



# LONDON HEART CLINIC

## SAFEGUARDING ADULTS POLICY AND PROCESS

Policy No	C008
Responsible Person	Anika Jivraj
Date Issued	Jan 2024
Next Review Date	Every two years
Authorised by	
Version No	03



Title	<b>Safeguarding Adults Policy &amp; Process</b>
Author	
Responsible Person	Anika Jivraj
Authorised	Anika Jivraj
Issue Date	Jan 2024
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Policy No and Version	C008 Version 03
References	Care Act 2014, Mental Capacity Act 2005, Human Rights Act 1998, Health and Social Care Act 2008, Safeguarding Vulnerable Groups Act 2006, Data Protection Act 2018, Public Interest Disclosure Act 1998, NHS & Community Care Act 1990, Mental Health Act 1983,
Appendix	1 to 3
Scope	All individuals in the employ of this establishment <i>(‘employ’ means any person who is employed, self-employed, volunteer, working under practising privileges or contract of service with this establishment)</i>

**Aim**

To ensure that all staff are trained and equipped to respond appropriately to suspected or actual abuse of adults attending LHC and that there is a clear, legal, and effective process for reporting such incidents to the relevant authorities.

**Policy**

This policy ensures that all staff are trained to recognise and report adult safeguarding concerns, with a clear pathway to notify the relevant safeguarding team in line with current legislation and guidelines.

**Introduction:** The characteristics of adult abuse can take a number of forms and cause victims to suffer pain, fear and distress reaching well beyond the time of the actual incident(s). Victims may be too afraid or embarrassed to raise any complaint. They may be reluctant to discuss their concerns with other people or unsure who to trust or approach with their worries.

There may be some situations where victims are unaware that they are being abused or have difficulty in communicating this information to others.

**Definition of a vulnerable adult**

A vulnerable adult is defined as a person aged 18 years or older who, due to age, illness, or disability, may not be able to care for or protect themselves from harm or exploitation. This includes individuals who:

- Are elderly and frail



- Have mental health conditions, including dementia
- Have a physical or sensory disability
- Have a learning disability
- Are severely physically ill
- Misuse substances
- Are homeless

### What is abuse?

Abuse is defined as a violation of a person's human or civil rights by another person or persons. Types of abuse include:

1. **Physical Abuse:** Hitting, pushing, inappropriate restraint, force-feeding, or neglect.
2. **Sexual Abuse:** Any sexual activity without consent, exposure to pornography, or exploitation.
3. **Emotional/Psychological Abuse:** Intimidation, humiliation, or harassment.
4. **Financial/Material Abuse:** Theft, coercion, or improper pressure regarding money or property.
5. **Neglect:** Failing to provide basic needs or abandoning the individual.
6. **Discriminatory Abuse:** Harassment based on race, gender, disability, sexual orientation, or religion.
7. **Institutional Abuse:** Failure of a service provider to meet care needs, leading to a violation of dignity or rights.
8. **Exploitation:** Denying rights or coercing someone to perform acts against their will.
9. **Modern Slavery:** Human trafficking, forced labour, or domestic servitude.

### Reporting procedures

If a patient discloses or a staff member suspects abuse, it must be reported immediately to the clinic manager or safeguarding lead. The staff member must complete a written record of the concern and share this with the safeguarding lead or manager, who will assess the risk and notify the local authority's adult safeguarding team.

### Emergency Situations

- If there is an immediate risk of harm, emergency services (999) must be contacted.
- For non-emergency safeguarding concerns, the local authority should be contacted. The details for Hounslow Adult Safeguarding Team are provided below:
  - Tel: 0208 583 3100 (Mon-Fri, 9am-5pm)
  - OOH Emergency Tel: 0208 583 2222

If consent to report is not obtained from the patient, consideration must be given to the severity of the abuse, the risk to others, and the patient's capacity to make decisions. Even without consent, staff should report the abuse if it is in the patient's best interest or there are wider safeguarding concerns.

### Responsibilities of the Staff

All staff have a duty to:

- Report any safeguarding concerns.
- Familiarise themselves with the safeguarding policy and procedures.
- Complete safeguarding training.
- Ensure the confidentiality of all information related to safeguarding concerns.
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### Sources of Referral

- **Local Authority Adult Safeguarding:** Staff should use the Safeguarding Adults Alert Form (Appendix 2) for all referrals.
- **Police:** Immediate referral if a crime has occurred.
- **Care Quality Commission (CQC):** Where institutional abuse or concerns about care standards are present.

### Record Keeping

Records of any safeguarding concerns must be kept confidential and securely stored, including:

- The completed Safeguarding Adults Alert Form.
- Any notes or documents related to the concern.
- Follow-up actions and outcomes.

### Safeguarding Contacts

1. **Clinic Manager:**  
[Add contact details]
2. **Safeguarding Lead:**  
[Add contact details]
3. In case these contacts are unavailable, or staff are dissatisfied with their response, they may contact Social Services directly.

### Appendix

- **Appendix 1:** Record form for allegations or suspicions of abuse
- **Appendix 2:** Safeguarding Adults Alert Form
- **Appendix 3:** Guidelines for handling safeguarding alerts

END





Appendix 1 continued

Investigation report carried out by:  
Status:

Date:



Appendix 2

<p><b>Safeguarding Adults Alert Form</b>  <b>To be completed by staff member or a third party who witnessed or was informed about the alleged or suspected abuse.</b>  <b>Adult Social Services contact details</b>  <b>Safeguarding Adults Line: 0208 583 3100</b>  <b>Out of hours/emergency : 0208 583 2222/999</b></p>	<p><b>PLEASE COMPLETE AS MUCH DETAIL AS POSSIBLE.</b></p> <p><b>FILE COPY IN:</b>  <b>CLIENTS FILE</b>  <b>INCIDENT LOG</b>  <b>FOLLOW-UP ACTION RECORDS TO BE INCLUDED WITH THIS DOCUMENT (NOTE THERE IS A BLANK SHEET AT THE END OF THIS DOCUMENT)</b></p>
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**DETAILS OF ADULT AT RISK**

NAME						
ADDRESS						
DOB		AGE		GENDER		
USER GROUP	Learning Disability	<input type="checkbox"/>		Mental Health	<input type="checkbox"/>	
	Older People	<input type="checkbox"/>		Physical & Sensory	<input type="checkbox"/>	
	Substance Misuse	<input type="checkbox"/>		Other people at risk	<input type="checkbox"/>	
ETHNIC ORIGIN	White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Other White	<input type="checkbox"/>
	White Traveller of Irish Heritage	<input type="checkbox"/>	White Gypsy/Roma	<input type="checkbox"/>		
	Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Other Black	<input type="checkbox"/>
	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
	Chinese	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Mixed White and Black Caribbean	<input type="checkbox"/>
	Mixed White and Black African	<input type="checkbox"/>	Mixed White and Asian	<input type="checkbox"/>	Mixed White and Chinese	<input type="checkbox"/>
	Other	<input type="checkbox"/>				
RELIGION	Christian COE	<input type="checkbox"/>	Roman Catholic	<input type="checkbox"/>	Buddhist	<input type="checkbox"/>
	Hindu	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
	Jewish	<input type="checkbox"/>	None	<input type="checkbox"/>	Other	<input type="checkbox"/>

**ALLEGED, SUSPECTED , WITNESSED OR REPORTED ABUSE / INCIDENT(S)**

<p>DESCRIPTION OF THE ALLEGED, SUSPECTED OR WITNESSED INCIDENT (WHAT WAS SEEN, SAID WHO ELSE WAS PRESENT ETC) PLEASE USE ADDITIONAL SHEETS IF NEEDED, NAME AND NUMBER AND ATTACH TO THIS FORM</p>				
<p>DATE &amp; TIME OF ALLEGED, SUSPECTED OR WITNESSED ABUSE</p>		<p>DATE &amp; TIME ALERT REPORTED</p>		
ABUSE SETTING	Own Home	<input type="checkbox"/>	Supported Housing	<input type="checkbox"/>
	Residential Care (permanent)	<input type="checkbox"/>	Nursing Care (permanent)	<input type="checkbox"/>
	Residential Care (temporary)	<input type="checkbox"/>	Residential Care (temporary)	<input type="checkbox"/>



	Home of person alleged to have caused the harm	<input type="checkbox"/>	Mental health inpatient setting	<input type="checkbox"/>
	Acute hospital	<input type="checkbox"/>	Community hospital	<input type="checkbox"/>
	Other health setting	<input type="checkbox"/>	Day centre/service	<input type="checkbox"/>
	Education/training/workplace establishment	<input type="checkbox"/>	Not known	<input type="checkbox"/>
	Public Place	<input type="checkbox"/>		
	Other (please give details)			
TYPE OF ABUSE	Physical	<input type="checkbox"/>	Sexual	<input type="checkbox"/>
	Psychological	<input type="checkbox"/>	Institutional	<input type="checkbox"/>
	Financial	<input type="checkbox"/>	Neglect / Act of Omission	<input type="checkbox"/>
	Discriminatory	<input type="checkbox"/>		
SOURCE OF REFERRAL	Domiciliary care staff	<input type="checkbox"/>	Residential/nursing care staff	<input type="checkbox"/>
	Day care staff	<input type="checkbox"/>	Social worker/care manager	<input type="checkbox"/>
	Self-directed care staff	<input type="checkbox"/>	Other social care staff	<input type="checkbox"/>
	Primary healthcare staff/GP	<input type="checkbox"/>	Secondary health care staff/District nurses	<input type="checkbox"/>
	Mental health staff	<input type="checkbox"/>	Self-referral	<input type="checkbox"/>
	Family member	<input type="checkbox"/>	Friend/neighbour	<input type="checkbox"/>
	Other service user	<input type="checkbox"/>	Care Quality Commission (CQC)	<input type="checkbox"/>
	Housing	<input type="checkbox"/>	Education/training/workplace establishment	<input type="checkbox"/>
	Police	<input type="checkbox"/>	Other	<input type="checkbox"/>
HAS THERE BEEN ANY OTHER SAFEGUARDING CONCERNS OR REPEATS OF THE SAME INCIDENT? IF YES, PLEASE GIVE DETAILS	Yes <input type="checkbox"/> No <input type="checkbox"/>			
HAS REFERRER DISCUSSED THESE CONCERNS WITH THE ADULT AT RISK?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
IF YES, WHAT WERE THE ADULT AT RISK'S VIEWS?				
HAS REFERRER TAKEN PROTECTIVE STEPS?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
IF YES, WHAT STEPS HAVE BEEN TAKEN TO PROTECT THE ADULT AT RISK, THIS MAY INCLUDE A CHANGE IN STAFF ROLE, A SUSPENSION ETC				
HAS THIS INCIDENT BEEN REPORTED TO THE POLICE?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
IF YES, NAME OF POLICE STATION				





DATE REPORTED		CAD/CRIS NUMBER		
<b>DETAILS OF PERSON ALLEGED TO HAVE CAUSED THE HARM</b>				
NAME	DOB	AGE	GENDER	
ADDRESS				
IS THE PERSON ALLEGED TO HAVE CAUSED THE HARM A	Partner	<input type="checkbox"/>	Other family member	<input type="checkbox"/>
	Health care worker	<input type="checkbox"/>	Volunteer/befriender	<input type="checkbox"/>
	Domiciliary care staff	<input type="checkbox"/>	Residential care staff	<input type="checkbox"/>
	Day care staff	<input type="checkbox"/>	Social worker/care manager	<input type="checkbox"/>
	Self-directed care staff	<input type="checkbox"/>	Other social care staff	<input type="checkbox"/>
	Another Service User	<input type="checkbox"/>	Statutory Agency	<input type="checkbox"/>
	Friend/neighbour	<input type="checkbox"/>	Stranger	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Not known	<input type="checkbox"/>
	Institutional Abuse	<input type="checkbox"/>		
IS THE PERSON ALLEGED TO HAVE CAUSED THE HARM THE MAIN FAMILY CARER?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
WAS THE PERSON ALLEGED TO HAVE CAUSED THE HARM LIVING WITH ADULT AT RISK AT TIME OF ABUSE?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If yes, are they still living with adult at risk?	Yes	<input type="checkbox"/>	No
PLEASE GIVE DETAILS OF ALLEGED PERSON AND RELATIONSHIP				
DETAILS OF ANY RECORDS MADE AND WHERE HELD EG; INCIDENT REPORTS, CASE NOTES, REGULATION 18 NOTIFICATION TO CQC ETC				

**DETAILS OF THE REFERRER**

NAME		NAME OF PROVIDER	
JOB TITLE /PROFESSION		EMAIL	
CONTACT NUMBER		DATE	

Please write further notes on additional sheet(s) and sign at the end.



Appendix 3

**Safeguarding alert guidelines**

If you have concerns that a patient (or someone attending with them) is at risk of abuse or they have told you they are being abused you must treat this concern or information seriously and calmly.

Share your concerns first with the clinician the patient is about to see (the clinician can then assess the patient in light of the information you have given).

Then contact either

..... **Clinic Manager** tel .....

..... **Safeguarding Lead tel** .....

If ..... or .....are unavailable or you are not satisfied with their response you can go direct to Social Services yourself.

**Social Services Team:**

**Hounslow Council, Adult Safeguarding, Tel: 0208 583 3100 – Mon to Fri from 9am to 5pm, OOH Tel 0208 583 2222. For all emergencies dial 999**

**PLEASE NOTE**

- If the patient lives outside the Brent area you will have to contact social services in the appropriate area, but call Brent Social Services first as they may be able to give you the right telephone number.
- You must familiarise yourself with the Safeguarding Policy.
- You must also complete a report on what information you received, what you have done and who you have shared the information with.
- There is a report template in the Clinic office.