

UT COMPLIANCE

A TRADING NAME OF UNIQUE TENDERS LIMITED

POLICY DOCUMENT

Safeguarding and Conflict Resolution Policy

UT Compliance

SUPPORTED LIVING

DOCUMENT REFERENCE —	EFFECTIVE DATE 3 October 2025
VERSION SL/SCR/001	REVIEW DATE —
STATUS Publish	APPROVED BY

CONFIDENTIAL DOCUMENT

This document is intended for authorised personnel only. Unauthorised distribution is prohibited.

© 2026 UT Compliance. All Rights Reserved.

1. Scope

This policy applies to all employees, contractors, service users, families, advocates, and external professionals involved in the provision of supported living services at . It establishes a robust safeguarding and conflict resolution framework, ensuring that all individuals are protected from harm, abuse, neglect, and exploitation, while also providing a clear structure for resolving conflicts that may arise in supported living settings.

The policy applies to:

- Service users receiving care and support in supported living settings.
- Family members, legal representatives, and advocates ensuring the best interests of service users.
- Care coordinators, support workers, and management staff, responsible for safeguarding and resolving conflicts.
- External agencies, social workers, advocacy services, and CQC inspectors, involved in overseeing safeguarding and dispute resolution processes.

This policy ensures compliance with CQC Regulations 13, 10, 12, 16, and 17, the Care Act 2014, the Mental Capacity Act 2005, and other legal frameworks, ensuring that safeguarding and conflict resolution practices are transparent, effective, and person-centred.

2. Legal and Regulatory Framework

Term/Regulation	Description/Definition
Health and Social Care Act 2008 (Regulated Activities) Regulations	Establishes the fundamental standards for care providers, ensuring safeguarding procedures and conflict resolution mechanisms are in place.
CQC Regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment)	Requires providers to implement effective safeguarding policies to protect service users from harm, abuse, and neglect.
CQC Regulation 10 (Dignity and Respect)	Mandates that service users are treated with dignity and respect, ensuring their rights are upheld during conflict resolution processes.
CQC Regulation 12 (Safe Care and Treatment)	Requires providers to assess risks and ensure safe and appropriate care delivery, including safeguarding measures.
CQC Regulation 16 (Receiving and Acting on Complaints)	Ensures that complaints, including those related to safeguarding and conflicts, are handled effectively and in a timely manner.
CQC Regulation 17 (Good Governance)	Requires providers to have robust systems in place for safeguarding monitoring, reporting, and reviewing safeguarding and conflict resolution incidents.
The Care Act 2014	Establishes the legal responsibility for safeguarding adults at risk of harm and outlines procedures for conflict resolution in social care settings.
The Mental Capacity Act 2005	Ensures that individuals who lack capacity are protected, their rights upheld, and that best interest decisions are made when resolving conflicts.

The Equality Act 2010	Protects individuals from discrimination in safeguarding and conflict resolution procedures, ensuring fair and impartial treatment.
The Data Protection Act 2018 (UK GDPR)	Regulates the collection, storage, and sharing of personal data in safeguarding and conflict resolution processes.
The Human Rights Act 1998	Guarantees individuals' rights to be free from inhumane treatment and ensures fair processes in conflict resolution.

3. Definitions of Key Terms

Term	Description/Definition
Safeguarding	Measures taken to protect service users from harm, abuse, neglect, or exploitation in a supported living setting.
Conflict Resolution	A structured approach to resolving disputes or disagreements between service users, staff, or external parties.
Person-Centred Care	Ensuring that the preferences, needs, and values of service users shape all aspects of care and conflict resolution.
Best Interest Decision	A decision made on behalf of an individual who lacks capacity, ensuring their safety, well-being, and rights are prioritised.
Risk Assessment	Identifying and managing potential risks to service users, including those related to safeguarding and conflict.
De-escalation Techniques	Strategies used to prevent conflicts from escalating into aggression or violence.
Whistleblowing	The process of reporting concerns about unsafe or unethical practices without fear of retaliation.
Safeguarding Lead	() The designated individual responsible for overseeing safeguarding policies and procedures.
Data Protection Officer	() The person responsible for ensuring compliance with GDPR in relation to safeguarding records.

4. Policy Statement

is committed to ensuring that all service users are protected from harm and abuse while fostering a safe, respectful, and person-centred environment where conflicts are managed effectively and fairly. This policy aims to:

- Prevent, identify, and respond to all forms of abuse, neglect, exploitation, and harm.
- Provide clear procedures for identifying and reporting safeguarding concerns, ensuring timely intervention and resolution.
- Ensure a proactive approach to conflict resolution, prioritising de-escalation and early intervention.

- Empower service users by involving them in decision-making, ensuring their voices are heard in safeguarding matters and conflict resolution.
- Promote a culture of openness, where concerns can be raised without fear of reprisal.
- Ensure compliance with legal and regulatory frameworks, including safeguarding reporting requirements and dispute resolution procedures.

By implementing this policy, ensures that all staff, service users, and stakeholders are equipped with the knowledge and tools to prevent harm, resolve disputes, and maintain a safe supported living environment.

5. Roles and Responsibilities

Role	Responsibilities
Registered Manager	() Ensures that safeguarding policies and conflict resolution strategies comply with legal and regulatory requirements.
Safeguarding Lead	() Oversees safeguarding investigations, provides guidance, and ensures that safeguarding concerns are appropriately escalated.
Health and Safety Officer	() Conducts risk assessments and ensures that measures are in place to protect service users from harm.
Data Protection Officer	() Ensures that all safeguarding and conflict resolution records are handled in compliance with GDPR.
Service Users and Their Representatives	Engage in safeguarding and conflict resolution discussions, ensuring their voices are heard and respected.
Care Coordinators and Support Workers	Identify safeguarding concerns, implement conflict resolution strategies, and support service users through the process.
External Professionals (e.g., Social Workers, Advocacy Services, CQC Inspectors)	Provide independent oversight, advocacy, and regulatory compliance monitoring.

6. Procedures

6.1 Identifying and Reporting Safeguarding Concerns

All staff must be vigilant in identifying signs of abuse, neglect, exploitation, or mistreatment.

Indicators of abuse include physical injuries, unexplained distress, changes in behaviour, financial irregularities, and withdrawal from social interactions.

Service users, staff, and family members can report concerns through verbal complaints, written reports, digital reporting systems, and anonymous reporting channels.

All safeguarding concerns must be reported immediately to the Safeguarding Lead ().

Where immediate harm is suspected, emergency safeguarding procedures must be activated, including contacting local

safeguarding teams, social services, or emergency services.

A full investigation must be conducted, and all findings must be documented in compliance with GDPR and regulatory guidelines.

A multi-agency approach may be required to ensure that safeguarding concerns are properly managed, involving external bodies such as healthcare professionals, the police, or advocacy services.

6.2 Conflict Resolution Process

Staff will implement early intervention strategies, including active listening, mediation, and de-escalation techniques, to prevent disputes from escalating.

If a conflict arises between service users, families, or staff, it will be documented, assessed, and resolved through structured mediation sessions led by senior staff.

The mediation process will include:

- A clear assessment of the conflict and the concerns of all parties.
- A neutral third party facilitating discussions to encourage understanding and compromise.
- Agreement on solutions and commitments from all involved.

Where mediation does not resolve the conflict, escalation to senior management, external mediation services, or advocacy bodies will be considered.

Conflicts that involve safeguarding risks must be escalated immediately and handled under safeguarding protocols.

Service user dignity and autonomy will always be prioritised, ensuring that their voice is central to conflict resolution decisions.

6.3 Risk Assessment and Preventative Measures

Comprehensive risk assessments will be conducted before and during service delivery to identify potential safeguarding risks and conflict triggers.

Personalised support plans will include tailored conflict prevention strategies based on individual needs and histories.

The Health and Safety Officer () will oversee risk mitigation strategies to prevent environmental factors from contributing to conflicts.

Regular safeguarding audits and risk assessments will be conducted to ensure that all policies and procedures remain effective and updated.

Staff will be trained to recognise early warning signs of disputes, aggression, or behavioural triggers and to apply appropriate de-escalation techniques.

A culture of positive engagement and open communication will be fostered to reduce potential conflict scenarios among service users and staff.

Where needed, external mediation specialists may be brought in to manage particularly complex disputes.

Conflict resolution and safeguarding measures will be regularly reviewed to align with evolving best practices and ensure the

highest levels of safety, fairness, and compliance.

7. Training and Development

7.1 Mandatory Safeguarding Training

All staff members involved in safeguarding and conflict resolution must complete mandatory training during their induction period.

Training modules will cover:

Recognising and responding to safeguarding concerns, including identifying abuse, neglect, and exploitation.

CQC regulatory requirements related to safeguarding and conflict resolution, ensuring compliance with relevant laws and standards.

Application of de-escalation techniques to manage conflicts effectively and prevent escalation.

Effective communication skills to support service users in distress and manage disputes professionally and compassionately.

7.2 Ongoing Professional Development

Annual refresher training will be required for all staff to remain up to date with legislative changes, best practices, and emerging trends in safeguarding and conflict resolution.

Ongoing training sessions will include:

- Workshops on handling challenging behaviours, equipping staff with conflict management techniques.
- Specialist training on trauma-informed care, ensuring staff can support service users who have experienced distress or abuse.
- Advanced safeguarding training for senior staff, focusing on risk assessment, legal responsibilities, and managing complex safeguarding cases.
- Training on managing cultural sensitivities and diversity in safeguarding, ensuring inclusivity in conflict resolution strategies.

7.3 Scenario-Based and Practical Training

Staff will participate in scenario-based training to develop real-world problem-solving skills in safeguarding and conflict resolution.

Training exercises will include:

- Role-playing conflict resolution scenarios, allowing staff to practice de-escalation techniques in controlled environments.
- Simulated safeguarding concerns, teaching staff how to respond, document, and escalate issues appropriately.
- Case studies of past safeguarding incidents, highlighting lessons learned and best practices.
- Multi-agency collaboration exercises, ensuring staff understand the role of external agencies in safeguarding and dispute resolution.

7.4 Competency Assessments and Performance Monitoring

Staff competency in safeguarding and conflict resolution will be formally assessed on an annual basis.

Assessments will evaluate:

- Knowledge of safeguarding policies and procedures.
- Ability to apply conflict resolution strategies effectively.
- Understanding of de-escalation techniques and their application in real-world scenarios.
- Ability to communicate safeguarding concerns appropriately and escalate them following protocol.

Staff members identified as needing additional support will receive tailored refresher courses and mentoring from senior staff.

7.5 Ensuring Training Compliance

The Registered Manager () will be responsible for ensuring that:

- All staff meet training requirements as per CQC regulations.
- Training records are maintained and reviewed periodically.
- New training needs are identified through feedback from staff, service users, and external audits.
- Policy updates are incorporated into ongoing training programs, ensuring continuous improvement in safeguarding and conflict resolution practices.

8. Monitoring and Review

8.1 Internal Audits and Compliance Checks

Quarterly internal audits will be conducted to evaluate the effectiveness of safeguarding and conflict resolution measures, ensuring full alignment with CQC regulations and organisational policies.

These audits will assess:

- Safeguarding incident reports to ensure timely and appropriate responses.
- Effectiveness of conflict resolution strategies and their impact on service user well-being.
- Compliance with legal safeguarding obligations, including reporting and record-keeping.
- Staff adherence to safeguarding training and competency requirements.

Audit findings will be compiled into formal reports, which will be reviewed by senior management to develop improvement action plans where required.

The Registered Manager () will be responsible for overseeing audits and ensuring findings are acted upon.

8.2 Stakeholder Feedback and Continuous Improvement

Service users, families, and professionals will be encouraged to provide regular feedback on safeguarding and conflict resolution procedures.

Stakeholder feedback mechanisms will include:

- **Annual safeguarding surveys** to assess perceptions of safety and support.
- **Dedicated feedback forums and listening groups** to allow open discussion of safeguarding concerns.
- **Post-conflict resolution satisfaction surveys** to measure effectiveness and fairness of outcomes.

Feedback will be systematically analysed to identify key themes and areas requiring policy or procedural adjustments.

Where necessary, training programmes and operational procedures will be updated based on stakeholder input.

8.3 External Reviews and Compliance Audits

Annual external safeguarding reviews will be conducted by independent professionals or regulatory bodies to ensure compliance with CQC safeguarding standards.

These reviews will evaluate:

- Effectiveness of reporting systems and safeguarding investigations.
- Staff competency and compliance with mandatory safeguarding training.
- Accuracy and completeness of safeguarding documentation.

Findings from external reviews will be shared with senior leadership and external stakeholders where appropriate to ensure full transparency and accountability.

8.4 Policy Review and Updates

The Safeguarding and Conflict Resolution Policy will be formally reviewed annually, with updates made as needed based on:

- Changes in legislation or regulatory guidance.
- Findings from internal audits and external reviews.
- Stakeholder feedback and service user experiences.
- Incident trends and lessons learned from previous safeguarding cases.

The Registered Manager () will ensure that staff and stakeholders are informed of policy changes and that necessary training is provided to reflect updates.

All updates will be documented, and compliance with revised procedures will be monitored through follow-up audits and staff evaluations.

9. Reporting Concerns

9.1 Internal Reporting Procedures

All staff members are required to report safeguarding concerns immediately to their line manager or the Safeguarding Lead ().

Reporting options for service users and families will include:

- Face-to-face reporting to a trusted staff member, ensuring direct and immediate communication.

- Written complaints or safeguarding concerns, which can be submitted confidentially to management.
- Digital or telephone-based reporting channels, including secure online platforms and dedicated safeguarding hotlines, to enhance accessibility.

All reported concerns will be documented thoroughly, with details including:

- Nature of the concern, date, time, individuals involved, and immediate actions taken.
- Steps for escalation and follow-up, ensuring full accountability.

The Registered Manager () will oversee all concerns, ensuring timely investigations and appropriate resolutions.

A dedicated safeguarding incident log will be maintained, with records securely stored in compliance with GDPR and CQC safeguarding regulations.

9.2 Safeguarding and Whistleblowing

Staff will be fully protected under whistleblowing laws when reporting safeguarding concerns or unsafe practices.

Reports made in good faith will be treated confidentially, ensuring no retaliation or discrimination against whistleblowers.

Whistleblowing concerns can be reported anonymously, and will be:

Reviewed and investigated by the Registered Manager ().

Escalated to external safeguarding teams or regulatory bodies where necessary, including local safeguarding boards, social services, and the Care Quality Commission (**CQC**).

Staff will receive regular training on how to report concerns under whistleblowing protections and safeguarding protocols.

A clear process flowchart will be available to staff, ensuring transparency in how safeguarding concerns and whistleblowing reports are handled.

9.3 Continuous Improvement and Learning

All safeguarding and conflict resolution reports will be systematically reviewed, with an emphasis on:

- Identifying recurring issues and trends in safeguarding incidents and conflicts.
- Highlighting areas for staff development, ensuring continuous professional improvement in handling safeguarding concerns.
- Reviewing policies and procedures, ensuring all safeguarding measures remain up to date with CQC guidelines and legislative requirements.

Findings from reported concerns will inform:

- Policy updates, ensuring safeguarding and conflict resolution strategies remain effective.
- Enhancements to staff training, particularly in early intervention, conflict de-escalation, and safeguarding best practices.
- Improvements in service communication strategies, ensuring service users and families have clear, accessible reporting mechanisms.

Regular safeguarding forums and review meetings will be conducted, where lessons learned from past cases will be shared, promoting an organisational culture of learning and best practice implementation.

The Registered Manager () will be responsible for ensuring that all lessons learned from safeguarding and conflict resolution cases are applied to enhance service safety, staff preparedness, and overall care quality.

Policy Approval & Review

APPROVED BY	SIGNATURE <i>No signature on file</i>
REVIEW DATE 1 January 1970	NEXT REVIEW DATE 19 February 2027