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Policy Support Services

BREWOOD
SKIN & FUNCTIONAL HEALTH CLINIC

Safeguarding Adults Policy

Brewood Skin Clinic will give sufficient priority to safeguarding adults at risk and will take a proactive approach to safeguarding and focus on prevention and early identification.

Staff members will take steps to protect people where there are known risks, respond appropriately to any signs or allegations of abuse and work effectively with other organisations to implement protection plans.

Brewood Skin Clinic will engage in local safeguarding structures and procedures and will participate with other relevant organisations to ensure that multi-agency working is effective.

Brewood Skin Clinic will be aware of the Local Authority Safeguarding Adults Team (through social services)

Adult Safeguarding Team - https://www.staffordshire.gov.uk/Contact/Advice-support-and-care-for-adults/Report-abuse-of-an-adult.aspx#:~:text=Find%20help%20or%20contact%20us&text=To%20report%20concerns%20about%20an,Phone%3A%200345%20604%202719

Referrals will be made to the Local Authority dependent on the patient's home address.

All Practice staff can demonstrate their competence in safeguarding adults at risk by their:

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

is in line with local multi- agency policies and procedures

Brewood Skin Clinic will maintain good professional standards and undertake the clinical governance activities that are central to safeguarding. Significant event reporting, peer review and the appraisal and revalidation process support the highest clinical standards and promote patient welfare, in particular, for patients, their families and carers who may have trouble looking after their own interests.

Under the Care Act, safeguarding duties apply to any person aged 18 or over who:

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

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

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

People with care and support needs are not always at risk of abuse or neglect.
There is a clear distinction between adults who have capacity to make decisions and those on whose behalf some decisions need to be made.

Safeguarding Adults Training Requirements

Under the intercollegiate guidance for Adult Safeguarding Roles and Competencies for Health Care Staff, Brewood Skin Clinic will provide the following training according to current requirements for the safeguarding of adults:

- Level 1: All staff in healthcare settings (includes Practice receptionists and non-clinical staff) – two (2) hours of training to be repeated every three (3) years
- Level 2: All non-clinical and clinical staff who have regular contact with

Patients, their families or the public (includes Practice Managers, Reception Managers) – 3-4 hours of training to be repeated every three (3) years

- Level 3: All healthcare staff involved in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (includes GPs, Practice Nurses, Advanced Nurse Practitioners, Registered Nurse Care Co-ordinators) – eight (8) hours of training to be repeated every three (3) years

Safeguarding Adults Responsibilities

Step 1: Identifying adults who may have safeguarding needs
Identify and record the factors that contribute to risk for the Patient to get the support they need.

Step 2: Responding to immediate risks
Establish whether the Patient is at immediate risk of harm, if a crime has been committed and whether emergency services, including the Police, need to be involved. The priority is to ensure the Patient's safety and wellbeing.
Consider whether an urgent referral to the appropriate Local Authority Safeguarding Adult Services is required.

Step 3: Assessing the individual's needs
Make a thorough and holistic assessment of the Patient, looking at their broader emotional, psychological and safeguarding needs in addition to their presenting physical and clinical factors. Consider:

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

Step 4: Assessing capacity
Does the Patient have the capacity to make relevant decisions, or do best-interests decisions need to be made on their behalf?
Adults with capacity have the right to make decisions on their own behalf, even where their decision may expose them to risk.
It is important to ensure that the Patient understands the nature of the risk and is offered support as appropriate.

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

Step 6: A consensual approach
Most adults with capacity accept the offer of support services.

Where adults with capacity decline services, the reasons will be explored with sensitivity and alternatives offered where appropriate.
The adult Patient must be made aware of risks and the possible impact on their wellbeing, and they must be encouraged to develop strategies to protect themselves.

Ultimately, the decision to accept care and treatment rests with the competent adult. Information may need to be shared without consent in some cases, e.g., where others are at risk of significant harm.

Step 7: Review
Local Authority Safeguarding Adult Boards have a statutory obligation to undertake safeguarding adult reviews in especially serious cases where an adult has been seriously injured or has died and abuse or neglect are suspected.

Abuse and Neglect

Abuse and neglect can take many forms: the distinction between them is not always clear. Neglect can lead to harm as significant as direct abuse. Within healthcare, neglect is the most serious form of abuse that intent is not the issue. The definition of abuse is not based on whether the perpetrator intended to harm the individual, but whether harm was caused, and its impact on the individual.

Abuse and neglect can amount to serious violations of an individual's rights. Many acts of abuse are criminal offences, and all adults are entitled to the full protection of the law. Where a crime has been committed, or is likely to be committed, it may be necessary to involve the police.

The Care Act guidance identifies the following types of abuse:

- Physical abuse - including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions
- Domestic violence - including psychological, physical, sexual, financial, emotional abuse, and so-called 'honour' based violence
- Sexual abuse - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, sexual assault or sexual acts to which the adult has not consented or was pressured into consenting
- Psychological abuse - including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks
- Financial or material abuse - including theft, fraud, Internet scamming,

coercion in relation to an adult's financial affairs or arrangements, including in connection with Wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

- Modern slavery - encompasses slavery, human trafficking, forced labour and domestic servitude
- Discriminatory abuse - including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion
- Organisational abuse - including neglect and poor care practice within an institution care setting such as a hospital or care home, or in one's own home
- Neglect and acts of omission - including ignoring medical, emotional or physical care needs, failure to provide access to appropriate healthcare and support or educational services, the withholding of the necessities of life such as medication, adequate nutrition and heating; or
- Self-neglect - this covers a wide range of behaviour that involves neglecting to care for one's personal hygiene, health or surroundings

Mental Capacity in Safeguarding

Capacity is a vital concept in relation to the care and treatment of adults who may be at risk. Retaining control means that competent adults have the right to assess and manage risks to which they are exposed and support will normally involve talking through those risks and offering support where appropriate.

In the absence of serious crime and of significant risks to third parties, competent adults retain the right to make decisions about how they wish to direct their lives. Neglecting or violating these decision-making rights, even where the intention is to protect the individual, can itself be a form of abuse.

Adults With Capacity

Adults have the right to make decisions on their own behalf; they are assumed to have the capacity to do so. However, decisions that entail personal risks may not be in accordance with an objective view of their best interests.

Where there are doubts about capacity, the responsibility for demonstrating that an individual lacks capacity falls to the person challenging it.

The fact that an adult is regarded as 'at risk' is not (by itself) evidence that capacity is lacking. Therefore, care must be taken to avoid making this assumption. Where an adult has capacity in relation to a specific decision, e.g., a health intervention, consent is required and their decision must be respected unless treatment is being provided under mental health legislation.

Exceptions are where a criminal offence may have taken place or where there may be a significant risk of harm to a third party. Where a criminal offence is

suspected, it may also be necessary to involve the police or take legal advice. Ongoing support must also be offered in these circumstances.

Where there are Doubts about a Person's Capacity – At Brewood Skin Clinic, we do not treat patients who lack capacity.

For information : Assessing Capacity
An assessment of capacity involves three stages:

Stage 1: Does the person have an impairment of the mind or brain?
Stage 2: Is the person able to:

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

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

Mental Capacity Act 2005 (MCA)
The MCA sets out several basic principles that must govern all decisions taken in relation to adults lacking capacity.
An assessment of mental capacity is decision specific. The question is whether the individual has the capacity to make a specific decision at a specific time, including with the provision of appropriate support. Although some Patients, e.g., those who are unconscious, will not be able to make any decisions, most individuals will be able to participate in straightforward ones.

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

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

When Information can be Shared about Adults at Risk

- Health professionals owe the same duty of confidentiality to all their Patients
- Competent adults have the right to determine how their information is used,

although this right is not absolute; confidentiality may be overridden by legal authority or where there is a significant risk of harm to others, or to prevent or prosecute a serious crime

- Where an adult lacks capacity, relevant information can be disclosed where it is in their best interests; and
- The principle of proportionality involves making balanced decisions about whether to share information without consent

Communication

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

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

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

Safeguarding and the Government's Anti-radicalisation Prevent Strategy

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

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

It creates no additional duties for doctors.

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

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

Sharing Information

Sharing information with appropriate agencies can be an important part of keeping people safe. Many

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

In exceptional circumstances, e.g. where a third party such as a child or other adult is at risk of harm, it may be necessary to share information without consent.

Information will not be disclosed without consent unless there is clear evidence of immediate risk.

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

Victims of Modern Slavery

There is no typical victim of trafficking and modern slavery although many originate from areas of political

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

Signs that Might Suggest Someone is Being Trafficked

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

Factors to look out for include:

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

How to Respond to Concerns that Someone may be Trafficked

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

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

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

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

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

Significant Harm

The point at which The Brewood Skin Clinic will consider involving Local Authority adult protection procedures is the concept of 'significant' harm. This is likely to

include not only violent and unlawful acts, e.g., hitting, sexual abuse and harmful psychological coercion as well as any acts or omissions likely to lead to a serious impairment of physical or mental health.
Factors to take into account when considering the involvement of adult protection services include:

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

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

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

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

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

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

Practice Safeguarding Adults Lead

The Practice's Safeguarding Adults Lead is The Registered Manager:

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

Consent

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

Audit and Compliance

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

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

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

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

Whistleblowing

Whistleblowing is an important aspect of the support and protection of adults at risk of harm where staff are encouraged to speak up and share genuine concerns about a colleague's behaviour. Their behaviour may not be related to an adult at risk, but they may not be following the Code of Conduct or could be pushing boundaries beyond normal limits or displaying conduct which is a breach of the law, conduct which compromises health and safety or conduct which falls below established standards of practice with adults at risk.

The Brewood Skin Clinic has a clear Whistleblowing Policy and Procedure in place which staff are frequently reminded about, and they must be familiar with and understand how to escalate and report concerns.

References / Guidance:

SCIE - Safeguarding Key Concepts:
https://www.scie.org.uk/safeguarding/adults/introduction
/highlights National FGM Centre:
http://nationalfgmcentre.org.uk/
Hourglass - Safer ageing, stopping abuse:
https://wearehourglass.org/
NHS England - Prevent Training and Competencies Framework:
https://www.somersetccg.nhs.uk/wp-content/uploads/2021/10/Prevent-
Training-and-Competencies- Framework-2017.pdf
Home Office - Criminal Exploitation of Children and Vulnerable Adults - County Lines Guidance:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741194/HOCount HM Government - Female Genital Mutilation: Resource Pack: https://www.gov.uk/government/publications/female-genital-mutilation-resource-pack
One Chance Rule - Honor Based Violence:
https://www.safelives.org.uk/sites/default/files/resources/One%20Chance%20Rule.pdf
ARCUK - Friend or Fake? An Easy Read Guidance Booklet about Hate Crime and Mate Crime:
https://arcuk.org.uk/safetynet/files/2012/08/Friend-or-
Fake-Booklet.pdf Safer Places - Domestic Abuse
Support Services: https://www.saferplaces.co.uk/
GOV.UK - Domestic Abuse Act: Factsheet:
https://homeofficemedia.blog.gov.uk/2021/04/29/domesticabuseactfactsheet/ RCGP - Safeguarding:
https://www.rcgp.org.uk/clinical-and-
research/safeguarding.aspx

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