SAMPLE DOCUMENT

Sample document from the CareRulebook England CQC registration pack. Fictional agency. Rule-verified on 30 September 2026.

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DOCUMENT 3.1

Safeguarding policy and procedure

Business name	Sample Home Care Ltd
Person responsible for this document	Sam Sample
Date created	1 November 2026
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Purpose

To protect the people Sample Home Care Ltd supports from abuse and improper treatment, as regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires, and to make sure every concern about abuse or neglect is recognised, reported and acted on.

Scope

Everyone who works for Sample Home Care Ltd: the registered manager, office staff, care workers, agency or bank staff and volunteers. It covers abuse and neglect of any person who uses the service, by anyone, including staff, family members, other professionals and members of the public.

Policy

1. **Our safeguarding lead.** Sam Sample, Registered Manager, is the safeguarding lead. They can be contacted on 07700 900001, including in an emergency and out of hours. Outside office hours (Monday to Friday, 9am to 5pm), staff can also ring the on-call number, 07700 900000.
2. **Our local authority safeguarding team.** Sample Home Care Ltd provides care in the Leeds City Council area. Concerns are reported to Leeds Adult Social Care, safeguarding on 0113 496 0002, or out of hours on 0113 496 0003. In an emergency, or if a crime is happening, anyone should ring 999 first.
3. **What abuse is.** Abuse includes any behaviour towards a person that is a sexual offence, ill-treatment of a physical or psychological nature, theft, misuse or misappropriation of their money or property, and neglect (regulation 13(6)). Following chapter 14 of the Care

and Support Statutory Guidance, staff must recognise these types of abuse and neglect:

- **Physical abuse**, including assault, hitting, slapping, pushing, misuse of medication, restraint and inappropriate physical sanctions.
- **Domestic violence and abuse**, including psychological, physical, sexual, financial and emotional abuse and so called "honour" based violence.
- **Sexual abuse**, including rape, sexual assault, indecent exposure, sexual harassment, inappropriate looking or touching, and sexual acts the person has not consented to or was pressured into.
- **Psychological abuse**, including threats of harm or abandonment, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation, and withdrawing services or support networks without good reason.
- **Financial or material abuse**, including theft, fraud, internet scams, pressure about wills, property or benefits, and misuse of possessions or money.
- **Modern slavery**, including slavery, human trafficking, forced labour and domestic servitude.
- **Discriminatory abuse**, including harassment and slurs because of race, gender or gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse**, including neglect and poor care practice by a care provider, which can happen in care given in a person's own home.
- **Neglect and acts of omission**, including ignoring physical, emotional or medical care needs, failing to give access to health or care services, and withholding medication, food or heating.
- **Self-neglect**, such as a person neglecting their own hygiene, health or surroundings, including hoarding.

4. **Signs to look for.** Abuse is often hidden. Staff must report anything that suggests a person may be being abused or neglected, including:
   - unexplained injuries, bruises, burns or marks, or injuries that do not match the explanation given;
   - the person seeming frightened, withdrawn, anxious or unusually quiet, especially around a particular person;
   - changes in behaviour, mood, sleep or appetite;
   - missing money, belongings or bank cards, unpaid bills, or sudden changes to finances or a will;
   - poor hygiene, weight loss, dehydration, untreated health problems, or a cold or unsafe home;
   - someone preventing staff from seeing the person alone, or the person being kept isolated;
   - the person telling a member of staff about abuse, even indirectly.
5. **Restraint.** Under regulation 13(7), a person restrains someone if they use, or threaten to use, force to make them do something they resist, or restrict their freedom of

movement, whether or not they resist, including by physical, mechanical or chemical means. Examples are holding someone down, locking a door to stop them leaving, using bed rails or a belt to stop them moving, or giving medication to sedate them. Care must never include restraint that is not necessary to prevent, or not a proportionate response to, a risk of harm (regulation 13(4)(b)). If a member of staff sees restraint being used on a person, by anyone, they must report it as a safeguarding concern. Sample Home Care Ltd does not use restraint to manage people's behaviour. Equipment that restricts movement, such as bed rails, is only used after a risk assessment, with the person's consent or a recorded best interests decision under the Mental Capacity Act 2005, and is reviewed regularly. In an emergency, staff use only the minimum action needed to prevent immediate harm, such as guiding someone away from danger, then ring for help, tell the office at once and record it, and the registered manager reviews what happened. Staff never hold a person down.

6. **Preventing abuse.** Sample Home Care Ltd prevents abuse by:
    - recruiting safely, with the checks in our recruitment policy, including an enhanced DBS check with barred list information for staff in regulated activity;
    - training every member of staff in safeguarding adults during induction, before they work alone, and keeping that training up to date;
    - planning each person's care with them, recording what they want, and reviewing it when their needs change;
    - following our medicines, consent and finance procedures, so staff never handle a person's money or property except as their care plan allows, and keep a record when they do;
    - supervising staff and checking the quality of care, including spot checks in people's homes;
    - making sure people who use the service, their families and staff know how to raise a concern, and that staff can raise concerns about colleagues without fear, as set out in our whistleblowing policy;
    - treating everyone with dignity and without discrimination, as regulation 13(4) requires.
7. **Consent and the person's wishes.** We follow the principle that safeguarding should be led by the person and focused on the outcomes they want. Staff always pass every concern to the safeguarding lead straight away: this does not need the person's consent, and staff never promise to keep abuse secret. The safeguarding lead decides whether to share the concern outside Sample Home Care Ltd. Wherever practicable, they ask the person what they want to happen and seek their consent first. Even without consent, the lead may share the concern with the local authority or police where the person lacks capacity to decide and it is in their best interests, where other people are or may be at risk, where a crime may have been committed, or to check that the person is not being unduly influenced, coerced or intimidated. The lead tells the person what will be shared and why, unless that would increase the risk of harm, and records the decision and the reasons. Decisions about capacity follow the Mental Capacity Act 2005 and our consent policy.

Procedure

Reporting flow chart. Follow these steps in order. They apply to everyone, whatever their role.

Step	What is happening	What you do	Who to contact
1	Someone is in immediate danger, or a crime is in progress	Ring 999. Stay with the person if it is safe.	Police or ambulance: 999
2	You see, hear about or suspect abuse or neglect	Make the person safe. Do not investigate, confront anyone or promise to keep a secret. Preserve any evidence.	
3	As soon as the person is safe	Tell the safeguarding lead. If they cannot be reached, ring the on-call number.	Sam Sample: 07700 900001. On call: 07700 900000
4	The concern is about the safeguarding lead or registered manager	Do not report it to them. Use step 9 instead.	
5	The safeguarding lead (or on-call manager) decides the concern meets the threshold, or is not sure	Report it to the local authority safeguarding team the same day. If they decide not to refer it, they record the decision and the reasons.	Leeds Adult Social Care, safeguarding: 0113 496 0002. Out of hours: 0113 496 0003
6	The concern is about abuse or an allegation of abuse	The registered manager notifies CQC without delay.	CQC, using its notification forms
7	A crime may have been committed, but no one is in immediate danger	The safeguarding lead reports it to the police.	Police: 101
8	Write it down	Record what you saw or were told, in the person's own words where possible, with the date, time and who was present. Sign it.	Give it to the safeguarding lead
9	The concern is about the management of Sample Home Care Ltd	Report it directly to the local authority safeguarding team, and to CQC. You can also tell our nominated individual, Alex Sample, unless the concern is about them.	Leeds Adult Social Care, safeguarding: 0113 496 0002. CQC

Allegations against managers. Anyone can report a concern about the registered manager, safeguarding lead or owners of Sample Home Care Ltd directly to Leeds Adult Social Care, safeguarding and to CQC, without going through anyone at Sample Home Care Ltd. Any internal investigation of the allegation will be carried out by someone who is not involved in the concern and does not manage the person accused, or by an independent person, so it is impartial. We will cooperate fully with the local authority, the police, CQC and any other body involved, and will not let the person accused lead or influence the response.

What happens after a concern is reported.

1. The safeguarding lead makes sure the person is safe and agrees with them, where possible, what they want to happen.
2. The registered manager starts looking into the concern straight away, as the employer, and agrees with the local authority what our investigation will cover. The local authority decides whether to make enquiries under section 42 of the Care Act 2014, and who should make them, and we cooperate fully. If the police are investigating, their investigation comes first, and we do nothing that could harm it. If someone else, such as the local authority or the police, is better placed to investigate, for example because the concern is about our management, we support them.
3. If a member of staff is accused, the registered manager decides, with the local authority's advice, whether they should be moved to other duties or suspended while the concern is looked into, to protect people who use the service.
4. The registered manager tells the local authority or NHS body that funds the person's care, if there is one, and notifies CQC without delay of any abuse or allegation of abuse (regulation 18(2)(e) of the Care Quality Commission (Registration) Regulations 2009), and of any incident reported to or investigated by the police (regulation 18(2)(f)).
5. If Sample Home Care Ltd stops a person working in regulated activity, or would or might have done so had they not already left, because we think they may harm, or put at risk of harm, a vulnerable adult or child, have engaged in relevant conduct, or have been cautioned for or convicted of a relevant offence, the registered manager refers them to the Disclosure and Barring Service, as section 35 of the Safeguarding Vulnerable Groups Act 2006 requires.
6. The person who raised the concern is told what is happening, as far as confidentiality allows.
7. When the matter is closed, the registered manager reviews what happened and what can be learned, and updates care plans, training or procedures.

Responsibilities

- **All staff:** recognise abuse and neglect, act on it at once, and report it using the flow chart.
- **Safeguarding lead (Sam Sample):** receive concerns, make sure people are safe, refer to the local authority, keep records and make sure staff are trained.
- **Registered manager (Sam Sample):** make sure this policy is followed, notify CQC, make DBS referrals, decide on protective action for staff, and review learning.
- **Nominated individual (Alex Sample):** make sure the company supports and resources safeguarding, and receive concerns about the registered manager.

Records

Keep a written record of every concern: what was seen or said, by whom, when, the action taken, who it was reported to and when, and the outcome. Keep safeguarding records separately from care records, securely, and share them only with people who need them to keep someone safe. Keep copies of CQC notifications and DBS referrals.

Recommended practice

- Keep a one-page copy of the flow chart, with the phone numbers filled in, in every staff handbook and in the office.
- Review all safeguarding concerns together every few months to spot patterns, such as repeated concerns about the same person or worker.
- Check the local authority safeguarding team's phone numbers when you review this policy, as councils change them.

References

- CQC, Safeguarding policy and procedures: what to include: https://www.cqc.org.uk/guidance-regulation/registration/supporting-documents-provider/document/safeguarding-policy
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: https://www.legislation.gov.uk/uksi/2014/2936/contents
- Care Quality Commission (Registration) Regulations 2009: https://www.legislation.gov.uk/uksi/2009/3112/contents
- Care Act 2014: https://www.legislation.gov.uk/ukpga/2014/23/contents
- Safeguarding Vulnerable Groups Act 2006: https://www.legislation.gov.uk/ukpga/2006/47/contents
- Care and support statutory guidance: https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance

Rule basis

> Your policy must show how you'll meet the requirements of Regulation 13: Safeguarding service users from abuse and improper treatment.
>
> `CQC, Safeguarding policy and procedures, Why we want to see this evidence.`

> Information about the different types of abuse and what constitutes abuse and signs to look for that may indicate abuse is taking place The process for reporting and raising safeguarding concerns Your approach to restraint, and how to recognise it.
>
> `CQC, Safeguarding policy and procedures, Understanding abuse.`

> How you will actively take steps to prevent abuse and specific preventative measures you will take to safeguard people who use your services.
>
> `CQC, Safeguarding policy and procedures, Preventing abuse.`

> The name and role of your safeguarding lead, including their contact details including emergency and out of hours contacts A clear process or flow chart to quickly find the correct reporting procedure and appropriate contact details. This should be suitable for all levels of the organisation. The reporting process with relevant contact details for raising allegations of abuse against the management in the service, with details of how the investigation will be impartial, and include any other parties you may need to involve when reporting an allegation of abuse. What will happen once a concern has been reported How you will consider people who use your service providing consent during a safeguarding allegation and subsequent investigation.
>
> `CQC, Safeguarding policy and procedures, Reporting abuse.`

> Information about your Local Authority Safeguarding Team and how they can be contacted (this team must be in the same geographic region you are providing services in)
>
> `CQC, Safeguarding policy and procedures, Local Authority support.`

> Service users must be protected from abuse and improper treatment in accordance with this regulation. (2) Systems and processes must be established and operated effectively to prevent abuse of service users. (3) Systems and processes must be established and operated effectively to investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.
>
> `Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, reg. 13(1)-(3).`

> includes acts intended to control or restrain a service user that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the service user or another individual if the service user was not subject to control or restraint,
>
> `2014 Regulations, reg. 13(4)(b).`

> uses, or threatens to use, force to secure the doing of an act which the service user resists, or (b)restricts the service user's liberty of movement, whether or not the service user resists, including by use of physical, mechanical or chemical means.
>
> `2014 Regulations, reg. 13(7).`

> the registered person must notify the Commission without delay of the incidents specified in paragraph (2) … any abuse or allegation of abuse in relation to a service user;
>
> `Care Quality Commission (Registration) Regulations 2009, reg. 18(1) and (2)(e).`

> The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case
>
> `Care Act 2014, s. 42(2).`

> (a)he withdraws permission for P to engage in the activity for a reason mentioned in subsection (3), or (b)he does not withdraw permission for such a reason but would or might have done so if P had not otherwise ceased to engage in the activity.
> (b)that P has engaged in relevant conduct (within the meaning of paragraph 4 or 10 of Schedule 3), or (c)that the harm test is satisfied.
> (4)The harm test is that P may— (a)harm a child or vulnerable adult, (b)cause a child or vulnerable adult to be harmed, (c)put a child or vulnerable adult at risk of harm,
>
> `Safeguarding Vulnerable Groups Act 2006, s. 35(2)-(4).`

> It is the responsibility of all staff and members of the public to act on any suspicion or evidence of abuse or neglect and to pass on their concerns to a responsible person or agency.
> If the adult has the mental capacity to make informed decisions about their safety and they do not want any action to be taken, this does not preclude the sharing of information with relevant professional colleagues. This is to enable professionals to assess the risk of harm and to be confident that the adult is not being unduly influenced, coerced or intimidated and is aware of all the options.
> The employer should investigate any concern (and provide any additional support that the adult may need) unless there is compelling reason why it is inappropriate or unsafe to do this.
> A criminal investigation by the police takes priority over all other enquiries, the rationale for decision-making should always be recorded.
>
> `Care and support statutory guidance, paras 14.95, 14.92, 14.70, 14.91 and 14.131.`

> Practitioners should wherever practicable seek the consent of the adult before taking action. However, there may be circumstances when consent cannot be obtained because the adult lacks the capacity to give it, but it is in their best interests to undertake an enquiry. Whether or not the adult has capacity to give consent, action may need to be taken if others are or will be put at risk if nothing is done or where it is in the public interest to take action because a criminal offence has occurred.
>
> `Care and Support Statutory Guidance, para. 14.95.`

> If you plan to be a specialist service, you must show how you have considered the needs of autistic people and people with a learning disability. This includes explaining what you have done to make sure people can access and use your policy.
>
> `CQC, Safeguarding policy.`