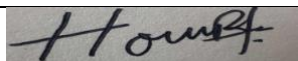


Safeguarding Adult Policy

Policy Lead	Hom Bahadur Rana Magar
Registered Manager	Hom Bahadur Rana Magar
Nominated Individual	Hom Bahadur Rana Magar
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1.0 Introduction

Evolving Health Care Ltd is committed to ensuring the safety and protection of all service users under our care. We recognise our responsibility to safeguard Adults against abuse, neglect and exploitation. This policy outlines our approach to preventing harm and ensuring a swift and appropriate response to any safeguarding concerns that may arise within the context of our services. This policy provides the information employees will require to fulfil their duties and obligations in respect to safeguarding service users.

All employees are expected to raise any concerns regarding the possibility of abuse at the earliest opportunity. Evolving Health Care Ltd fosters a culture of openness and honesty regarding safeguarding concerns.

The purpose of this policy is to:

- Establish clear protocols for identifying, reporting, and managing safeguarding concerns.
- Ensure all staff are trained and understand their responsibilities in safeguarding individuals.
- Promote a safe, caring and protective environment for everyone receiving our services.

2.0 Scope

This policy applies to all staff, volunteers, contractors and any person working for Evolving Health Care Ltd.

3.0 Definitions

Vulnerable Individual: Any person, adult or child who may need care services due to age, disability, or risk of abuse or neglect.

Abuse: A violation of an individual's human and civil rights by any other person or persons which may result in significant harm.

Further definitions can be found in Appendix F

4.0 Roles and Responsibilities

Safeguarding adults at risk is everyone's responsibility. Evolving Health Care Ltd ensures that all staff members, regardless of role, understand their individual and collective duties in identifying, responding to, and preventing abuse, neglect, and exploitation. The following outlines the specific responsibilities of key roles within the organisation.

4.1 Senior Management

Senior leaders are accountable for creating a culture of safeguarding throughout the organisation. Their responsibilities include:

- Ensuring the organisation has an up-to-date Safeguarding Policy that reflects national and local guidance

- Appointing and supporting the Designated Safeguarding Lead (DSL) and ensuring they are appropriately trained
- Ensuring systems are in place for safe recruitment, induction, training, supervision, and disciplinary procedures
- Monitoring compliance with safeguarding procedures through audits and governance meetings
- Ensuring resources are available for safeguarding (e.g. training, reporting systems, access to legal advice)
- Responding appropriately to serious incidents, complaints, or allegations against the DSL or managers
- Ensuring learning from safeguarding incidents informs service improvements and staff training

4.2 Designated Safeguarding Lead (DSL)

The DSL is the primary point of contact for safeguarding concerns and responsible for coordinating the organisation's safeguarding response. The DSL must:

- Receive and respond to safeguarding concerns raised by staff, families, or external parties
- Review concerns using Appendix D and determine whether the threshold for referral is met
- Make formal safeguarding referrals to the local authority where necessary
- Maintain the Internal Safeguarding Register and ensure accurate, confidential record keeping
- Liaise with external agencies (e.g. local authority, CQC, police) during investigations
- Support staff involved in safeguarding cases and ensure clear communication throughout
- Ensure the organisation complies with reporting duties under the Care Act 2014, CQC requirements, and other statutory guidance
- Deliver or arrange safeguarding training and updates for all staff
- Monitor patterns or trends in concerns and report findings to senior management

4.3 Registered Manager

Managers are responsible for implementing safeguarding procedures at the service level. Their responsibilities include:

- Promoting a culture of openness and zero tolerance to abuse or neglect
- Ensuring all staff understand and follow safeguarding procedures
- Supporting staff to escalate concerns and ensuring they are taken seriously

- Liaising with the DSL to report and investigate concerns
- Ensuring all concerns are accurately documented in individual care records and internal safeguarding systems
- Monitoring care plans and risk assessments to ensure protective measures are implemented
- Ensuring staff receive safeguarding supervision and debriefs where required
- Managing any allegations made against staff members in line with policy, and suspending or adjusting duties where necessary

4.4 All Staff (including permanent, agency, and volunteers)

Every member of staff has a personal and professional responsibility to safeguard adults at risk. All staff must:

- Know the signs and indicators of abuse, neglect, exploitation, and poor practice
- Immediately report any concern, disclosure, or suspicion of abuse using the internal process
- Complete the Safeguarding Reporting Form (Appendix A) in a timely and factual manner
- Escalate concerns to the DSL or manager without delay
- Maintain confidentiality and share information only with appropriate personnel
- Participate in mandatory safeguarding training and refresher sessions
- Co-operate fully with internal and external investigations
- Challenge unsafe practice and raise concerns if safeguarding procedures are not followed

5.0 Safeguarding Principles

Our safeguarding practices are guided by the following principles:

- **Prevention:** Efforts to prevent abuse or neglect are paramount.
- **Protection:** Ensuring staff know how to respond appropriately to safeguarding concerns.
- **Partnership:** Working with individuals, their families/carers and other agencies to promote wellbeing and safety.
- **Accountability:** Ensuring all actions are transparent and in the best interests of those at risk.

6.0 Identification of Abuse or Neglect

Abuse is the violation of an individual's human and civil rights. Abuse can be self-inflicted or inflicted by another person or persons. In the context of safeguarding, it is used to refer to any knowing, intentional or negligent act by another that causes harm or a serious risk of harm to another.

Staff are trained to recognise signs of abuse or neglect and understand the importance of taking any concerns seriously.

Types of abuse include:

- Physical Abuse
- Sexual Abuse
- Psychological/Emotional Abuse
- Financial Abuse
- Institutional/Organisational Abuse
- Wilful Neglect and Treatment
- Self-Neglect
- Domestic Abuse
- Honour-Based Violence (HBV)
- Female Genital Mutilation (FGM)
- Modern Slavery
- Discriminatory Abuse and Hate Crime
- Mate Crime
- Radicalisation and the Prevent Strategy
- Forced Marriage

Please refer to Appendix E for further information on the different types of abuse.

7.0 Reporting Concerns

Immediate Action: Any immediate risk of harm should be acted upon promptly, ensuring the safety of the individual.

Service User Consent and Capacity

Before initiating any safeguarding referral or action, staff must consider the individual's ability to give informed consent:

- Consent must be obtained from the individual at risk, where they have the mental capacity to do so, in accordance with the Mental Capacity Act 2005.
- Information must be provided in a way that is understandable, including risks, benefits, and alternatives, to support informed decision-making.
- If the individual lacks capacity, decisions must be made in their best interests, involving family members, advocates, or legal representatives as appropriate.
- In cases where obtaining consent may place the individual at further risk, or where there is immediate danger, safeguarding actions may proceed without consent but must be clearly documented and justified.

- All consent decisions must be recorded in the safeguarding documentation and care records.

7.1 Reporting Process

The following process outlines the steps for raising and recording safeguarding concerns in line with local authority procedures, the Care Act 2014, and internal policies. Failure to report a safeguarding concern may result in disciplinary action.

Step 1: Ensure Immediate Safety

If the person is in immediate danger or requires urgent medical attention:

- Contact emergency services on 999.
- Move the person to a safe environment if it is safe to do so.
- Alert the most senior person on duty.

Step 2: Report to the Designated Safeguarding Lead (DSL)

As soon as it is safe, the concern must be reported to the DSL within the service.

Designated Safeguarding Lead (DSL):

Name: Hom Rana

Phone: 07300362108

Email: info@evolvinghealthcare.co.uk

These details can be used out of hours or in case of emergency however it is recommended that emergency services are contacted prior to the registered manager if there are immediate concerns.

If the concern involves the DSL or a manager, follow the process outlined in Section 7.3 Allegations Against Management.

Step 3: Complete Appendix A – Safeguarding Reporting Form

The staff member who identified or received the concern must complete the Safeguarding Reporting Form (Appendix A). This form captures:

- The details of the person at risk
- Nature of the concern or allegation
- Factual account of what was seen, heard, or disclosed
- Actions taken so far
- Names of any witnesses

The completed form must be handed to the DSL within 24 hours of the incident or disclosure.

Step 4: DSL review

Based on the safeguarding information provided, the DSL will decide whether the concern meets the threshold for a formal safeguarding referral to the Local Authority Safeguarding Adults Team.

Step 5: Record on the Internal Safeguarding Register

Internal safeguarding will be solely managed by DSL. DSL will develop a system to manage the safeguarding issue. Once a referral is received, DSL will record it using the company's internal registration system. The concern will be investigated and actioned accordingly. The information stored in an electronic device is protected by a secure passcode. The DSM will complete quarterly, or frequent if necessary, reviews of the safeguarding register to ensure that all active safeguarding concerns are followed to completion. Quarterly reports of new safeguarding applications made to the local authority will be reported to ensure compliance with legislation and best practices. The identified outcome will reflect on training and meeting.

All concerns—whether referred to the local authority or not—must be documented on the service's Internal Safeguarding Register, which the DSL maintains. This record must include:

- Date and time of the concern
- Unique safeguarding reference number
- Name of the person at risk
- Summary of the concern
- Outcome of the DSL's decision (e.g., referred or logged for monitoring)
- Actions taken and dates
- Whether any regulatory bodies (e.g. CQC) were informed

The Safeguarding Register is a confidential log used to track concerns over time, support pattern identification, and evidence actions taken.

Step 6: Make External Referral (if required)

If the threshold is met, the DSL will make a formal safeguarding referral to the Local Authority Safeguarding Adults Team, following the authority's procedures. This may include submitting an online referral or making a telephone referral, followed by documentation.

The DSL will also inform:

- The Care Quality Commission (CQC), where applicable
- Family members or advocates, if this is in the person's best interests and does not place them at further risk
- Police, if a crime is suspected

Step 7: Monitor, Follow Up, and Review

The DSL is responsible for:

- Liaising with safeguarding partners during any investigation
- Updating the Safeguarding Register and care records accordingly
- Implementing any required protective measures or interim risk assessments

- Providing support to the person at risk and involved staff
- Holding follow-up review meetings if necessary

All documents, including the original Appendix A form, correspondence, referral documentation, and investigation notes, must be securely filed and retained in the electronic device's hard drive. The data will be secured using a passcode. Only DSL will have access to the file. The safeguarding information file will be stored separately from general care notes.

Staff Support and Confidentiality

Staff who raise safeguarding concerns in good faith are protected under the organisation's Whistleblowing Policy and the Public Interest Disclosure Act 1998. All concerns are treated confidentially and shared only with those who need to know.

7.2 External Reporting

The Local Authority Safeguarding Adults Team
North Somerset Safeguarding Adults Board
Care Connect: 01275 888801/ 01454 615165
Email: adults@somerset.gov.uk
Out-of-Hours Emergency Duty Team: 01454 615165

7.3 Reporting Allegations of Abuse Against Management

Evolving Health Care Ltd. is committed to ensuring that all safeguarding concerns are taken seriously, investigated thoroughly, and managed with transparency and impartiality, regardless of who the allegation is made against. This includes situations where a concern or allegation is raised against a member of the management team, including senior staff, the Registered Manager, or directors of the service.

In such cases, additional safeguards are implemented to ensure there is no conflict of interest, and that the investigation is conducted fairly and independently.

Reporting Process

If a member of staff, service user, family member, or any other individual wishes to raise an allegation of abuse or neglect against a manager, they must follow this reporting process:

1. Immediate Safety:

If a person is at immediate risk of harm, emergency services must be contacted via 999 without delay.

2. Internal Reporting (when safe to do so):

- Concerns should be reported to the Nominated Individual or Responsible Person listed with the CQC, who holds oversight for governance and safeguarding within the organisation.
- If the allegation concerns the Nominated Individual, the concern should bypass internal reporting and be raised with external safeguarding authorities directly.

As Hom Bahadur Rana Magar is both the nominated individual and the registered manager, step 2 must be bypassed, and step 3 MUST be followed.

3. External Reporting:

Where the allegation involves management or there is a concern about impartiality, the person reporting the allegation may go directly to:

The Local Authority Safeguarding Adults Team
The Local Authority Safeguarding Adults Team
North Somerset Safeguarding Adults Board
Care Connect: 01275 888801/ 01454 615165
Email: Safeguarding.AdultsTeam@n-somerset.gov.uk
Out-of-Hours Emergency Duty Team: 01454 615165

Care Quality Commission (CQC):

Website: <https://www.cqc.org.uk>
National Customer Service Centre: 03000 616161
Online Reporting for Concerns: <https://www.cqc.org.uk/contact-us/report-concern>

Whistleblowing (for staff):

If staff feel unable to raise the concern internally or externally, they may contact the Whistleblowing Helpline for Social Care:
Phone: 08000 724 725
Website: <https://www.wbhelpline.org.uk>

Ensuring Impartiality in Investigation

Where allegations involve senior personnel, Evolving Health Care Ltd. will ensure that the investigation is managed in a way that is free from bias or influence. This includes:

- Appointing an external safeguarding investigator (e.g., from the local authority or an independent safeguarding lead) to manage the enquiry where appropriate
- Temporarily suspending or reassigning management duties of the person against whom the allegation is made, pending investigation outcomes
- Ensuring no contact between the person under investigation and the alleged victim or whistleblower during the investigation process
- Maintaining confidentiality and protecting all parties involved from victimisation or retaliation

All findings, outcomes, and actions will be documented and shared with relevant authorities as required.

Involving Other Parties

Depending on the nature and seriousness of the allegation, the following bodies may also be involved:

- Local Authority Designated Adult Safeguarding Manager (DASM)
- The Police – where a criminal offence is suspected
- CQC – as the service regulator
- NHS Bristol, North Somerset and South Gloucestershire ICB
- Advocacy Services – to support the person affected, if needed
- The Disclosure and Barring Service (DBS) – if the individual may need to be referred due to risk to vulnerable adults

Support for the Person Raising the Concern

All individuals raising concerns will be supported throughout the process. Staff are protected under the Public Interest Disclosure Act 1998 and Evolving Health Care Ltd.'s Whistleblowing Policy. No person will be treated unfairly for raising a genuine safeguarding concern in good faith.

8.0 Recording and Documentation

Accurate, timely, and secure documentation is essential in safeguarding practice. Good record keeping provides a clear account of concerns, actions taken, and decisions made, and supports transparency, continuity of care, and legal accountability. Evolving Health Care Ltd. recognises that safeguarding records may be scrutinised by regulatory authorities, legal bodies, and safeguarding partners, and therefore maintains the highest standards of information governance. All staff involved in the identification, reporting, and management of safeguarding concerns are responsible for ensuring that safeguarding documentation is complete, factual, and stored in accordance with applicable laws and guidance.

8.1 What to Record

Safeguarding records must include the following details where relevant:

- Date and time of the incident, concern or disclosure
- Name of the individual at risk and their date of birth
- Details of the concern or allegation, in the person's own words if possible
- Observations made by staff (e.g. behaviour, injuries, environment)
- Name and role of the person recording the information
- Action taken, including who the concern was reported to, and when
- Advice received from safeguarding leads, local authority or emergency services
- Decisions made and the rationale behind them

- Ongoing safeguarding plan or protective measures put in place
- Updates and outcomes following investigation

Records should be factual, objective, and free from opinion or assumption. Where third-party information is included (e.g. from family members), this must be clearly attributed and recorded as such.

8.2 Where and How Records Are Kept

All safeguarding records must be:

- Clearly labelled and stored separately from general care records
- Stored securely, either in locked cabinets (paper records) or on encrypted digital systems with restricted access
- Accessible only to those with a legitimate safeguarding or managerial role
- Not shared outside the organisation without lawful basis or consent, unless there is a safeguarding, legal, or public protection obligation

Records of safeguarding concerns must be maintained even if no formal referral is made, to support continuity and pattern recognition. Every safeguarding raised will be handled by Digital records are managed in line with the organisation's data protection and IT security policies. The information is retained on the electronic device's hard drive. The data will be secured using a passcode. Only DSL will have access to the file. The safeguarding information will be stored in Word, documents, pictures, videos, and statements.

8.3 Timeframes for Recording

- All safeguarding concerns must be documented as soon as possible, and within 24 hours of the event or disclosure
- Updates and follow-up actions must be recorded in real time or as close to the event as practical
- Retrospective entries must be clearly marked as such and include the reason for the delay

Timely recording is essential to ensure accurate recall, accountability, and early escalation.

8.4 Retention and Archiving

Safeguarding records must be retained in accordance with legal and regulatory guidance. Evolving Health Care Ltd. follows the following general retention guidance unless otherwise advised:

- Safeguarding records: retained for at least 8 years from the date of last entry (or longer if advised by legal or commissioning authorities)
- Records involving children or young people: retained until the child reaches 25 years of age
- Records relating to ongoing legal proceedings: retained until proceedings have concluded and no further action is anticipated

Archived records must be securely stored and destroyed in line with the company's data protection and confidentiality policies.

8.5 Staff Responsibilities

All staff must:

- Ensure they complete safeguarding documentation fully, honestly, and promptly
- Record safeguarding concerns in accordance with training and internal procedures
- Report any missing, lost, or unauthorised access to safeguarding records to the Registered Manager or Data Protection Officer
- Comply with the organisation's policies on confidentiality, record keeping, and data security

Failure to accurately record safeguarding concerns may be treated as a disciplinary matter and could compromise the safety of the individual or the organisation's regulatory compliance.

9.0 Information Sharing

Information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation. In this context 'organisations' mean not only statutory organisations but also voluntary and independent sector organisations, housing authorities, the police and Crown Prosecution Service and organisations which provide advocacy and support.

Decisions about what information is shared and with whom will be assessed on an individual basis by the Registered Manager, in-line with GDPR protocols and internal Governance Policies.

A record must be kept of all decisions made in relation to information sharing, whether the information is shared or not. If a decision has been made to share information, a record must be kept of what was shared, with whom and for what purpose. Any information disclosed should be:

- Clear of the nature of the problem and purpose of sharing information
- Based on fact, not assumption
- Strictly restricted to those with a legitimate need to know
- Relevant to the specific incident
- Formally and accurately recorded.

10.0 Data and Privacy Protection

Evolving Health Care Ltd will:

- Securely manage service user records and personal health information during home visits, following data protection and GDPR standards

- Train staff on maintaining confidentiality and securing sensitive information related to service users' wound care treatment and history
- Conduct regular audits and reviews of data security protocols to ensure service user privacy and confidentiality are upheld consistently.

11.0 Deprivation of Liberty Safeguards (DoLS) and Court of Protection Applications

11.1 Overview

In domiciliary care settings, staff must be vigilant to ensure that the rights and freedoms of individuals who lack capacity are upheld at all times. The Mental Capacity Act 2005 (MCA) protects individuals who may lack capacity to make certain decisions and provides a legal framework for acting in their best interests. When care arrangements amount to a deprivation of liberty for someone who lacks the capacity to consent to those arrangements, this must be legally authorised to safeguard the individual and the provider.

While DoLS authorisations apply in care homes and hospitals, deprivations of liberty in domestic settings—such as supported living or domiciliary care—must be authorised by the Court of Protection. This section outlines the process for identifying and managing potential deprivations of liberty within our service.

11.2 Identifying a Deprivation of Liberty

All staff must understand and recognise the key indicators that may suggest a deprivation of liberty is occurring. The “acid test”, established by the Supreme Court in *P v Cheshire West and Chester Council* (2014), determines that a person is deprived of their liberty if:

- They are under continuous supervision and control, and
- They are not free to leave,
- And the person lacks the capacity to consent to these arrangements.

The setting is not a determining factor. A deprivation of liberty can occur in a person's own home if care arrangements are sufficiently restrictive. Examples include:

- A person being closely monitored at all times, indoors and outdoors
- Locked doors or constant supervision to prevent leaving
- Lack of choice over daily routines, visitors, or activities
- Restrictions on contact with others
- Use of restraint or sedating medication as part of routine care

If staff believe that care arrangements may meet the acid test, they must raise this with their line manager and the Registered Manager immediately.

11.3 Capacity Assessment

Before any deprivation of liberty can be considered, it must be established that the individual lacks capacity to consent to the care arrangements. A formal mental capacity assessment should be carried out by a suitably trained professional, in line with the principles of the Mental Capacity Act. The assessment must be decision-specific and time-specific. The outcome must be documented in detail and shared with relevant parties, including family members or advocates.

11.4 Best Interests Decision-Making

If the individual is assessed as lacking capacity, any care decision must be made in their best interests. This includes considering less restrictive alternatives, involving family or friends, and where appropriate, seeking an independent advocate (IMCA).

Only when less restrictive options have been ruled out and restrictions are deemed necessary to prevent harm, should an application for deprivation of liberty be considered.

11.5 Application to the Court of Protection

When a deprivation of liberty is identified in a domiciliary setting, it must be authorised via the Court of Protection. The Registered Manager is responsible for coordinating the application process, which includes:

- Ensuring a valid capacity assessment and best interests decision are on file
- Liaising with the local authority's legal team or designated safeguarding adult team
- Providing a detailed care plan outlining the restrictions in place and the justification for them
- Identifying a proposed 'Rule 1.2 Representative' (usually a family member or advocate)
- Submitting the required forms, including COP DOL11 or updated equivalents
- Cooperating with any court directions or hearings

Authorisation is time-limited and must be renewed as required. The manager must diarise review dates and ensure compliance with the authorised care plan.

11.6 Monitoring and Review

All deprivation of liberty arrangements must be regularly reviewed to ensure they remain necessary and proportionate. Reviews must consider whether the person's capacity has changed, whether the care plan can be adjusted to reduce restrictions, or whether continued authorisation is required.

Where a person regains capacity, or restrictions are no longer needed, the Court of Protection must be notified, and the authorisation discharged.

11.7 Staff Responsibilities

All staff must:

- Be aware of the principles of the Mental Capacity Act and the concept of deprivation of liberty
- Identify and escalate any concerns relating to restrictive practices
- Support individuals to maximise autonomy and participate in decision-making wherever possible
- Document their actions and observations in a clear, accurate, and timely manner

Staff must also attend relevant training on the MCA and DoLS processes as part of their safeguarding responsibilities.

11.8 Governance and Oversight

The Registered Manager holds overall responsibility for ensuring compliance with the MCA and for reporting any unauthorised deprivation of liberty to the local authority safeguarding team and CQC as appropriate. The service will maintain a DoL Register to track all current and pending Court of Protection authorisations.

12.0 Use of Restraint

Evolving Health Care Ltd is committed to promoting the dignity, safety, rights, and autonomy of the individuals we support. As a domiciliary care provider, we do not use or promote physical restraint as part of routine care and do not train staff in the delivery of restraint techniques.

Instead, all staff will be trained to:

- Recognise the signs of inappropriate, excessive, or abusive use of restraint
- Understand the legal and ethical framework surrounding restraint and deprivation of liberty
- Identify when restrictive practices may breach a person's human rights or constitute a safeguarding concern
- Report any observed or suspected misuse of restraint in line with this policy

Restraint—defined as the use of force or restrictions to control someone's behaviour—may take physical, mechanical, chemical, or environmental forms. Any such practice must be seen as a last resort, used only:

- To prevent immediate and significant harm to the person or others
- When the person lacks capacity to consent to the action, and
- When the intervention is necessary, proportionate, and least restrictive

Where restraint is used or observed in a home environment by family members, visiting professionals, or other care providers, staff must assess whether it is lawful and appropriate. If there are concerns that the restraint is:

- Excessive
- Unauthorised
- Used as a form of punishment, control, or coercion
- Causing distress, injury, or harm

Then this must be reported immediately to the Designated Safeguarding Lead (DSL) as a potential safeguarding concern. The incident must also be documented in the Internal Safeguarding Register and escalated to the local authority safeguarding team if appropriate.

Staff must never attempt to physically restrain an individual unless it is a spontaneous, emergency action to prevent immediate harm, and must report such incidents immediately to management and safeguarding leads.

Evolving Health Care Ltd recognises the importance of creating environments that minimise the need for restrictive practices and support individuals in the least restrictive and most empowering ways possible.

13.0 CQC Notifications

The Safeguarding Lead is responsible for notifying the CQC, as soon as reasonably possible, of abuse or allegations of abuse concerning any adult or child using the service.

14.0 Follow- Up

We will ensure that we follow up on any safeguarding concerns reported, monitor any further developments and provide additional support if necessary.

The Safeguarding Lead will consistently monitor and/or action the following:

- Staff training and renewal dates for Adult Safeguarding training
- Numbers of safeguarding referrals made to Local Authority and/or CQC
- Ensure that staff have access to the safeguarding policy
- Ensure that staff are aware of how to contact the Local Authority
- Lessons learned and reflection in response to safeguarding concerns
- Regular reviews, supervisions and audits in relation to safeguarding

15.0 Service user and Staff Support

Service user Support- Service users will be provided with information on how to report safeguarding concerns and the importance of their input in improving services. Any concerns or questions can be directed to staffs or the Registered Manager.

Staff, Service users, other professionals and their families will have access to the safeguarding policy, including information about who to speak to if they have any safeguarding concerns, and how to make a complaint. Evolving Health Care Ltd will provide a copy of this policy to service users and their families as part of the initial assessment. Evolving Health Care Ltd will also publish this information on its website. Evolving Health Care Ltd will provide a safeguarding information and contact poster which will be given to service users and family members on induction (Appendix C).

Staff Support- Staff will receive training on safeguarding principles and procedures and have access to resources for managing and reporting concerns. Regular supervision will be provided to ensure adherence to safeguarding protocols.

16.0 Preventative Measures

Evolving Health Care Ltd takes a proactive, preventative approach to safeguarding, ensuring that people who use our service are protected from abuse, neglect, discrimination, and avoidable harm. Our safeguarding measures are underpinned by the Care Act 2014, Mental Capacity Act 2005, and CQC Fundamental Standards, particularly Regulation 13: Safeguarding service users from abuse and improper treatment.

16.1 Safer Recruitment

- All staff are recruited through a robust safer recruitment process to ensure they are suitable to work with adults at risk.
- This includes enhanced Disclosure and Barring Service (DBS) checks, employment history, verified references, identity checks, and investigation of employment gaps.
- Interview questions assess values and attitudes to safeguarding, person-centred care, and professional boundaries.

16.2 Staff Training, Supervision and Culture

- All staff complete safeguarding training at induction and undertake refresher training at least annually, with additional training for those in supervisory roles.
- Training includes recognising signs of abuse and neglect, responding to disclosures, reporting pathways, whistleblowing, and contextual safeguarding in home settings.
- Safeguarding is regularly discussed in staff meetings and supervisions to reinforce a culture of openness, accountability, and continuous learning.
- Managers model safe practice, encourage reflective learning, and support staff to raise concerns without fear of retaliation.

16.3 Person-Centred Risk Management

- All service users have a safeguarding risk assessment and a person-centred care plan, which includes known or potential safeguarding risks.
- Risk assessments consider environmental, cognitive, communication, and mobility factors unique to providing care in people's homes.
- Where additional risks are identified (e.g. domestic abuse, self-neglect, or financial exploitation), tailored support and multi-agency input is arranged.

16.4 Promoting Dignity, Choice, and Rights

- Service users are involved in decisions about their care and encouraged to express their preferences and raise concerns.
- Staff uphold the rights of individuals to make unwise decisions, where they have capacity, and follow best interests processes where capacity is lacking.
- Communication needs and cultural, religious, gender, and social identity factors are respected to ensure equality and avoid discrimination or unconscious bias.

16.5 Policies, Procedures and Whistleblowing

- The safeguarding policy is up to date, reviewed annually or sooner if indicated by updates or incidents.
- Staff have access to clear, step-by-step guidance on how to escalate concerns both internally and externally.
- A confidential whistleblowing process is in place, with posters and contact information readily available for staff and service users.
- Any concerns raised are investigated thoroughly, recorded, and shared with external bodies (e.g. CQC, local safeguarding boards) as required.

16.6 Working in Partnership

- The service works closely with local authorities, healthcare professionals, advocacy services, and family carers to ensure safeguarding is embedded across care delivery.
- Concerns are escalated promptly to the appropriate agency, and the service contributes fully to safeguarding enquiries or protection plans.
- Safeguarding leads maintain up-to-date local contacts and participate in professional development opportunities and regional safeguarding forums.

If staff have any concerns around Evolving Health Care Ltd's safeguarding or feel that staff or service users are being put at risk, they may raise concerns to the following bodies;

The Local Authority Safeguarding Adults Team
North Somerset Safeguarding Adults Board
Care Connect: 01275 888801/ 01454 615165
Email: Safeguarding.AdultsTeam@n-somerset.gov.uk
Out-of-Hours Emergency Duty Team: 01454 615165

- **Care Quality Commission (CQC):**
 - Website: <https://www.cqc.org.uk>
 - National Customer Service Centre: 03000 616161
 - Online Reporting for Concerns: [Contact us - Care Quality Commission](#)
- **Whistleblowing (for staff):**

If staff feel unable to raise the concern internally or externally, they may contact PROTECT for advice

Phone: 020 3117 2520

Website: [Protect - Speak up stop harm - Whistleblowing Homepage](#)

17.0 Training and Support

All staff will receive regular training on safeguarding awareness, recognising and responding to abuse and neglect and the specific procedures of this policy. Additional support and guidance will be provided to staff as needed.

18.0 Reviews, Monitoring and Auditing

This policy will be reviewed annually and updated as necessary to reflect best practices and legal requirements.

Regular audits of safeguarding practices will be conducted to ensure compliance with this policy. Results will be reviewed by the Safeguarding Lead/Registered Manager and used to inform further improvements.

The DSM will complete quarterly, or frequent if necessary, reviews of the safeguarding register to ensure that all active safeguarding concerns are followed to completion. Quarterly **reports of new** safeguarding applications made to the local authority will be reported on to identify any training needs or trends.

19.0 Legislation and Guidance

Care Act 2014. (2014) c.23. London: *The Stationery Office*. Available at: <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Department of Health and Social Care (DHSC) (2017) *Adult safeguarding: roles and responsibilities*. London: DHSC. Available at: <https://www.gov.uk/government/publications/adult-safeguarding-roles-and-responsibilities>

HM Government (2014) *Care and Support Statutory Guidance*. London: Department of Health and Social Care. Available at: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (2014) *SI 2014/2936*.

London: *The Stationery Office*. Available at:

<https://www.legislation.gov.uk/ukxi/2014/2936/contents/made>

Social Care Institute for Excellence (SCIE) (2022) *Adult safeguarding practice questions*. London: SCIE. Available at: <https://www.scie.org.uk/safeguarding/adults/practice/questions>

Local Government Association (LGA) and ADASS (2020) *Making Safeguarding Personal: What might “good” look like for health and social care commissioners and providers?* London: LGA.

Available at: <https://www.local.gov.uk/publications/making-safeguarding-personal-what-might-good-look>

NHS England (2022) *Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework*. London: NHS England.

Equality Act 2010. (2010) *c.15*. London: *The Stationery Office*. Available at:

<https://www.legislation.gov.uk/ukpga/2010/15/contents>

Mental Capacity Act 2005. (2005) *c.9*. London: *The Stationery Office*. Available at:

<https://www.legislation.gov.uk/ukpga/2005/9/contents>

Related Policies

Consent Policy

Chaperone Policy

Training and Development Policy

Equality, Diversity and Human Rights Policy

Information Governance Policy

Recruitment Policy

Whistleblowing Policy

Appendix Contents

Appendix A: Safeguarding Reporting Form – Evolving Health Care Ltd

Appendix B: Safeguarding Training Record Template

Appendix C : Safeguarding adults Flow Chart and contact details

Appendix D: Raising a Safeguarding Concern for Adults (Additional Checklist)

Appendix E: Examples of Abuse

Appendix F: Definitions

Appendix A: Safeguarding Reporting Form – Evolving Health Care Ltd

Date and Time of Incident:
Location of Incident:
Person(s) Involved:



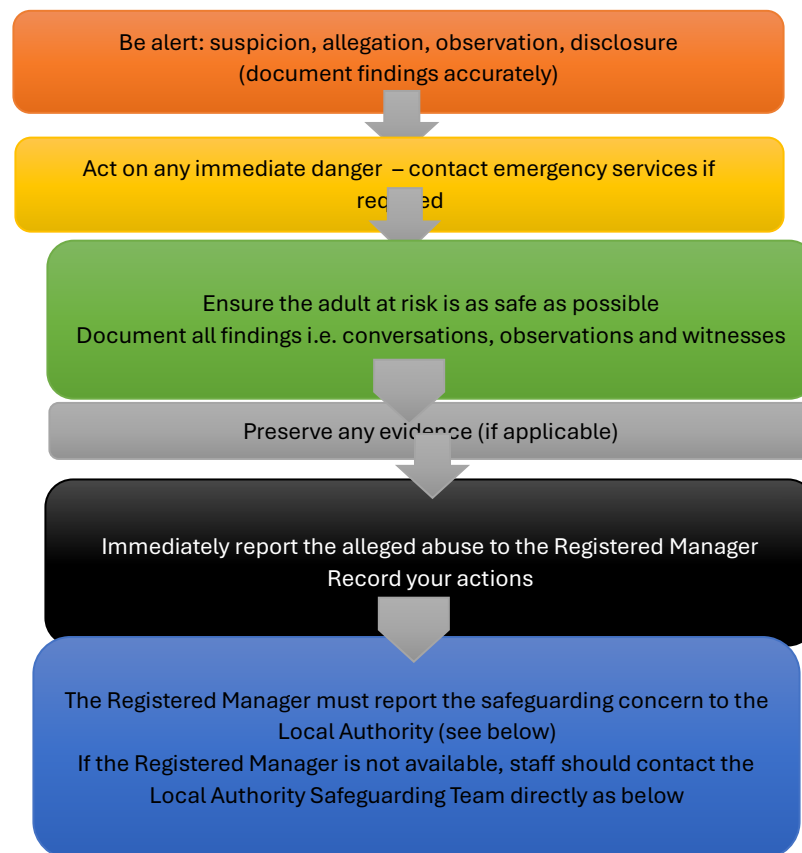
Evolving Health Care Ltd

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www.evolvinghealthcare.co.uk
info@evolvinghealthcare.co.uk
07300362108

Description of Incident:
Immediate Actions Taken:
Witnesses:
Reported By:
Follow-up Actions Required:

Appendix B: Safeguarding Training Record Template

Staff name:
Training date:
Training topics covered:
Trainer name:
Completion status:
Comments:

Appendix C: Safeguarding Adults Flow Chart and contact details

The Local Authority Safeguarding Adults Team

The Local Authority Safeguarding Adults Team
 North Somerset Safeguarding Adults Board

Care Connect: 01275 888801/ 01454 615165

Email: Safeguarding.AdultsTeam@n-somerset.gov.uk

Out-of-Hours Emergency Duty Team: 01454 615165

Appendix D: Raising a Safeguarding Concern for Adults (Additional Checklist)

This checklist can be used to assist you when you need to raise an adult safeguarding concern	
Name of Alerter	
Contact details of Alerter	
Relationship to alleged Victim	
Organisation name of Alerter	
Alleged Victim details:	
Full name	
Address	
Location of alleged abuse	
Contact details (phone number/email address)	
Date of Birth/age	
Communication needs (sensory loss, learning disability etc.)	
Details of Referral:	
Nature of alleged abuse/incident	
When did it happen?	
Where did it happen?	
Was anyone else involved?	
Was the incident witnessed?	
Have you had previous concerns regarding this person? If so, what?	
Does the adult at risk of abuse know that you are making this referral?	
Have you done anything to assist the adult at risk at this time? (what actions have been taken?)	
Have you contacted the Registered Manager and/or safeguarding team?	

If yes, please provide details of names/dates and times:

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Appendix E - Examples of Abuse

Physical abuse	Physical abuse includes hitting, slapping, pushing, kicking, misuse of medication, unlawful or inappropriate restraint, or inappropriate physical sanctions.
Domestic abuse	Domestic abuse is an incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse by someone who is or has been an intimate partner or family member. Domestic violence and abuse may include psychological, physical, sexual, financial, emotional abuse; as well as so called ‘honour’ based violence, forced marriage and female genital mutilation.
Sexual abuse	Sexual abuse includes rape and sexual assault or sexual acts to which the adult at risk has not consented or could not consent or was pressured into consenting.

Psychological abuse	Psychological abuse includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber-bullying, isolation or unreasonable and unjustified withdrawal from services or supportive networks.
Financial and material abuse	Financial and material abuse includes theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
Modern slavery	Modern slavery includes human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhuman treatment.
Neglect and acts of omission	Neglect and acts of omission includes ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
Discriminatory abuse	Discriminatory abuse includes abuse based on a person's race, sex, gender, disability, faith, sexual orientation, or age; other forms of harassment, slurs or similar treatment or hate crime.
Organisational abuse	Organisational abuse Includes neglect and poor practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
Self-neglect	Self-neglect covers a wide range of behaviours, such as neglecting to care for one's personal hygiene, health or surroundings and includes behaviours such as hoarding. A safeguarding response in relation to self-neglect may be appropriate where a person is declining assistance in relation to their care and support needs, and the impact of their decision, has or is likely to have a substantial impact on their overall individual wellbeing.
Radicalisation	Radicalisation is comparable to other forms of exploitation, such as grooming and Child Sexual Exploitation. Prevent is part of the Government's counterterrorism strategy CONTEST and aims to provide support and re-direction to vulnerable individuals at risk of being groomed into terrorist activity before any crimes are committed. Vulnerable individuals are groomed directly or through social media to be persuaded of the legitimacy of a radical's cause to inspire new recruits and have extreme views embedded. See PREVENT Strategy .

Appendix F - Definitions

Adult Safeguarding Enquiry

This relates to local authority (Care Act 2014, article 42) responsibilities. Where a local authority believes an adult at risk is experiencing or at risk of experiencing abuse or neglect, it must make enquiries (this is not necessarily an investigation), or cause others to do so.

Dash Risk Assessment - Domestic Abuse, Stalking and Honour-based Violence

A research-based checklist for identifying risk levels in domestic abuse cases. A young people's version is also available (YP -Ric). This checklist is used nationally and is the basis for referral to MARAC. The form and extensive guidance is available from Safelives.org.uk; however, it is advised to have further training to carry out Dash assessments.

IDVA - Independent Domestic Violence Advisor

Working with individual high-risk domestic abuse victims to support them through the highly complex process, advocate for them and advise them. They can be based in charities, hospitals, police stations etc. The involvement of an IDVA can greatly improve the safety of high-risk service users.

MARAC - Multi-Agency Risk Assessment Conference

A regularly held multi agency meeting where all high risk and complex medium risk domestic abuse cases are reviewed and further action discussed by professionals, with the aim of gaining a complete picture of risk and find the most effective strategy for its management.

Safe and Well check AKA Welfare check

Usually carried out by the police where a risk to safety has been raised (i.e. – by a counsellor or SGO after a disclosure). Police officers are required to establish a person's location and ascertain whether the individual is alive, breathing and conscious (ABC). They will report this back but take no further action.

'What If?' call

A call which can be made to children or adults social services to give the anonymised details of a disclosure and receive guidance on whether this disclosure should be referred for further action.



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