

**Tile House Surgery**  
**33 Shenfield Rd, Brentwood**  
**CM158AQ**

<b>Policy:</b>	<b>Safeguarding of Vulnerable adults policy</b>
<b>Date:</b>	September 2014
<b>Reviewed date:</b>	September 2018
<b>Next review date :</b>	September 2020
<b>Person Responsible</b>	Linda Upton and Dr Yaqub
<b>Scope:</b>	The Tile House Surgery is committed to training all staff within the Practice in safeguarding Vulnerable Adults from abuse to ensure good practice

**This policy should be read in conjunction with SET  
Safeguarding Adults Guidelines**

## **Protection of Vulnerable Adults**

The Tile House Surgery is committed to training all staff within the Practice in safeguarding Vulnerable Adults from abuse to ensure good practice, the safeguarding lead for Adults is Dr Yaqub.

### **Definition of Vulnerable Adults**

A vulnerable adult is someone who is aged 18 years or over who:

*“is or may be in need of community care services by reasons of mental health or other disability, age or illness and is or maybe unable to take care of him or herself, or unable to protect him or herself against significant harm or serious exploitation which may be occasioned by actions or inactions of other people”.*  
(“No Secrets” DH2000).

All adults who are service users of Tile House Surgery who meet the above criteria may be defined as vulnerable adults.

Definitions of abuse, vulnerability and adult protection principles are identified within the Southend Essex Thurrock Safeguarding Adults Guidelines version 2 –December 2010.

All staff working for Tile House Surgery must be familiar with and have access to the Southend Essex Thurrock Safeguarding Adults Guidelines version 2 –December 2010 which is kept in the Practice Manager’s office.

### **Key Principles**

General Practitioners, Nurses, reception and office staff should:

1. Be alert to and act on indications that a vulnerable adult may be being abused or at risk of abuse.
2. Know how to access details of local policies for the protection of vulnerable adults.
3. Act in accordance with local and government guidelines to protect vulnerable adults

Abuse can occur in various categories: emotional, neglect, financial or material, sexual, physical, institutional and finally discriminatory.

### **What to do if abuse is suspected**

Staff may become concerned that a vulnerable adult is being abused, or is at risk of abuse, as a result of one or more of the following:

1. Direct disclosure by the person
2. Observing the behaviour of the person
3. A complaint or expression of concern by another person

If abuse is suspected or reported, staff must act in line with local and government guidelines.

1. Take reasonable steps to ensure the adult is in no immediate danger.
2. Seek appropriate medical treatment for the adult if required.
3. Report any concerns to the safeguarding adults lead, Dr Yaqub or in his absence the Practice Manager.
4. Contact Social Services department if appropriate.
5. Contact police if it is believed that a crime may have been committed.
6. Obtain permission from person before disclosing confidential information about them.
7. Records should be kept of all concerns and discussions about the person, the decision made and reasons for these decisions. It is important to maintain appropriate records of concerns whether or not further action is taken.

**Useful Telephone Numbers:**

**999 if the person is in immediate danger**

**Essex**

**Essex**

**By Email : Secure email only: [essexsocialcare@essex.gcsx.gov.uk](mailto:essexsocialcare@essex.gcsx.gov.uk)**

Please note you can only send emails to the secure address if you are sending from a secure email address

**By fax to: 0845 601 6230**

**Normal telephone enquiries/referrals: 0845 603 7630**

**Out of hours: 0845 606 1212**

**Where there are concerns about the immediate welfare or safety of a vulnerable adult: 0845 603 7634**

**Contacts – Domestic Violence**

**See Essex Social care Domestic Violence website for contacts –**

**For high risk Domestic Violence (ie high risk of homicide/serious harm)**

**Call MARAC (Multi Agency Risk Assessment Conference)**

**MARAC updates and enquiries 0300 3330444 ext 172006**

**[MARACESSEX@essex.pnn.police.uk](mailto:MARACESSEX@essex.pnn.police.uk)**

**Other useful contacts**

**National Domestic Violence Helpline – 24 hr helpline 0808 2000 247**

# GUIDANCE NOTES FOR COMPLETING SET SAF1 (Safeguarding Adults Concern) FORM

*Where safeguard concerns have been identified at stage one & stage two there must be an ongoing and documented RISK MANAGEMENT PLAN (SET SAF Risk)*

## **Introduction**

The Adult Alert form (SET SAF 1) can be used by anyone to begin the adult safeguarding process.

The form should be used to record any specific concerns or incidents that relate directly to the care or welfare of an adult.

The form must be used whenever there are concerns that may identify possible abuse against an individual. The form should only be completed in respect of the alleged victim.

It is not to be used to outline generalised non specific concerns that would normally be addressed through social or care work process and involvement.

Details of the referral must always be recorded accurately and without delay. However

*Completion of SET SAF 1 must not delay immediate action being taken where necessary to ensure the safety of the vulnerable adult and the preservation of evidence if it is suspected that a crime has been committed.*

## **Section 1 – Person you are concerned about**

This section is for you to tell us who you are concerned about, it is important to complete as much identification information as possible, as this will help in ensuring that the correct person is identified from the information provided.

## **Section 2- Current situation and details of the incident/concern(s) being raised**

This section of the form is critical to identify if the person or other people remain at risk. In this section it is important to state the actual risk, not unspecified vulnerability – i.e. this person could be at risk if someone wanted to take money from them etc – the risk stated must relate directly to the specific concern that has instigated the completion of the SET SAF 1 – *for example where it is alleged that someone has been assaulted by a staff member who is still in contact with the service user(s) then this would need to be highlighted as a current risk.*

### Details of the concern

This section is for telling us the main reason for the SET SAF 1 and needs to be a factual account or recording of the incident or event. It is important here to specify fact not opinion and will include observations stated by direct witnesses, the alleged victim, the location, time, date and anyone who was involved – including the identification of witnesses who may have been present in the area of the incident. This can be continued on a separate sheet, but please try to summarise as much as possible to present a clear pen picture of the incident, which may be read by someone who has no knowledge of the alleged victim or the service (if applicable).

### Accurate description of injury

Use this section to accurately describe any injuries noted e.g. *yellowing 3cm bruise to underside of left upper arm etc.*

### Body Chart Completion

Where appropriate, please include a body chart or forward as soon as possible. (body charts can be found on page 129 & 130 (link))

### Doctor informed

Please use these boxes to identify whether or not these actions have been taken.

### Actions taken to safeguard the individuals

Please state here actions you have taken to reduce the risk of further incidents, these may include the removal of individual or alleged perpetrator from contact with each other or other parties, contacting other agencies – Police, GPs etc.

### Are any other professionals involved in this alert?

Identify which other people (professionals and others) have been made aware of the concern or incident(s), please list names, roles and any reference number.

### Name and Police Station for Investigating Officer:

Please obtain the name of the investigating officer, their police station and the Crime Reference Number which is obtained from the police when reporting a crime.

### **Section 3: Relative/Name of Main Carer**

The relative/main carer section should include the person closest to the individual who may need to be contacted about the concerns (unless this person is identified as being part of the concern – if so please identify the person in section 4 of the SET SAF 1).

### **Section 4- Details of alleged perpetrator**

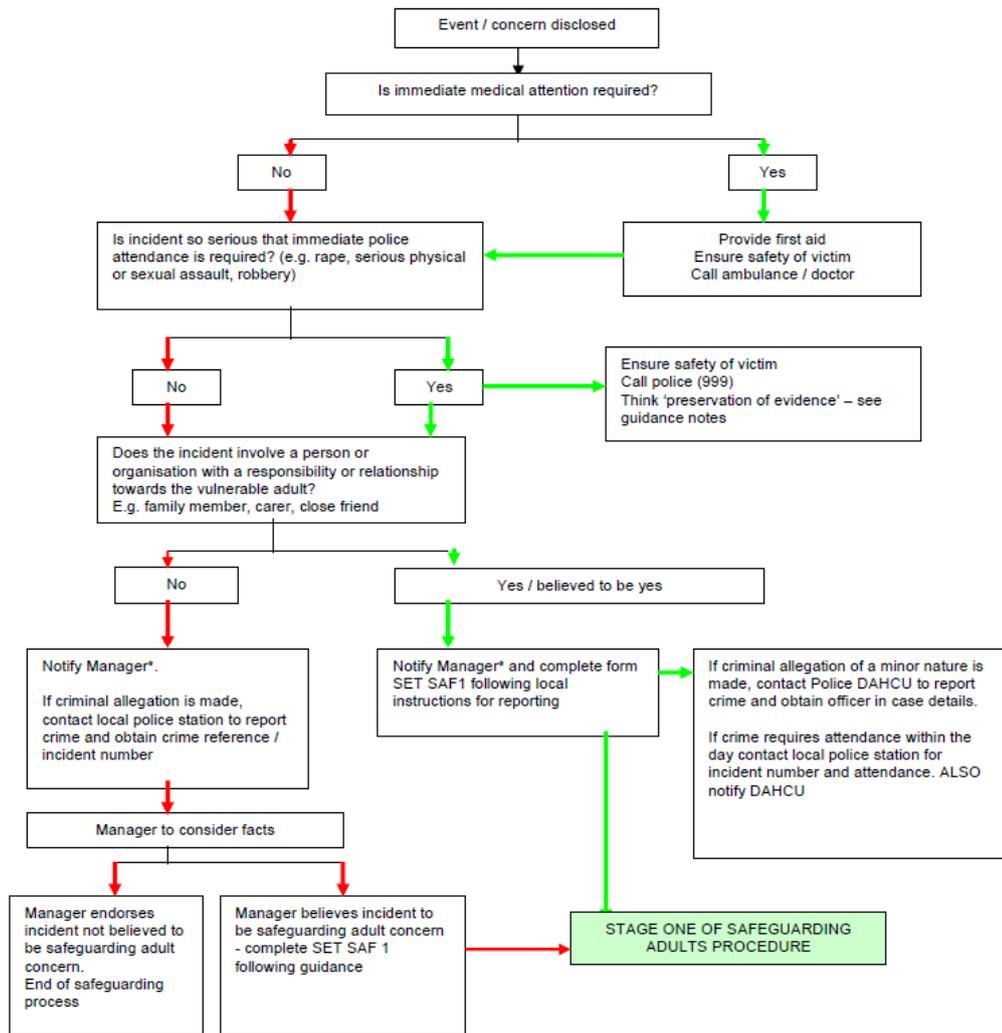
This section is for identifying a person or persons who it is believed has contributed specifically to the incident or concern mentioned the alert relates to. It is important that any person named is as a direct consequence of the specific allegation and identification by the alleged victim or direct witness. It is not for speculation – please complete as much as is known – if this is single name i.e. “John” then please use this, if the person is not known, then please state this. In any incidents where the alleged abuser is a member of staff or resides with the alleged victim, please ensure this information is provided.

### **Section 5 – Telling us who you are**

This section is for the person raising the concern to identify themselves. This part of the form should identify who this person is, and contact information so that further information can be obtained if required.

In the event that the person does not wish to be identified for reasons of anonymity, while reasonable efforts should be made to encourage the person to give contact information as this may assist in the safeguarding processes, if the answer is still no, then please state this in this section together with a reason if known.

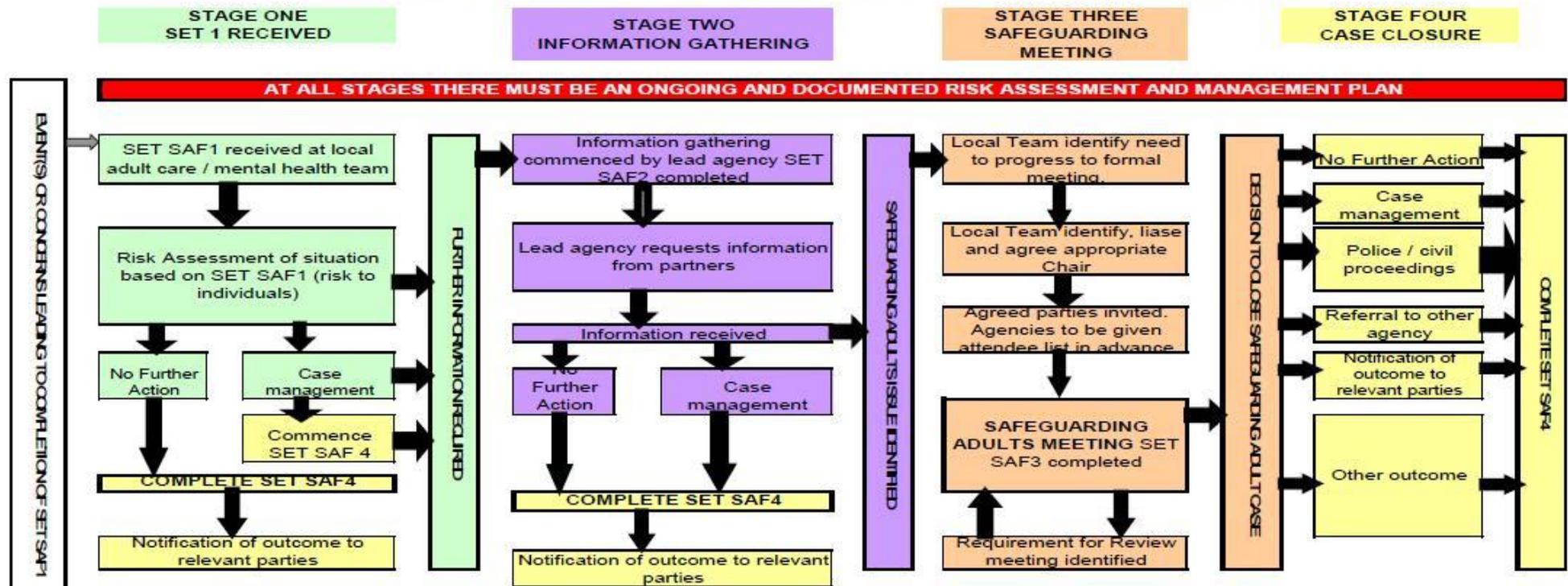
**PRE STAGE ONE – THE INITIAL RESPONSE**



*\*Unless manager is alleged perpetrator or implicated in concern. In these circumstances identify alternative manager or discuss directly with social services.*

# 5.1 FLOWCHART

GUIDE TO 4 STAGE PROCESS FOR SAFEGUARDING ADULTS IN SOUTHEND ESSEX AND THURROCK (SET)



**PLEASE NOTE:**

This outline is to be read in conjunction with the full guidance which is found under the following heading

- Pre-stage One:
- Stage One:
- Stage Two:
- Stage Three:
- Stage Four:

- The Initial Response
- SET SAF1 received
- Information Gathering
- Safeguarding Adults Meeting
- Case Closure



**If the answer to either of the above is yes, please describe the risk that remains and the names of any others potentially at risk:  
(please only refer to identified risk that relates directly to the concern)**

**2b. Details of the concern(s) being raised**

**Time of incident/  
Concern:**

**Date:**

**Location of Incident:**

**Brief factual details of the incident:**

**This should include a clear factual outline of the concern being raised with details of times, dates, people and places where appropriate.  
(please continue on separate sheet if required).**

**If injuries are present Please give a brief/accurate description:**

**Has a body chart been completed?  Yes  No  
(If completed please attach to SET SAF 1 or forward as soon as possible.)**

**Details of any medical attention sought:**

**Doctor Informed?  Yes  No**

**Name of Doctor informed:**

**Date and time of information given:**

**Actions taken to date to safeguard the individual:**

**Are any other professionals aware in this alert ?  
(in particular please specify if the police are involved)?**

**If police have been contacted Is there a crime incident number?**

**3. Relative/Name of Main Carer**

**Name:**

**Relationship to Person:**

**Is Relative/Carer aware of this referral?**  Yes  No

**Contact Address:**

**Telephone No:**

**Mobile No:**

**Email:**

**County:**

**Postcode:**

**4. Details of alleged perpetrator(s) involved if abuse is suspected  
(please complete as much of this as is known)**

**Name:**

**Gender:**

**D.O.B.:**

**Address (if known):**

**Do they live with the vulnerable adult?:**  Yes  No

**If so, in what capacity e.g. spouse, fellow resident, carer:**

**Occupation/Position/Title:**

**Is this person known/related to the individual who is subject of this concern? –  
If so please describe relationship**

**Are they aware of this alert?**  Yes  No

**5. Please provide details of the person raising the alert. (We cannot guarantee your anonymity but will do all we can to keep your details confidential if you prefer)**

**Can your details be shared with third parties?**

I would prefer to remain anonymous:     Yes     No

**Please give your reasons for remaining anonymous:**

**Date:**

**Name:**

**Job Title and/or Relationship to person referred:**

**Organisation (if applicable):**

**Contact Address:**

**County:**

**Telephone No:**

**Postcode:**

**Mobile:**

**Email:**

**6. Details of person completing form (add only if different to box 5)**

**Name:**

**Date completed:**

**Address:**

**Telephone No:**

**Mobile:**

**Email:**

**\* FOR HEALTH STAFF ONLY – HAVE YOU COMPLETED YOUR LOCAL INCIDENT FORM PRIOR TO SENDING THIS FORM**

**Completed forms should be sent to your relevant Local Authority:**

**Southend**

**By Email:** [accessteam@southend.gov.uk](mailto:accessteam@southend.gov.uk)

**By Fax to:** 01702 534794

**Making a referral/enquiry by telephone:**

**Access Team:** 01702 215008

**Out of hours:** 0845 606 1212 (Fax 01245 434700)

**Essex**

**By Post to:** Essex Social Care Direct, Essex House, 200 The Crescent, Colchester, Essex, CO4 9YQ

**By email:**

**Secure email only:** [essex.socialcare@essexcc.gcsx.gov.uk](mailto:essex.socialcare@essexcc.gcsx.gov.uk)

Please note you can only send emails to the secure address if you are sending from a secure email address

**Non Secure email:** [Socialcaredirect@essex.gov.uk](mailto:Socialcaredirect@essex.gov.uk)

**By fax to:** 0845 601 6230

**Making a referral/enquiry by telephone:**

**Normal telephone enquiries/referrals:** 0845 603 7630

**Out of hours:** 0845 606 1212 (Fax 01245 434700)

**Where there are concerns about the immediate welfare or safety of a vulnerable adult:** 0845 603 7634

**Thurrock**

**By Email:** [SafeguardingAdults@thurrock.gov.uk](mailto:SafeguardingAdults@thurrock.gov.uk)

**By Fax to:** 01375 652760

**Making a referral/enquiry by telephone:**

**Community Solutions Team:** 01375 652868

**Out of hours:** 01375 372468 (Fax 01375 397080)

**Please tick which form of abuse you suspect:**

**Physical**

**Sexual**

**Emotional**

Financial or Material	<input type="checkbox"/>	Neglect	<input type="checkbox"/>	Discriminatory	<input type="checkbox"/>
Institutional	<input type="checkbox"/>	Not Determined	<input type="checkbox"/>		

Completion by Investigating/Receiving Team		
<input type="checkbox"/> No further action	<input type="checkbox"/> Case Management Resolution	<input type="checkbox"/> Proceed to information gathering SET SAF2
<input type="checkbox"/> No further action referral to other agency	<input type="checkbox"/> SET SAF4 completed	<input type="checkbox"/> SET SAF RISK <i>At all stages there must be an ongoing and documented RISK MANAGEMENT PLAN.</i>
Key team referred to:		Tel No
Name:		
Address:		Mobile:
		E-mail:
Referrer updated <input type="checkbox"/> By Whom		
If referrer not updated reasons why:		
Signed:		
Date:		