

Children and Adults at Risk Safeguarding Policy

The practice is committed to complying with legislation and statutory guidance to protect children and adults at risk of abuse or neglect. The practice has an effective process for identifying and responding appropriately to signs and allegations of abuse. There is also an effective process for preventing abuse before it occurs and minimising the risks of further abuse once it has occurred.

The practice has appointed Robert Eades as the Practice Safeguarding Lead for children and adults and all team members have been informed about this.

A child is defined as a person under the age of 18. An 'Adult at Risk' is any adult who has needs for care and support by reason of mental or other disability, age or illness; whether or not the L.A. is meeting any of those needs); is experiencing, or at risk of abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect. The Care Act 2014 introduced the term 'Adult at Risk' replacing the phrase 'vulnerable adult', however the two are used interchangeably within this policy and supporting documents.

All team members are trained to recognise signs of abuse in children and vulnerable adults. Training to take appropriate action including recording and reporting is provided at induction and at regular intervals.

Any suspicions and allegations of abuse are taken seriously and responded to swiftly and appropriately. All concerns are reported to the Practice Safeguarding Lead. If FGM is suspected the FGM policy (M 233-FGM) is followed.

All team members are required to undergo appropriate DBS checks. The practice does not employ anyone who has been barred from working with and treating children or adults at risk.

Good practice guidelines

A chaperone is always present when treating a child or vulnerable adult. See the Chaperone Policy (M 233-CHP).

Gratuitous physical contact is never made with a patient. If a patient needs comforting, team members use discretion to ensure that any physical contact is appropriate.

Physical force is never used against a patient, unless it constitutes reasonable restraint to protect him/her or another person or to protect property. If it is necessary to restrain a patient because they are an immediate danger to themselves or others or to property, the minimum amount of force is used for the shortest amount of time.

Any problems are referred to the Practice Safeguarding Lead.

For further information refer to Safeguarding of Children and Adults at Risk (M 290).