PROCEDURE AND AUDIT CHECKLIST

# Safeguarding adults procedure checklist

## Source anchors

- CQC Regulation 13, safeguarding service users from abuse and improper treatment
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 13
- Care Act 2014, section 42
- Care and Support Statutory Guidance
- CQC Registration Regulations 2009, Regulation 18, notification of other incidents
- Mental Capacity Act 2005
- DBS barring referral guidance

## How to use this checklist

Use this checklist to audit whether the service can recognise adult safeguarding concerns, make people safe, refer through the right local route, record decisions and learn from themes. It can be used quarterly, after a safeguarding concern, before governance review, or before an inspection-readiness review.

Local authority safeguarding routes vary. Do not use this checklist as a substitute for the current local safeguarding adults procedure. Record the route checked, the decision made and the outcome received.

For each row, record:

- **Met:** evidence is current and complete.
- **Part met:** evidence exists but has a gap or needs follow-up.
- **Not met:** evidence is absent or the control is not working.
- **Not applicable:** the service does not carry out this activity.

Every `Part met` or `Not met` item should create an action with an owner and due date.

The PDF is designed for printing, or for completing on screen with a PDF viewer's Fill & Sign, Markup or comment tools. Use those tools to tick boxes and type into the lines.

## Service details

| SERVICE NAME | LOCATION |
| --- | --- |
| | |

| DATE COMPLETED | COMPLETED BY |
| --- | --- |
| | |

| REGISTERED MANAGER | SAFEGUARDING LEAD |
| --- | --- |
| LOCAL AUTHORITY AREA | PERIOD REVIEWED |

## 1. Routes and prevention

| CHECK AND EVIDENCE | STATUS | OWNER | DUE |
| --- | --- | --- | --- |
| 1 **Safeguarding Lead and deputy are named.** **Evidence:** Procedure, role list, rota. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 2 **Local authority safeguarding adults route is current.** **Evidence:** Local authority portal, procedure, review date. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 3 **Out-of-hours escalation route is visible to staff.** **Evidence:** On-call procedure, staff briefing. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 4 **Staff know how to raise concerns without waiting for proof.** **Evidence:** Staff interview, induction record. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 5 **People using the service know how to raise a concern or get support.** **Evidence:** Service information, accessible format, notice. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 6 **Preventative controls are reviewed, including recruitment, training, supervision and whistleblowing.** **Evidence:** Recruitment file, training matrix, supervision record, whistleblowing route. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |

## 2. Recognition and immediate safety

| CHECK AND EVIDENCE | STATUS | OWNER | DUE |
| --- | --- | --- | --- |
| 1 **Staff can recognise abuse, neglect, improper treatment and self-neglect.** **Evidence:** Training record, staff interview. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 2 **Staff know how to act if a person is in immediate danger.** **Evidence:** Procedure, staff interview, emergency route. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 3 **Concern records show immediate safety action.** **Evidence:** Safeguarding sample, incident sample. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 4 **Police or urgent clinical help is used where needed.** **Evidence:** Record sample, call note, referral evidence. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |

| CHECK AND EVIDENCE | STATUS | OWNER | DUE |
|---|---|---|---|
| 5 **Evidence is preserved where a crime may have occurred.** **Evidence:** Staff guidance, incident sample. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 6 **The person's wishes and desired outcome are recorded where possible.** **Evidence:** Safeguarding record, conversation note. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |

## 3. Logging and threshold decision

| CHECK AND EVIDENCE | STATUS | OWNER | DUE |
|---|---|---|---|
| 1 **Concerns are logged promptly with source, date and category.** **Evidence:** Safeguarding register, source record. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 2 **Consent and information-sharing decisions are recorded.** **Evidence:** Consent note, capacity note, decision record. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 3 **Mental Capacity Act or best-interest decision is recorded where relevant.** **Evidence:** Capacity assessment, best-interest note. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 4 **Section 42 or local threshold reasoning is recorded.** **Evidence:** Threshold decision, local guidance reference. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 5 **Not-referred decisions explain why referral was not made.** **Evidence:** Not-referred closure sample. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 6 **Senior review is visible for high-risk or borderline decisions.** **Evidence:** Registered Manager review, governance note. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |

## 4. Referral and external coordination

| CHECK AND EVIDENCE | STATUS | OWNER | DUE |
|---|---|---|---|
| 1 **Referrals show route, submitter, date and reference where available.** **Evidence:** Local authority referral, portal receipt, call note. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 2 **Local authority advice or outcome is recorded.** **Evidence:** LA correspondence, outcome note. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 3 **Provider actions are opened even where no further external action is taken.** **Evidence:** Improvement action, risk update, care-plan change. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |

| CHECK AND EVIDENCE | STATUS | OWNER | DUE |
|---|---|---|---|
| 4 **Person, representative or advocate updates are recorded where appropriate.** **Evidence:** Update note, contact record. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 5 **Staff allegations are handled through a separate and impartial route.** **Evidence:** Allegation record, HR or external advice note. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 6 **DBS, professional-regulator or commissioner routes are considered where relevant.** **Evidence:** Referral decision, advice note. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |

## 5. Linked records and notifications

| CHECK AND EVIDENCE | STATUS | OWNER | DUE |
|---|---|---|---|
| 1 **Incident, complaint or risk records are linked where needed.** **Evidence:** Cross-linked records. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 2 **CQC statutory notification need is considered for abuse or allegation of abuse.** **Evidence:** Notification decision, submitted notification or not-applicable reason. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 3 **Duty of candour is considered where harm may meet the threshold.** **Evidence:** Duty of candour decision, incident review. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 4 **Restraint, restriction or deprivation of liberty concerns are reviewed.** **Evidence:** Care plan, MCA record, restraint review. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 5 **Actions have owners, due dates and completion evidence.** **Evidence:** Improvement actions, evidence. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |

## 6. Governance and training

| CHECK AND EVIDENCE | STATUS | OWNER | DUE |
|---|---|---|---|
| 1 **Safeguarding themes are reviewed at governance.** **Evidence:** Governance minutes, theme report. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 2 **Review includes referrals, not-referred decisions, outcomes and repeated themes.** **Evidence:** Safeguarding report, audit sample. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 3 **Staff training is current for role and service type.** **Evidence:** Training matrix, induction record. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |

| CHECK AND EVIDENCE | STATUS | OWNER | DUE |
|---|---|---|---|
| 4 **Safeguarding Lead training is deeper than general staff awareness.** **Evidence:** Training record, role description. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 5 **Learning changes policy, supervision, rota, staffing or care planning where needed.** **Evidence:** Action log, policy review, supervision note. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |
| 6 **Whistleblowing and speak-up routes are visible and trusted.** **Evidence:** Staff interview, policy, governance review. | ☐ Met ☐ Part met ☐ Not met ☐ N/A | | |

## 7. Summary judgement

**Are staff clear on the first action to take when they see a concern?**

**Which safeguarding theme repeated in the last 12 months?**

**Which concern led to a service change?**

**Which record still lacks external outcome or closure reasoning?**

**What would a CQC inspector see if they asked for safeguarding evidence today?**

## 8. Action log

| Action | Source check | Owner | Due date | Completion evidence |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## 9. Completion

| Sign-off | Name | Date |
|---|---|---|
| Completed by | | |

| Sign-off | Name | Date |
| --- | --- | --- |
| Reviewed by Registered Manager | | |

This checklist is a working tool. It does not replace live regulator guidance, local authority safeguarding adults procedures, police advice, safeguarding legal advice, Mental Capacity Act advice or professional judgement.

## Related reading

- Lifecycle page: Safeguarding reporting
- Regulation explainer: Regulation 13, safeguarding
- Article: Regulation 13 safeguarding evidence
- Sample policy: Safeguarding adults policy