

[CLINIC LOGO]	CPS-14
[CLINIC NAME]	Safeguarding Adults & Vulnerable Adults Policy
	Policy Number: 14 Version: 1.0
	Section 2 – Clinical & Patient Safety

Terminology Note: Throughout this policy, the organisation operating this cosmetic clinic is referred to as 'the Clinic'. All references to 'the Clinic' are intended to mean the registered entity, its management, and all those acting on its behalf.

POLICY CONTROL SHEET

Clinic Name	[INSERT CLINIC NAME]
Trading Name (if different)	N/A
CQC Registration Number	[INSERT CQC REGISTRATION NUMBER]
Clinic Address	[INSERT FULL CLINIC ADDRESS]
Registered Manager Name	[INSERT REGISTERED MANAGER FULL NAME – Safeguarding Lead]
Registered Manager Contact	[INSERT EMAIL ADDRESS AND TELEPHONE NUMBER]
Local Safeguarding Adults Board	[INSERT NAME OF LOCAL SAFEGUARDING ADULTS BOARD]
Local Authority Safeguarding Team	[INSERT TELEPHONE NUMBER AND EMAIL]
MASH / Duty & Advice Number	[INSERT LOCAL MASH OR DUTY AND ADVICE NUMBER]
Policy Title	Safeguarding Adults & Vulnerable Adults Policy
Policy Code	CPS-14

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EQUALITY, DIVERSITY & ACCESSIBLE INFORMATION STATEMENT

<p>Equality, Diversity & Accessible Information Statement</p> <p>The Clinic is committed to equality, diversity, and inclusion in all aspects of its work. This policy applies equally to all individuals regardless of age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, or sexual orientation, in accordance with the Equality Act 2010. The Clinic recognises that certain protected characteristics may increase a patient's vulnerability to abuse and neglect, and will apply a heightened standard of awareness in the care of patients from groups at elevated risk.</p> <p>In accordance with the Accessible Information Standard (NHS England, 2016) and the principles of the Accessible Communication Act, the Clinic is committed to ensuring that this policy is made available in accessible formats upon request.</p> <p>Requests for accessible formats should be directed to the Registered Manager: [REGISTERED MANAGER NAME] [EMAIL ADDRESS] [TELEPHONE NUMBER]</p>
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VERSION HISTORY

Version	Date	Summary of Changes	Author

1.0	[DATE]	Initial issue	[AUTHOR]
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1. Purpose & Scope

This policy establishes the Clinic's approach to safeguarding adults at risk of abuse and neglect. It sets out the legal framework, the indicators of abuse and neglect that staff must be able to recognise, the procedures for making a safeguarding referral, and the specific safeguarding considerations that arise in the context of aesthetic and cosmetic clinical practice.

Safeguarding adults is a responsibility that extends to every healthcare setting – including independent cosmetic clinics. The CQC's fundamental standards require all registered providers to protect adults from abuse and neglect, and this obligation exists regardless of the primarily elective and aesthetic nature of the Clinic's services. Indeed, the cosmetic clinic presents a distinctive safeguarding context: the intimate, often confidential nature of the clinical encounter may make patients more willing to disclose concerns; the presentation of physical injuries may be relevant; and the social dynamics of the cosmetic sector – including coercive control, exploitation, and body image pressure – create specific safeguarding risks that are not present in a general clinical setting.

This policy addresses safeguarding for adults aged 18 and over. Safeguarding for patients under 18 is addressed in Policy CPS-15 – Safeguarding Children & Young Persons Policy.

1.1 Scope

This policy applies to all staff employed by or contracted to the Clinic, including all clinical and non-

clinical staff. Every member of staff has a role to play in safeguarding – recognising indicators of concern and knowing what to do. The duty to act is not limited to clinical staff.

2. Policy Statement

The Clinic is committed to protecting the safety and wellbeing of all adults at risk who come into contact with its services. Every member of staff has a responsibility to act when they have a concern about the safety or welfare of a patient, and the Clinic will support staff in meeting that responsibility.

The Clinic will never allow concerns about confidentiality, commercial relationships, or operational inconvenience to prevent appropriate safeguarding action. Where there is a reasonable belief that an adult is at risk of abuse or neglect, the Clinic will act – even where the patient requests confidentiality, and even where the Clinic cannot be certain that abuse has occurred. Safeguarding concerns are not dealt with by asking for more evidence before acting; they are dealt with by making a referral to the appropriate statutory authority and allowing that authority to investigate.

The Registered Manager is the named Safeguarding Lead and is ultimately responsible for all safeguarding decisions within the Clinic. All safeguarding concerns must be brought to the Registered Manager without delay. Where the concern involves the Registered Manager themselves, it must be escalated directly to the Registered Provider.

3. Definitions

Term	Definition
Adult at Risk	Under Section 42 of the Care Act 2014, an adult at risk is a person aged 18 or over who has needs for care and support (whether or not the local authority is meeting those needs), who is experiencing or is at risk of abuse or neglect, and who as a result of those care and support needs is unable to protect themselves from the abuse or neglect.
Abuse	Any act or failure to act that causes harm or distress to a person with care and support needs. Abuse may be carried out by anyone – including family members, carers, partners, professionals, other patients, or strangers. The ten categories of abuse recognised under the Care Act 2014 are set out in Section 6 of this policy.
Neglect	The ongoing failure to meet a person's basic physical, emotional, health, or development needs. Neglect may be intentional or unintentional and can cause

	serious, long-term harm.
Safeguarding Adults Board (SAB)	A statutory multi-agency body established by each local authority under Section 43 of the Care Act 2014, with responsibility for coordinating and ensuring the effectiveness of each organisation's contribution to adult safeguarding. The Clinic is expected to work cooperatively with the local SAB and to follow its policies and procedures.
Multi-Agency Safeguarding Hub (MASH)	A multi-agency team that brings together professionals from adult social care, the police, health, and other agencies to share information and coordinate an early safeguarding response. The MASH is typically the first point of contact for non-emergency safeguarding referrals.
Section 42 Enquiry	An investigation conducted by the local authority under Section 42 of the Care Act 2014 in response to a safeguarding concern, to establish whether the adult is at risk, whether abuse or neglect is occurring or has occurred, and what action should be taken to protect the adult.
Coercive Control	A pattern of behaviour that seeks to take away the victim's liberty or freedom and strip away their sense of self. Coercive control is a criminal offence under the Serious Crime Act 2015 and is a recognised form of domestic abuse under the Domestic Abuse Act 2021.
Honour-Based Abuse	A crime or incident committed to protect or defend the perceived honour of a family or community. Honour-based abuse may take many forms – including assault, forced marriage, and FGM – and may be perpetrated by multiple family members.

4. Responsibilities and Safeguarding Lead

4.1 Registered Manager – Named Safeguarding Lead

The Registered Manager is the Clinic's named Safeguarding Lead and is responsible for:

- Receiving all safeguarding concerns from staff and determining the appropriate response
- Making safeguarding referrals to the local authority adult safeguarding team or MASH on behalf of the Clinic
- Contacting the police where there is an immediate risk to life or where a criminal offence is suspected

- Maintaining a safeguarding referral log – recording all concerns received, decisions made, and referrals submitted
- Submitting CQC statutory notifications where a safeguarding concern constitutes a notifiable event
- Ensuring that all staff receive safeguarding training appropriate to their role, at induction and at the required refresher frequency
- Liaising with the local Safeguarding Adults Board and cooperating with any Section 42 enquiry
- Reporting safeguarding activity and trends to the Registered Provider and to the Clinical Governance Meeting

4.2 All Staff

All staff are responsible for:

- Recognising the indicators of abuse and neglect and reporting concerns to the Safeguarding Lead without delay
- Never attempting to investigate a safeguarding concern themselves – staff must report and refer, not investigate
- Maintaining confidentiality about safeguarding concerns – disclosing only to those with a need to know for the purpose of protecting the adult
- Not discussing safeguarding concerns with the alleged perpetrator under any circumstances
- Completing safeguarding training at the required intervals
- Preserving any physical evidence relevant to a safeguarding concern – for example, not cleaning a wound or removing a garment before the police have been contacted

5. The Six Principles of Adult Safeguarding (Care Act 2014)

The Care Act 2014 and the statutory guidance Making Safeguarding Personal establish six principles that must underpin all safeguarding activity. These principles are not abstract values – they are the operational framework through which the Clinic approaches every safeguarding concern.

Principle	Meaning	Application in Cosmetic Practice
Empowerment	People being supported and encouraged to make their own decisions and give informed consent	The Clinic involves the adult in decisions about their own safety wherever possible and does not impose solutions. A safeguarding referral does not override the adult's right to make their own decisions.
Prevention	It is better to take action before	The Clinic's clinical assessment and

	harm occurs	consultation process screens for vulnerability indicators – including BDD, coercive control, and exploitation – before treatment, rather than waiting for harm to materialise.
Proportionality	The least intrusive response appropriate to the risk presented	The Clinic's response is proportionate to the level of risk – a significant concern is referred to statutory services; a minor or ambiguous concern is discussed with the Safeguarding Lead and documented, with a decision made on whether referral is required.
Protection	Support and representation for those in greatest need	The Clinic acts to protect adults who cannot protect themselves – even where the adult has not asked for help or has requested confidentiality – where the risk of harm is serious.
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.	The Clinic works with the local authority, the MASH, and other relevant agencies – sharing information lawfully and cooperating with statutory investigations.
Accountability	Accountability and transparency in delivering safeguarding	The Clinic documents every safeguarding concern, every decision, and every action taken. Safeguarding activity is reported to the Registered Provider and reviewed at governance meetings.

6. Categories of Abuse and Neglect

The Care Act 2014 and its statutory guidance identify the following ten categories of abuse and neglect. All staff must be familiar with each category and the indicators associated with it.

Category	Description
Physical abuse	Including assault, hitting, slapping, pushing, misuse of medication, restraint, or

	inappropriate physical sanctions. In a cosmetic context, this may present as unexplained physical injuries, bruising in various stages of healing, or injuries inconsistent with the explanation given.
Domestic violence and abuse	Including psychological, physical, sexual, financial, and emotional abuse, as well as coercive control, forced marriage, and honour-based violence. Domestic abuse can affect adults of all ages, genders, and backgrounds. The Domestic Abuse Act 2021 extends the statutory definition of domestic abuse to include coercive and controlling behaviour.
Sexual abuse	Including rape, sexual assault, and acts to which the person has not or could not consent. May present in a cosmetic clinic context through unexplained injuries in genital or anal areas, or through the patient's manner or demeanour in relation to treatment on sensitive body areas.
Psychological or emotional abuse	Including threats of harm, humiliation, blaming, controlling, intimidating, coercing, harassment, verbal abuse, isolation, or withdrawal of affection. In a cosmetic context, a companion who makes disparaging comments about the patient's appearance, answers questions on their behalf, or appears to be directing the patient's treatment decisions may be exhibiting controlling behaviour.
Financial or material abuse	Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance, misuse or misappropriation of property, possessions or benefits. May present in a cosmetic context where a patient is seeking treatment at a third party's expense under conditions that appear coercive.
Modern slavery	Including slavery, human trafficking, forced labour, and domestic servitude. Traffickers and exploiters can use any means to control people, and victims may be required by their abuser to undergo cosmetic procedures. Indicators include: patient brought to appointments by a third party who controls all communication; patient appears fearful or unable to speak freely; patient does not know their own address or contact details.
Discriminatory abuse	Including abuse based on a person's age, gender, disability, race, religion, sexual orientation, or other personal characteristics. May include hate crime, or abuse motivated by the exploitation of a person's vulnerability.

Organisational abuse	Including neglect and poor care practice within an institution, care setting, or the home environment where care is provided. In an independent clinic context, this category includes abusive or exploitative behaviour by the Clinic itself or its staff.
Neglect and acts of omission	Including ignoring medical, emotional, or physical care needs; failure to provide access to appropriate health or social care; failure to provide adequate nutrition, hydration, or warmth. In a clinical context, neglect by a previous healthcare provider may present at a cosmetic consultation.
Self-neglect	Including a wide range of behaviour that neglects to care for personal hygiene, health, or surroundings. Significant self-neglect – particularly where a person lacks capacity – may require a safeguarding referral. The cosmetic context may reveal self-neglect where a patient's presentation suggests a mental health crisis.

7. Recognising Abuse – Indicators in a Cosmetic Clinic Setting

The following indicators may suggest that a patient is experiencing or at risk of abuse or neglect. No single indicator is conclusive – they must be considered in the context of the overall clinical assessment and the practitioner's professional judgment. The presence of two or more indicators should significantly heighten concern.

7.1 Physical Indicators

- Unexplained bruising, swelling, lacerations, or fractures – particularly on areas of the body not typically associated with self-inflicted injury or accidental injury
- Injuries in various stages of healing, suggesting repeated trauma over time
- Burns or scalding marks – including cigarette burns
- Injuries inconsistent with the explanation offered by the patient or their companion
- Attempts to conceal injuries – for example, requesting treatment to cover a bruise or scar that the patient attributes to a previous cosmetic procedure
- Signs of poor nutritional status, dehydration, or significant weight loss unexplained by medical history
- Signs of self-harm – including cutting or scarring on the wrists, forearms, or thighs

7.2 Behavioural and Emotional Indicators

- The patient appears frightened, withdrawn, anxious, or distressed – particularly in the presence of a companion

Sample preview

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