

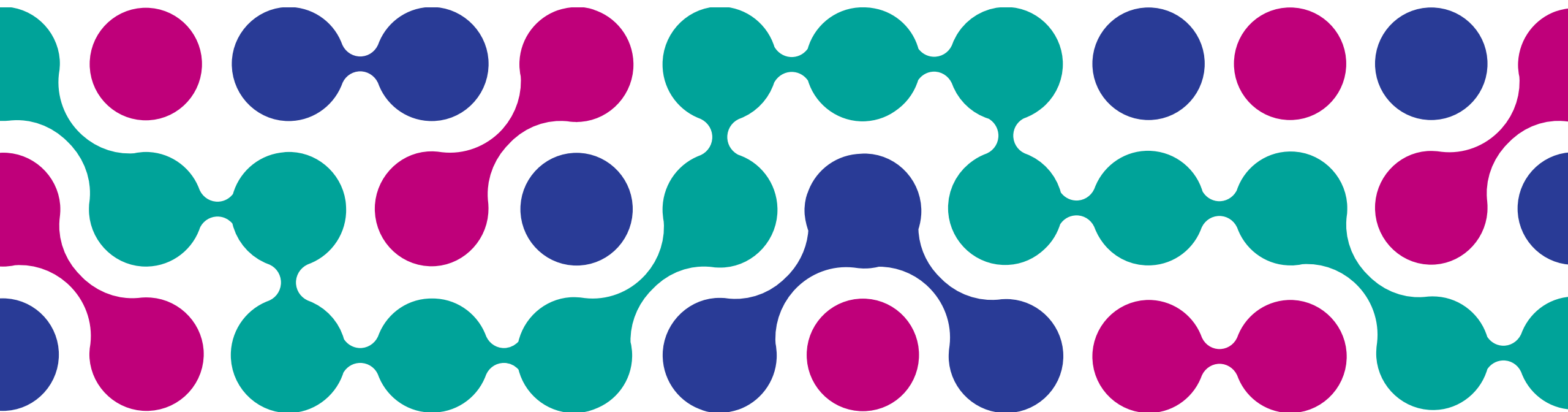
Adult Safeguarding Annual Local Update

Michelle Sharma
Named GP for Safeguarding Adults, Swindon Locality

5th November 2025



Introduction



Contents



Housekeeping and
learning objectives



Training
requirements



Adult Safeguarding
Learning



Summary

Contents



Training
requirements



Adult Safeguarding
Learning



Summary

Housekeeping

- Please log onto the Wi-Fi
- Breaks
- Tea and coffee
- Fire exits
- Evaluation forms and certificates will be organised by the SET team



Swindon SharePoint Microsoft team
BSW SharePoint Microsoft team





Emotions



Time out



Chat afterwards

The impact of Safeguarding training



Contract

Listen

Confidentiality

Focus

Language

Contribute

Diversity

Learning objectives

To understand the new training requirements



To revise the basics of safeguarding adults



To consider some cases



Helpful tools

How are you feeling today?



How comfortable do you feel with adult safeguarding?



How many adult safeguarding cases
have you referred or been involved in?



Work in pairs – 5 minutes



What is our role in adult safeguarding?



What are the types of abuse and neglect of adults?



What are the types of abuse and neglect of adults?

Physical abuse

Sexual abuse

Neglect

Domestic Abuse

Psychological abuse

Financial Abuse

Organisational Abuse

Self-neglect

Modern Slavery / Human Trafficking



How can we prevent abuse and neglect?



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board



Small groups – 10 mins



Six Principles of Adult Safeguarding

Empowerment

Prevention

Proportionality

Protection

Partnership

Accountability

Which main law covers adult safeguarding?
Which other laws are relevant?



Care Act 2014



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board



Access Care Act 2014



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board

- Care Act 2014



Which Section of the Care Act is most relevant to safeguarding?



Section 42: 3 adult safeguarding criteria: ("Section 42 criteria")

The adult has care and support needs

The adult at risk of or subject to abuse

The adult unable to protect themselves from the abuse due to the care and support needs

Statutory Guidance



What is Statutory
Guidance?



What is the Care
Act Statutory
Guidance?



How can I access
it?



How is it
relevant?



Care Act Statutory Guidance



Bath and North East Somerset,
Swindon and Wiltshire
Integrated Care Board



Menu



[Home](#) > [Health and social care](#) > [National Health Service](#) > [Care Act 2014: supporting implementation](#)



[Department
of Health &
Social Care](#)

[Care and support statutory guidance - GOV.UK](#)

Statutory guidance

Care and support statutory guidance

Updated 18 February 2025

Contents

[Using the Care Act guidance](#)

[General responsibilities and](#)

Using the Care Act guidance



Access Care Act Guidance



Case EH

- 50-year-old man
- Lives with elderly mother
- Has schizophrenia
- Not taking medication
- Also has diabetes
- Not taking medication for this either
- Doesn't normally leave the house
- HbA1c is now 150.
- You are notified by the pharmacist



MCA

DOCUMENTATION !!!!!

When to complete a Capacity Assessment?

- Under the MCA, you are required to make an assessment of capacity before carrying out any care or treatment if you have reasonable belief someone lacks capacity
- The more serious the decision, the more formal the assessment of capacity needs to be.

Capacity assessments

Functional test –can the person make the decision?

Caused by an impairment of, or disturbance in the functioning of, a person's mind or brain?

Best-interests decision

Document!

Functional test – can the person make the decision?

Understand information relevant to the decision?



Retain the information long enough to make the decision?



Weigh the information in balance in order to make a decision?



Communicate that decision

Quick Glance

- Quick Glance
 - New Journal
 - Medication
 - Repeat Templates
 - Sensitivities & Allergies
 - Prescription History
- Pathology & Radiology
 - CGA - Frailty - Carer, Safeguarding, Sharing
 - LD - Safeguarding: Full Details
 - Print Template: CGA - Frailty - Carer, Safeguarding, Sharing
 - Print Template: LD - Safeguarding Adults
 - Print Template: LD - Safeguarding Children
 - Print Template: LD - Safeguarding: Full Details
 - Print Template: Safeguarding & Vulnerable Adults
 - Print Template: Safeguarding - Child
 - Print Template: Safeguarding - Unborn Child
 - Print Template: Safeguarding Swindon
 - Safeguarding & Vulnerable Adults
 - Safeguarding - Child
 - Safeguarding - Unborn Child
 - Safeguarding Risk Assessment
 - Safeguarding Swindon

Pending Appointments	
Pending Visits	
Common Measurements	
Quick Glance Template Overview	
Alcohol intake	119 Units/Week 20 Oct 2020 (1)
Drug Sensitivities & Allergies	
Outstanding Recalls	
Last 3 Consultations	
20 Oct 2020 11:15	Ub0nA Ub00U Ub0mt Intravenous drug user
Problem	Intravenous drug user (Ub0nA) Injecting drug user (Ub00U) Misuses drugs (Ub0mt)
H:	Major: Misuses drugs (Ub0mt)Major: Injecting drug user (Ub00U)Major: Intravenous drug user (Ub0nA)
Done By	Dr Michelle Sharma (Clinical Practitioner Access Role) - Location: Surgery
20 Oct 2020 11:16	E200. Anxiety disorder
Problem	Anxiety disorder (E200.)
E200.	Anxiety disorder (E200.)
H:	anxiety
Done By	Dr Michelle Sharma (Clinical Practitioner Access Role) - Location: Surgery
20 Oct 2020 11:18	XaLVB Alleged perpetrator of abuse or violence
Problem	Alleged perpetrator of abuse or violence (XaLVB)
XaLVB	Alleged perpetrator of abuse or violence (XaLVB)
H:	perpetrator of domestic abuse
Done By	Dr Michelle Sharma (Clinical Practitioner Access Role) - Location: Surgery

Patient Appointments Reporting Au

Search Task Discard Save

Start Consultation Next Event Ev

Clinical Administrative

- Patient Home
- Major Active Problems (1)
- Minor Active Problems
- Inactive Problems
- Summary & Family History (5)
- Quick Glance
- Tabbed Journal
- New Journal
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- Sensitivities & Allergies (3)
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- Recalls (1)
- Vaccinations (6)
- Reminders
- QOF Timeline
- Documents and extras
- Summary Care Record
- SCR Details
- GP2GP Degraded Entries
- Third Party Patient Record
- Cervical Screening (3)

Safeguarding Swindon

Other Details... Exact date & time Tue 02 Jan 2024 09:45

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Child Safeguarding Adult Safeguarding Domestic Abuse Specialist Safeguarding Looked After Children Capacity Assessment Best Interests

Mental Capacity Assessment

1. Please describe the decision to be made

This decision should be specific to date and time

2. Describe the key relevant information that has been shared to inform the decision

Please confirm that this has been shared with the patient, and describe any steps take to enable the patient to understand the information

Notes

3. Assessment:

- Able to understand information given Please note that something should be written as free text for each of the four steps of the assessment to explain why you feel that the patient was able to do these.
- Can retain information
- Can weigh up the information to make decision Written information should be entered for each of the four steps even if the patient is unable to do any one of them
- Able to communicate the decision made

4. Describe the "impairment or disturbance in the functioning of mind of brain," (need not be a diagnosis:)

Notes

5. Outcome:

- Lacks capacity to make this decision following assessment
- Has mental capacity to make decision (Mental Capacity Act 2005)
- Assessment completed

Information Print Suspend Ok Save Patient and Retrieve Cancel Show Incomplete Fields

This decision should be specific to date and time

Date Selection

No previous values

Show recordings from other templates

Show empty recordings

ent-TestPatient 01 Feb 1993 (30 y)

LS18 5TN
567 Test Patient, Victoria Cross

09:50
02/01/2024

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Power of Attorney / Deputyship

Has personal welfare LPA (MCA 2005)

Enquire - is a deputyship in place? (y/n)

Options discussed with (please specify):

Best interest decision made on behalf of patient (MCA 2005)

Describe decision made and reasoning

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safe

0 97 7 0 104 91 0 0 0 0 0 106 0 2 2 87

09:51
02/01/2024

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Describe decision made and reasoning

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This decision should be specific to date and time

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ent-TestPatient 01 Feb 1993 (30 y)

LS18 5TN
567 Test Patient, Victoria Cross

09:51
02/01/2024

Template

Safeguarding Swindon

Other Details... Exact date & time Wed 23 Nov 2022 09:04

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Child Safeguarding Adult Safeguarding Domestic Abuse Specialist Safeguarding Areas Looked After Children Capacity and Best Interests

Mental Capacity Assessment - Please describe the decision to be made

Please note this should be a specific decision at a specific time and date

Describe the decision to be made:

Describe the key relevant information that has been shared to inform the decision

Please confirm that this has been shared with the patient, and describe any steps take to enable the patient to understand the information

Notes

Describe the "impairment or disturbance in the functioning of mind of brain," this need not be a diagnosis:

Notes

Assessment:

Assessment completed

Please note that something should be written as free text for each of the four steps of the assessment to explain why you feel that the patient was able to do these.

Written information should be entered for each of the four steps even if the patient is unable to do any one of them

Outcome:

Lacks capacity to make this decision

Has mental capacity to make this decision (yes/no)

Power of Attorney / Deputyship

Has personal welfare LPA (MCA 2005)

Enquire - is a deputyship in place? (y/n)

You MUST find out if the person has a PoA / Deputy if they lack capacity
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If the request is urgent please email OPGurgent@publicguardian.gov.uk

Best Interests Decision

Best interest decision made on behalf of patient (MCA 2005), please specify decision:

Options discussed with (please specify):

Information Print Suspend Ok Save Patient and Retrieve Cancel Show Incomplete Fields



Thresholds document/e-threshold



Case Study

- Nursing home
- Patient had had multiple bruises earlier in the year (January) safeguarding referral had not been made
- Medication error
- 999 called when patient was not for resuscitation, two ambulances had arrived
- Contacted by Care Co-Ordinator for that nursing home as they had noticed a pattern.



Making a referral



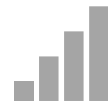
When to seek legal advice?



Legal advice:



Where a patient is at risk of significant harm or death



Declines help/referral, leaving them at risk, capacitous decision



Continue to review incl capacity and reiterate support available



Court of Protection



Court of Inherent Jurisdiction



Discuss with the Safeguarding team at the ICB

Once referral received

- Accepted as a “Section 42 enquiry” (“under Adult Safeguarding”) OR
- Passed to adult social care OR
- Passed to an alternative pathway OR
- An enquiry could be “caused” to another agency OR
- Closed



Patient R

- ▶ Age 53, employed in IT
- ▶ History of drinking to excess
- ▶ Started drinking more heavily during Covid
- ▶ Lived with partner M, been together 27 years



August 2022

- ▶ Saw GP three times for help with drinking
- ▶ Admitted to hospital with effects of alcohol
- ▶ Overdose, went to hospital, referred to Mental Health Team
- ▶ Mental Health Team discharged patient and referred to alcohol service

September 2022

- ▶ Further suicidal ideation x 2
- ▶ Taken to hospital and referred to Mental Health Team both times
- ▶ Both times Mental Health Team discharged
- ▶ GP appointment for fit note – consultation not comprehensive
- ▶ DA episode from partner to patient. Discussed at MARAC

October 2022

- ▶ Suicide attempt; pneumonia, admitted for 2 weeks
- ▶ Hospital referred to Mental Health Team
- ▶ Saw GP, told GP was abstaining from alcohol
- ▶ Further suicidal ideation, phoned 111 who referred to Mental Health Team

November 2022

- ▶ Alcohol service did not hear from patient so discharged him
- ▶ Saw GP, said improving, eating properly and abstaining from alcohol
- ▶ Also said mood low.
- ▶ Further appt 2 weeks later, again said was abstaining from alcohol and attending AA meetings.
- ▶ Referred to Talking Therapies.

December 2022

- ▶ GP appointment. Said was abstaining from alcohol.
- ▶ 111 call – had a fall ? Due to inebriation
- ▶ Partner took photo to GP of bruises on patient, requested home visit- declined, advised to come into surgery
- ▶ Partner asked for Pt to be removed from house

January 2023

- ▶ Suicidal ideation – hospital referred to Mental Health Team but pt self-discharged
- ▶ Police arrested pt due to “breach of the peace.”
- ▶ Mental Health phoned patient – patient declined help – Mental Health referred to Alcohol Service
- ▶ 18th Jan Employer made Safeguarding Adults Referral
- ▶ 31st Jan Patient passed away

Referral to Safeguarding Adults

- No public agency referred to Adult Safeguarding
- Why?
- Happened with both cases.
- **Where a patient is drinking alcohol to excess to the point that they are significantly neglecting themselves, leaving them at risk of significant harm or death, an Adult Safeguarding Referral should be made.**



Professionals meeting

- No professionals meeting was held in either case
- This would have brought the services together of
 - GP
 - Alcohol Service
 - Mental Health Service
 - Hospital
 - Police
- A decision to refer to Adult Safeguarding may have happened earlier or a joint plan may have been able to prevent this situation progressing



Learning for Primary Care

- 12 appointments
- Mostly very thorough
- Two instances less than thorough
- Pt said he wasn't drinking when in all likelihood he was
- Learning – where alcohol or depression is mentioned it should be fully explored and safety netted



Primary Care – what might have helped

- Continuity – seeing the same doctor each time might have helped but Primary Care has moved away from that model
- A home visit when the partner requested it – it is not clear why this did not happen
- However, the patient was admitted to hospital later the same day so it is unlikely to have changed the outcome.



Feedback from Primary Care

- Feel like no agencies other than GP will support the patient
- Mental Health Team will not support a patient who is depressed or suicidal if patient uses alcohol to excess – is this right?
- Mental Health Service repeatedly discharged this patient.
- Alcohol Services will discharge a patient if they do not attend appointments.
- Is enough being done by these services to reach out to patients who struggle to accept the help that is offered to them?
- GP reports that patients can end up in a “merry-go-round” situation.



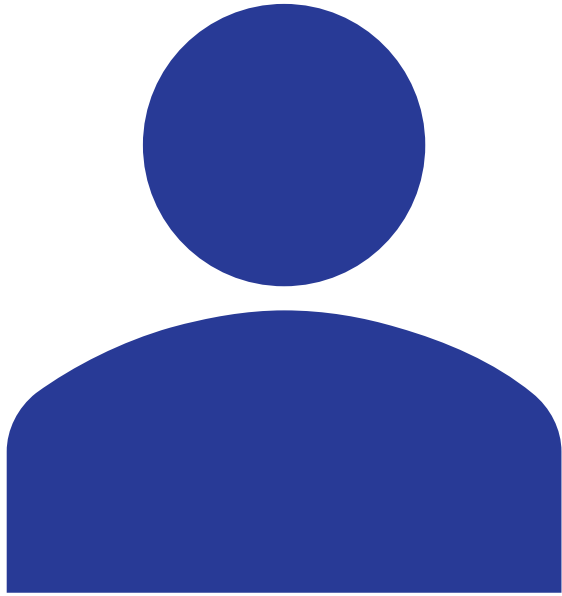
Self-neglect in the early stages

If the three adult safeguarding criteria are not yet met

- If you identify early-stage Self-Neglect - hold a professionals meeting
- Allocate a lead agency
- This lead agency should be the agency that is most relevant to the self-neglect
- The lead agency should organise multi-agency meetings moving forwards
- If section 42 criteria become met – referral to Adult Safeguarding and the Social Worker will then be the lead and organise meeting



Resolving Disputes



Training

[Multi-agency training programme](#) >

[Training information and FAQs](#) >

[Training courses charter \(PDF\)](#) >

Search training courses

Search for training offered by Swindon Safeguarding Partnership and approved third parties

Search by keyword

Browse training categories

[All SSP core and specialist modules](#) >

[SSP safeguarding children modules](#) >

[SSP safeguarding adults modules](#) >

[Third party safeguarding children online training](#) >

[Third party safeguarding adults online training](#) >

[All SSP and third party training courses](#) >

Multi-agency training programme 2023-2024

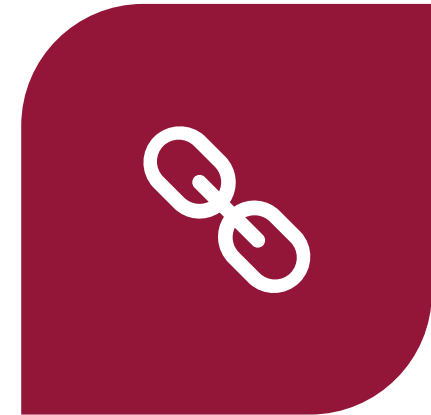
Swindon Safeguarding Partnership (SSP) is pleased to announce the launch of a new training programme and style for the 2023-2024 year



NEW TRAINING
REQUIREMENTS PUBLISHED
BY RCGP IN OCTOBER



RECOMMEND READING
THROUGH THEM



LINKS TO THESE ARE IN THE
LINKS DOCUMENT



Safeguarding Standards



Safeguarding Toolkit



eLearning modules



Podcast and additional resources

RCGP safeguarding standards for general practice

- Joint statement from the RCGP, RCN, and RCPCH
- Introduction to the standards
- GMC standards
- Aim of the RCGP safeguarding standards
- The role of GPs and general practice in safeguarding
- Impact of safeguarding on the wellbeing of GPs and staff
- A note for employers
- Level 4 and 5 safeguarding training
- Safeguarding training for roles outside of general practice

Summary of safeguarding knowledge and capabilities

Level 1 safeguarding training and standards

Level 2 safeguarding training and standards

Level 3 safeguarding training and standards

Search this area

RCGP safeguarding standards for general practice

Publication date: 01 October 2024

GPs, and all who work in general practice, play a crucial role in the safeguarding of our patients as part of our day-to-day work. Being there to support our patients, their families and carers, is both a great responsibility and a privilege. We can be powerful advocates for our most vulnerable patients, and the safeguarding of those patients should be a routine part of our ongoing holistic care.

We have created these safeguarding standards for GPs and anyone working in any general practice setting in the UK. This includes NHS GP practices, independent and online providers of general practice services, Primary Care Networks (PCNs), GP Out of Hours and Extended access services. The standards combine and include both safeguarding children and adults and are a whole life course document.

We've changed the training requirements so that they are no longer based on the number of hours completed but instead focus on adult learning principles.

Alongside these new standards we have developed a new [RCGP safeguarding toolkit](#), [eLearning modules](#), a [podcast and additional resources](#) to support safeguarding learning in general practice.

By following these standards you will be able to competently and confidently safeguard your patients and others.



1. Professional Safeguarding Responsibilities

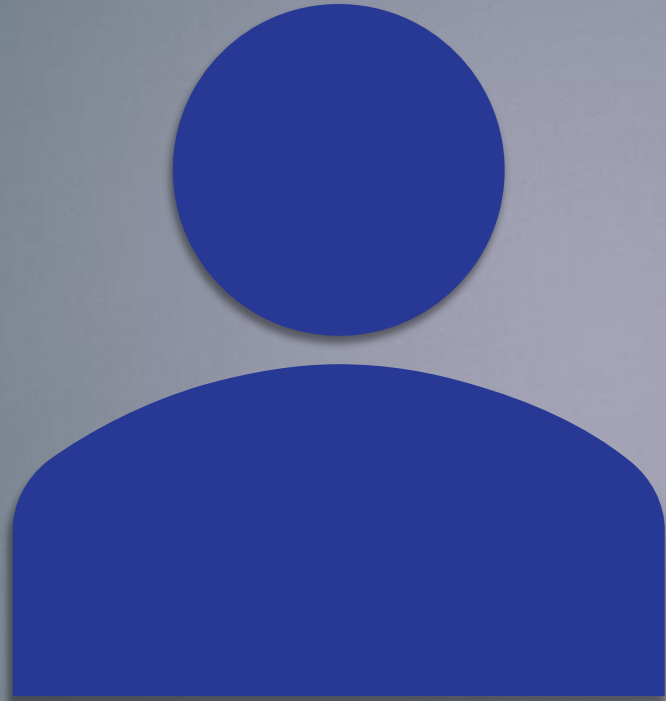
2. Identification of abuse and neglect

3. Responding to abuse and neglect

4. Documenting Safeguarding concerns and information

5. Information sharing and multi-agency working

RCGP Safeguarding Standards



Level 1

Level 1 staff



Reception, administrative and
secretarial staff



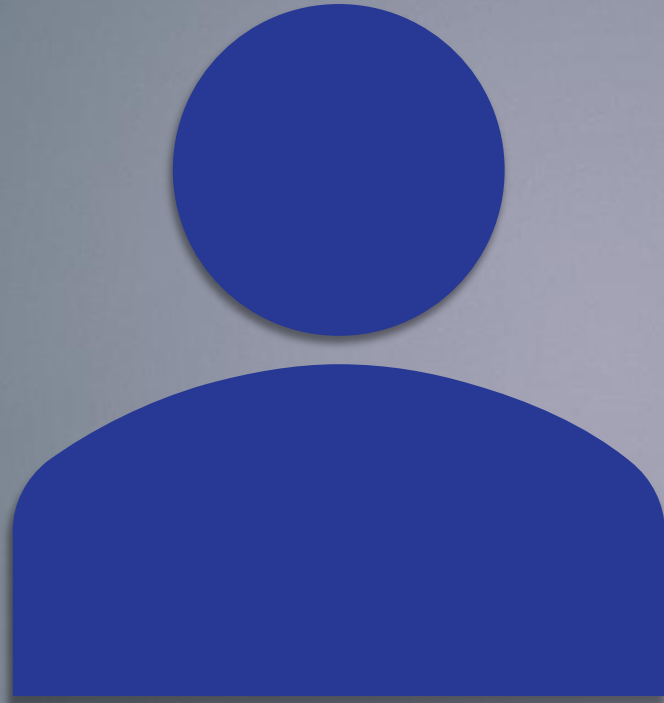
Volunteer staff



Upon joining practice or organisational - safeguarding induction
PLUS undertake Level 1 e-module



Annually: Level 1 Safeguarding update across 5 standards.
This could be face to face or virtual or watching a recorded
update.



Level 2

Level 2 staff

Practice managers and equivalent leadership roles

Care navigators

Reception managers

Safeguarding administrators

Managers/leads of administrative/secretarial teams

Health Care Assistants, Pharmacy technicians



Upon joining: practice or organisational safeguarding induction

Content of induction:

Discussion would need to take place about the safeguarding structure, policies and procedures within the practice/organisation

Identification of any areas of professional development related to safeguarding

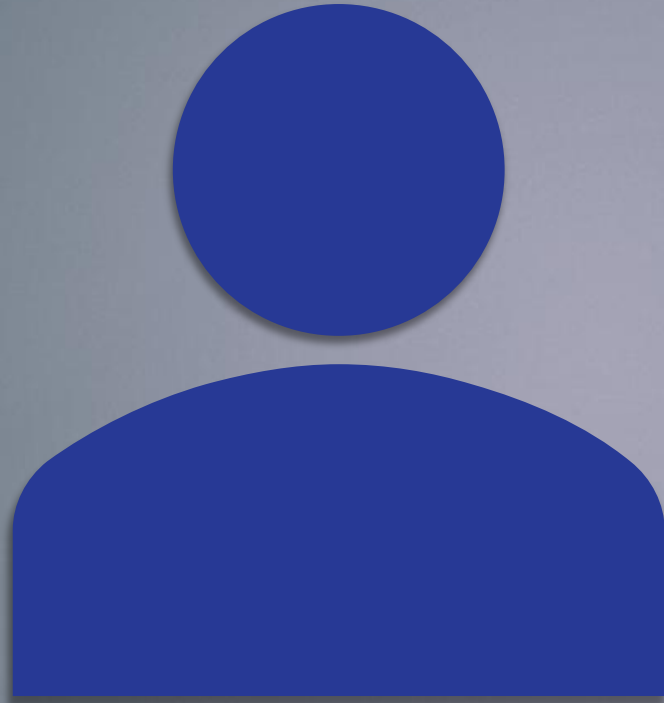
PLUS undertake Level 2 e-module



Annually: Level 2 Local Safeguarding update:

From across the 5 standards.

This could be face to face or virtual or watching a recorded update



Level 3

Patient facing
roles
undertaking
consultations

Primary Care
Network (PCN)
safeguarding
roles

GP Trainees

Practice
Safeguarding
Leads

- have a practice/organisational safeguarding induction AND
- complete relevant safeguarding Level 3 e-learning modules such as the RCGP e-learning modules on core safeguarding in general practice (or provide evidence of prior completion)
- meet with the practice/organisational safeguarding lead, their deputy or other relevant senior leader within one month of starting their new role to discuss the safeguarding structure, policies and procedures within the practice/organisation
 - identify any areas of professional development need related to safeguarding

New Annual Level 3 requirements

No requirements for hours any more

No requirement to complete a learning log

Requirement 1 is for a yearly local update

Requirement 2 is for annual safeguarding learning and reflection

There are no parameters for these – adult learning

How will CQC assess these?

Level 3

There are
additional role-
specific knowledge
and capabilities

Practice or
organisational
safeguarding lead
(rcgp.org.uk)

Practice Managers

Level 2

Additional role-specific knowledge and capabilities

Role of a practice manager in safeguarding
(rcgp.org.uk)

Where to access training

- Safeguarding partnership training
- Named GP for Safeguarding
- A lot of free training provided online
- Wessex LMC



Background: Married to 68-year-old female, children have left home.

He has health problems, diabetes, and osteoarthritis, walks slowly.

He says that he very much loves his wife, doesn't wish to leave her and just wants their relationship to improve but the things that are happening are having an impact on him and affecting his mood which is why he has come today.

Has disclosed that wife has been taking their money for non-essentials such as meals out and alcohol, and he is worried about how he will pay the bills.

This is making him stressed and feeling quite run down. His wife is also feeling low/depressed, so he doesn't know how to address this with her.

She appears to be drinking more but he is unsure if this is excessive thinks probably not, when he talks to her about it she has thrown things at him but they have not hit him. She becomes verbally abusive calling him different names. They argue a lot, but most of it isn't shouting just arguing and she won't stop / talk calmly even though he is trying. He doesn't feel that the arguing is outside of what would be normal for a couple, although he acknowledges it is probably not ok to throw things. He knows she just does this in frustration and she is always sorry afterwards.

He says things have got worse over the last 4 months since the dog died who she really loved and used to walk. He doesn't think they can now afford another dog but that might make her feel better.

She has never injured him, he has never felt physically threatened by her, even when she was throwing things at him as she is not very strong and he does not believe she would ever actually physically hurt her.

He has had some thoughts of suicide and this situation is really getting him down.