

Safeguarding Policy

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Safeguarding

Safeguarding is defined by the Care Act 2014 as:

‘Protecting a person’s right to live in safety, free from abuse and neglect’

Further information about the Principles of the Care Act 2014 can be found here and should be read in conjunction with this Policy:

[Pocket Principles of Protection](#)

- All patients who use the service will be safeguarded from the risk of abuse.
- This policy document applies to adults and also children in need of safeguarding that the service may have contact with.
- Independent healthcare providers such as Jacobs Clinic, who are registered with the Care Quality Commission are expected to have procedures in place which demonstrate that healthcare staff have knowledge of safeguarding adult/abuse issues, including signs and symptoms and what to do, if abuse or neglect is suspected.
- Jacobs Clinic supports all adult patients and children to feel safe and protected from any situation or circumstances that would potentially result in physical or psychological harm.

1. Vulnerable Adults

The characteristics that increase vulnerability are:

- Not having the mental capacity to make decisions about their own safety.
- Communication difficulties.
- Physical dependency; being dependent on others for personal care and daily life activities.
- Low self esteem.
- Experience of abuse
- Childhood experience of abuse.

2. What is Abuse?

2.1 The term 'abuse' can be subject to wide interpretation. The starting point for a definition is the following statement taken from *No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (DoH and Home Office, 2000)*

- Abuse is a violation of an individual's human and civil rights by any other person or persons
- Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent.
- Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it
- Abuse may be perpetrated as the result of deliberate intent, negligence or ignorance

2.2 'Significant harm' should be taken to include: 'ill treatment including sexual abuse and forms of ill treatment which are not physical; the impairment of, or an avoidable deterioration in, physical or mental health; and the

impairment of physical, intellectual, emotional, social or behavioural development'.

2.3 The ten categories of abuse are as follows:

1. Physical abuse
2. Domestic violence
3. Psychological abuse
4. Sexual abuse
5. Financial or material abuse
6. Modern slavery
7. Discriminatory abuse
8. Organisational abuse
9. Neglect and acts of omission
10. Self-neglect

3. Alerting

3.1 All people in need of safeguarding have the right to live their lives free from abuse of any description. Jacobs Clinic may come into contact with adults in need of safeguarding and as an independent healthcare provider, has a duty to protect them from abuse. Where abuse is suspected, or confirmed, prompt action will be taken.

3.2 The following steps will be taken by any member of staff when actual or potential abuse of an adult in need of safeguarding is suspected:

- Make sure no one is in immediate danger
- Call for police/ambulance if an emergency situation
- Remain calm – do not overreact or be judgmental
- If abuse is recent, do not do anything that could disturb any possible forensic evidence
- Record clear details of what happened.

3.3 All alerts must be taken seriously. Following the receipt of an alert, the Registered Manager, in consultation with others if necessary, will collate all information and assess whether any individual is in immediate danger or any urgent action is necessary, and whether a referral is necessary.

3.4 If the incident is recent and/or serious and the alleged victim has injuries or is severely distressed, the priority for all must be:

- To ensure the alleged victim is as safe and comfortable as possible.
- To ensure the person gets any emergency medical treatment they need promptly.
- To contact the police if any crime is suspected.
- To ensure that any evidence of abuse is left undisturbed. There may be forensic evidence that would be pertinent to a police investigation: for instance, care needs to be taken about tidying up an area after an assault or offering baths or showers following a sexual assault.

4. Making a referral

4.1 A decision should be made as to whether the actual or potential abuse situation observed/discovered warrants a referral to the local authority social services department.

4.2 If Jacobs Clinic has a concern about the possible abuse of a child, young person or vulnerable adult, the local authority social services department will be contacted as soon as possible.

4.3 If a referral is made, the CQC will be advised. The individual making the referral must report it to the Registered Manager and the Operations Director.

5. Where to refer to

Jacobs Clinic will make a referral firstly to the safeguarding adult agency in the patient's local area. However, if we are unable to reach them or the case is urgent, then it will be referred to the following safeguarding adult agency:

Manchester Safeguarding Partnership Tel: 0161 234 5001
Email: manchestersafeguardingpartnership@manchester.gov.uk

If the patient is a resident of Salford, a referral can be made via the Salford platform (online portal) here:

<https://adultsportal.salford.gov.uk/web/portal/pages/safeguardingassess#assess>

Or report abuse or neglect by telephone on 0161 631 4777

6. Safeguarding training

- 6.1 All staff will have the opportunity to attend training in relation to safeguarding.
- 6.2 Updated training will be provided as part of mandatory training. Clinical staff undertake training to Level 3 for both adults and children, every 3 years.
Non-clinical staff undertake training to Level 2 for both adults and children, every 3 years.
- 6.3 Relevant reference documents and publications on the topic of safeguarding adults will be read.
- 6.4 All staff are required to attend regular staff meetings at which Safeguarding matters are a standing agenda item. Any member of staff who submits a safeguarding referral is required to document this in the patient's clinical notes and to discuss the referral and any notified outcome of that referral with the team to ensure learning is shared across the team.
- 6.5 If a request is received by the clinic for attendance at a meeting organised by a local Safeguarding Team, an appropriate clinician will be designated to attend by the Safeguarding Lead or Deputy and will be allocated time for attendance and any follow up action required.

7. Reducing risk of abuse:

- 7.1 Having regular Supervision and Appraisal.
- 7.2 Having an annual DBS checking system in place.
- 7.3 Regularly update safeguarding policies and procedures.
- 7.4 Reporting risks.
- 7.5 Promoting patient centred care.
- 7.6 Advising and informing patients.

8. Patients who may be vulnerable to radicalisation

All staff have to be aware of patients who may be vulnerable to radicalisation and will have completed Workshop to raise awareness of Prevent (WRAP) training. If you have any safeguarding concerns about a person who may be vulnerable to

radicalisation or being drawn into terrorism please complete the Prevent form below (if a Salford Resident).

<https://contactus.salford.gov.uk/?formtype=PREVENTREF>

9. Mental Capacity Act and Deprivation of Liberties

The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over. All doctors working for or on behalf of Jacobs Clinic will have undergone MCA training as part of their professional continuing personal development because of the nature of the work undertaken at Jacobs Clinic. All doctors understand and comply with the Act and particularly regarding patient consent and the capacity to consent. Further information about the MCA can be found here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/921428/Mental-capacity-act-code-of-practice.pdf

In the unlikely event that any member of staff working for or on behalf of Jacobs Clinic encounters or has any concerns that a patient is being held against their will in breach of the Mental Capacity Act and the Deprivation of Liberties Standards, this will be reported as above.

10. Children

10.1 Jacobs Clinic recognises its responsibilities in relation to the [Children's Act](#).

11. Children present during Jacobs Clinic treatment activities with adults

11.1 If a Jacobs Clinic adult patient has a child or young person present during their consultation or treatment episode, then the responsibility for the child's safety and welfare rests with the patient and not that of Jacobs Clinic.

11.2 Jacobs Clinic reserves the right to refuse to proceed with a patient's appointment or treatment episode in circumstances where an accompanying child or young person cannot be supervised by the patient.

12. Child Safeguarding Contact Details

12.1 Jacobs Clinic reserves the right to make a referral to a child protection agency, if a member of staff has actual or potential concerns about a child's or young person's safety and welfare.

12.2 The following contact details are available for Jacobs Clinic to use if they have concerns about a child they have seen, or present in the home environment, to obtain further advice on the issue of child protection:

Manchester Safeguarding Children Board (Manchester City Council)
Telephone: 0161 234 5001

Email: mcsreply@manchester.gov.uk

If the patient is a resident of Salford, a referral can be made via the Salford platform (online portal) here:

<https://childrensportalehm.salford.gov.uk/web/portal/pages/cpref#ssa>

The Bridge Partnership can be contacted by telephone on 0161 603 4500 from 8.30am to 4.30pm. If you need to speak to somebody about your referral of concern outside these hours, please call the Emergency Duty Team on 0161 794 8888.

If there are immediate concerns for the child's safety then the police should be contacted by telephone on 999.

If Jacobs Clinic staff have any concerns about a child or young person in their clinic home during a domiciliary visit, they should document for reference all concerns, whether actual or potential, real or perceived.

13. Child Safeguarding Training

13.1 All staff at Jacobs Clinic will attend child safeguarding and protection training as part of mandatory training.

13.2 All staff at Jacobs Clinic will read relevant reference documents and publications on the topic of child protection.

14. Allegations made against anyone working for or on behalf of Jacobs Clinic

Any allegations of inappropriate behaviour towards adults or children should be made to either the Safeguarding Lead or Deputy Safeguarding Lead or the Clinic Manager. These allegations will then be reviewed and either further advice will be sought from or the incident will be reported to, within 24 hours, the Local Authority Designated Officer. Further information can be found below for patients who are residents of Salford:

<https://safeguardingchildren.salford.gov.uk/media/1397/salford-lado-resource-oct-2020.pdf>

15. Persons in a Position of Trust

Jacobs Clinic understands its responsibilities under the Care Act 2014 in relation to Persons in a Position of Trust. Any concern regarding anyone working for or on behalf of Jacobs Clinic should be reported to the Safeguarding Lead, Deputy Safeguarding Lead or Operations Director. Salford Safeguarding Adults Board has produced a framework and process for responding to allegations and concerns against people working with adults with care and support needs. Further guidance can be found here:

<https://safeguardingadults.salford.gov.uk/professionals/people-in-positions-of-trust-pipot-whistleblowing/>

Guidance and further reading

- No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (DH and Home Office, 2000)
- Working together to safeguard children (HM Government, 2013) and supplementary guidance published by government departments
- Every Child Matters (HM Government, 2003)
- Statutory Guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 (DCSF, 2007)
- Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work (Association of Directors of Adult Social Services, 2005)
- Deprivation of Liberty Safeguards: A guide for hospitals and care homes (DH, 2009)

- Guidance for restrictive physical interventions: How to provide safe services for people with learning disabilities and autistic spectrum disorder (DH, 2002)
- What to do if you're worried a child is being abused (HM Government, 2006)
- Healthy Lives brighter futures: The Children's Strategy (OH, 2009)
- Information Sharing: Guidance for practitioners and managers (DCSF, 2008)
- Statement on the duties of doctors and other professionals in investigations of child abuse (DCSF and DH, 2007)
- Mental Health Act Code of Practice (OH, 2008)
- Mental Capacity Act Code of Practice (OH, 2007)
- Violence: The short term management of violent/disturbed behaviour in in-patient psychiatric and emergency departments (CG25, NICE, 2005)
- Guidance on when to suspect child maltreatment (CG89, NICE, 2009)
- Services for people with learning disabilities and challenging behaviour or mental health needs – Mansell report: Revised edition (DH, 2007)