**SAFEGUARDING ADULT POLICY**

**Topcliffe Surgery**

November 2019

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| Version | Date | Purpose of Issue/Description of Change | Review Date |
| 1 | November 2019  | Standard policy for General Practice North Yorkshire and York.  | November 2022 or earlier to reflect new national guidance  |
| Status | Mandatory |
| Publication Scheme | Policy and Procedures |
| Scope | North Yorkshire and York  |
| Record Type | Policy and Procedures |
| Author  | Jacqui Hourigan Nurse Consultant Safeguarding Adults and Children Primary Care  | Date November 2019  |
| **Approval and/or** **Ratification Body** | Named GPs York and North Yorkshire and Designated Professionals for Safeguarding YOR Local Medical Committee Limited North Yorkshire and York  | November 2019  |

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1. **Introduction**
	1. Safeguarding is everyone’s responsibility, aims to protect people's health, wellbeing and human rights, and enable them to live free from harm, abuse and neglect.
	2. 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 as a whole, 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.

**2. Safeguarding Adults in General Practice**

2.1 Safeguarding adults is a complex area of practice. The client group is extremely wide, ranging from adults who may not be capable of looking after any aspect of their lives, to individuals experiencing a short period of illness or disability.

* 1. Primary Care staff have an important role to play in safeguarding and promoting the welfare of adults. Identification of abuse has been likened to putting together a complex multi-dimensional jigsaw. General Practice hold knowledge of family circumstances and can interpret multiple observations accurately recorded over time, and may be the only professionals holding vital pieces necessary to complete the picture
	2. Primary Care staff may be the first to recognise an individual’s health problems, carer related stress issues, or someone whose behaviour may pose a risk. The primary health care team may be the only professionals to have contact with the adult of concern and it is important that any response taken is appropriate and timely, thereby preventing the potential long term effects of abuse and neglect.
	3. Contribution to multi-agency safeguarding adults meetings and other such meetings including Multi Agency Risk Assessment Conferences (MARAC) for cases of high risk Domestic Abuse by Primary Care is essential if adults at risk are to be appropriately safeguarded.

3.0 **Engagement**

This policy was developed by the Named GPs for Safeguarding York and North Yorkshire and Nurse Consultant Safeguarding in Primary Care, for use within General Practices within North Yorkshire and York.

4. **Impact Analyses**

4.1. **Equality**

4.1.1. In line with Topcliffe Surgery Equality and Diversity Policies and Sustainability impact assessment, this policy aims to safeguard all adults who may be at risk of abuse, irrespective of disability, race, religion/belief, colour, language, birth, nationality, ethnic or national origin, gender or sexual orientation.

4.1.2. All Practice Staff must respect the adults at risk (and their family/ carers) culture, religious beliefs, gender and sexuality. However this must not prevent action to safeguard adults who are at risk of, or experiencing, abuse.

4.1.3. All reasonable endeavours should be used to establish the adult at risk and their family/carers preferred method of communication, and to communicate in a way they can understand.

4.2. Bribery Act 2010

Due consideration has been given to the Bribery Act 2010 in the development of this policy and no specific risks were identified.

5. **Scope**

5.1.This policy applies to GP Partners and all staff employed by the Topcliffe Surgery Topcliffe Surgery including; all employees (including those on fixed-term contracts), temporary staff, bank staff, locums, agency staff, contractors, volunteers (including celebrities), students and any other learners undertaking any type of work experience or work related activity.

**6**. **Policy Aim**

6.1.ThePractice adopts a zero tolerance approach to abuse and neglect and in doing so ensures that promoting the adult’s right to live in safety is integral to all we do.

6.2 This policy outlines how Topcliffe Surgery will fulfil their legal duties and statutory responsibilities effectively in accordance with safeguarding adult procedures of City of York Safeguarding Adult Board (CYSAB), East Riding Safeguarding Adults Board (ERSAB) and North Yorkshire Safeguarding Adult Board (NYSAB)

**7. Adult Safeguarding**

7.1**.** All adults (those over 18 years of age) have the right to live a life free from abuse and neglect. Abuse is a violation of an individual’s human and civil rights by any other person or persons.

7.2 Where someone is 18 or over but is still receiving children’s services and a safeguarding issue is raised, the matter should be dealt with through adult safeguarding arrangements. For example, this could occur when a young person with complex needs continues to be supported in a residential educational setting until the age of 25. Where appropriate, adult safeguarding services should involve the local authority’s children’s safeguarding colleagues as well as any relevant partners.

7.3. The Care Act 2014 (Section 42) requires that a local authority must make enquiries, or cause others to do so when it has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

* has care and support needs (whether or not the local authority is meeting any of those needs) and;
* is experiencing, or at risk of, abuse or neglect;
* and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect neglect.

7.4. The Care and Support Statutory Guidance 2014 which underpins the Care Act incorporates Making Safeguarding Personal as the recommended approach to safeguarding.

**8**. **Principles of Adult Safeguarding**

8.1. The Practice acknowledges the six principles of adult safeguarding and ensures these principles underpin Practice Staff 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.
* 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 delivering

**9.**  **Categories of abuse**

**9.1** Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act or it may occur when an adult is persuaded to enter into a financial or sexual transaction to which he or she has not consented to, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

* Physical abuse; including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions including female genital mutilation.
* Domestic abuse; including psychological, physical, sexual, financial, emotional abuse. This also includes so called ‘honour’ based violence and forced marriage.
* Sexual abuse; including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
* Psychological abuse; including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
* Financial or material abuse; including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
* Modern slavery; encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
* Discriminatory abuse; including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.
* Organisational abuse; including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
* Neglect and acts of omission; including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
* Self-neglect; this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

**10. The Mental Capacity Act 2005**

10.1 The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Everyone working with and/or caring for an adult who may lack capacity to make specific decisions must comply with this Act when making decisions or acting for that person, when the person lacks the capacity to make a particular decision for themselves.

10.2 It is essential that safeguarding adults is considered in line with the Mental Capacity Act. A person who lacks capacity may not always recognise that they are at risk of, or are being abused or neglected

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

1. A person must be assumed to have capacity unless it is established that they lack capacity.

2. A person is not to be treated as unable to make a decision unless all practicable steps to help them do so have been taken without success.

3. A person is not to be treated as unable to make a decision because they make an unwise decision.

4. An act or decision made under this Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests.

5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person’s right and freedom of action.

10.4. 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 or undue influence or the perceived lack of any alternative choice. Nonetheless, it is an important distinction to make.

10.5. It is important to ensure that adults who do have mental capacity to make relevant decisions are not excluded from adult safeguarding. Capacity should not be viewed as a barrier to safeguarding, however, caution must be exercised not to contravene an individual’s wishes, feelings and rights.

10.6. 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 individual’s wishes and views should be explored and recorded. The exception to this principle would occur in situations where their decision may have been influenced by threat or coercion and consequently lacks validity and may need to be over-ridden.

**11** **CONTEST Counter Terrorism Strategy and** **PREVENT**

11.1 Contest is the Government's Counter Terrorism Strategy, which aims to reduce the risk from terrorism.

11.2 Contest has four strands which encompass;

* PREVENT; to stop people becoming terrorists or supporting violent extremism.
* PURSUE; to stop terrorist attacks through disruption, investigation and detection.
* PREPARE; where an attack cannot be stopped, to mitigate its impact.
* PROTECT; to strengthen country against terrorist attack.

11.3 PREVENT aims to prevent people becoming involved in terrorism, supporting extreme violence or becoming radicalised.

11.4 Alongside other agencies, such as education, local authorities and the police, healthcare services are a key strategic partner in supporting this strategy.

11.5. Healthcare professionals may work with people who are at risk of being radicalised, such as people who may have mental health issues or learning disabilities, and therefore potentially have a heightened susceptibility to being influenced by others.

11.6. Health staff must to be vigilant for the signs that someone has been or is being drawn into terrorism. Primary Care staff are the first point of contact for most people and are in a prime position to safeguard those people they feel may be at risk of radicalisation.

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

11.8. Notice, Check and Share is the process that practice staff can use to manage any PREVENT concern and enables informed decisions to be made on actions required ;

* **Notice**: if you have a cause for concern about someone, perhaps their altered attitude or change in behaviour
* **Check**: discuss concern with appropriate other (practice/CCG safeguarding lead)
* **Share**: appropriate, proportionate information (LA Safeguarding )

**12.** **Roles and Responsibilities**

12.1. The Safeguarding Adults Boards (SAB) in York, North Yorkshire and East Riding are responsible for ensuring that;

* partner agencies including the Local Authority, the NHS and the police, meet regularly to discuss and act upon local safeguarding issues;
	+ - * + develop shared plans for safeguarding, working with local people to decide how best to protect adults in risk situations and produce an annual report ;

• undertake Safeguarding Adult Reviews in order to learn lessons where an adult has died or suffered significant harm as a result of abuse or neglect and multi-agency failure is indicated as playing a part

12.2. The Local Authority makes enquiries, or ask others to make enquiries, when they have reason to believe that an adult with care and support needs may be at risk of abuse or neglect and to find out what, if any, action may be needed. This applies whether or not the authority is actually providing any care and support services to that adult.

12.3 Safeguarding Partners / Professionals have a responsibility for recognising the potential signs and indicators of abuse, sharing information appropriately, and acting on concerns in a timely manner according to their policy and procedures.

12.4 Clinical Commissioning Groups are required to employ a named GP to advise and support GP safeguarding practice leads. GPs should have a lead and deputy lead for safeguarding, who should work closely with the Named GP based in the clinical commissioning group. (HM Government, 2018).

13. **Practice Arrangements**

13.1 Topcliffe Surgery 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

13.2The **Practice Lead for Safeguarding Adults** is:

 Dr Rachel Doswell

The Administration Lead for managing Safeguarding data is:

 Dr Rachel Doswell

13.3.The **Practice Lead** for Safeguarding Adults will;

* Ensure that they are fully conversant with the practice safeguarding adult policy, the policies and procedures of Safeguarding Adults Board; and the integrated processes that support safeguarding;
* Facilitate training opportunities for staff groups
* Act as a focus for external contacts on safeguarding adult and Mental Capacity Act matters; this may include requests to contribute to sharing information required for safeguarding adult reviews, domestic homicide reviews, multi-agency/ individual agency reviews and contribution to safeguarding investigations where appropriate;
* Disseminate information in relation to Safeguarding Adults/Mental Capacity Act to all practice members;
* Act as a point of contact for practice members to bring any concerns that they have, to document those concerns and to take any necessary action to address concerns raised;
* Assess information received on safeguarding concerns promptly and carefully, clarifying or obtaining more information about the matter as appropriate;
* Facilitate access to support and supervision for staff working with vulnerable adults and families;
* Ensure that the practice team completes the practice’s agreed incident forms and analysis of significant events forms which are available on GP Team Net;
* Makes recommendations for change or improvements in practice

13.4. The **Practice Manager** will ensure that

* safeguarding responsibilities are clearly defined in all job descriptions.
* the Practice has a clear safer recruitment policy.

13.5 **All individual staff members, including partners, employed staff and volunteers** have an individual responsibility to;

* Be alert to the potential indicators of adult abuse or neglect and know how to act on those concerns in line with national guidance and the safeguarding adult procedures;
* Be aware of and know how to access City of York , East Riding or North Yorkshire Safeguarding Adults Boards (SAB) policies and procedures for safeguarding adults;
* Take part in training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding adults and implementation of the Mental Capacity Act;
* Understand the principles of confidentiality and information sharing in line with local and government guidance;
* Contribute, when requested to do so, to the multi-agency meetings established to safeguard and protect vulnerable adults.

**14.** **What to do if you have concerns about an adult’s welfare or an adult tells you about abuse**

14.1. Concerns about the wellbeing and safety of an adult at risk must always be taken seriously. The Practice member of staff who first becomes aware of concerns of abuse must report those concerns as soon as possible and if possible within the same working day to the relevant senior manager/ safeguarding lead within the practice.

14.2 It is best practice to raise a concern at the earliest opportunity of the allegation from when the abuse or neglect was witnessed, disclosed or suspected. A preliminary risk assessment should be undertaken with the main objective to act in the adult at risks best interest and to prevent the further risk of potential harm. It is important to consider the following:

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

14.3. It is good practice to ensure that the adult is given information about what steps will be taken, including any emergency action to address their immediate safety or well-being.

14.4 The wishes and views of the adult at risk should always be considered, with opportunities for their involvement in the safeguarding process to be sought thereby ensuring that safeguarding is person centred.

14.5 If an adult in need of protection or any other person makes an allegation to you asking that you keep it confidential, you should inform the person that you will respect their right to confidentiality as far as you are able to, but that you may need to discuss with your manager/safeguarding lead within the practice and/ or the Local Authority safeguarding team. If such a disclosure is required you will inform the adult of this.

14.6 If it is suspected that a crime has been committed, it is important that you do not contact the person alleged to have caused harm or anyone that might be in touch with them. Contact the Police 999 in an emergency or 101 for non-emergencies.

14.7. Ability to consent to the safeguarding process should be determined by the person’s mental capacity at that specific time and their understanding of risk and consequences of their situation. In determining validity of consent to raise a safeguarding concern, the possibility of threat or coercion from others should also be explored and considered. This decision should be clearly documented in the individual’s health records.

14.8 There may be instances where a safeguarding concern can be raised without consent from the adult at risk this could include circumstances where others could be at risk if the concern is not raised or instances where a crime may have been committed. This is known as a public interest disclosure to share information. In circumstances where information is shared using public interest disclosure the referrer must be able to justify their decision to raise a concern in that the information is accurate, shared in a timely manner and necessary and proportionate to the identified risk.

14.9. If any member of Practice staff is unsure how to proceed or is in doubt about raising a concern the case can be discussed with a senior colleague/ line manager, Safeguarding Practice lead or a member of the Adult Safeguarding team.

14.10. Once the concern has been raised and meets the requirements for a Section 42 the local authority will contact the adult to ascertain their wishes and views and to set out an individual risk assessment plan, what steps can be taken to safeguard the adult, review their health or social care needs to ensure appropriate accessibility to relevant services and how best to support them through any action to seek justice or reduce the risk of further harm.

14.11. An adult who has capacity may choose to stay in an unsafe and /or abusive situation or choose to not take part in the safeguarding process. In such a case the plan may therefore be centred around managing the risk of the situation with the person ensuring that they are aware of options to support their safety. Such cases will require careful monitoring and recording so it is recommended to seek advice if this occurs.

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| **15. Information Sharing** 15.1. Sharing of information is vital for early intervention and is essential to protect adults at risk from suffering harm from abuse or neglect. It is important that all practitioners understand when, why and how they should share information.15.2. The Data Protection Act 2018 and associated General Data Protection Regulations and Human Rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately• **Be open and honest** with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.• **Seek advice** from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.• **Share information with consent where possible**, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.• **Consider safety and well-being**: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.* **Necessary, proportionate, relevant, adequate, accurate, timely and secure:** ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

• **Keep a record** of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose. 15.5 Where the practitioner is uncertain, advice about consent is available from the Safeguarding Practice Lead, Named GP, Safeguarding Team in Primary Care, Designated Professional for Adult Safeguarding. **16. Recording Information** 16.1 Where there are concerns about an adult’s welfare, all concerns, discussions and decisions made and the reasons for those decisions must be recorded in writing in the person’s medical records. 16.2 This Practice ensures that computer systems are used to identify those patients and families with risk factors or concerns using locally agreed Read Codes. 16.3 It is recognised that it is as important to be alert to the children and other members of the household as the adult there are direct concerns about. ‘Think Family’ and raise concerns about children’s welfare as necessary and appropriate following local safeguarding children’s procedures and Practice Safeguarding Children Policy 16.4. The Practice has a dedicated Administration Team who are responsible for managing alerts and Safeguarding Adult information/ correspondence which is all held together within one health record.17. **Implementation** 17.1. Practice staff will be advised of this policy through Practice meetings. The Safeguarding Adult Policy will be available via GP Team Net. 17.2. Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the Practice disciplinary procedure.18. **Training and Awareness** 18.1. 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 procedures18.2 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.18.3. The Practice will enable staff to participate in training on adult safeguarding. The training will be proportionate and relevant to the roles and responsibilities of each staff member as outlined in the Adult Safeguarding Roles and Competencies for Health Care staff 2018. See also RCGP guidance on Primary Care training requirements <https://www.rcgp.org.uk/-/media/Files/CIRC/Safeguarding/Safeguarding-training-requirements-for-Primary-Care.ashx?la=en>18.4. The Practice will keep a training database detailing the uptake of all staff training so that the Practice Manager and Safeguarding Leads can be alerted to unmet training needs.18.5 All GPs and Practice staff should keep a learning log for their appraisals and or personal development plans**19.** **Safe Recruitment and Vetting Procedures** 19.1. The Disclosure and Barring Service (DBS) enables organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for certain work, especially that involving children or vulnerable adults, and provides wider access to criminal record information through its disclosure service for England and Wales. 19.2. The Practice recruitment process recognises that it has a responsibility to ensure that it undertakes appropriate criminal record checks on applicants for any position within the practice that qualifies for either an enhanced or standard level check. Any requirement for a check and eligibility for the level of check is dependent on the roles and responsibilities of the job.19.3. The Practice recognises that it has a legal duty to refer information to the DBS if an employee has harmed, or poses a risk of harm, to vulnerable groups and where they have dismissed them or are considering dismissal. This includes situations where an employee has resigned before a decision to dismiss them has been made. <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs>19.4. Safe recruitment extends beyond criminal record checks to other aspects of the recruitment process including:* making clear statement in adverts and job descriptions regarding commitment to safeguarding
* seeking proof of identity and qualifications
* providing two references, one of which should be the most recent employer
* evidence of the person's right to work in the UK is obtained

**20**. **Managing Allegations against Persons in a Position of Trust**  20.1. All allegations of abuse or neglect of an adult, by an employee, agency worker, independent contractor or volunteer will be taken seriously and treated in accordance with Safeguarding Adult Board policy and procedures. 20.2. Any member of practice staff being aware of an allegation against a person in a position of trust should consult with the Practice Safeguarding Lead or Practice Manager, the Designated Adult Safeguarding professional and the Local Authority Safeguarding team with regards to the allegations made to establish what actions are required. 20.3. Suspension of the employee concerned from their employment should not be automatic. Depending on the person’s role within the practice and the nature of the allegation it may be possible to step the person aside from their regular duties to allow them to remain at work whilst ensuring that they are supervised or have no patient/public contact. This is known as suspension without prejudice. Suspension offers protection for them as well as the alleged victim and other service users, and enables a full and fair investigation/safeguarding risk assessment to take place. 20.4. All allegations should be followed up regardless of whether the person involved resigns from their post, responsibilities or a position of trust, even if the person refuses to co-operate with the process. Compromise agreements, where a person agrees to resign without any disciplinary action and agreed future reference must not be used in these cases. 20.5. If it is concluded that there is insufficient evidence to determine whether the allegation is substantiated, the chair of the safeguarding strategy meeting will ensure that relevant information is passed to the Practice Safeguarding lead. The senior manager of the practice will consider what further action, if any, should be taken in consultation with the Local Authority safeguarding lead for Managing Allegations and in line with the Practice HR procedures. 20.6. When an allegation of abuse or neglect has been substantiated, the Practice Safeguarding lead should consult with the Local Authority safeguarding team for advice and whether it is appropriate to make a referral to the professional or regulatory body and to the Disclosure and Barring Service (DBS), because the person concerned is considered unsuitable to work with Adults at Risk. **21. Whistle blowing**  This Practice encourages a culture that allows practice staff to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns about quality of care or a colleague’s behaviour – further details of the surgery’s Whistle Blowing Procedure and Freedom to Speak Up Policy can be found on GP Team Net.**22.** **Professional Challenge**  This Practice enables and encourages any practice member that disagrees with an action taken and still has concerns regarding an adult at risk of abuse to either contact the Safeguarding Practice Lead, Named GP, Safeguarding Team Primary Care, or the Designated Professional for Safeguarding Adults for independent reflection and support**.** **23 Monitoring and Audit**  Audit of awareness of this safeguarding adult policy and processes will be undertaken by the Practice Manager and Practice Safeguarding lead **24.** **Policy Review**  This policy will be reviewed three years from the date of issue. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy.**25. References**  Department of Health (2014) Care and Support Statuary Guidance <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/506202/23902777_Care_Act_Book.pdf>Health and Social Care Act 2008 ( Regulated Activities ) regulations 2014 <http://www.legislation.gov.uk/uksi/2014/2936/pdfs/uksi_20142936_en.pdf>HM Government (2015) Revised PREVENT Duty Guidance for England and Wales<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/445977/3799_Revised_Prevent_Duty_Guidance__England_Wales_V2-Interactive.pdf>HM Government (2014) The Care Act<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>Safeguarding Adults: Roles and competences for health care staff Intercollegiate Document. 2018 <https://www.rcn.org.uk/professional-development/publications/pub-007069> RCGP guidance on training requirements <https://www.rcgp.org.uk/-/media/Files/CIRC/Safeguarding/Safeguarding-training-requirements-for-Primary-Care.ashx?la=en>Mental Capacity Act 2005 <http://www.legislation.gov.uk/ukpga/2005/9/contents>   |
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