

Safeguarding Adults at Risk Policy and Procedures

Optimal Dental Health Ltd understands that the term 'vulnerable adults' has been replaced by the term 'adults at risk'.

We understand that an 'adult at risk' is a person or group of people aged 18 or over, who are without adequate protection and may be defenceless at the risk of harm.

Optimal Dental Health Ltd has a duty to prevent the abuse of adults at risk and respond promptly when abuse is suspected or reported. We ensure that all our patients and team members are treated with courtesy, dignity, fairness and respect at all times. Our practice considers all incidents of abuse to be unacceptable and especially when the victim is deemed to be vulnerable. We will promote a culture and environment in which abuse of any kind is not tolerated and is dealt with promptly when it does occur.

This policy applies equally to every member of the employed team within Optimal Dental Health Ltd, regardless of occupation status or grade. Any breach of the policy, including failure to properly report or investigate an allegation of abuse, will be treated as a disciplinary offence. This practice is committed to pursuing active equal opportunities and anti-discriminatory practices, whilst promoting and developing services and resources which are sensitive to age, culture, disability, ethnicity, gender, race, religion and sexuality. This Practice is committed to ensuring that workers at all levels have the knowledge and ability to contribute effectively to the protection of adults at risk.

Optimal Dental Health Ltd safeguarding lead(s) is/are Dr James Goolnik and Practice Manager Ange Thomson.

This Policy was reviewed and implemented on 01-09-2024. This policy and relevant procedures will be reviewed annually and are due for review on 01-09-2025 or prior to this date in accordance with new guidance or legislative changes.

Safeguarding Adults at Risk Procedures

Definition of an adult at risk

A vulnerable adult is a person aged 18 years or over who may be unable to take care of themselves, or protect themselves from harm or from being exploited. This may be because they have a mental health problem, a disability, a sensory impairment, are old and frail, or have some form of illness. The Care Act 2014 contains mandatory requirements around adult safeguarding.

Understanding abuse

An awareness of adult abuse is the key to protecting adults at risk from abuse. Abuse is mistreatment by any person or persons that violates a person's human and civil rights. The abuse can vary from treating someone with disrespect in a way that significantly affects the person's quality of life to causing actual physical suffering.

The Department of Health recognises that abuse may not just be physical, sexual or an obvious act of cruelty. There are many types of abuse, including mental, emotional, financial and discriminatory abuse. There is no hierarchy among these types of abuse. Depending on the circumstances, pernicious racist abuse can have as profound an effect as, for example, physical abuse on a vulnerable adult. Bullying or daily humiliations, perhaps presented as jokes by the perpetrators, can be as harmful as single acts of cruelty. Similarly, unintended abuse or neglect can have the same impact as deliberate' (Stephen Ladyman, 2004).

CQC notification: The CQC will be notified immediately using the online form below when abuse or allegations of abuse concerning a person using the service when the following applies: • The person is affected by abuse. • They are affected by alleged abuse. • The person is an abuser. • They are an alleged abuser.
<https://www.cqc.org.uk/guidance-providers/notifications/allegations-abuse-safeguarding-notification-form>

Forms of abuse can be categorised as follows:

- Physical abuse (including inappropriate restraint or use of medication).
- Sexual abuse.
- Psychological abuse.
- Financial or material abuse.
- Neglect and acts of omission.
- Institutional abuse.
- Discriminatory abuse.
- Domestic abuse.

Domestic abuse

Domestic abuse (also called domestic violence or family violence) is violence or other abuse that occurs in a domestic setting, such as in a marriage, cohabitation or within a family setting. It can take many different forms and includes violence against children, parents, or the elderly.

Domestic abuse can include physical, emotional or sexual abuse and other forms of abuse such as financial abuse. It can be subtle and controlling or coercive, and/or it can involve all forms of physical abuse.

Whilst victims of domestic abuse are often women, men can also be victims of domestic abuse and domestic violence.

Domestic violence is among the most underreported crimes worldwide for both men and women. In addition, due to social stigmas regarding male victimisation, men who are victims of domestic violence are often overlooked by healthcare providers.

In domestic situations, there is often a pattern of episodes of abuse, followed by a period of contrition and relative normality. Children who are exposed to domestic abuse and violence often exhibit signs of emotional abuse, even if they are not physically abused themselves.

It is not uncommon for the abuser to have suffered domestic abuse in their formative years, which can lead them to think that domestic abuse within a family setting is 'normal'. It is imperative that the cycle of abuse is interrupted to avoid it happening through successive generations.

Since March 2020 (the start of the COVID-19 pandemic), reports of domestic abuse and domestic violence have risen dramatically. It is of the utmost importance that all dental team members are extremely vigilant about the need to be aware of the rise in cases of domestic abuse and to be on the lookout for possible physical and behavioural indicators that domestic abuse may be taking place. If domestic abuse is suspected or disclosed to a team member, the team member must follow the guidance laid out in this policy on information sharing and reporting.

Possible indicators of abuse and what may make you concerned

Possible indicators of physical abuse:

- Multiple bruises.
- Fractures.
- Burns.
- Bed sores.
- Fear.
- Depression.
- Unexplained weight loss.
- Assault (can be intentional or reckless).

Possible indicators of neglect:

- Malnutrition.
- Untreated medical problems or dental problems.
- Bed sores.
- Confusion.
- Over-sedation.
- Deprivation of meals may constitute wilful neglect.

Possible indicators of emotional abuse:

- Fear.
- Depression.
- Confusion.
- Loss of sleep.

- Unexpected or unexplained change in behaviour.
- Deprivation of liberty could be false imprisonment.
- Aggressive shouting causing fear of violence in a public place may be an offence against the Public Order Act 1986, or harassment under the Protection from Harassment Act 1997.

Possible indicators of sexual abuse:

- Loss of sleep.
- Unexpected or unexplained change in behaviour.
- Bruising.
- Soreness around the genitals.
- Torn, stained or bloody underwear.
- A preoccupation with anything sexual.
- Sexually transmitted diseases.
- Pregnancy.
- Rape.
- Indecent Assault.

Possible indicators of financial abuse:

- Unexplained withdrawals from the bank.
- Unusual activity in the bank accounts.
- Unpaid bills.
- Unexplained shortage of money.
- Reluctance on the part of the person with responsibility for the funds to provide basic food and clothes, etc.
- Fraud.
- Theft.

Possible indicators of institutional abuse:

- Inflexible and non-negotiable systems and routines.
- Lack of consideration of dietary requirements.
- Name calling is an inappropriate way of addressing people.
- Lack of adequate physical care – an unkempt appearance.

Incidents of abuse may be multiple, either to one person in a continuing relationship or service context, or to more than one person at a time. Any or all types of abuse may be perpetrated as the result of deliberate intent and targeting of vulnerable people, negligence or ignorance.

Abuse may take many forms and may include criminal activity. It may involve any combination of the above.

Team members' responsibilities in respect of abuse

All allegations of abuse must be regarded as serious, reported appropriately and investigated immediately to serve the interests of individual service users. Always act in such a way as to promote and safeguard their wellbeing, guided by codes of professional conduct where appropriate. Being alert to possible abuse and informing line management of actual abuse is the responsibility of all team members.

Team members have the right to form their own judgment and to challenge other opinions, including medical statements, where they believe this is in the adult's interest. Where a team member's concerns appear not to be taken seriously, it is appropriate to take them to a more senior person at the practice. Team members who take this action will be supported regardless of the outcome, provided the allegation has been made in good faith.

Optimal Dental Health Ltd's responsibilities

In order to fulfil its obligations in respect of the protection of adults at risk, Optimal Dental Health Ltd will ensure that:

- Our commitment to the provision of high-quality care and the continuous raising of standards of care will continue through clinical governance and adherence to National Service Frameworks and other national policies and initiatives.
- Our team members will feel enabled and empowered to identify, report and act on abuse by promoting leadership skills and individual development.
- Dr James Goolnik is a named individual within the practice with responsibility for the protection of adults at risk, who will promote awareness within the practice and work closely with and support team members in the protection of adults at risk from abuse.
- All new team members receive vulnerable adult protection awareness as part of their induction training.
- Where appropriate, team members have the opportunity to access additional training in respect of the awareness of and protection of adults at risk from abuse.
- There is a commitment by our practice to train and support the team that will facilitate the development of competencies in the awareness and prevention of vulnerable adult abuse.
- Patients who are adults at risk will be enabled, empowered and encouraged to complain if they are being abused.

It should be stressed that our dental teams are not responsible for making a diagnosis of abuse or neglect, just for sharing concerns appropriately.

If we are concerned or recognise abuse or someone tells us they are being abused, we won't promise to keep it a secret. We will share our concerns with someone who can help you (and the person you're worried about). The contact numbers to share our concerns are listed below and we are assured they take our concerns seriously. Also, if we feel our patients need support, then we will urge them to contact the relevant services below.

What do I do if I have a concern, suspicion, or allegation that an adult is being harmed or exploited?

In emergency situations seek appropriate medical attention and contact the Police (dial 999), as would be done with anyone in that situation. The protection of the vulnerable adult from harm is the first priority.

To make a safeguarding referral about an adult at risk, or for advice about an adult who may be being abused, contact the Local Safeguarding Adults Board advice and information team at the earliest opportunity

During Working Hours Contact:

Advice and information team – tel no Adult services team: 020 7641 1444 Email: adultsocialcare@westminster.gov.uk.

Outside of working hours call the Emergency Duty Team – tel no: Safeguarding adults helpline: 020 7641 2176 9am-5pm. Outside these hours call 020 7641 6000.

Optimal Dental Health Ltd will endeavour to safeguard adults at risk by:

- Adopting vulnerable adult guidelines through procedures and a code of conduct for the dental team.
- Making team members and patients aware that we take safeguarding of adults at risk seriously and respond to concerns about the welfare of adults at risk.
- Adopting a multi-agency approach to sharing information about concerns with agencies that need to know and involving the vulnerable adult and carers appropriately.
- Following carefully the procedures for team members recruitment and selection set out in our Recruitment Policy.
- Ensure that the appropriate Disclosure and Barring Services Checks (DBS) checks are conducted (formerly CRB checks).
- Providing effective management for team members by ensuring access to supervision, support and training.

The named individual for safeguarding adults at risk should be someone who:

- Is a good listener.
- Has respect for confidential information.
- Is able to handle difficult or distressing issues sensitively.
- Think before taking action.

The role of the named individual might include the following duties:

- Keeping an up-to-date list of local contacts for safeguarding adults at risk, advice and referral.
- Making information readily available for team members.
- Ensuring the local safeguarding adults at risk board procedures are available and are kept up-to-date.
- Organise team members' training.
- Auditing the practice.
- Keeping details of local sources of confidential emotional support for team members.

Referrals remain the responsibility of the person who recognises the suspected abuse or neglect

We follow good practice guidelines and are committed to reviewing our policies at regular intervals.

Practice Procedures for Team Members

The following procedures are in place to safeguard our team members and our patients.

- Prior to commencing employment, we ensure that all necessary pre-employment checks have been satisfactorily completed.
- We confirm the identity of all our team members and their rights to live and work in the UK.
- All team members are paid in line with National Living Wage requirements.
- We ensure all team members know they can raise concerns without fear of recrimination and we ensure they understand our policy on Whistleblowing.

- We have comprehensive policies for dealing with Violence, Bullying and Harassment, and team members are required to familiarise themselves with the practice policies.

Modern Slavery Statement

At Optimal Dental Health Ltd, we recognise that we have a duty to prevent abuse. The duty includes a responsibility in relation to the prevention of Modern Day Slavery.

Where abuse of any kind is suspected or identified, we ensure that we respond according to our practice procedures and local guidance, and we ensure that suspected or identified victims are referred to the appropriate agency or agencies.

At Optimal Dental Health Ltd we consider all incidents of abuse and modern-day slavery to be unacceptable and especially so when the victim is a child or is deemed to be vulnerable.

We ensure that, through training, we promote a culture and environment in which all team members can recognise abuse or enslavement of any kind. Team members know they must record details of any suspected or confirmed incident, and they must report any incident promptly to the practice safeguarding lead, Dr James Goolnik.

All referrals are followed up to ensure appropriate action has been taken.

Optimal Dental Health Ltd takes modern-day slavery seriously and understands that any breaches of the Modern Day Slavery Act 2015 can result in disciplinary action, changes to or cancellation of the registered person or provider by the CQC and punitive action under the Act.

Optimal Dental Health Ltd safeguarding lead is: Dr James Goolnik

This Statement on Modern Day Slavery was implemented on 01-09-2024 and will be reviewed annually. It is due for review on 01-09-2025 or prior to this date in accordance with new guidance or legislative changes.

Anti-Radicalisation Statement

Radicalisation is a process by which an individual or group comes to adopt increasingly extreme political, social, or religious ideals and aspirations that reject and/or undermine contemporary ideas and expressions of freedom of choice.

Radicalisation is a form of harm. The process may involve:

- Being groomed online or in person.
- Exploitation, including sexual exploitation.
- Psychological manipulation.
- Exposure to violent material and other inappropriate information.
- The risk of physical harm or death through extremist acts.

Extremism is defined as a vocal or active opposition to fundamental values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs.

Training can be completed here: <https://www.gov.uk/guidance/prevent-duty-training>

At Optimal Dental Health Ltd we acknowledge that there is a statutory duty for the practice to comply with Prevent legislation as enshrined in the Counter Terrorism and Security Act.

In order to comply with the regulations, Optimal Dental Health Ltd will provide the appropriate training to all members of team members on the signs/markers of radicalisation and how to respond to these signs in an individual (both patients and team members).

Recognising the Markers of Radicalisation

The signs identified below are common external indicators of radicalisation.

- Individuals become increasingly argumentative.
- Refusing to listen to different points of view on issues.
- Unwillingness to engage with their peers or colleagues who share different views, beliefs, lifestyles or habits.
- Always expressing the feeling of being persecuted or discriminated against.
- A sudden change in physical appearance and friends.
- The individual distances themselves from family, friends and colleagues.
- A loss of interest in hobbies and activities they previously enjoyed.
- Converting to a new religion.
- Showing sympathy for extremist ideologies and groups.
- Avoiding discussions about their views.
- Using words and phrases that sound scripted.
- Not wanting anyone else to know what they are looking at online.

All team members at Optimal Dental Health Ltd are encouraged to report suspicions of individuals at risk of being radicalised to the practice Safeguarding Lead Dr James Goolnik who will then make the decision as to whether to report to the Local Safeguarding Teams or the police anti-terrorism hotline.

Optimal Dental Health Ltd takes the possibility of radicalisation seriously and understands the very serious potential of failing to report suspicions.

Optimal Dental Health Ltd safeguarding lead is: Dr James Goolnik

Local Contact details: Adult services team: 020 7641 1444 Email: adultsocialcare@westminster.gov.uk

This Statement on Anti – Anti-Radicalisation was implemented on 01-09-2024 and will be reviewed annually. It is due for review on 01-09-2025 or prior to this date in accordance with new guidance or legislative changes.

Female Genital Mutilation (FGM)

Female Genital Mutilation (FGM) involves procedures that include the partial or total removal of the external female genital organs for cultural or other non-therapeutic reasons. It is very painful and dangerous and can seriously harm women's and girls' health. In 99% of cases, it is carried out without anaesthetic. It is classified as emotional and sexual abuse, as well as physical abuse.

FGM can be carried out on girls of all ages but may be more common between the ages of 5 and 10. It can be known as female circumcision or cutting or by other terms such as sunna, gudniin, halalays, tahur, megrez and khitan amongst other names.

Our responsibilities

Optimal Dental Health Ltd ensure that the whole team understands our responsibilities in respect of reporting FGM. We understand that dentists in England and Wales are required by law to report cases of female genital mutilation (FGM) in girls under age 18 to the police when it is 'visually confirmed or verbally disclosed'.

Training can be completed here:
<https://www.virtual-college.co.uk/resources/free-courses/recognising-and-preventing-fgm> or
<https://www.gov.uk/guidance/female-genital-mutilation-fgm-migrant-health-guide>

Note: In dental practice, 'verbal disclosure' is the only form of disclosure that is likely to apply, because 'visual confirmation' would be highly irregular.

We understand that this is a personal duty, meaning that the professional who identifies FGM or receives the disclosure must make the report.

We understand that the duty applies where a dental professional, in the course of their work, is informed directly by a girl that an act of FGM has been carried out on her.

Note: The duty applies only to girls who are under 18 at the time that FGM is observed or disclosed, and it does not apply if the health professional only suspects that FGM may have been carried out.

Actions to take in the event of FGM being identified or disclosed

Telephone '101' as soon as possible. 101 is the non-emergency crime number.

- Give the 101 operator the girl's names, age, date of birth and address.
- Give the 101 operator your name and contact details - work telephone number and e-mail address, and times when you are available to speak, your role and your place of work.
- Give the 101 operator the name, work telephone number and email address and place of work of our designated safeguarding lead, Dr James Goolnik.

Also:

- Discuss with our local safeguarding lead, Dr James Goolnik, to identify whether other safeguarding actions are required.
- Make a record of your actions and decisions, and record the police reference number.
- Update our practice safeguarding lead, Dr James Goolnik.
- Make sure that you are available and prepared to discuss further with the police lead investigator.
- In advance of/in parallel with the report being made, discuss with the family/child and tell them the report is being made, **unless** you believe that reporting would lead to a risk of serious harm to the child or anyone else then do not discuss it but instead discuss with our designated safeguarding lead, Dr James Goolnik and agree a course of action.

General Dental Council (GDC) requirements

The GDC requires registrants to comply with the law relating to reporting any identified or disclosed incident of FGM. Failure to comply with the law may be considered through existing Fitness to Practise proceedings with the GDC. The GDC will consider the dental care professional's ability to practice safely and take into account the circumstances of the case. As with all safeguarding issues, the safety of the girl or other individuals at risk of harm is paramount.

Honour-Based Violence and Forced Marriage

At Optimal Dental Health Ltd, we will take all reports of honour-based violence and Forced Marriage very seriously. We will deal with each individual case sensitively and confidentially.

Honour-based violence is defined as a collective and planned crime or incident, mainly perpetrated against women and girls, by their family or their community, who act to defend their perceived honour, because they believe that the victim(s) have done something to bring shame to the family or the community.

Honour-based violence may include emotional, psychological, sexual and physical abuse, as a reaction to what is perceived as immoral behaviour that brings shame on the family or community. It is a direct violation of the victim's human rights.

Behaviours that may be perceived to be 'immoral' in some communities may include:

- Running away or coming home late.
- Ideological differences between parents and children.
- Westernisation.
- Refusing an arranged marriage.
- Participating in relationships outside marriage or an approved group.
- Wearing 'inappropriate' makeup or clothing.
- Loss of virginity before marriage.
- Pregnancy outside of marriage.
- Homosexuality.
- Reporting/fleeing domestic abuse, coercive and controlling behaviour, forced marriage.
- Girls who 'allow themselves to be raped'.
- Causing gossip about a family or community.

Honour-based violence can take many forms. It may or may not involve violence and may include:

- Murder.
- Personal attacks of any kind, including physical and sexual violence.
- Forced marriage.
- Forced repatriation (sending someone back to a country from which they originate without their consent).
- Written or verbal threats or insults.
- Threatening or abusive phone calls, emails and instant messages.

At Optimal Dental Health Ltd, if we are informed by a patient that they are victims of Honour-Based Violence or we suspect someone is at risk of Honour-Based Violence, we will report it immediately. We will call **999** if we suspect the individual is in immediate danger. We may also contact the Forced Marriage Unit.

Forced Marriage

Forced marriage is when an individual is faced with physical, emotional or psychological pressure to marry. Examples of this may include threats, physical violence, sexual violence or making an individual feel like he/she is bringing shame on their family or community.

Forced marriages are illegal in England and Wales and can carry prison sentences of up to 7 years.

This includes:

- Taking someone overseas to force them to marry (whether or not the forced marriage takes place).
- Marrying someone who lacks the mental capacity to consent to the marriage (whether they're pressured to or not).

At Optimal Dental Health Ltd, if we are informed by a patient that they are being forced into marriage or we suspect someone is at risk of being forced into marriage we will report it immediately.

We will call **999** if we suspect the individual is in immediate danger. We will also contact the Forced Marriage Unit.

Forced Marriage Unit

Telephone: 020 7008 0151 (Monday to Friday, 9am to 5pm)

Out of hours: 020 7008 1500 (ask for the Global Response Centre)

Email: fmufco.gov.uk

The following details should be provided to the Police or Forced Marriage Unit

- Name of the individual(s).
- Registered address (if known).
- Age.
- Details of parent/ guardian/ next of kin (if known).
- Any information about where the person is being taken to (if known).
- When they were due back in the UK (if known).

Document Change Record For Safeguarding Adults at Risk Policy

The table below is used to register all changes to the policy:

Published Date	Document Version Number	Pages affected	Description of revision	Author
22/08/2018	V6.0	Page 1	[Name of Practice] Dental Practice safeguarding lead is [Name of Person Responsible] and [Deputy Lead].	AM
19/09/2019	V9.0	Pages 7, 8, 9	Added Anti-radicalisation statement Change to order of some paragraphs for better flow	PL
29/01/2020	V10.0	Pages 11, 12	Added a statement on Honour Based Violence and Forced Marriage	LH
30/06/2022	V11.0	Title and multiple pages	Amended the terms 'vulnerable adults' to 'adults at risk'	PL
30/06/2022	V11.0	Multiple pages	Multiple small amendments to improve flow. References to staff or employees changed to team members.	PL
30/06/2022	V11.1	Pages 2,3	Section on domestic abuse added	PL
16/03/2023	V11.2	Page 2	Section on CQC and HIW notification added	PP