safeguarding:

- **A person must be assumed to have capacity unless it is established that he lacks capacity.** Assumptions should not be made that a person lacks capacity merely because they appear to be vulnerable;
- **A person is not to be treated as unable to make a decision unless all practicable steps to help him 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 dementia may best be able to evaluate risks;
- **A person is not to be treated as unable to make a decision because he makes 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;

- **An act or decision made under this Act for or on behalf of a person who lacks capacity must be done, or made, in their 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;
- **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 vulnerable adults must be:-

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

## **PREVENT in Primary Care Services: Safeguarding Adults from Radicalisation**

### **Understanding Prevent**

**Prevent** is a key pillar of the UK's counter-terrorism strategy, aiming to deter individuals from becoming radicalised and supporting terrorism. It focuses on:

- Addressing extremist ideologies: Countering the narratives and influences that fuel radicalisation.
- Providing early intervention: Offering support and guidance to individuals at risk of being drawn into extremism.
- Collaborative multi-agency approach: Working with various sectors like education, healthcare, and law enforcement to address vulnerabilities and prevent radicalisation.

### **PREVENT and Healthcare**

Healthcare professionals, including GPs and their staff, play a crucial role in safeguarding individuals vulnerable to radicalisation. This might be due to pre-existing vulnerabilities like mental health conditions or learning difficulties, which extremists might exploit.

### **Identifying and Responding to Concerns**

Being vigilant for signs of potential radicalisation is key. These may include:

- Changes in behaviour: Increased isolation, aggression, or interest in extremist content.
- Expression of extremist views: Justifying violence, supporting terrorist groups, or promoting extremist ideologies.
- Personal circumstances: Significant life changes, social isolation, or financial difficulties.

## GP Practice Safeguarding and Prevent Lead

Each practice should have a designated Safeguarding/Prevent Lead. Their role includes:

- Advising and supporting staff on identifying and reporting potential radicalisation concerns.
- Following established referral pathways for sharing information with relevant authorities.

### Key Actions

- **NOTICE:** Be alert to potential signs of radicalisation in patients or individuals interacting with the practice.
- **CHECK:** Discuss your concerns with the Safeguarding/Prevent Lead or another trained professional.
- **SHARE:** If necessary, share appropriate and proportionate information with the lead or relevant authorities (e.g., police) following established procedures.

### Remember:

- Prevent operates within the pre-criminal context and aims to safeguard individuals before they engage in any illegal activity.
- Information sharing should be proportionate and necessary, respecting confidentiality principles.
- Collaborative action and early intervention are crucial for successfully safeguarding individuals from the risks of radicalisation.

For further information on Radicalisation and Prevent please access the [UK Government's Prevent duty](#) guidance and the [Act Early](#) website.

## Action Required – Concerns about Vulnerable Adult's Welfare

*[Practices are recommended to research local guidelines and incorporate these into their local procedures]*

Where abuse of a vulnerable adult is suspected, the welfare of the patient takes priority. In deciding whether to disclose concerns to a third party or other agency, the GP will assess the risk to the patient. Ideally the matter should be discussed with the patient involved first, and attempts made to obtain consent to refer the matter to the appropriate agency. Where this is not possible, or in the case of emergency where serious harm is to be prevented, the patient's doctor will balance the need to protect the patient with the duty of confidentiality before deciding whether to refer. The patient should usually be informed that the doctor intends to disclose information, and advice and support should be offered. Where time permits, the medical defence organisation will be telephoned before any action is taken.

The practice will seek consent from vulnerable people to share information with carers / next of kin and log the results of this. Due regard will be taken of the patient's capacity to provide a valid consent.

In assessing the risk to the individual, the following factors will be considered:

- Nature of abuse, and severity
- Chance of recurrence, and when
- Frequency
- Vulnerability of the adult (frailty, age, physical condition etc.)
- Those involved – family, carers, strangers, visitors etc.



- Whether other third parties are also at risk (other members of the same household may be being abused at the same time)

***Subject to the local procedures in force, consideration will be given to:***

- Report to Social Services Mental Health team
- Report to Police
- Report to ICB lead
- CQC if a member of staff is suspected of abuse to patients following their reporting procedures online

## **Responding to Concerns Raised by the Public**

Members of the public may disclose information about suspected abuse of a vulnerable adult during consultations with GPs or other practice staff. This information may involve specific allegations, concerns about potential abuse, or general references to a difficult situation.

It is crucial to treat all such reports seriously and act promptly;

### **1. Active Listening and Support**

Listen attentively and empathise with the person's concern.

Provide reassurance and explain your obligation to report potential abuse.

If possible, document the person's contact details and offer support options if they need them.

### **2. Reporting the Concern:**

- Clearly explain your duty to refer all suspected abuse for further investigation.
- Encourage the person to be open and honest about any abuse they may have experienced, emphasising shared responsibility for safeguarding vulnerable adults.
- Record the details of the conversation, including the nature of the concern, date, time, and person's information (if collected), in the adult's medical record.

### **3. Collaboration and Transparency:**

- Inform the adult at risk of the referral, if possible and appropriate, while respecting confidentiality and safety concerns.
- Collaborate with the Practice Safeguarding Lead and other relevant professionals to ensure coordinated action and support for the adult.
- Maintain clear and accurate records of all actions taken and communications throughout the process.

### **Remember:**

- Prompt and thorough reporting is vital for protecting vulnerable adults from harm.
- Respecting confidentiality and balancing information sharing with transparency is crucial.
- Seeking clarification and guidance from your Practice Safeguarding Lead and other relevant professionals and organisations is encouraged when needed.

## **Making an alert to Local Authority Safeguarding Adults Team**

An 'alert' is a response to a concern, where an individual believes that a vulnerable adult may be at risk of harm or abuse. Alerts should be raised as soon as abuse or neglect is witnessed or suspected. This should always be the case if the adult remains in or is about to return to the place where the suspected/alleged abuse occurred and the alleged abuser is likely to have access to the adult or others who might be at risk.

On receiving an alert, the person responsible must decide whether to make a referral to the Local Authority safeguarding 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 vulnerable adult. 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

### **Information Sharing in Safeguarding Adults**

Effective information sharing is fundamental to:

- Early intervention: Ensuring vulnerable adults receive the services they need promptly.
- Protecting individuals: Safeguarding them from abuse and neglect.
- It's crucial for all practitioners to understand the principles and procedures of information sharing within the context of adult safeguarding.

### **Key Considerations**

- Prioritise the safety and well-being of the vulnerable adult at all times. This principle overrules all others when making decisions about information sharing.
- Share information when there's concern about:
- Significant harm already endured or at risk of being inflicted.
- Serious risk to the adult, requiring intervention.
- Potential interference with preventing, detecting, or prosecuting serious crimes, even if consent is given.

### **Always follow Data protection legislation and confidentiality principles;**

- Need-to-know basis: Share information only with those directly involved in safeguarding the adult.
- Consent: Seek it whenever possible, but remember it's not always a prerequisite in safeguarding scenarios.
- Clear and accurate record-keeping: Document all information sharing activities and reasons.

The above is adapted from the UK Government guidance "**Information sharing advice for safeguarding practitioners**" which can be found at ; <https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice>

## **Statutory Roles and Responsibilities**

### **Local Safeguarding Adult Boards and Your Practice**

#### **Safeguarding Adult Boards (SABs)**

The **Lambeth ICB** Safeguarding Adult Board plays a critical role in your local safeguarding network.

They are responsible for:

- Developing local procedures and protocols for adult safeguarding.
- Ensuring multi-agency training is available for professionals involved in safeguarding.
- Scrutinising the safeguarding arrangements of statutory agencies, including healthcare providers.
- Promoting effective collaboration and information sharing across different agencies.

#### **Adult Social Care (ASC)**

- Holds statutory responsibility for investigating potential abuse and neglect of adults.
- Initiates inquiries or ensures others do so when concerns arise.
- Aims to determine if any actions are required to stop the abuse and neglect.

### **Your Local Integrated Care Board (ICB) and Safeguarding**

**NHS South East London – Integrated Care Board ([selondonics.org](https://selondonics.org))** is a statutory partner on your local SAB, collaborating with local authorities and police.

They employ a Named GP to:

- Offer advice and support to GP safeguarding practice leads in your region.
- Coordinate activities within the ICB's Primary Care Safeguarding Team.
- Practice Safeguarding Lead

Each primary care practice should have a dedicated Safeguarding Lead and Deputy Lead. These staff members work closely with the ICB's Named GP and Safeguarding Team for guidance and support.

#### **Remember;**

- Staying informed about your local SAB, ASC, and ICB roles is essential for effective safeguarding within your practice.
- Collaborating with these agencies ensures coordinated responses to potential abuse and neglect, protecting vulnerable adults in your community.

## Practice Responsibilities : A Duty of Care

**Safeguarding is everybody's business – all practice staff have a duty of care to your patients/service users and your colleagues.**

Duty of care can be said to have reasonably been met where an objective group of professional considers:

- All reasonable steps have been taken
- Reliable assessment methods have been used
- Information has been collated and thoroughly evaluated
- Decisions are recorded, communicated and thoroughly evaluated
- Policies and procedures have been followed
- Practitioners and managers seek to ascertain the facts and are proactive.

**Clinical Employees:** Clinical employees are responsible for identifying, investigation and responding to allegations/suspicions of abuse. Employees are responsible for understanding and applying this policy.

**Practice Management and GP Partners:** The management of the Practice is responsible for communicating the policy and supervising the identification, investigation and reporting of any allegations/suspicions of abuse.

The Practice recognises that safeguarding adults is a shared duty with the need for effective joint working between professionals and agencies. In order to achieve effective joint working, there must be constructive relationships at all levels, promoted and supported by:

- The commitment of all staff within the practice to safeguarding and promoting the welfare of adults.
- Clear lines of accountability within the practice for safeguarding processes.
- Practice 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 at risk and their families.
- Staff training and continuing professional development enabling staff to fulfil their roles and responsibilities and have an understanding 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.

**The Practice Lead for Safeguarding Adults is:**

Name	Job Title	Safeguarding Role
Dr Pooja Agarwal	GP	Safeguarding Lead for Adult and Children
Sam Stevens	Operations/Admin Manager	Administrative Lead and Safeguarding Deputy for Adult and Children

## **Practice Staff Learning & Development**

To protect vulnerable adults from harm, all health staff must have the competencies to recognise adults at risk of or actual abuse and to take effective action as appropriate to their role. All Practice staff must be trained and competent to be alert to potential indicators of abuse and neglect in adults, know how to act on their concerns and fulfil their responsibilities in line with LSAB policy and procedures.

The Practice will enable staff to participate in training on adult safeguarding. The training will be at the appropriate levels and relevant to the roles and responsibilities of each staff member as outlined in the [Royal College of Nursing's Adult Safeguarding Roles and Competencies for Health Care staff 2018](#) and the RCGP [supplementary guide to safeguarding training requirements for all primary care staff](#).

## **CQC Requirements and Considerations**

All practice staff must be competent in safeguarding adults at risk. This includes understanding the definition of an adult at risk and the types of abuse they may be subject to. Staff must also be aware of the procedures for reporting safeguarding concerns.

The Care Act (2014) requires that staff induction training includes awareness of how to identify and report abuse. The Act also requires safeguarding adults boards to work with CCGs to provide this training.

Practices must make sure that all staff have the appropriate level of competence for their role. There is a competency framework that sets out six levels of competence. The required level of training varies depending on the staff member's role.

GP practices are only required to notify the CQC of safeguarding incidents where the allegation of abuse is linked to their provision of care.

## **Safeguarding Awareness for Induction Training**

The Practice's induction for partners and employees will include a briefing on the Safeguarding Adult Policy by the Practice Manager or Practice Lead for Safeguarding. At induction new employees will be given information about who to inform if they have concerns about an adult's safety or welfare and how to access the Local Safeguarding Adult procedures.

***All GPs and Practice staff should keep a learning log for their appraisals and or personal development plans***

## CONTACT LIST

SERVICE	CONTACT NUMBER
Police (local)	101 or <a href="https://www.met.police.uk/">https://www.met.police.uk/</a>
Community Mental Health	LambethSPAReferrals@slam.nhs.uk
Adult Support services	Alice Wu 07478 331 031 alicewu@nhs.net
Adult Support services (Out of Hours)	Alice Wu 07478 331 031 alicewu@nhs.net
Social Services	111
Social services (Out of Hours)	111
Drug Misuse	Lorraine Hewitt House 020 3228 1550
Medical Defence Organisation	MDU 0800 716 646
PCO Adult protection lead	Dr Pooja Agarwal

### Adult Safeguarding Health Professionals contact details

Record names and contact details for local PCN/ICB Adult safeguarding professionals below

Name	Position	Email	Tel/Mobile No
Dr Pooja Agarwal	Safeguarding Lead GP	<a href="mailto:pooja.agarwal@nhs.net">pooja.agarwal@nhs.net</a>	07792 423151
Sam Stevens	Operations/Admin Manager	<a href="mailto:Samantha.stevens11@nhs.net">Samantha.stevens11@nhs.net</a>	07985 083300
Alice Wu	Named GP for Safeguarding Adults Lambeth	<a href="mailto:alicewu@nhs.net">alicewu@nhs.net</a>	07478 331031
David Rowley	Designated Nurse, Adult Safeguarding Lambeth	<a href="mailto:Davidrowley@nhs.net">Davidrowley@nhs.net</a>	07867 140897

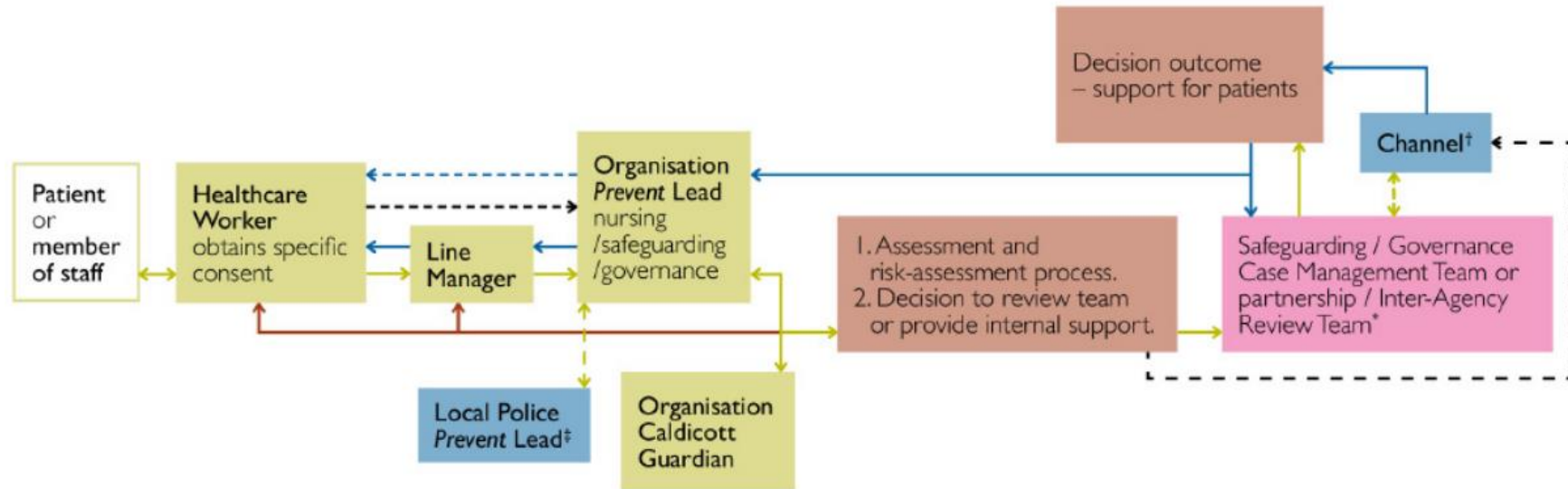
### Adult Safeguarding Referrals

Record names and contact details for Adult Safeguarding Referrals below

Region	Contact Name	Tel/Mobile No	Email/Website
ODHC	Dr Pooja Agarwal	07792 423151	<a href="mailto:pooja.agarwal@nhs.net">pooja.agarwal@nhs.net</a>

**From “Safeguarding Adults” NHS England Feb 2017**

In the absence of any existing arrangements for raising concerns, the following flow chart is provided as an example of an escalation procedure. If you have any concerns talk to your line manager, Prevent Lead or Safeguarding Professional.



- KEY**
- - Public
  - - Internal Health process
  - - Decision
  - - External Organisation
  - - Inter-agency partnership

\*To include representatives from other public sector services, such as local authorities, education, social care, etc.  
 ‡ This is an advisory role and it will be at the discretion of healthcare practitioners and safeguarding leads to contact police Prevent leads for advice and support as necessary. Police Prevent leads can also assist safeguarding leads and Caldicott Guardians with advice on risk-assessment procedures. † Channel Groups provide a mechanism for supporting individuals who may be vulnerable to terrorist-related activity by assessing the nature and the extent of the potential risk, agreeing and providing an appropriate support package tailored to an individual's needs. Channel is a multi-agency panel (including Health) and the local Channel lead is normally located within police or local authority.

## Resources

[The Care Act 2014 : Statutory guidance : Care and support statutory guidance](#)

[About the Mental Capacity Act 2005 \(CQC\)](#)

[UK Legislation : The Mental Capacity Act 2005 \(gov.uk\)](#)

[RCGP : Decision aid for making a safeguarding adult referral \[PDF\]](#)

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