Medicare People

LIVE-IN CARE

Safeguarding Adults Policy and Procedure

Policy Title	Safeguarding Adults Policy and Procedure
Organisation	Medicare People Limited
Service Type	Live-In Care Services
Policy Owner	Registered Manager
Version	1.0
Date Created	07/07/2026
Review Date	Annually

1. PURPOSE

Medicare People is committed to protecting adults with care and support needs from abuse, neglect, exploitation, discrimination, and avoidable harm.

The purpose of this policy is to provide a clear framework for identifying, responding to, reporting, and preventing safeguarding concerns within our live-in care service.

We recognise that safeguarding is everyone's responsibility and that every individual has the right to live in safety, free from abuse and neglect, whilst maintaining dignity, choice, independence, and control over their own lives.

2. Scope

This policy applies to:

- All employees, workers, agency staff, and contractors.
- Volunteers and temporary workers.
- Individuals receiving care and support.
- Family members, advocates, and representatives where relevant.
- Anyone acting on behalf of Medicare People.

The policy applies to all safeguarding concerns identified during the delivery of live-in care services.

3. Definitions

Safeguarding	Safeguarding means protecting an individual's right to live in safety, free from abuse and neglect, while promoting their wellbeing, independence, and human rights.
Adult at Risk	An adult at risk is a person aged 18 or over who:

- Has needs for care and support.
- Is experiencing, or is at risk of, abuse or neglect.
- Is unable to protect themselves because of those care and support needs.

Abuse	Abuse is a violation of an individual's human and civil rights and may consist of a single act or repeated acts.
Neglect	Neglect includes the failure to meet a person's physical, psychological, emotional, or medical needs.
Safeguarding Concern	A safeguarding concern is any worry, allegation, observation, disclosure, or suspicion that an individual may be experiencing abuse, neglect, or exploitation.

4. Policy Statement

Medicare People is committed to:

- Maintaining a culture of safeguarding throughout the organisation.
- Protecting individuals from abuse, neglect, discrimination, and exploitation.
- Taking all safeguarding concerns seriously.
- Responding promptly and appropriately to concerns.
- Working in partnership with local authorities, healthcare professionals, families, and other agencies.
- Promoting choice, independence, dignity, and wellbeing.
- Supporting individuals to make informed decisions wherever possible.
- Ensuring employees understand their safeguarding responsibilities.
- Learning from safeguarding incidents to continuously improve practice.

Medicare People operates a zero-tolerance approach to abuse, neglect, exploitation, discrimination, and poor care practices.

5. Roles and Responsibilities

Registered Manager

The Registered Manager is responsible for:

- Acting as the safeguarding lead for the service.
- Ensuring staff receive safeguarding training.

- Managing safeguarding concerns and referrals.
- Liaising with safeguarding authorities and regulatory bodies.
- Maintaining safeguarding records.
- Monitoring safeguarding trends and learning outcomes.
- Ensuring appropriate action is taken to reduce risks.

Care Coordinators and Assessors

Care Coordinators and Assessors are responsible for:

- Identifying safeguarding risks during assessments.
- Escalating safeguarding concerns immediately.
- Ensuring care plans reflect safeguarding needs.
- Supporting safeguarding investigations where required.

Live-In Carers

Live-In Carers are responsible for:

- Remaining alert to signs of abuse or neglect.
- Reporting concerns immediately.
- Recording factual information accurately.
- Protecting individuals from immediate harm.
- Following safeguarding procedures at all times.

All Employees

All employees must:

- Complete safeguarding training.
- Understand the signs and indicators of abuse.
- Report concerns immediately.
- Cooperate with investigations.
- Promote safe and person-centred care.

---

6. Procedure

6.1 Recognising Abuse and Neglect

Employees should remain vigilant for indicators of abuse and neglect.

Types of abuse may include:

Physical Abuse

Examples include:

- Hitting
- Slapping

- Pushing
- Misuse of medication
- Inappropriate restraint

Emotional or Psychological Abuse

Examples include:

- Threats
- Intimidation
- Humiliation
- Isolation
- Verbal abuse

Sexual Abuse

Examples include:

- Sexual assault
- Inappropriate touching
- Sexual harassment
- Non-consensual sexual activity

Financial or Material Abuse

Examples include:

- Theft
- Fraud
- Misuse of money or property
- Financial exploitation
- Pressure regarding wills or finances

Neglect and Acts of Omission

Examples include:

- Failure to provide care
- Poor nutrition or hydration
- Ignoring medical needs
- Inadequate supervision

Discriminatory Abuse

Examples include abuse relating to:

- Age
- Disability
- Race
- Religion

- Gender
- Sexual orientation

Organisational Abuse

Poor practices within a service or organisation that negatively affect people's wellbeing, dignity, or rights.

Domestic Abuse

Physical, emotional, sexual, financial, or coercive abuse occurring within personal relationships.

Self-Neglect

Serious failure by an individual to care for their own health, wellbeing, hygiene, or living conditions.

Modern Slavery

Including:

- Human trafficking
- Forced labour
- Domestic servitude
- Exploitation

6.2 Responding to a Disclosure

If an individual discloses abuse or neglect, employees must:

- Remain calm.
- Listen carefully.
- Take the disclosure seriously.
- Reassure the individual they have done the right thing by speaking up.
- Avoid making promises that cannot be kept.
- Avoid asking leading questions.
- Avoid investigating the matter personally.
- Explain that the concern will need to be shared with appropriate people to keep them safe.

Immediate action should be taken if there is an urgent risk of harm.

6.3 Immediate Protection

Where an individual is at immediate risk:

- Emergency services should be contacted where appropriate.
- Urgent medical attention should be sought if required.
- Steps should be taken to ensure the person's immediate safety.
- The Registered Manager should be notified as soon as possible.

Protecting the individual must always be the first priority.

6.4 Recording a Safeguarding Concern

Employees must make a written record as soon as possible.

Records should include:

- Date and time.
- Factual observations.
- Exact words used where possible.
- Names of those involved.
- Action taken.
- Name and signature of the person completing the record.

Records must be factual and not include personal opinions unless clearly identified.

6.5 Reporting a Safeguarding Concern

Any safeguarding concern must be reported immediately to the Registered Manager or designated safeguarding lead.

The Registered Manager will:

- Review the information.
- Assess immediate risks.
- Determine whether a safeguarding referral is required.
- Take appropriate action to protect the individual.

Employees must never delay reporting concerns.

6.6 Safeguarding Referrals

Where appropriate, referrals may be made to:

- The Local Authority Safeguarding Adults Team.
- The Police.
- NHS professionals.
- The Care Quality Commission (where notification requirements apply).
- Other relevant agencies.

Referrals should be made without unnecessary delay.

6.7 Mental Capacity and Consent

Where possible, individuals should be involved in safeguarding decisions affecting them.

Where capacity is in doubt, the Mental Capacity Act 2005 must be followed.

The individual's:

- Wishes.
- Feelings.
- Beliefs.
- Desired outcomes.

should be considered throughout the safeguarding process.

Where an individual lacks capacity, decisions must be made in their best interests.

6.8 Safeguarding Concerns Involving Employees

Allegations involving employees will be:

- Taken seriously.
- Investigated promptly.
- Managed fairly and confidentially.
- Referred to relevant authorities where appropriate.

Protective action may be required whilst investigations are ongoing.

This may include temporary removal from duties where necessary.

6.9 Learning from Safeguarding Concerns

Following safeguarding incidents, Medicare People will review:

- Root causes.
- Contributing factors.
- Existing controls.
- Training requirements.
- Policy effectiveness.

Lessons learned will inform service improvements.

---

7. Records and Documentation

The following records may be maintained:

- Safeguarding concern records.
- Referral documentation.
- Investigation records.
- Care plans and risk assessments.
- Capacity assessments.
- Best-interest decisions.
- Training records.
- Audit reports.
- Action plans.

All records must be accurate, factual, secure, and retained in accordance with organisational requirements.

---

8. Training and Competency

All employees will receive safeguarding training appropriate to their role.

Training will cover:

- Safeguarding principles.
- Types of abuse and neglect.
- Recognising indicators of abuse.
- Mental Capacity Act awareness.
- Reporting procedures.
- Professional boundaries.
- Whistleblowing.

Competency will be monitored through:

- Supervision.
- Observations.
- Audits.
- Appraisals.
- Training assessments.

Refresher training will be completed regularly.

9. Monitoring and Governance

The Registered Manager will monitor safeguarding arrangements through:

- Safeguarding audits.
- Review of safeguarding incidents.
- Complaints analysis.
- Staff supervision.
- Training compliance monitoring.
- Care record audits.
- Quality assurance reviews.

Key performance indicators may include:

- Number of safeguarding concerns raised.
- Referral timescales.
- Training compliance rates.
- Audit outcomes.
- Completion of improvement actions.

Actions arising from reviews will be monitored through the organisation's quality assurance framework.

10. Related Policies

- Mental Capacity Act and Best Interests Policy

- Consent to Care and Support Policy and Procedure
- Whistleblowing Policy
- Equality, Diversity and Human Rights Policy and Procedure
- Complaints Policy and Procedure
- Recruitment and Selection Policy
- Incident Reporting Policy
- Duty of Candour Policy
- Quality Assurance Policy
- Risk Assessment Policy

---

11. Review and Version Control

This policy will be reviewed annually or sooner following:

- Changes in legislation.
- Changes in safeguarding guidance.
- Serious incidents.
- Safeguarding investigations.
- CQC inspection findings.
- Audit outcomes.
- Service developments.

Approved By: Stuart Wells

Position: Managing Director

Date: 07/07/2026

Medicare People currently provides introductory live-in care services. We have submitted our application to the Care Quality Commission (CQC) and intend to introduce a fully managed live-in care service following registration.