



SAFEGUARDING ADULTS AT RISK POLICY (WINDHILL)

DATE APPROVED	September 2024	DATE OF NEXT REVIEW	September 2025
POLICY OWNER(S)	Director of Wellbeing & Assistant Director of Wellbeing (Supported Living)		
APPROVED BY	Board of Trustees		
DESIGNATION	Centre Wide		

Purpose of policy	To set out the Charity's policy on Safeguarding Adult residents of Windhill and what they should do when matters of safeguarding arise	
Intended audience	All staff	
Links to other policies	Data Protection Policy Safer Recruitment DOLs, Incident Reporting Whistleblowing Policy (Speaking Out)	
Previous versions		
November 2011		
November 2023		

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St. Elizabeth's Centre (the Charity) is committed to keeping safe all those in our care. As part of our on-going commitment, this policy is underpinned by a number of internal policies and procedures alongside local and national policy.

The Charity's guiding principle for Safeguarding is '**See It, Stop It, Report It**'. This clearly defines the expectations of all staff working with or on behalf of our Charity and supporting Adults at Windhill:

See It – If you see or hear something that you are not comfortable with or that just doesn't feel right, 'Trust Your Gut' and ...

Stop It – Intervene and ask those involved to step away. Remember 'Child First', ensure the adult at risk is safe and supported, then...

Report It – 'Don't Delay' - Immediately report what you have seen to the Registered Manager, Deputy Registered Manager, Care Managers or Deputy Manager.

If for any reason you cannot report to one of the people listed above, then report the incident to a member of the Executive Team.

POLICY INTRODUCTION

Safeguarding children and adults at risk is of paramount importance to the Charity.

The Care Act 2014 sets out a clear framework for how all concerned parties should protect adults at risk of abuse or neglect.

The Safeguarding Vulnerable Groups Act 2006 sets out the type of activity covered by the Act in relation to children and vulnerable adults. The Disclosure and Barring Service (DBS) was established in 2009 to protect children and vulnerable adults. The Act defines the scope of the Disclosure and Barring Service. It provides a framework that certain activities in relation to children and vulnerable adults are regulated. This is known as 'regulated activity'. St. Elizabeth's Domiciliary Care Agency (part of the Charity) is registered to provide support to people in their own homes under the regulated activity 'personal care'. St Elizabeth's Domiciliary Care Agency wishes to ensure that all those who use the service have a safe and stimulating environment in which they can fulfil their potential, and we wish to safeguard the welfare of our vulnerable residents.

In the terms of this policy a 'vulnerable adult' has the following definition:

'A person who is over 18 who is or may be in need of Community Care Services by reason of mental or other disabilities, age or illness, or may be unable to take care of him/herself or unable to protect him/herself against significant harm or exploitation.'

(Department of Health, 2000)

This may mean that they have a reduced ability to protect themselves from abuse or neglect. This can be as a result of a learning or physical disability a physical or mental illness chronic or otherwise (including an addiction to alcohol or drugs); or a temporary or permanent reduction, in mental capacity.

AIM OF THE POLICY

The aim of the policy is to ensure that:

- All trustees, governors, staff, tenants, families and carers have an understanding of what safeguarding is and work together to prevent abuse or neglect
- All **trustees, governors and staff** know what the safeguarding policy is and follow it if a safeguarding matter arises;
- All **those who use the service** know what safeguarding policy is and know what to do when safeguarding matters arise;

- All **families/carers** and residents know what the safeguarding policy is and know what to do when safeguarding matters arise.

The Six Principles of Safeguarding

The policy and procedures are based on **The Six Principles of Safeguarding** that underpin all adult safeguarding work.

Empowerment	Adults are encouraged to make their own decisions and are provided with support and information	I am consulted about the outcomes I want from the safeguarding process and these directly inform what happens
Prevention	Strategies are developed to prevent abuse and neglect that promotes resilience and self – determination	I am provided with easily understood information about what abuse is, how to recognise the signs and what I can do to seek help
Proportionate	A proportionate and less intrusive response is made balanced with the level of risk	I am confident that the professionals will work in my interest, and only get involved as much as needed
Protection	Adults are offered ways to protect themselves, and there is a co-ordinated response to adult safeguarding	I am provided with help and support to report abuse. I am supported to take part in the safeguarding process to the extent to which I want and to which I am able
Partnerships	Local Solutions through services working together within their communities	I am confident that the information will be appropriately shared in a way that takes into account its personal and sensitive nature. I am confident that agencies will work together to find the most effective responses for my own situation
Accountability	Accountability and transparency in delivering a safeguarding response	I am clear about the roles and responsibilities of all those involved in the solution to the problem

SCOPE OF THE POLICY

This policy applies to all staff and volunteers (including trustees and governors), who work for the Charity, temporary staff and volunteers, families, carers and visitors. All have a legal

responsibility to take seriously any adult at risk concerns that come to their attention and follow the guidance given. Subcontractors must be informed of this policy and deal with any concerns reported to them by contacting the Designated Person with responsibility for adults at risk in the Charity.

Those using the service that have concerns about other residents or the behaviour of adults towards them can use this policy to ensure they are heard.

CORE STANDARDS

Social care provisions have a duty of care to take such steps as are reasonable to ensure that adults at risk are safe.

The Disclosure and Barring Service has a legal obligation to assess every person who wants to work or volunteer with children and adults at risk. Potential employees and volunteers will be assessed using data gathered by the Disclosure and Barring Service (DBS), including relevant criminal convictions, cautions, police intelligence and other appropriate sources.

The Charity operates a training and development programme to ensure that all staff whether permanent, bank or agency, and volunteers working with the Charity, are trained to recognise abuse and report it.

All staff receive an induction including safeguarding.

All staff and volunteers know how to raise a safeguarding concern.

OUR COMMITMENT TO SAFEGUARDING

The Charity is committed to safeguarding and promoting the welfare of adults at risk across the 365-day provision it provides.

Robust recruitment processes are in place to ensure all staff are fit to work with adults at risk.

The Charity recognises that it has a duty to help staff and residents realise their responsibilities (through guidance, support and training), eliminate or reduce risk and avoid situations (where possible) where abuse or neglect might be alleged.

The Charity ensures that they work to prevent abuse or neglect.

In the event that a safeguarding issue arises, it is reported immediately.

The Charity has clear policies and procedures and guidelines are consistent with 'Safeguarding Adults at Risk'.

This policy uses the guidance from 'Safeguarding Adults at risk', the Hertfordshire Multi-Agency Policy, Procedure and Practice for working with Adults at risk of abuse or neglect in Hertfordshire.

ACCOUNTABILITY, ROLES AND RESPONSIBILITY

All staff, including volunteers and part time staff, are responsible for monitoring, recording and reporting the wellbeing of individuals and any allegations or indicators of abuse.

At St Elizabeth's Domiciliary Care Agency we have identified an organisational structure for safeguarding adults at risk and the responsibilities of staff in the safeguarding of individuals when an allegation has been made or abuse is suspected.

The flow chart takes guidance from the Hertfordshire Multi-Agency Policy (Issue 10) *part 2, Stage 1: Safeguarding concern.*

DESIGNATED PERSONS

St Elizabeth's Domiciliary Care Agency has designated people responsible for the safeguarding of residents. The role of these staff is to receive any allegations and reports of abuse and to guide and support staff and residents involved. These staff are designated by team and should be informed of any safeguarding matters relating to tenants in their care:

- **Registered Manager**
- **Deputy Registered Manager**
- **Care Managers/Deputy Managers**

In the designated person's absence contact should be made with the **Registered Manager**, who has overall responsibility for the safeguarding provision.

THE ROLE OF GOVERNANCE IN SAFEGUARDING

The Charity's Health & Care Quality Committee will:

- Ensure there is an effective safeguarding policy in place;
- Ensure safe recruitment practices are followed;
- Ensure the provision has procedures for dealing with allegations against members of staff;
- Access relevant safeguarding training.

EQUALITY STATEMENT

The Charity will provide consistent support to all individuals and ensure the same safeguards are available to them regardless of age, ethnic or cultural origin, disability or learning difficulty, religion or belief system, gender or sexual orientation.

PREVENTION

The Charity takes seriously its duty of care and will be proactive in seeking to prevent adults at risk becoming the victims of abuse or neglect. It will do this in a number of ways:

- Through the creation of an open culture which respects all individuals' rights and discourages bullying and discrimination of all kinds;
- By identifying roles and responsibilities of members of the HCQC, Senior Management and staff;
- By informing adults at risk of their rights to be free from harm and encouraging them to talk to staff if they have any concerns;
- Through the ongoing programme of support, at an appropriate level to promote self-esteem, social inclusion and address the issue of the safeguarding adults at risk in the wider context.
- By identifying and acting upon allegations or indicators of abuse at the earliest opportunity and in accordance with the timeframe outlined by Hertfordshire County Council (or host authority);
- By following safe recruitment good practice, including enhanced DBS checks for all staff.
- By developing a comprehensive training package focusing on safeguarding issues.

All staff, managers, trustees and governors of the Charity will undergo training so that they are fully aware of this policy and their responsibilities.

REVIEW AND MONITORING OF THE POLICY AND PROCEDURES

The impact of the policy will be measured using data collected regarding reported safeguarding incidents and outcomes.

The policy will be reviewed in line with new issues of the Hertfordshire multi-agency Safeguarding adults at risk policy.

RELEVANT RELATED LEGISLATION

- Safeguarding Vulnerable Groups Act 2006
- Human Rights Act 1998
- GDPR 2018
- Care Act 2014

<ul style="list-style-type: none"> • Report any concerns/allegations/incidents of abuse • Ensure immediate safety of individual(s) • Complete Incident Report for actual incident of abuse 		<p>Care Support Worker</p> <p>Deputy Manager / Manager</p>		<ul style="list-style-type: none"> • Monitor wellbeing and safety of individual(s) • Follow advice and guidance from Duty Manager, on call manager or registered manager.
↓				↑
<ul style="list-style-type: none"> • Duty Manager/on call manager to ensure immediate safety of individual(s) • If out of office hours report to the Senior Manager on call and the SLT on call member. 		<p>Duty Manager / Manager</p>		<ul style="list-style-type: none"> • Implement advice and guidance • Oversee individual(s) safety • Carry out MCA to establish capacity
↓				↑
<ul style="list-style-type: none"> • Report to East Hertfordshire SAFA team on the next working day of receiving the report and notify funding authority. • Clarify all actions taken are in line with the policy 		<p>Duty Manager / Manager</p>		<ul style="list-style-type: none"> • Liaise with SAFA Team via dedicated SAFA e-mail group and action advice and guidance
↓				↑
<ul style="list-style-type: none"> • Inform CQC using statutory notification form/via CQC portal. • Report to person responsible at St Elizabeth's Centre 	→	<p>Registered Manager</p>	→	<ul style="list-style-type: none"> • Ensure individual(s) and their carers or advocate continue to be fully supported.
<ul style="list-style-type: none"> • Review outcomes of safeguarding matters in management meetings as standard agenda item • Report SAFA incidents to HCQC on a quarterly basis 	←	<p>Trustees</p>	→	<ul style="list-style-type: none"> • Review and recommend changes to policy if required.

The Charity realises that frontline staff are more likely to receive allegations or notice indicators of abuse due to the amount of time they spend with the residents. The flowchart is based on this, but the same actions apply to any member of staff who first receives the disclosure or notices an indication of abuse, regardless of position within the service.

GUIDANCE FOR STAFF

RECOGNISING ABUSE

Definitions of abuse are set out below, but it can take the form of:

- Physical
- neglect and acts of omission
- self-neglect
- sexual abuse or exploitation
- financial/material (misuse of money, club cards, benefits, personal property)
- psychological/emotional
- institutional or organisational
- domestic modern slavery
- discriminatory abuse
- pressure ulcers
- cyber abuse
- cuckooing

Abuse is behaviour towards a person that either deliberately or unknowingly causes harm to a person, or endangers their life or their human or civil rights. It can be passive (e.g. failing to take action to care for someone, or failing to raise the alert about abuse), or active (e.g. hitting, stealing or doing something that causes harm).

Abuse can be a one-off incident or something that is repeated.

Staff are responsible for the identification of abuse and referral to the appropriate authorities via the designated persons.

Definitions of Abuse (Adults at risk)

“No Secrets” identifies categories of abuse as:

<p><u>Physical Abuse</u></p>
<p>Action</p>

Hitting, slapping, pushing, kicking, misuse of medication, restraint, inappropriate sanctions.

Indicators

Series of unexplained falls or injuries, injuries/bruises at different stages of healing, bruising in unusual sites (e.g. inner arms/thighs), teeth indentations, and injuries to head or face, changes in behaviour: individual very passive avoiding people or situations, increase in aggressive behaviours etc.

Sexual Abuse

Action

Rape and sexual assault or sexual acts to which the adult at risk has not consented.

Indicators

Change in behaviour, overt sexual behaviour or language, difficulty in walking/sitting, injuries to genital and/or anal area.

Neglect/ Acts of omission

Action

Ignoring physical or care needs, failure to provide access to appropriate health, social care or educational services, withholding necessities of life (e.g. medications, nutrition, heating), not following care plans or risk assessments.

Indicators

Absence of food, heat, hygiene, clothing, absence of prescribed medication, not giving a person dignity, respect, not providing hearing aid, glasses, dentures, weight loss, pressure sores.

Psychological Abuse

Action

Emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Indicators

Withdrawal, depression, cowering and fearfulness, change in sleep patterns, agitation, confusion or change in behaviour, change in appetite/weight.

Financial/material Abuse

Action

Theft, fraud, exploitation, pressure in connection with financial transactions, misuse or misappropriation of property, loyalty card, possessions or benefits.

<p>Indicators</p> <p>Unpaid bills, basic needs not being met, lack of money on a day to day basis.</p>
<p><u>Organisational Abuse</u></p> <p>Action</p> <p>Poor Fundamental Standards of Quality and Safety, lack of positive responses to complex needs, rigid routines, inadequate staffing, insufficient knowledge base within service.</p> <p>Indicators</p> <p>Inability to make choices or decisions, agitation if routine broken, disorientation, patterns of challenging behaviour.</p>
<p><u>Discriminatory</u></p> <p>Action</p> <p>Racist, sexist or that based on a person's disability, other forms of harassment, slurs or similar treatment, failure of agencies to ensure that staff receive adequate anti-discrimination practice training.</p> <p>Indicators</p> <p>Low self-esteem, withdrawal, depression, fear, anger.</p>
<p><u>Domestic</u></p> <p>Action</p> <p>Includes 'honour' based abuse i.e. forced Marriage, Female Genital Mutilation (FGM), human trafficking, radicalisation.</p> <p>Indicators</p> <p>Early onset of sexual activity or pregnancy, sexually transmitted infections and/or multiple partners, mood swings and changes in behaviour, aggressive outbursts, withdrawal, loss of interest, self-harm.</p>
<p><u>Cyber Abuse</u></p> <p>Action</p> <p>Use of internet, digital technologies to exploit, deceive, bully, harass, intimidate, threat, sexually abuse or steal.</p> <p>Indicators</p> <p>Withdrawn, nervous, low in mood.</p>
<p><u>Modern Slavery</u></p>

Action

Human trafficking, forced labour, domestic servitude, sexual exploitation, such as escort work, prostitution and pornography, debt bondage – (being forced to work to pay off debts that realistically they never will be able to).

Indicators

Appearing to be malnourished, unkempt or withdrawn, isolation from the community, control or under influence of others, living and working at the same address.

lack of personal effects or identification documents, always wearing the same clothes.

Avoidance of eye contact, appearing frightened or hesitant to talk to strangers.

Fear of law enforcers.

Self-Neglect

Action

Lack of self-care to an extent that it threatens personal health and safety, neglecting to care for one's personal hygiene, health or surroundings, inability to avoid self-harm, failure to seek help or access services to meet health and social care needs, inability or unwillingness to manage one's personal affairs.

Indicators

Very poor personal hygiene, unkempt appearance, lack of essential food, clothing or shelter, malnutrition and/or dehydration, living in squalid or unsanitary conditions, neglecting household maintenance, hoarding, collecting a large number of animals in inappropriate conditions, non-compliance with health or care services, inability or unwillingness to take medication or treat illness or injury.

RESPONDING TO AN ALLEGATION OF ABUSE

Any suspicion, allegation or incident of abuse must be reported to the designated Duty Manager/ on call manager immediately. If this is not possible, a member of the Senior Management Team must be notified.

RESPONDING TO SUSPICIONS/INDICATORS OR ACTUAL ABUSE

The Charity recognises its legal duty to work with other agencies in safeguarding adults at risk and in responding to abuse. All members of staff involved with adults at risk have a responsibility to be mindful of issues related to their safety and welfare, and a **duty** to report and

refer any concerns, however 'minor' they appear to be. This includes any suspected or witnessed misuse of equipment.

When abuse is suspected, or concerns are raised regarding an individual's wellbeing, the member of staff will complete an Incident Report Form via CPOMS and, if necessary, complete a body map. This must be shared with the duty manager/on call manager at the earliest opportunity. In suspected cases of abuse the Duty Manager/on call manager must report the concerns to the SAFA Team at Hertfordshire County Council. Any supporting statements and documents must be completed.

For further guidance on completing the Incident Reporting Form, consult the Charity's policy on Incident Reporting.

In cases where it is deemed that a person at risk lacks capacity to make informed decisions about their own care and treatment, parents and carers have a right to be informed about any concerns about the welfare of the person at risk or any action taken to safeguard and promote the person's welfare, providing this does not compromise the safety of the adult at risk. Where an individual does have capacity, they must be asked if they wish their families or carers to be informed in order to provide support. Where there are possible concerns about a person's safety, unconditional confidentiality cannot be guaranteed and should not be offered. Guidance from the Safeguarding Team must be sought before disclosing information.

IT IS NOT THE JOB OF HOME CARE STAFF TO INVESTIGATE THESE CONCERNS BUT TO FOLLOW INSTRUCTIONS FROM THE HERTS SAFEGUARDING TEAM

This procedure also takes guidance from the Charity's Whistleblowing (Speaking Out) Policy (reporting a concern elsewhere).

On being notified by staff, adult at risk or others, of any such matter, the Duty Manager/on call manager shall:

- Take such steps as they consider necessary to ensure the immediate safety of the adult at risk in question and any other person who might be at risk.
- Report the matter to the Registered Manager or Director of Wellbeing
- Ensure that a report of the matter is completed (on an incident reporting form via CPOMS) by the person who reported the original concern. If the complaint is made against any member of the Senior Management Team, then the person dealing with the complaint must be a member of the Executive Team. If the complaint is made against a Director, then the Chief Executive should be immediately notified.

RECORD TAKING

A full record shall be made as soon as possible using the CPOMS form of the nature of the allegation and any other relevant information, including:

- The date
- The time
- The place where the disclosure of information took place
- The place where the alleged abuse happened
- Your name and the names of others present
- The name of the complainant and, where different, the name of the adult at risk, who has allegedly been abused
- The nature of the alleged abuse
- A description of any injuries observed
- The account which has been given of the allegation.

Any additional information can be added as a statement. Body Maps may also be completed.

GUIDANCE FOR ON CALL MANAGER / DUTY MANAGER

- Evaluate the risk to the adult at risk and take practicable steps to safeguard them as appropriate.
- If the person alleged to have caused the harm is also an adult at risk, arrange for a member of staff to attend to their needs.
- Make sure the other service users are not at risk.
- If the person alleged to have caused the harm is a member of staff, decide whether any action is required under the Charity's disciplinary procedures.
- Review and ensure all documentation has been completed fully by staff/resident.
- Liaise/inform senior manager on call of any serious incidents.
- Complete the investigation part of the CPOMS form and progress notes as required.
- Refer to the police if the abuse suspected is a crime
- Arrange necessary medical treatment (note offences of a sexual nature will require expert advice from the police)
- Ensure that any staff or volunteer who has caused risk or harm is not in contact with service users or others (person reporting the concern)
- *Gain and record the views of the adult at risk regarding what they would like to happen next (if appropriate).

Note:

*It is important to convey that the Safeguarding Team will need to assess the situation and would want to work with the adult at risk in determining what could or should happen next. They would want to respect the person's views and wishes, provided no-one is at immediate risk of harm."

The mental capacity of the adult at risk and their ability to give their informed consent for an enquiry to be taken under these procedures is a significant but not the only factor in deciding what action to take.

The test of capacity in this case is to find out if the adult at risk has the mental capacity to make informed decisions about:

1. Actions which may be taken under *safeguarding adults at risk*;
2. Their own safety, including an understanding of longer-term harm as well as immediate effects;
3. Their ability to take action to protect themselves from future harm.

If the adult lacks capacity to consent, a best interest decision under the **Mental Capacity Act 2005** can be made.

If an adult with capacity refuses consent, their views will be considered but this may be overridden if there is a risk to other adults, children or young people; (this also includes the sharing of information when necessary to prevent harm).

If the complainant is the adult at risk, questions should be kept to the minimum necessary to understand what is being alleged. Leading questions must be avoided, as the use of leading questions can cause problems for the subsequent investigation and any court proceedings.

REPORTING 'NOTIFIABLE EVENTS' TO THE CARE QUALITY COMMISSION

The registered manager will need to complete and send a statutory notification or, under the authority of the registered manager, the designated person will complete the statutory notification form.

Comprehensive guidance on how to complete these forms, when to complete them and descriptors of notifiable events can be found on www.cqc.org.uk.

Key points to keep in mind are:

- Statutory notification forms are kept on the system under Domiciliary Care/CQC.
- Notifications may involve information about a person; we are required to use ID numbers for each resident and staff members so they are non-identifiable throughout the form.

- ID numbers for residents are found in Domiciliary Care/CQC. Other key information is on the individual's contact sheet.
- Completed forms are sent to CQC via e-mail to: HSCA_notifications@cqc.org.uk
- Copies of notification forms are stored electronically by the Domiciliary Care Administrator.

TENANT SUPPORT

The Charity will be proactive and take positive steps to inform those who use the service of their rights to safety and protection and the options available to express their fears or concerns. This will be in the following formats:

- Complaints and Grumbles policy and forms (easy read available)
- Tenants Meetings will include reference to safeguarding issues and how to raise concerns. Meetings will discuss safeguarding themes and will be instrumental in promoting safeguarding and developing resources and information.
- Those who use the service will be consulted in the review and development of this policy.
- Promotion of the use of individual's social workers and independent advocates to promote choice and rights for individuals unable to communicate their needs or concerns effectively. (See the Charity's Advocacy Policy and contacts (easy read available)).

Tenant Support – During/Post Incident

The Charity will endeavour to support individuals who have been affected by an incident of abuse, including the person who may have caused the harm, and will follow guidance and instruction from the local Safeguarding Team.

Individuals are entitled to receive counselling services post-incident and the manager will make a referral for this as required. This service will be offered to those involved after any allegation made, even if the allegation has not been upheld.

CONFIDENTIALITY AND INFORMATION SHARING

Staff will take instruction from the Duty Manager/on call manager on what to tell stakeholders in relation to allegations and/or suspicions of abuse. The Duty Manager/on call manager will take guidance from the Safeguarding Team in relation to this.

- Adult at risk enquiries, investigations and conferences can only be successful if professional staff share and exchange all relevant information. That information must be treated as confidential at all times, and staff will be bound by the ethical and statutory codes that cover confidentiality, the Data Protection Act 2018 and UK GDPR.
- Disclosure may be necessary in the public interest where a failure to disclose information may expose another to risk of harm to others.
- Consent should always be sought prior to sharing information. For those who do not have capacity a BI decision to share information will be made.
- All those providing information should take care to distinguish between fact, observation, allegation and opinion. It is important that, should any information exchange be challenged in respect of a breach of confidentiality or, for example, as a breach of the Human Rights Act, the information can be supported by evidence.
- Information must be adequate, relevant and not excessive in relation to the purpose for which it is held, and must be held no longer than is necessary for that purpose.
- Each agency is responsible for maintaining their own records on work with adults at risk. The agency should have a policy stating the purpose and format for keeping the records and for their destruction.

PROTOCOLS FOR MULTI-AGENCY INFORMATION SHARING

The Hertfordshire Adults Safeguarding Board (HASB) sets out guidance on information sharing and communication between agencies (CCG, CQC, police and Social Services) on a need to know basis and states that all agencies must have their own policy on sharing information and data security to comply with the Data Protection Act 2018 and Caldicott principles.

RECORD KEEPING

The Manager will retain a record of all allegations and actions taken. This will include:

- The formal report on an Incident Reporting Form within the CPOMS system
- Any notes, memoranda or correspondence dealing with the matter
- Any other relevant material

Copies of reports, notes, etc. will be kept securely locked at all times, but will be shared in accordance with the Charity's Data Protection Policy.

STAFF SUPPORT/DEVELOPMENT

As identified within the policy statement, the Charity recognises it needs to provide staff with adequate support and training to provide a safe and secure environment for those who use the service.

A planned programme of formal e-safety training is available to staff. An audit of the e-safety training needs of all staff is carried out regularly.

Mandatory training for all staff includes:

- Safeguarding and yearly refreshers
- Safer recruitment (e-learning for managers)

Post incident support for staff

The Charity will endeavour to support staff following any incidents of abuse, and follow guidance and instruction from the local safeguarding authority. Staff are entitled to in-house and external counselling services. This service will be offered to staff involved during an investigation and after an investigation, even if the allegation has not been upheld.