SCHELL GENETICS

Safeguarding is at the heart of what we do

It's the responsibility of Schell Genetics and Dr Schell-Apacik to ensure the principles and duties of safeguarding adults are consistently and conscientiously applied, with the well-being of adults and children at the heart of all that is done.

Safeguarding adults from harm is a core duty of Dr Schell-Apacik. The nature of services we provide mean it's possible that we may have contact with adults at risk of abuse or neglect. This document provides guidance to ensure the principles of safeguarding adults are embedded in all aspects of Dr Schell-Apacik's practice.

Dr Schell-Apacik is committed to the aims of adult safeguarding which are to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Stop abuse or neglect wherever possible
- Safeguard adults in a way that supports them in making choices and having control over their lives
- 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 abuse
- Identify and respond 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

To contribute to meeting these aims, he will:

- Manage our services in a way which minimises the risk of abuse occurring

The Adult Safeguarding Policy and Procedure

Principles of Adult Safeguarding

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information. '*I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens.'*
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self-determination. *'I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help.'*
Proportionality	A proportionate and least-intrusive response is made balanced with the level of risk. *'I am confident that the professionals will work in my interest and only get involved as much as needed.'*
Protection	Adults are offered ways to protect themselves and there is a coordinated response to adult safeguarding. *'I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able.'*
Partnerships	Local Solutions through services working together within their communities. *'I am confident that the information will be appropriately shared in a way that takes into account its personal and sensitive nature.* *I am confident that agencies will work together to find the most effective responses for my own situation.'*
Accountability	Accountability and transparency in delivering a safeguarding response. *'I am clear about the roles and responsibilities of all those involved in the solution to the problem.'*

Making Safeguarding Personal

Adult safeguarding work should be person-led and outcome-focused. It should engage the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control, as well as improving their quality of life, well-being and safety.

Dr Schell-Apacik will meet the aims of Making Safeguarding Personal by:

- Keeping the person at the heart of the process
- Striving to understand the outcomes they want to achieve from the safeguarding work and supporting them to achieve these outcomes

Definitions

Who is an adult at Risk?

The Safeguarding Adults policy applies to people who are aged 18 years or more, and:

- *Have needs for care and support (whether or not these are currently being met) and*
- *Are experiencing, or are at risk of, abuse or neglect, and*
- *Because of those needs are unable to protect themselves against the abuse or neglect or the risk of it.*

This includes adults with physical, sensory, and mental impairments and learning disabilities, whether present from birth or due to advancing age, illness, or injury. Also included are people with a mental illness, dementia or other memory impairments, and people who misuse substances or alcohol (where this has led to impaired physical, cognitive, or mental health).

What is abuse?

Abuse can take many forms and the circumstances of the individual should always be considered. It may consist of a single act or repeated acts. The following are examples of issues that would be considered as abuse or neglect:

Physical abuse	Includes hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions.
Domestic abuse	Is an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence, or abuse by someone who is, or has been, an intimate partner or family member. Domestic violence and abuse may include psychological, physical, sexual, financial, and emotional abuse, as well as so called 'honour' based violence, forced marriage and female genital mutilation.
Sexual abuse	Includes rape and sexual assault or sexual acts to which the adult at risk has not consented or could not consent or was pressured into consenting.
Psychological abuse	Includes 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 from services or supportive networks.
Financial and material abuse	Includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Modern slavery	Includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means at their disposal to coerce, deceive and force individuals into a life of abuse, servitude, and inhuman treatment.

Neglect and acts of omission	Includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
Discriminatory abuse	Includes abuse based on a person's race, sex, gender, disability, faith, sexual orientation or age; other forms of harassment, slurs or similar treatment or hate crime.
Organisational abuse	Includes neglect and poor practice within an institution or specific care setting, such as a hospital or care home 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.
Self-neglect	Covers a wide range of behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding. A safeguarding response in relation to self-neglect may be appropriate where a person is declining assistance in relation to their care and support needs, and the impact of their decision has, or is likely to have, a substantial impact on their overall individual well-being.
Radicalisation	Radicalisation is comparable to other forms of exploitation, such as grooming and child sexual exploitation. PREVENT is part of the Government's counter-terrorism strategy CONTEST and aims to provide support, and re-direction, to vulnerable individuals at risk of being groomed into terrorist activity before any crimes are committed. Vulnerable individuals are groomed directly or through social media to be persuaded of the legitimacy of a radical's cause to inspire new recruits and have extreme views embedded.

Everyone needs to be aware of these different types of abuse and the possible indicators of abuse. Seriousness of harm or the extent of the abuse is not always clear at the point of the concern. All reports of suspicions or concerns should be approached with an open mind and could give rise to action under the Safeguarding Adults at Risk policy and procedures.

What is an 'adult safeguarding enquiry'?

Where a local authority believes an adult at risk is experiencing or at risk of experiencing abuse or neglect, it must make enquiries (this is not necessarily an investigation) or cause others to do so. This is a duty under s.42 of the Care Act 2014.

An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

The objectives of an adult safeguarding enquiry are to:

- Establish facts
- Ascertain the adult's views and wishes
- Assess and address their need for protection and support, in accordance with the wishes of the adult
- Make decisions as to what follow-up action should be taken
- Enable the adult to achieve resolution and recovery

At Schell Genetics, Dr Schell-Apacik is both Safeguarding Lead and Responsible Person.

The Adult Safeguarding Lead has attended specialist training in the safeguarding of adults at risk. There are no staff employed.

The Adult Safeguarding Lead will act as the professional interface with other agencies, in the ongoing management of any cases where abuse is identified or suspected.

Safeguarding adults at risk involves multi-agencies working together to ensure that health and social care is appropriately coordinated, and individuals are protected from potential or actual harm or abuse.

Dr Schell Apacik should maintain close and effective links with all relevant statutory and voluntary agencies to collectively ensure that adults at risk are safeguarded.

The competency framework set out in the intercollegiate guidance specifies six levels/competencies – Dr Schell-Apacik has adopted Level 1, 2 and 3.

- **Level 1:** All staff working in health care settings; for example, receptionists and administrative staff.
- **Level 2:** All practitioners who have regular contact with patients, their families or carers, or the public; for example, phlebotomists.
- **Level 3:** Registered health care staff working with adults, who are engaging in assessing, planning, intervening and evaluating the needs of adults where there are safeguarding concerns (as appropriate to role); for example, general practitioners and registered nurses.

The Adult Safeguarding Procedure

Context

All adult safeguarding activity aims to protect an adult's right to live in safety, free from abuse and neglect.

It involves people and organisations working together to:

- Prevent and stop risks and experience of abuse or neglect
- Promote adult's well-being

Adult safeguarding work for Dr Schell Apacik takes place within the context of:

The Care Act 2014	This sets out the duties and powers in law around adult safeguarding issues. It says the local authority is the lead agency on responding to adult safeguarding concerns and that Safeguarding Adults Boards (SAB) have the strategic lead for their area.
The Care and Support Statutory Guidance	This gives detail about what must and should be done in relation to adult safeguarding issues. As it is statutory guidance, it must be followed unless there's good reason not to.
The Merton Multi-Agency Adult Safeguarding Policy and Procedures	This gives the framework adopted across Merton to create consistency for multi-agency responses to adult safeguarding concerns.
The Mental Capacity Act	This promotes and safeguards decision-making within a legal framework. It does this in two ways: (i) by empowering people to make decisions for themselves wherever possible and by protecting people who lack capacity, by providing a flexible framework that places individuals at the heart of the decision-making process (ii) by allowing people to plan ahead for a time in the future when they might lack the capacity to make specific decisions

Responding to an adult safeguarding concern

Responsibilities of all employees ('employ' means any person who is employed, self-employed, a volunteer, working under practising privileges or contract of service with this establishment).

If Dr Schell-Apacik has reason to believe that abuse is or may be taking place, he has a responsibility to act on this information.

Doing nothing is not an option.

If an adult discloses any experience of abuse or neglect, Dr Schell-Apacik should:

- Assure the person their concerns are taken seriously
- Listen carefully to what the person is saying. Stay calm. Get as clear a picture as possible.
- Explain duty to pass this information on to an external body
- Reassure the person they will be involved in all decisions made about them

Dr Schell-Apacik should not:

- Be judgmental or jump to any conclusions
- Start to investigate or ask detailed or probing questions

Dr Schell-Apacik's responsibilities are to:

- Act to keep the person safe if possible. If urgent police presence is needed to keep someone safe, call 999; if the person needs urgent medical assistance, call 999
- Clearly record what they have witnessed or been told and any responses or actions taken
- If a crime has occurred, be mindful of the need to provide evidence

Deciding whether a referral to the local authority is required

In all cases where it's suspected that an adult in need of care and support might be experiencing or at risk of experiencing abuse or neglect, this should be reported to the relevant local authority and the police (where it is believed or suspected that a crime has been committed).

It should never be assumed that someone else will pass on this information.

Where the person who may be at risk is not well known to Dr Schell-Apacik and it is not clear whether they have care and support needs, the appropriate local authority should still be alerted as they may have other relevant information and it is for the local authority, rather than Dr Schell-Apacik, to determine whether a person is eligible for safeguarding support.

Referring an adult safeguarding concern to the local authority

This is also known as 'raising a safeguarding concern'. Anyone can raise a safeguarding concern.

The concern should be reported to the local authority where the abuse or neglect is taking place or is at risk of doing so (see appendix A).

A safeguarding enquiry (previously known as a safeguarding investigation) will be the responsibility of the local authority.

A concern should be raised with the local authority **if there is any reason to think a person:**

- Has needs for care and support (whether or not these are currently being met) *and* are experiencing, or are at risk of, abuse or neglect, ***and***
- Because of those needs are unable to protect themselves against the abuse or neglect or the risk of it.

Dr Schell-Apacik needs to establish:

- The current level of risk and what immediate steps are needed to ensure safety
- The individual's wishes and views about the safeguarding issue, including their views regarding sharing information with other agencies i.e. the local authority or the police
- Wherever possible, safeguarding concerns should be raised with the consent of the patient (however consent is not required to raise a safeguarding concern)
- Where there are issues of mental capacity, whether the patient has capacity to make specific decisions regarding their own protection and to understand the safeguarding process

- In the event that people lack the capacity to provide consent, action should be taken in line with The Mental Capacity Act 2005 (see appendix B).

Where a referral has been made to the local authority or another agency, the responsible clinician should follow this up to ensure that this has been acted upon.

Sharing information without consent

The priority in safeguarding is to ensure the safety and well-being of the adult. However, there may be some occasions when the adult at risk does not want to pursue a referral to the Local Authority.

If the decision is to act without the adult's consent, then unless it is unsafe to do so, the adult should be informed that this is being done and of the reasons why. For example, where you believe there is a threat to someone's life and you believe the person is unable to protect themselves because of their physical or mental health vulnerabilities.

Where such decisions have been taken, Dr Schell-Apacik will keep a careful record of the decision-making process.

There are only a limited number of circumstances where it would be acceptable to not share information pertinent to safeguarding with the local authority. These would be where the person involved has the mental capacity to make the decision about sharing information, does not want their information shared and:

- Nobody else is at risk
- No serious crime has been or may be committed
- The alleged abuser has no care and support needs
- No staff are implicated
- No coercion or duress is suspected
- The public interest served by disclosure does not outweigh the public interest served by protecting confidentiality
- The risk is not high enough to warrant a multi-agency risk assessment conference referral
- No other legal authority has requested the information

Further information can be found in the Social Care Institute for Excellence Adult Safeguarding: Sharing Information guide.

Dr Schell-Apacik will be vigilant of possible coercion and the emotional or psychological impact that the abuse may have had on the adult and should:

- Explore the reasons for the adult's objections (what are they worried about?)
- Explain the concern and why it might be important to share the information
- Tell the adult with whom information might be shared and why
- Discuss the benefits, to them or others, of sharing information (access to better help and support?)
- Discuss the consequences of not sharing the information (could someone come to harm?)
- Reassure them that the information will not be shared with anyone who does not need to know
- Reassure them they are not alone and support is available to them

If, after this, the adult requests that information about them is not shared with the local authority or if there is a clinical reason that their information should not be shared with the local authority, Dr Schell-Apacik will consider the following in decision making:

Decision not to share information

Where the decision is not to share safeguarding information with the local authority or other safeguarding partners, or not to intervene to safeguard the adult, Dr Schell-Apacik should:

- Support the adult to weigh up the risks and benefits of different options
- Ensure they are aware of the level of risk and possible outcomes
- Offer support for them to build confidence and self-esteem if necessary
- Agree on and record the level of risk the adult is taking
- Record the reasons for not intervening or sharing information
- Regularly review the situation
- Try to build trust to enable the adult to better protect themselves.

It's important that the risk of sharing information is also considered. In some cases, such as domestic abuse or hate crime, it's possible that sharing information could increase the risk to the adult. Safeguarding partners need to work jointly to provide advice, support and protection to the adult to minimise the possibility of worsening the relationship or triggering retribution from the abuser.

Historic Abuse

Abuse that took place when a person was under 18 years old is not an adult safeguarding issue, but – dependant on the concern – could be a child safeguarding issue, irrespective of how old that person is now. In certain cases, the relevant Children's Social Care department may need to be informed if, for example, the person who caused harm is considered as a continued risk to other children. Adults who disclose historical childhood abuse can be advised that this is a crime and that they can still report this to the Police, if they want to do this.

Recording adult safeguarding

Safeguarding concerns should be fully documented by the first person to report the suspected abuse and at all subsequent stages by those involved with the adult.

Concerns are recorded using the Adult Safeguarding Form (see Appendix C). Forms should be completed as soon as possible after a concern (an appearance of abuse/neglect) is identified, whether it becomes substantiated or not. The local authority will have their own forms, usually online, but Dr Schell-Apacik should complete the form initially to ensure notes are as contemporaneous as possible.

The responsible clinician (Dr Schell-Apacik is the only clinician and safe-guarding lead) will monitor and record the ongoing care and well-being of the patient during any adult safeguarding enquiry. Safeguarding supervision during the assessment or treatment of a patient or service-user must also be recorded.

The outcome of the safeguarding enquiry should be clearly documented in the patient record.

What happens once an adult safeguarding concern has been reported?

The local authority will consider if the conditions set out in section 42 of the Care Act are met. These are that the person:

- Has needs for care and support (whether or not these are currently being met) and
- Is experiencing, or at risk of experiencing, abuse or neglect, and
- Because of those needs is unable to protect themselves against the abuse or neglect or the risk of it.

If these conditions are met, then there must be an adult safeguarding enquiry. The local authority will determine what actions are required, by whom and when they need to happen.

Principles of Making Safeguarding Personal will apply, and the local authority should engage the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice and control.

A section 42 enquiry will not necessarily lead to a full investigation – this will be decided by the local authority. In making this decision, the local authority will consult with the adult at risk about their wishes and may gain views of other relevant professionals (including involved clinicians). In the event of an adult safeguarding enquiry, the local authority will ensure that, where necessary, a protection plan is put in place. An enquiry plan is usually drawn up and actions assigned to those 'best placed' to support with the enquiry process. Often, a professionals meeting takes place (this could be a series of conversations), so that information can be effectively shared and actions agreed.

Abuse

Where it is alleged that the abuse relates to care by Dr Schell-Apacik, then Dr Schell-Apacik would appoint an external clinical colleague to investigate (Dr Schell-Apacik is a member of the Independent Doctors Federation who would investigate).

Process for Monitoring Compliance with this Policy

Dr Schell-Apacik will monitor compliance with this policy and procedure in the following way:

- Monitor all adult safeguarding activity, including the number of concerns being recorded and where/whether concerns are being reported to the relevant local authority.
- Ensure that he is regular training to the appropriate level.
- Review any incidents relating to safeguarding and report concerns/investigations/lessons learned and make changes to this procedure if necessary.
- Be responsible for adding any specific adult safeguarding risks to the Operational Risk Register as they arise, and this Risk Register will be monitored.