



Document Title:	DOT MEDICAL HUMAN RESOURCE POLICY Safeguarding (Adults and Children)	Effective Date:		01 Feb 2023	
		Revision N°:		1	
Document Type:	Policy	Pages	1 of 14	Document N°:	POL-004

Safeguarding Policy - Adults

(See section 11 for Safeguarding Children)

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1 OVERVIEW

Dot Medical Limited is committed to ensuring that The Protection of Vulnerable Adults (POVA) is central to the delivery of services and recognises their role in ensuring vulnerable adults remain safe. This policy provides staff with a guide for raising concerns to the appropriate parties.

Dot Medical believes that any act of abuse against any patients is unacceptable and will take all reasonable steps to ensure that the abuse of adults is reported and that its employees are supported throughout this process.

Abuse is defined as “a violation of an individual’s Human and Civil rights by another person or persons” (*No Secrets DOH 2000*). As such, Dot Medical is committed to introducing measures to reduce this risk and to putting procedures in place to enable staff to deal appropriately with any type of abuse, should it arise.

This policy applies to all permanent staff, seconded staff, contractors and third parties.

This policy does not affect the rights of any individual to take independent action following abuse, e.g. by contacting the police.



2 INTRODUCTION

Safeguarding Adults relates to the work that is undertaken to both prevent the abuse of vulnerable adults and to address concerns or incidents of abuse.

This policy relates to all vulnerable adults – people aged 18 and over who are, or may be unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.

Significant harm can be defined as “not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration of physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development” (Law Commission 1995).

This policy aims at providing a framework for safeguarding vulnerable adults under the care of Dot Medical Limited and outlines how to:

- identify adults at risk of abuse
- prevent abuse
- report concerns of abuse
- investigate concerns of abuse
- support those reporting abuse



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3 PRINCIPLES OF SAFEGUARDING ADULTS

Where abuse occurs, the guiding principle must be safety, well-being and independence of the person being abused. All persons have the right to live their lives free from violence and abuse. The right is underpinned by the duty on public agencies under the Human Rights Act (1998) to intervene proportionately to protect the right of citizens. Any adult at risk of abuse or neglect should be able to access public organisations for appropriate interventions which enable them to live a life free from violence and abuse.

All organisations delivering care to vulnerable adults should:

- Actively work together within an inter-agency framework
- Actively promote the empowerment and well-being of vulnerable adults through the services they provide
- Act in a way that supports the rights of the individual to lead an independent life based on self-determination and personal choice
- Recognise people who may be unable to take their own decisions and/or protect themselves, their assets and keep them safe
- Ensure the law and statutory requirements are known and used appropriately so that vulnerable adults receive protection of the law and access to services to support them

All Dot Medical staff in contact with patients are trained to recognise and take appropriate action with regard to the Protection of Vulnerable Adults.

All interventions must be in a manner that respects the dignity, privacy and beliefs of all individuals concerned, whatever their race, culture, religion, language, gender, disability, age or sexual orientation.

All Dot Medical staff who are in physical contact with patients have undergone enhanced Criminal Records Bureau (CRB) disclosure and all staff have an awareness of vulnerable adult protection issues.

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4 DEFINITIONS

Abuse of a vulnerable adult may be obvious, e.g. where there is visible injury, but in many instances the evidence may be subtle. An indicator of possible abuse does not always mean that abuse has occurred; indicators must be taken in context of an overall assessment of the actual situation. Missing abuse will have serious consequences for the vulnerable adult.

However, an unfounded accusation can cause untold harm to both vulnerable adult and alleged perpetrator.



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4.1 Physical Abuse

The use of force which results in pain or injury or a change in the person's natural physical state, or, the non-accidental infliction of physical forces that results in bodily injury, pain or impairment, applies to any abuse that has an effect on a person's physical self.

4.2 Psychological Abuse

Behaviour that has a harmful effect on the vulnerable adult's emotional health and development or any other form of mental cruelty. This includes a person being shouted at, ridiculed or bullied, threatened, humiliated, blamed for something they have not done, or controlled by intimidation or fear. It includes harassment, verbal abuse, cyber-bullying (bullying which takes place online or through a mobile phone) and isolation.



4.3 Neglect and acts of omission

This involves not meeting a person's physical, medical or emotional needs, either deliberately, or by failing to understand these. It includes ignoring a person's needs, or not providing the person with essential things to meet their needs, such as medication, food, water, shelter and warmth.

4.4 Sexual abuse

Where the victim is involved in sexual activities or relationships to which they have not given consent or do not fully comprehend. This involves a person being made to take part in sexual activity when they do not, or cannot, agree to this. It includes rape, indecent exposure, inappropriate looking or touching, or sexual activity where the other person is in a position of power or authority. The victim may be young or old, male or female. The abuse may also take place within a marriage.

4.5 Financial Abuse

The use of a vulnerable adult's property, assets, income funds, or any resources without their informed consent or authorisation. Financial abuse occurs where an individual's funds or resources are being used inappropriately by a third person. This includes misusing or stealing a person's money or belongings, fraud, postal or internet scams tricking people out of money, or pressuring a person into making decisions about their financial affairs, including decisions involving wills and property.



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4.6 Discriminatory Abuse

This includes forms of harassment, ill-treatment, threats or insults because of a person's race, age, culture, gender, gender identity, religion, sexuality, physical or learning disability, or mental-health needs. Discriminatory abuse can also be called 'hate crime'.

4.7 Institutional Abuse

Institutional abuse can be defined as abuse by a regime as well as by individuals within that institution. The abuse can occur within nursing, residential or day care settings, and in hospitals. There may be reluctance to identify staff and/or organisational practices as being abusive. This includes neglect and providing poor care in a care setting. This may be a one-off incident, repeated incidents or on-going ill-treatment. It could be due to neglect or poor care because of the arrangements, processes and practices in an organisation.



4.8 Domestic Abuse

This includes psychological, physical, sexual, financial or emotional abuse by someone who is a family member or is, or has been, in a close relationship with the person being abused. This may be a one-off incident or a pattern of incidents or threats, violence or controlling behaviour. It also includes being forced to marry or undergo genital mutilation.

4.9 Modern Slavery

This includes slavery, a person being forced to work for little or no pay (including in the sex trade), being held against their will, tortured, abused or treated badly by others.

4.10 Self-neglect

Self-neglect is now included as a type of abuse under the safeguarding adults procedures. This involves a person being unable, or unwilling, to care for their own essential needs, including their health or surroundings.

5 ORGANISATIONAL STRUCTURE AND RESPONSIBILITIES

5.1 Identification of Risks

Wherever there is a risk identified of violence or aggression, non-physical abuse or physical assault the Registered Manager will refer the patient to the local safeguarding team or hospital for assessment.



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5.2 Dealing with Acts of Violence or Aggression

Any person who abuses a vulnerable adult during the course of their employment will be liable to prosecution.

The Registered Manager, or the victim of the abuse, may report the offence to the police, for them to consider whether a crime has been committed and if so, whether to proceed against the person concerned, subject in all cases to the victim's wishes.

The Registered Manager will liaise with the local authority safeguarding team or related hospital to provide any evidence as may be required for the purpose of the investigation.

The Registered Manager will follow the Dot Medical's internal investigation procedures to determine ongoing actions and will keep the CQC apprised accordingly.

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5.3 Action in the event of non-physical abuse

The Registered Manager will take action against the aggressor, subject to any other relevant policies. Examples of non-physical abuse can include.

- Voyeurism
- Indecent exposure
- Inappropriate sexual teasing
- Innuendo
- Pornography
- Financial – including theft, fraud, exploitation and undue pressure in connection with property and possessions.
- Neglect and omission e.g. ignoring a person's physical needs and failing to provide adequate care.
- Discriminatory – including Racist, Religious, and sexist abuse or directed at a person's disability.
- Psychological abuse, including threats of harm, humiliation and coercion

The Registered Manager will consider a range of measures that can be taken depending on the severity of the non-physical assault, and which may assist in the management of unacceptable behaviour. This will be with the aim of reducing the risks as well as encouraging acceptable standards of behaviour by service users.

Where staff members observe or suspect such abuse, they should immediately act and inform the Registered Manager. They will then arrange support if necessary, counselling for staff members who have witnessed and reported any such incidents and will keep the CQC apprised accordingly.



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6 SIGNS OF NON-ACCIDENTAL INJURY

Patients may incur bruising because of conditions affecting their mobility, balance and co-ordination. Such bruising will be in areas such as their shins, knees, arms, hands, feet or elbows. Injuries indicative of non-accidental injury include:

- Large red patches on skin consistent with hand slapping.
- Marks made by an object
- Pinch, scratch or grab marks
- Grip marks - could indicate that a person has been inappropriately shaken, incorrectly restrained or forcibly moved
- Bloodshot/bruised eyes
- Bruising to breasts, buttocks, lower abdomen, thighs, genital or rectal areas could be an indication of sexual abuse

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7 RECORDING A CONCERN

If a vulnerable adult communicates to a staff member that they may be suffering abuse, or a staff member suspects the person's welfare may be compromised, the Registered Manager will be informed and a report will be completed through the Concerns Policy Reporting system.

The nature of the incident will also depend on the substance and seriousness of the concerns and advice may need to be sought from social services or the police to ensure that neither the safety of the adult nor any subsequent investigation is jeopardised. Where concerns arise as a result of information given by a vulnerable adult the staff member will be able to give reassurance but not to promise confidentiality.

Dot Medical will liaise with the relevant Consultant at the host hospital on any suspected cases of abuse with a patient and the course of action to be taken. The Registered Manager will keep the CQC apprised accordingly.

7.1 Recording Information

Record full information about the patient including:

- Name
- Address
- Gender
- Date of birth
- Name(s) of person(s) with parental responsibility
- Primary carer(s), if different,
- All concerns
- Discussions about the adult
- Decisions made
- The reasons for those decisions



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The staff member will talk to their manager; all verbal communications to other professionals will be followed up in writing.

8 STAFF TRAINING

All staff will complete on-line Safeguarding of adults training every three years as part of their mandatory training requirement or sooner if required.

9 REVIEW

This policy will be reviewed on an annual basis by the Registered Manager

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10 REFERENCES

- No Secrets Department of Health 2000
- Human Rights Act 1998
- Domestic Violence, Crime and Victims Act 2004
- Care Act 2014



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Safeguarding Policy - Children

(See section 1 for Safeguarding Adults)





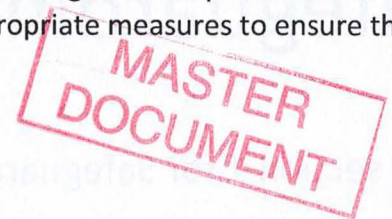
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11 OVERVIEW

Dot Medical Limited is committed to safeguarding and promoting the welfare of children and recognises their role in keeping children safe.

Dot Medical endorses the principles of national policy and guidance including the Children Acts (1989 & 2004), Working Together to Safeguard Children (2015) and The National Service Framework for Children, and Local Authority Safeguarding Children Board – Child Protection Procedures.

Dot Medical believes that any act of abuse is unacceptable and will take all reasonable steps to ensure that the abuse of children is reported and that its employees are supported throughout this process. Dot Medical's policies will ensure all children and young people receive appropriate measures to ensure that their health and wellbeing is promoted and safeguarded.



12 DEFINITIONS

Safeguarding children is defined as 'the process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstance consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully'.

Abuse is defined as "a violation of an individual's Human and Civil rights by another person or persons" (*No Secrets DOH 2000*). As such, Dot Medical is committed to introducing measures to reduce this risk and to putting procedures in place to enable staff to deal appropriately with any type of abuse, should it arise.

The types of abuse may be defined as follows:

There are four defined categories of child abuse in the UK, these are.

- Physical
- Emotional
- Sexual
- Neglect

12.1 Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness, in a child.



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12.2 Emotional Abuse

Emotional abuse is the persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction.

It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

12.3 Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening.

The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include noncontact activities, such as involving children in looking at, or in the production of, sexual online images, watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

12.4 Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing, and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.



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13 IDENTIFICATION OF SUSPECTED CHILD ABUSE

In an abusive relationship the child may:

- Appear frightened of the parent(s).
- Act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The following are often regarded as indicators of concern:

- An explanation which is inconsistent with an injury.
- Several different explanations provided for an injury.
- Unexplained delay in seeking treatment.
- Parents/carers who are uninterested or undisturbed by an accident or injury.

The presence of the above indicators is not proof that abuse has occurred, but:

- Must be regarded as indicators of possible significant harm.
- Must prompt the professional to seek further information.
- Justify the need for careful discussion with Senior Management member.
- May require consultation with and/or referral to children's social care.



13.1 How to report suspected/actual child abuse

Staff should be aware of children when they are attending a training session for Dot Medical products at a hospital and if any signs of abuse are present should report this to the Registered Manager of Dot Medical who will liaise with the Senior Management of the host hospital to contact the appropriate Social Services Department. Staff may also have concerns that abuse has taken place during a telephone conversation with the patient. The Registered Manager will keep the CQC apprised accordingly.

14 RESPONSIBILITIES

All staff have a duty to act immediately on any concerns or suspicions that a vulnerable child is being, is in danger of being, or has been abused. Any alert needs to be taken seriously and acted on promptly by reporting to the Registered Manager.

15 STAFF TRAINING

All staff will complete on-line Safeguarding of Children training every three years as part of their mandatory training requirement or sooner if required.



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16 REVIEW

This policy will be reviewed every three years three years as detailed in QSP-051, by the Registered Manager.

17 REFERENCES

- HM Govt: Working Together To Safeguard Children, March 2015
- Staying Safe –Every Child Matters
- The Children’s Act 2004
- Children, DH (2006)
- No Secrets DOH 2000
- National Service Framework for Children, Young People and Maternity Services. DH (2004)
- Local Authority Safeguarding Children Board – Child Protection Procedures

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	Name	Position	Signature	Date
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Revision Number	Author	Description of changes	Document Change Request Note Number	Effective Date
0	I Rankin	New Document	2020-037	16-Oct-2020
1	I Rankin	To review policy and change the document review period to 3 years, to bring the policy in line with QMS documentation.	2023-02	01 Feb 2023