HOME 1st PHYSIOTHERAPY

SAFEGUARDING ADULTS & CHILDREN POLICY

Company Name: Home 1st Physiotherapy **Designated Safeguarding Lead (DSL):** Laura Watson-Adams **Contact Details:** Phone: 07985 549 698 | Email: info@home1stphysio.co.uk
Policy Effective Date: August 2026 | **Policy Review Date:** August 2027

1. Policy Statement & Purpose

Home 1st Physiotherapy is committed to ensuring that all adults (particularly adults at risk) and children who receive our services are protected from abuse, neglect, and harm. Because our clinical services are delivered primarily within patients' private homes, we recognize our unique responsibility to remain vigilant, identify potential safeguarding concerns early, and take prompt, effective action in accordance with UK safeguarding legislation.

2. Key Legislation & Frameworks

This policy complies with relevant UK legislation and clinical standards, including:

- The Care Act 2014 (Safeguarding Adults)
- Working Together to Safeguard Children (2023)
- The Children Act 1989 & 2004
- The Mental Capacity Act 2005
- The Data Protection Act 2018 & UK GDPR
- Health and Care Professions Council (HCPC) Standards of Conduct, Performance and Ethics

3. Scope of Policy

This policy applies to all practitioners, staff, sub-contractors, and associate physiotherapists working for or on behalf of Home 1st Physiotherapy.

4. Definitions & Recognizing Harm

A. Safeguarding Adults at Risk

An Adult at Risk is defined under the Care Act 2014 as an individual aged 18 or over who:

- Has needs for care and support (whether or not the local authority is meeting any of those needs),
- Is experiencing, or is 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 or the experience of abuse or neglect.

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Types of Adult Abuse & Common Indicators:

- **Physical Abuse:** Unexplained bruising, restraint marks, injuries inconsistent with history.
- **Financial / Material Abuse:** Unexplained loss of money, pressure to alter wills, missing personal belongings.
- **Psychological / Emotional Abuse:** Humiliation, intimidation, extreme withdrawal, or fear in the presence of carers or relatives.
- **Neglect & Acts of Omission:** Untreated bedsores, unhygienic living conditions, inadequate heating or clothing, withheld medication.
- **Domestic Abuse / Coercive Control:** Threatening behavior, isolation from family/friends, financial restriction by a partner or family member.
- **Self-Neglect:** Severe lack of personal hygiene, hoarding, living in unsanitary conditions that put health at risk.
- **Discriminatory / Organisational Abuse:** Harassment or mistreatment based on protected characteristics.

B. Safeguarding Children

A Child is defined as anyone under the age of 18. Categories of child abuse include physical abuse, emotional abuse, sexual abuse, and neglect.

5. Roles & Responsibilities

- **Designated Safeguarding Lead (DSL):** Laura Watson-Adams acts as the primary contact for any safeguarding concerns raised within the business.
- **All Staff / Practitioners:** Have a professional duty under HCPC guidelines to recognize signs of harm, document concerns objectively, and report them promptly.

6. Procedure for Responding to & Reporting Concerns

If a practitioner suspects abuse, observes signs of neglect, or receives a direct disclosure from a patient or family member, the following steps must be taken immediately:

1. **Step 1: Immediate Safety** — Ensure immediate physical safety. If urgent medical care is required or a crime is in progress, call emergency services (999).
2. **Step 2: Listen & Reassure** — Listen calmly without asking leading questions. Explain that you have a professional duty to pass on safety concerns (do not promise complete secrecy).
3. **Step 3: Record Accurately** — Document factual observations, dates, times, and exact quotes within 24 hours in secure clinical records.
4. **Step 4: Report / Referral** — Report the concern to the Designated Safeguarding Lead and refer to the relevant Local Authority Safeguarding Team.

7. Consent & Information Sharing

- **Adults with Mental Capacity:** Where an adult at risk has mental capacity, their consent should ordinarily be sought before making a safeguarding referral.

- **Overriding Consent:** Consent may be overridden without permission if the person lacks capacity, others are at risk, a serious crime occurred, or it is legally required.

8. Safe Recruitment & Practice Standards

To ensure safety during home visits, Home 1st Physiotherapy enforces Enhanced DBS Checks, mandatory HCPC registration, Lone Working Protocols, and chaperoning options.

9. Key Local Contact Details

Services | 999 (Immediate danger) | N/A | | Non-Emergency Police | 101 | www.nottinghamshire.police.uk | | Nottinghamshire Adult Social Care | 0300 500 80 80 | www.nottinghamshire.gov.uk | | Nottinghamshire MASH (Children) | 0300 500 80 80 | www.nottinghamshire.gov.uk | | Care Quality Commission (CQC) | 03000 616161 | www.cqc.org.uk |

10. Policy Review

This policy is reviewed annually, or immediately following any major safeguarding incident or change in UK legislation.