

3Dimensions 

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Woodview Policy Manual



Last Edited by Nick Cashin

3 Dimensions Care LTD

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Administration of Medication Policy

3Dimensions 

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Additional information for Controlled drugs - section15 Revised MAR sheet- Appendix 1
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Medication Administration

1. Principles of this policy

1. Our aim is to **encourage and support housemates to self medicate** and independently manage their own medication. Assessments regarding ability to self medicate will be promoted as best practice. This will mean that compliance aids may be required to ensure the housemate remains independent and free of intervention whenever it is safe to do so.
2. Medicines will be administered in a way the housemate finds acceptable without detracting from their human rights. This policy aims to challenge discrimination and has been developed in conjunction with current legislation and regulatory guidance.
3. Its purpose is to
 - give clear guidance to all staff
 - to ensure unified procedures are undertaken with regard to medication
 - to meet legal requirements and the standards set the the CQC and Ofsted.

2. Advice on medicines

4. Standard 10 of the National Service Framework for Children [2007] states that children, young people, their parents or carers, and health care professionals in all settings make decisions about medicines based on sound information about risk and benefit. They have access to safe and effective medicines that are prescribed on the basis of the best available evidence.
5. Advice on medicines can be obtained by any community pharmacist, the persons own GP, hospital consultant or registered prescriber

3. Self - medication

6. It should be acknowledged that competent young people and adults have the right to administer their own medication. It must be agreed between the housemate and a relevant manager that they take on this responsibility, this will be recorded in a placement/support plan and risk assessed.
7. Written records about this choice should be kept. This should include a signed agreement from the young person or their representative, accepting responsibility for managing their own medication.
8. Changes in a person's ability to self administer should be monitored and reported for review by the relevant manager and recorded accordingly.

4. Consent and capacity

9. Consent must be obtained and recorded to ensure that housemates are in agreement with any identified interventions regarding the administration of medications.
10. Children can give consent themselves provided they are Gillick/Fraser competent or the parent or guardian can consent if not.
11. For housemates over 18 years old the principles of the Mental Capacity Act will apply. For those who are unable to make a decision about accepting medication, it must be documented, through an assessment of the persons mental capacity, that it is in the best interests of the housemate that medication should be prescribed.

12. Consent to treatment cannot be provided by third parties unless they have been authorised to do so by the Court of Protection or they hold a registered Lasting Power of Attorney for Health and Welfare decisions.

5. Assessing and recording what type of support is required.

13. The level of support in the administration of medications must be established on an individual basis.
14. A housemate's ability to self-medicate should be established with **each** medicine (e.g. housemates may not be able to use an inhaler device but could self-medicate with a cream). The initial assessment is only the start of the care planning process. A housemate's ability to self-medicate may only become apparent as they establish a relationship with care staff.
15. Self-medication should not be seen as an 'all or nothing' ability a housemate has. Care staff should be clear of the type of support they can provide to a housemate without it being considered that they are taking responsibility for administering medication.
16. Due to possible changes in the housemate's ability to manage their medication there may also be a need to amend records kept to reflect this. To ensure care staff understand the importance of amending records it is important that staff training incorporates the following **levels of support** in relation to medicines management.
- **Level 1** 'General support tasks' – Housemate takes responsibility for self medicating. With minimal help such as requesting and collecting prescriptions and opening containers.
 - **Level 2** 'Administration by care staff' – care staff take responsibility for administering medication due to impaired cognitive awareness or physical disability.
 - **Level 3** 'Administration by specialist technique' – care staff to administer medication by specialist technique such as rectal suppositories, 'Epipen' or PEG feeding

See diagram 1

	Level 1 General support tasks	Level 2 Administration by care staff	Level 3 Administration by specialist technique
Medicines chart	Required	Required	Required
Training	Basic medicines training	Basic medicines training	Specialist training
Competency check	By the manager	By the manager	By registered health care provider
Responsibility for administering medicine	The housemate	The care worker	The care worker

Diagram 1

17. **Level 1: General support tasks**

These are tasks that care staff can carry out to help someone self medicate and maintain their independence. These would be likely for housemates with a physical disability or frailty, whose mental capacity is not in doubt. The housemate must have the **mental capacity** to direct the care staff member and instruct them what to do. For this the housemate must be able to:

- Understand how to take their medication
- Understand the consequences of not taking the medication or not following the doctor's instructions
- Identify their medicines i.e. confirm that they have been passed the right drug, dose, strength and form of medicine at the right time
- Make choices and communicate them

It may be appropriate to monitor self medication stock levels on a regular basis to support the housemate to be compliant using an appropriate recording method.

18. General support tasks include

Physical assistance – unscrewing lids, popping tablets out of a blister pack as indicated by the housemate. This does NOT include responsibility for confirming it is the right medication or dose.

Occasional prompts – verbal reminders may sometimes be required however regular prompts will require an assessment of capacity to self medicate.

19. Level 2 Administration by care staff

Care staff are considered to be providing level 2 tasks when they are taking responsibility for confirming they have selected the right medicine, for the right person, the right dose, at the right time and via the right route.

Level 2 tasks may include

- Selecting the correct medicines for administration
- Administration of oral medication including tablets, capsules and liquids
- Administering inhaler devices
- Applying external medicated creams/ointments/gels/lotions
- Applying transdermal patches
- Applying medication to the eye, nose or ear.

20. Level 3: Administration by care staff using a specialist technique

Level 3 tasks may include some or all of the following tasks:

- Rectal administration, e.g. suppositories, enemas
- Administration into the vagina e.g. pessaries
- Injections e.g. Insulin
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG)
- Giving oxygen
- Buccal route administration
- Giving medicines via a nebuliser

21. These types of medicines will normally be administered by a health care professional. However, if appropriate a health care professional may delegate these tasks to care staff provided they agree this with the Registered Care Provider Manager, they personally provide extra training and are satisfied that the care staff are competent Care staff should be given the opportunity **to refuse to administer medications** via specialist techniques if they do not feel confident in their own confidence.

22. Record keeping for decisions made

All decisions regarding the administration of medication will be documented in the Housemate's Care Plan and MAR. Documents will be updated in line with the individuals capacity to consent and their physical abilities.

6. Training requirements

Level 1

23. Training outlined in the Common Induction Standards is sufficient for those care staff who are providing solely general support tasks [Level 1] The needs of housemates generally require Level 2 support and therefore all care staff will be trained to this level.

Level 2

24. The training for level 2 tasks (where care staff are administering medication) should be delivered by a suitably competent person (e.g. someone knowledgeable in the subject with relevant, current experience of handling medicines). Best practice dictates the trainer should have a minimum qualification equal to that of the **Level 3 Diploma: Support Use of Medication in Social Care Settings** unit and suitable experience in delivering training.

25. Competency check

3 Dimensions Care have a formal system to assess care staff competency when administering medication. This is recorded in the care staff training file. This can be achieved by a suitably competent person accompanying care staff as they give medication and observing that they carry out key tasks linked to the medication policy. Best practice suggests the competent person should have a minimum qualification equal to that of the Level 3 Diploma - Support Use of Medication in Social Care Settings unit. It is expected that competency is checked annually as a minimum.

Level 3

26. These types of medicines will normally be administered by a health care professional. However, if appropriate a health care professional may delegate these tasks to care staff provided they agree this with the Registered Care Provider Manager, they personally provide extra training and are satisfied that the care staff are competent.

27. Care workers should be given the opportunity to refuse to administer medications via specialist techniques if they do not feel confident in their own competence.

28. The health professional should record:

- What the care staff are trained to do
- Name of the health professional who provided training
- Date on which the training was given
- Signature of the care staff trained

29. Following assessment, the Registered Care Provider Manager will liaise with the prescribing practitioner to ensure a detailed Emergency Medication Treatment Plan is completed for medicines such as Buccal Midazolam.

30. Competency

The health professional should record in writing that care staff are competent to carry out the tasks that they have been trained to do. It is acknowledged they will only be recording competence at the time of assessment.

31. Frequency and training records

Care staff should undertake a training refresher at least **yearly**. In addition to having sufficient numbers of suitably trained care staff, providers will need to demonstrate they have put in place appropriate **quality assurance** systems to record and monitor the effectiveness of their medication arrangements.

These will include:

- lists of care staff who have received training (and when)
- records of the initials of care staff who will record on administration record charts and receipt of medicine into the home.
- a central system for recording medication incidents

32. Health and Safety

When administering medication care staff must

- Wear gloves when handling and administering medication
- Stand with the housemate to ensure they have swallowed the medication
- Only sign once medication has been given.
- Fully complete the Medication Administration Record [MAR]

7. Record keeping

33. Record keeping for general support tasks – Level 1

For continuity all prescribed medications and complimentary/alternative preparations will be recorded on a single Medication Administration Record [MAR appendix 1] and care staff will record ‘self medicating’ next to those items as appropriate.

34. Record keeping for administering medication Levels 2 and 3

For continuity all prescribed medications and complimentary/alternative preparations will be recorded on a single Medication Administration Record [MAR Appendix 1] and double signed. Records must demonstrate

- Right name
- Right medication
- Right dose
- Right time
- Right route
- Right form

35. Recording ‘As required’ [also referred to as PRN] medications.

All ‘as required’/PRN medication prescribed or otherwise will be recorded on the Medication Administration Record and include indications for giving the medication. Care staff will double sign and indicate the reason given.

36. Record keeping for verbal orders

Verbal orders to **stop medicines** or **amend doses** should only be accepted in an emergency, when the housemates health would be put at risk if the order was not acted upon immediately. Prescribers may telephone through instructions to vary doses. When taking a verbal order, care staff should make a written record of their name, the time and date of the call, the name of the prescriber they are speaking to, and the new instructions. They should **repeat the instructions back to the prescriber** to confirm that they have heard them correctly, spelling out any drug names if they are unsure. It is best practice that a witness be present to confirm the information.

37. Record keeping in cases of refusal

Where a person **with capacity** refuses any medication, this should be respected. A note should be made on the MAR chart using the appropriate code, for example an 'R', to show which medication has been refused. In addition, a note should be made explaining why the person has refused their medication as there may be different reasons for different medicines. This should be reported to the Registered Care Provider Manager who should then inform the prescriber as soon as is practical (within 48 hours in any case).

38. If you **suspect that medicines are not being** taken on a regular basis, for example not being swallowed, you should record this in the notes and inform the Registered Care Provider Manager, who in turn will inform the prescriber. If a customer with adequate mental capacity does this, they can be reminded that it is their right to refuse medication.

39. There may be exceptional circumstances in which a decision can be taken to give medicines **covertly** (e.g. hidden in food or drink). The GP should assess whether the person has adequate mental capacity to understand if taking the medicine is in their best interests and that the medicine is essential for the customer's wellbeing. The doctor(s) should consider the views of everyone involved in the persons care (e.g. care staff, relatives, legal advocates) if a decision to **covertly administer** a medicine is being made. This decision must be documented in the housemates notes and regularly reviewed, as mental capacity can sometimes fluctuate.

40. Cancelling items of medication on the MAR:

When an item of medication is stopped, care staff should cross the item through to make it clear that it has been stopped. **The former record should still be legible.** Care staff should sign and date the cancellation and make a reference in the housemate's notes and on the MAR explaining why the item was stopped and the written confirmation must be attached to the MAR.

IN THE CASE OF A MONITORED DOSAGE SYSTEM – EVERYTHING MUST BE RETURNED TO THE DISPENSING PHARMACY AND A NEW SYSTEM BE DISPENSED

41. Adding an item to an existing MAR (only when authorised by the prescriber and written confirmation obtained)

Care must be taken to ensure that this written record is printed in capitals using indelible ink. The information that is printed on the medication label must be copied directly to the recording chart. There should be a reference in the customer's notes or on the back of the MAR explaining why the item was changed and the **written confirmation** must be attached to the MAR.

8. Homely remedies and supplements

42. Where 'homely remedies' and supplements are administered, in addition to being recorded on the MAR a record of the rationale for including these items must be recorded in the care plan.

9. Retention of records

43. Medication records must be kept for **15 years** from the last date of entry. If a housemates care is transferred to another care provider, copies of the medication records and administration charts will be made available for reference (on a need to know basis in line with rules governing confidentiality).

10. Discharge from hospital

Housemates discharged from hospital may have medication that differs from that already in the home, which they had before admission. The relevant manager and key staff should clarify with the hospital which medications should be used.

11. Admission to hospital

On admission to hospital all medication must be sent with the person and a photocopy of the MAR sheet.

12. Home visits and Leave of Absence

44. When medication is needed for a period of absence, all relevant medication must accompany the housemate in a secure wallet or container.

This should include

- A supply of medication checked from the existing stock sufficient for the visit, which may be a Monitored Dosage System
- A completed 'Medication Administration Visits' document [see appendix 2]

On no account should medication be transferred from one container to another . It must be in the original packaging and include the expiry date.

13. Incident reporting

45. Records relating to a medication incident

If an incident occurs regarding medication, care staff must **immediately** report this to the Registered Care Provider Manager. This also applies to errors that care staff identify, but have not made themselves – e.g. errors made by prescribers, pharmacists and other care staff.

Immediate advice should then be sought from the housemate's GP or pharmacist. If this occurs out of hours, then **NHS 111** can be contacted. Details of the incident should be fully documented using the Medication Incident form (Appendix 3). A central record of all errors should be kept. This log can be used to inform training sessions.

46. Low level incidents where no harm has occurred:

This section assumes that the incidents and concerns involved therefore have potential for other adults at risk to be affected or harmed.

It clarifies the circumstances in which a 'low level' incident should be reported as an alert under these procedures or where incident-reporting procedures may be more appropriate. When an incident occurs, consideration should always be given as to whether an alert should be raised under the **safeguarding** procedures.

47. The following points should be considered prior to raising an alert in these circumstances:

- is the person affected by the incident 'at risk';
- is there a person who is allegedly responsible because of something they did or did not do? (This could be family, staff, or another adult at risk - their identity may be known or not known);
- did the incident occur due to a failure in care, a breach of policy and procedure or a breach of professional code of practice?;
- has the person been, or do they appear to have been, harmed or is

there a potential risk of significant harm to them or another person?

If any of the above apply you should always consider raising an alert. If all the above apply an alert should always be raised.

48. Where Incident-reporting procedures apply and raising an alert may not be required:

Some minor incidents may happen as a result of poor practice or other factors, and can be addressed by managers through internal procedures. Managers and staff are responsible for taking appropriate action in line with **procedures for incident reporting**. This should reflect the Care Quality Commission's Compliance on Essential Standards of Quality and Safety or Ofsted standards

49. Some incidents may not always require an alert to be raised. If the incident has resulted in no apparent harm or potential for significant harm, the organisation's incident policy and procedures should be followed. This should include:

- a clear record detailing an account of the incident;
- an assessment of risk; actions taken;
- updates of care plans; and
- a review of the effectiveness of this intervention.

50. Consideration should always be given, depending on the nature of the incident, as to whether **it may be necessary to notify any external agencies** or organisations of this incident, for example due to contractual or regulatory requirements or other relevant parties such as relatives.

51. Recurring Incidents

If the same, or a similar incident occurs that relates to the same or another person, it would suggest that the risk assessment/care plan or other elements of prevention in place are not effective. Recurring incidents, may not appear to have a visible impact on the person or others; however, raising a safeguarding alert should be considered, to prevent harm being experienced in the long term.

14. General principles, ordering and storage and collection.

52. Medicines remain the property of the person to whom they have been prescribed. They should not be shared with other people or used on a temporary basis if another someone runs out of the same item.

53. Care staff involved with medication related tasks should not advise or make decisions on behalf of housemates about medication, but will make appropriate arrangements in order for the them to access a suitably qualified health professional.

54. All Housemates will have a minimum of an **annual review** of medication and a review in line with any changes in medical or health needs.

Ordering.

55. Ordering of prescriptions will be the responsibility of the registered manager and can be delegated to care staff by compiling a prescription ordering system. The same pharmacy will be used to ensure that the pharmacists computer records for the housemate are complete, up to date and promote continuity.

56. If the housemate runs out of medication and a new prescription cannot readily be obtained and the pharmacist concludes that it is appropriate to do so, the housemate's regular pharmacy may supply up to 30 day's worth of medication as an emergency supply (but not controlled drugs).

Collecting

57. When collecting or receiving medicines, care staff will check
1. The name of the medicine
 2. The strength
 3. The form/type of medicine eg tablet or liquid, MDS
 4. The customer's name
 5. The quantity received/collected
 6. The care staff member's initials or signature
 7. The date that the medicine was collected or received

Storage

58. Prior to storage care staff will repeat the check list as above and complete the MAR with regard to unopened stock and additional stock.
59. **Unless it is in a Monitored Dosage System pack, it is important to count medication and not assume the quantity is the same as stated on the packaging**
60. Medicines should be stored in the container supplied by the dispensing pharmacist and with the accompanying **data sheet**. Where medicines are stored on behalf of housemates, a suitable lockable cupboard to an approved standard will be used. This should preferably be in a room where access is only available to those administering medication. This will be correctly labelled and suitable to keep the medicine in in a good condition.
61. Medicines must be stored in accordance with the manufacturer's storage requirements.
62. When the cupboard is unlocked, it should never be left unattended.
63. If there is a constant need to refrigerate medicines, a separate and secure refrigerator should be used. If not a domestic fridge can be used. Medicines should be locked in a separate container to minimise access from other housemates and avoid contamination by food.
64. Care must be taken to ensure that the keys are properly controlled. They should be kept by the Registered Care Provider Manager (or designated senior) and a procedure for handing over keys should be clearly understood by all care staff. Medicine's keys should be kept on a separate key ring from other keys and the number of duplicate keys available should be restricted.

15. Controlled drugs

65. Staff collecting controlled drugs [CDs] from the pharmacy will need to provide identification
In the home all controlled drugs must be stored in cupboards that meet the requirements of the Misuse of Drugs[Safe Custody] Regulations 1973 as amended unless the housemate is looking after the CDs prescribed and dispensing them themselves. The regulations specify a lockable metal cupboard, attached to the wall or floor and not easily accessible to housemates.

- The security of the location needs careful consideration
- For safe practice the CD cupboards should only be used for the storage of CDs
- Only those with authorised access should hold keys to the CD cupboard.
- If someone in a home is self administering they can hold their own supply of CDs but it must be in a lockable cupboard.

66. A controlled drug register with numbered pages should be kept for all controlled drugs and a running record of stock balance maintained for each controlled drug for each housemate. Controlled drugs should be given by a care worker who has been trained to do so and another member of staff should witness the process and both will sign the controlled drug book.
- Administration of all CDs will be recorded both on the MAR and in the CD book
 - There will be a separate page for each CD for each person
 - The record should include the balance remaining for each product. This will be checked against the amount in the pack or bottle at each administration and on a regular basis.
67. Controlled drugs that are no longer required should be returned to the pharmacy for disposal. This should be discussed in advance with the pharmacist and the returned drugs recorded in the CD book.

16. Disposal

68. Any medication that is no longer prescribed for the housemate must be returned to a pharmacy. This will be signed and counter signed by carers/manager on the MAR.
69. Medication that has been 'refused' must not be flushed down the toilet or sink. It must be stored in a container clearly marked '**refused medication**'. This is stored in the medicine cupboard regularly monitored by the manager and returned to a pharmacy as appropriate.
70. In the case of the **death** of a housemate all medication must be kept for at least 7 days in the event that the death is referred to the Coroner.

3 Dimensions Care

Medication Administration Record [MAR]

Week beginning

HV=visit, W=wasted, LW=Lone Worker, S=School

NP=new prescription. SM = Self medication

R= refused or M=missed - fill in medication incident form

Name	Date
GP Address and phone No	Allergies

Once a day

Medication		Date first prescribed				Level of administration				Self	1	2	3		
Directions		Managers check				Date									
Stock brought forward	Time of dose	M	M	T	T	W	W	Th	Th	F	F	Sa	Sa	Su	Su
Morning check															
Signed															
Stock + or - & reason															
New total															
Signed															
Date stopped		Returned to pharmacy		Signed		Checked as correct		Signed		Stock carried forward to next week					

2 x a day

Medication		Date first prescribed				Level of administration				Self	1	2	3		
Directions		Managers check				Date									
Stock brought forward	Time of dose	M	M	T	T	W	W	Th	Th	F	F	Sa	Sa	Su	Su
Morning check															
Signed															
Stock + or - & reason															
New total															
Signed															
Date stopped		Returned to pharmacy		Signed		Checked as correct		Signed		Stock carried forward to next week					

Name

4 X a day

Medication				Date first prescribed				Level of administration				Self	1	2	3
Directions								Managers check				Date			
Stock brought forward	Time of dose	M	M	T	T	W	W	Th	Th	F	F	Sa	Sa	Su	Su
Morning check															
Signed															
Stock + or - & reason															
New total															
Signed															
Date stopped			Returned to pharmacy		Signed		Checked as correct				Stock carried forward to next week				

PAIN RELIEF AS REQUIRED

Medication				Date first prescribed				Level of administration				Self	1	2	3
Directions								Managers check				Date			
Stock brought forward	Time of dose	M	M	T	T	W	W	Th	Th	F	F	Sa	Sa	Su	Su
	Reason														
	Reason														
	Reason														
	Reason														
	Reason														
Morning check															
Signed															
Stock + or - & reason															
New total															
Signed															
Date stopped			Returned to pharmacy		Signed		Checked as correct		Signed		Stock carried forward to next week				

Name

SUPPLEMENTS

Medication				Date first prescribed				Level of administration		Self	1	2	3		
Directions				Managers check				Date							
	Time of dose	M	M	T	T	W	W	Th	Th	F	F	Sa	Sa	Su	Su
Date stopped				Reason											

Medication				Date first prescribed				Level of administration		Self	1	2	3		
Directions				Managers check				Date							
	Time of dose	M	M	T	T	W	W	Th	Th	F	F	Sa	Sa	Su	Su
Date stopped				Reason											

Medication				Date first prescribed				Level of administration		Self	1	2	3		
Directions				Managers check				Date							
	Time of dose	M	M	T	T	W	W	Th	Th	F	F	Sa	Sa	Su	Su
Date stopped				Reason											

Medication				Date first prescribed				Level of administration		Self	1	2	3		
Directions				Managers check				Date							
	Time of dose	M	M	T	T	W	W	Th	Th	F	F	Sa	Sa	Su	Su
Date stopped				Reason											

Medication To Take Out

Name	Date of Birth
GP	Allergies

Leaving [record on MAR]		Return [Record on MAR]	
Date	Time	Date	Time

Given out [record on MAR]

Medication	Directions
Times given	Last given
Amount given for visit	
Print name of staff	Sign name of staff
Received by	
Print name	Sign name

Returned [record on MAR]

Medication	ANY DISCREPANCY MUST BE FOLLOWED UP ON A MEDICINES INCIDENT FORM
Last given	
Amount returned	
Print name	Sign name
Received by	
Print name	Sign name

Notes. One copy for each medication which **MUST BE IN ITS ORIGINAL PACKAGING**

Medication Incident Investigation Process

A medication incident investigation may include

- A medication investigation actions and outcomes record.
- Statements from carers
- A medical telephone contact with professionals record

- **Confirmation of contact with parents/social worker**
- **Incident report**
- **Any other correspondence and reports relating to the incident**
- **A photocopy of the Medication Administration Record**

Incident date	
Housemate	
Manager investigating	
Date closed	

For audit purposes -when complete, file in Central folder for Medication Incidents held by the manager.

Medication Incident form

Date	Time	Staff involved	Housemates involved
Investigating manager			

Describe the incident	Actions taken as a result

Managers comments



Managers Actions and Outcomes

Date	Time	Staff involved	Housemates involved
Investigating manager			

Date	Actions	Outcomes

Manager print	sign	date
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Anti Bullying Policy

Our policy reflects DfE guidance on Preventing and Tackling Bullying 2011 and October 2014 and the belief that bullying is not acceptable under any circumstances (zero tolerance), and that it is best prevented through positive behaviour management (Education and Inspections act 2006). The continued development of our companies' ethos is based on mutual respect, fairness and equality observing the Equality Act 2010. It also acknowledges that bullying is problematic for the victim and perpetrator alike and embodies support and management strategies that are pragmatic and non-oppressive. Ensuring that the school complies with the new Equality Duty in which we do not discriminate potential pupils in relations to admissions and that our strategies benefit both the victim and perpetrator.

This message is repeated in the joint DCSF/DoH publication "Working Together to Safeguard Children 2013" which states, "All settings in which children are provided with services or are living away from home should have in place rigorously enforced anti-bullying strategies". Furthermore, the principle of children having a right to an education free from harassment and degradation is embodied in the Human Rights Act 1988 & UN convention of Children's Rights.

Principles

All children have an absolute right to live and be educated in a safe and secure environment and to be protected from others who may wish to harm, degrade or abuse them.

There is no justification whatsoever for bullying behaviour and it should not be tolerated in any form. Differences of race, religion, gender, sexual orientation and ability are absolutely rejected as reasons for bullying.

Bullying behaviour is a problem for both the bully and the victim, and should be addressed in positive and constructive ways that provide opportunities for growth and development for the bully and victim alike.

Effective management of bullying is a shared responsibility and strategies should involve 3 Dimensions education staff, carers/social workers/ parents (where



appropriate), and other professionals involved with children who are the victims or perpetrators of bullying behaviour.

It is important to invest time and resources in the prevention and management of bullying and staff require advice, training and support to manage it with confidence.

Information about 3 Dimensions Care Ltd policy and procedures, should be readily available in 'user-friendly' form to children, their carers/social-worker/parents (where appropriate), and Placing Authority.

Aims & Objectives

To fulfil 3 Dimensions statutory responsibility to respect the rights of children, to safeguard and promote their welfare & develop and implement an anti-bullying policy based on a consistently implemented 3 Dimensions approach.

To clarify 3 Dimensions responsibility for responding to incidents of bullying, and to emphasise to staff, pupils, their carers, social-workers and parents (if appropriate), the 3 Dimensions zero tolerance attitude towards bullying behaviour.

To raise awareness among staff, carers/social-workers/parents (where appropriate) and pupils, about the issue of bullying and the 3 Dimensions attitude towards it and to create an environment in which bullying is seen as inappropriate and unacceptable.

To address the problem of bullying and to bring it under control; through the implementation of 3 Dimensions policy, procedures and strategies and eliminate intimidating behaviour and promote 3 Dimensions ethos in which each pupil is safe and able to realise their full potential.

To be proactive in the prevention of bullying and make pupils, carers/social-workers/parents (where appropriate) and staff aware of what steps to take when an incident of bullying has occurred.

To demonstrate to bullies that their behaviour is unacceptable and to provide them with support to enable them to change their behaviour and to reassure victims that action will be taken to keep them safe,

To be clear as to the extent of the problem and ensure that 3 Dimensions allocates a proportionate amount of time and energy to bring any bullying under control.



To accurately record all incidents of bullying, report to relevant professionals, Ofsted, Social Worker or Caseworker and parents as applicable also to monitor the effectiveness of strategies for bringing it under control. Also recognising that if a child is suffering or is likely to suffer significant harm that it becomes a child protection issue and should be reported as such.

Definition of Bullying

Any interaction between an individual or group of people with a more powerful individual or group which is **perceived** or **intended** to cause hurt, pain, suffering, humiliation or degradation.

Bullying behaviour may be direct or indirect. Direct forms include physical violence and threats; verbal assaults and taunts; the destruction of property; extortion; unwanted sexual interest or contact. Examples of indirect forms of bullying include ignoring and the withdrawal of friendship; excluding; malicious gossip and spreading rumour; abusive or oppressive graffiti.

Cyber Bullying has increased due to the widespread access to technology and has provided a medium for virtual bullying, which can happen 24/7, with a larger audience at the click of a forward button.

Although bullying is not a criminal act, any electronic communication with the intent to cause harm or distress is an offence under the Malicious Communications act 1988

3 Dimensions takes all forms of bullying seriously and is particularly concerned to take action in relation to any incidents which involve racist*, sexist, disablist or homophobic elements.

In such cases, these issues will be specifically addressed with the bully (and his carers/social-worker/parents where appropriate) in the course of post incident management.

- Incidents of bullying with racist content or motivation should be recorded in line with the "Guidelines and Procedures for Dealing with Racist Incidents".

Scope

3 Dimensions has an enduring interest in the welfare and conduct of its pupils, and will respond positively to any information it receives about bullying, although young



people are constantly supervised whilst in the care and education of 3 Dimensions. If it emerges that a pupil is responsible for bullying other children outside, this matter will be addressed and our policies and procedures followed.

Prevention

All staff involved in the education and/or supervision of children will be made aware of the issue or potential issues of bullying, and the need to apply 3 Dimensions Policy of zero-tolerance consistently when episodes of bullying are witnessed or reported. Staff will constantly reinforce the message to children that bullying is unacceptable and will take positive action to prevent and control it.

Upon placement each pupil is assessed and risk assessments are formed (these assessments/risk assessments are ongoing and regularly updated) for their potential as a perpetrator of bullying, a victim or both (which is often the case).

We recognise that bullying behaviour or vulnerability to become the victim of bullying is inherently linked to pupils with SEN, Social and Communication difficulties. We therefore address this issue as part of our programme and the pupil's whole education and care programme. We identify potential victims and perpetrators and work with them to improve their own esteem and confidence, use positive behaviour management plans to withdraw attention for negative behaviour and give praise and positive attention with a reward for positive behaviour.

Education is the Key!

It is not effective to chastise the bully or those attracting unwanted attention from bullies through their behaviour! We begin to educate the pupil so they learn new and acceptable strategies to gain the outcomes they are seeking without entering the cycle of bullying or being bullied.

As a result some of our most highly risk assessed pupils in this area, often end up in the strongest or most nurturing relationships with their peers.

We promote Positive pairing between peers and building relationships by creating situations where each person experiences a reason to feel good about themselves and begin building relationships that are meaningful.

If a pupil displays bullying behaviour, all attention is withdrawn, so that the negative behaviour does not lead to negative attention. In this way the bully is shown that they isolate themselves through this behaviour.



Also educating those pupils who are inadvertently linked to the bully by their reaction, to increase their awareness, and learn how to deal with such behaviour, by withdrawing attention.

We encourage the use of peer pressure and good role modelling by pupils who have already learned to manage their own behaviour.

We educate all pupils to empathise with others difficulties or disabilities so that they are not discriminatory.

In addition, the issue of bullying will be raised with pupils at a number of levels including:

- 3-Dimensions as a whole care and education project will inform children of its zero-tolerance policy and the actions that will be taken to prevent bullying taking place such as supervision and a buddy system.
- In the Home and at classroom level - children who are felt to be at risk of bullying (or who have suffered from bullying in the past) will be offered additional support and guidance, i.e. counselling/key-worker.
- Children who have bullied others will be given advice and support and taught strategies to enable them to bring their unacceptable behaviour under control and to prevent further incidents.
- 3-Dimensions recognises that there are particular times and locations when children may be more vulnerable to bullying. The risk of bullying incidents will be reduced by on-going supervision, restricted access to areas and will be clearly risk assessed.
- Children will be encouraged to talk to staff about incidents of bullying, which they experience or of which they may be aware. In these circumstances, staff will respond positively, take the expression of concern seriously and ensure that the matter is fully investigated.
- Social-workers/parents (where appropriate) who believe their children are the victim of bullying should share their concerns with 3-Dimensions at the earliest opportunity, and be prepared to work with 3-Dimensions to keep their



children safe in the future. All expressions of concern will be taken seriously and investigated thoroughly.

■ Similarly, if parents believe their child is bullying others, this information should be shared with 3-Dimensions so that the problem can be addressed and a plan agreed to prevent further incidents, and the bullying child helped to change their behaviour.

All of these preventative strategies operate within a 3-Dimensions ethos founded on equality, fairness and respect for others, in which individual differences are celebrated and seen as a source of enrichment. In order to help children learn and develop appropriate responses to others, all staff at all times will treat each other (and children, carers/parents (where appropriate) with courtesy and respect, and will model appropriate and acceptable behaviour.

Partnership with Teachers/ Carers/Social-Workers/Parents

3-Dimensions is firmly committed to working in partnership, teachers/carers/social-workers/parents (where appropriate), and believes that the best outcomes emerge when professionals and teachers/carers/social-workers/parents (where appropriate) are able to work together when bullying occurs.

3-Dimensions, recognises the important influence which carers/teachers/social-workers/parents (where appropriate), have on their children and would enlist their support when their child is involved in bullying - either as victim or a perpetrator.

If a child is involved in a single serious incident of bullying, or there is evidence that the same child is involved repeatedly in less serious incidents (either as a victim or a perpetrator), 3-Dimensions will inform carers/social-workers/parents (where appropriate) and invite them to become involved in the management of the problem, and the prevention of further incidents. Isolated and less serious incidents will be managed by 3-Dimensions staff and carers/social-workers/parents (where appropriate) will be informed.

Incident Management

3-Dimensions will take firm and decisive action to deal with any incident of bullying that is witnessed by or reported to any member of staff.

The following procedure will be followed:-



An Incident Report will be completed
Any physical intervention will be recorded
Any Injury recorded and medical attention given as required
Parents, Social workers will be informed
A debrief will be carried out with the Victim and the Perpetrator within 24hr
Strategies and actions determined to minimise further incidents

Serious Incidents

Where there are incidents that involve a child suffering or likely to suffer significant harm immediately it becomes a child protection issue and should be reported as such, following the companies safeguarding procedure and informing the LA Social Worker, parents, the LADO and Ofsted within 24 hours.

Post-Incident Responses for the Victim

When a member of staff receives information, either directly or indirectly, that a child may have been the victim of a bullying incident, this report will be taken seriously and investigated.

For the Bully

3-Dimensions takes bullying behaviour very seriously, and will adopt a supportive, pragmatic, problem-solving approach to enable bullies to behave in a more acceptable way. 3-Dimensions does not believe that the use of punishment is helpful in managing this problem, but is of the view that the positive use of natural consequences such as withdrawal of attention, or not earning an activity, can be useful in demonstrating to bullies that their behaviour is unacceptable and in prompting change.

Monitoring and Evaluating

Senior staff will review and evaluate the effectiveness of the policy and agree adjustments that may be necessary to address any ongoing concerns. These will be shared with teaching staff, carers/social-workers/parents (where appropriate) and pupils.

DfE Preventing and Tackling Bullying 2011
Working Together to Safeguard Children 2013



Equality Act 2010
Education and Inspection Act 2006
Education Act 2002
Children Act 1989
Malicious Communication Act 1988
Communications Act 2003

[..\Chardleigh\Anti bullying Policy Final.doc](#)



BEHAVIOUR MANAGEMENT POLICY

3 Dimensions is committed to providing a Positive Behaviour Management programme which encourages and rewards good behaviour, and provides constructive responses to unacceptable behaviour.

Our aim is to build a structured family environment within the Home and a safe learning environment within the School, where written rules and boundaries are clearly understood and agreed, where positive behaviour is encouraged and rewarded both verbally and through monetary or activity rewards (see Rewards System and Rewards Book).

Building positive relationships with our young people is a key in helping them improve their behaviour, and relationships are fostered through positive role modelling and social learning.

Communication, Respect and Relationships remains the hub of our Ethos and our Positive Behaviour Management Program re-enforces good behaviour through attention and praise given for appropriate behaviours that builds Self Esteem and Confidence and diminishes the need for negative behaviour.

Positive Behaviour Management (PBM)

We use Positive Behaviour Management in order to better understand the function of behaviour and use this information to guide the development of desirable behaviours as well as reducing undesirable behaviours for all students. The key principle to all behaviour change is REINFORCEMENT:

- Behaviour that is rewarded is more likely to be repeated
- There cannot be learning without motivation. If intrinsic, social motivation is not present then external reinforcers need to be used, i.e. reward systems; treat; social praise; token economy.
- Desired behaviours, those we wish to see repeated are rewarded. Each student has their own, specifically designed reward system. Inappropriate behaviours are put on extinction (ignored) until analysed and then specific behaviour plans are implemented. Behaviour plans are student specific, but primarily consist of teaching replacement behaviours and helping the student to engage within learning to manage their own behaviours.



Key teaching aspects applied in School as part of the PBM system:

- Positive Pairing: Developing a strong and positive relationship with the student is essential to encourage engagement within the learning process.
- Errorless teaching and prompt fading: To ensure student motivation and to keep the student confident and successful, errorless teaching and prompts are used to support the learning of new tasks. A hierarchy of prompts are established and faded through the teaching process to ensure the student becomes independent in the learning and use of the new skill.
- Generalisation: All skills that have been taught to independence within a teaching scenario are then generalised to a range of other, relevant situations. If a skill has been taught in a 1:1 teaching situation, this is then generalised to a small group and then to a larger group and to a range of other people. Generalisation is crucial to ensure the student becomes an independent learner.

Undesired behaviours In order to manage a behaviour appropriately, it is necessary to assess the function of the behaviour, to do this data needs to be taken. Each student will have an individualised system of data collection that is relevant to their needs. Behaviours can look identical but if they are occurring for different reasons they have to be treated differently. Strategies to aid the management of undesirable behaviours fall into two groups: reactive and pro-active strategies. Pro-active strategies are the preferred and primary option used at 3 Dimensions.

- Pro-active strategies aim to prevent undesirable behaviours from occurring through teaching alternative skills and reinforcement of appropriate behaviours.
- Reactive strategies focus on dealing with undesirable behaviour after it has occurred. Should a reactive strategy be necessary, a de-brief and an analysis of the situation is conducted to look for proactive future alternatives.

Managers and Teachers draw up the behaviour plans with the support of the behaviour analyst for individual young people, these plans are discussed and agreed with each young person. The staff teams are updated regularly with any changes and have a pathway through their line managers to report any difficulties between these meetings, so that the behaviour analyst may advise and support them. This is



so for the young people also who discuss successes and difficulties during key worker sessions and talks with their house manager which can happen when they want them to. This system enables old negative patterns of behaviour to diminish or disappear and new patterns of positive behaviour to evolve.

Understanding Behaviour

Positive management of behaviour is about recognizing that every child needs a framework of clear, fair, consistently applied and relevant boundaries in their lives. Boundaries which enables each of them to develop personal identity and a sense of responsibility for their own actions.

Often low self esteem, lack of confidence, communication, learning difficulties and attachment difficulties can underlie challenging behaviour. Building self esteem and confidence, through making positive relationships, giving positive re-enforcers are a MUST, and clear communication to ensure that the young person understands what is being asked of them, are keys to managing behaviour.

It is our aim to provide, attention and positive rewards for good behaviour in abundance and to address negative behaviour by not giving attention or other negative re-enforcers. We must understand that many young people have learned behaviour that is unacceptable or inappropriate as a means of gaining attention, because their good behaviour did not get the attention they desired.

For many of the children in our care these needs may be particularly acute because of their experiences before coming into the home and/or school. They are likely to have come from violent, chaotic or abusive backgrounds; they are often withdrawn or extrovert, frightened and /or angry about their circumstances. So positive management of behaviour is imperative and intervention or holding as part of this management must be positive. It must be for the benefit of the young person, their safety and the safety of others and never a means of punishment or for the sake of compliance.

General Practice

Each young person has a personal Risk Assessment drawn on known behaviour past and present, that outlines their areas of difficulty with suggested action. A placement plan provides an overview of the young person (residential or boarding) historically and currently and outlines the goals we wish to achieve with an action



plan and their agreed individual behaviour plan. These plans and risk assessment are discussed and agreed with the young person and inform all staff.

3 Dimensions House Managers or Education Manager are responsible for writing and updating Risk Assessments, Placement Plans and ensuring Agreed Individual behaviour plans are current for all young people. These plans are monitored regularly by the Safeguarding Officer/Care Manager and H&S Manager. We use information both historical and current to formulate it so that we can track improvements. Staff are required to read these documents and a signature sheet is signed to evidence this. Any updates are handed over during morning handovers, managers meetings, or staff meetings and the records are updated.

The above documents are also discussed with the young person, in a user friendly way where they can make comments or request changes, with the House Manager. This gives them the opportunity to contribute to their Risk Assessment, Agreed Individual Behaviour Plan and Placement plan to voice goals they wish to achieve and how they intend to manage them with our help. Ways in which they can be supported to manage their own behaviour including suggestions they may have for de-escalation eg. time out to cool off, where and how long.

Young people receive a welcome pack prior to or on arrival which includes the children's guide to the home if residential or boarding and/or school handbook if day pupils only. The homes manager and/or class teacher ensures they are clear about what is expected of them in terms of behaviour, the general rules of the house/school and the reasons for them. The Manager/Class Teacher will ensure that each young person is also clear about what they can expect in terms of personal help and support, involvement in decisions concerning them. The more practical considerations such as entitlement to clothing allowance, pocket money etc if residential or boarding will also be explained. The information includes who to go to if you are worried or want to make a complaint and has a list of external contact numbers also including Ofsted and Childline.

We feel contact is of major importance to be maintained with family and other key people in a young person's life (as appropriate) and family are welcomed to the home and home visits are facilitated.

There is a balance between structured and unstructured time in the home that prevents boredom ensuing and gives the young people a space to exercise choice as part of their growth and development. Each young person is also encouraged to foster their personal interests and attend activities of their choice.



Procedures

In the home Carer's will be proactive in encouraging and rewarding good behaviour and this will be explained to the young person, all rewards are recorded in our Rewards Book as a means of tracking the positive interaction between staff and young people. Although we are required to keep a Sanctions log book we foresee no reason for its use as everything is earned not taken away.

The Importance of sharing with the young person, all positive benefits for returning to acceptable behaviour or maintaining it will always be highlighted at every opportunity.

Re-enforcers include from a casual Well done! Or Thank you! To a trip on a Helicopter, Surfing or Abseiling etc; etc;. New experiences help provide the feel good factor and open new avenues that can be so lacking in the young people's lives.

All Education and Care Staff members receive in house Induction and ongoing Training which includes Positive Behaviour Management which includes Positive Intervention, which includes, de-escalation, restrictive holding, restraint and breakaway techniques, to give staff the insight and skills to cope with distressed young people. the training is delivered by our H&S Manager and one of the Safeguarding Officers.

The Trainers

Ben Harms is our H&S Manager who is a NFPS (the National Federation for Personal Safety) trained instructor, alongside IOSH, Fire Marshall and Manual Handling qualifications. Ben attends all refreshers annually or as required, as part of his Instructor CPD. Ben also is responsible for all House, Fire and Activity Risk Assessments and agrees young people's individual risk assessments with managers. He monitors changes, updates and informs all Managers whose responsibility it is to inform all staff.

Safeguarding training for staff is taught during Induction and updated every 3 years. The training body who deliver the training provide LSCB approved trainers.

CPD training such as Good Parenting Skills, Attachment and Loss and Four Goals of Behaviour is delivered by our Consultant Psychologist and further insight into



Positive Behaviour Management is delivered by our Behaviour Analyst, refreshers to all training occur periodically, as required.

Education takes place within the classroom and in outdoor activities (see above PBM in school), where positive behaviour management continues and the young people must attend as part of earning and enjoying extracurricular activities.

Outgoing staff in the home give daily handovers to incoming staff and house manager and education manager, which informs them of the previous days events, and the teacher provides feedback on the school day, both positive and negative. This will include details of Behaviours, Incidents, both minor or major, also if major incidents have been reported to the manager or on call manager if out of hours when they happen, so that any immediate actions necessary can be taken .

Physical Intervention, De-escalation and Restraint

In order to ensure that Intervention with our young people is positive, appropriate, proportionate and effective, it is important that the boundaries of acceptable and unacceptable behaviour, are clear and understood by staff and the young people alike. We require that Intervention complies with the young person's Agreed Individual Behaviour Plan, that staff understand that Intervention, Restrictive Handling or Restraint must not be used for the purpose of compliance or punishment, but it is part of a positive behaviour management system, that is in the young person's best interest.

The aim is to minimise Risk to all involved; both for the need for Intervention and during its use, therefore this policy must be read in conjunction with individual Behaviour plans, Risk assessments and Placement plans, Safeguarding, Equality and Confidentiality policies. These plans, guidance and policies are delivered to staff during ongoing training, daily hand-overs, monthly staff meetings and quarterly supervisions.

Young people are consulted with, and all of the aforementioned are explained, discussed and agreed, by the homes manager and/or education manager. The ideas, questions and views of each young person are discussed during key worker sessions and monthly house meetings where agreements and conclusions are drawn which are recorded.. These issues may also be discussed at LAC or Educational Annual Reviews.



3 Dimensions is committed to a positive ethos and its continued development within the Company, which encourages all young people in its care and education to feel treated fairly and equally, to manage their own behaviour and :

- Feel emotionally and physically secure
- Have an effective way of raising concerns and problems
- Develop a sense of moral responsibility and self-discipline
- Build self-esteem so that they are enabled to function to the best of their ability and have a positive future
- Take pride in themselves and their surroundings
- Learn to live with each other and to show sensitivity to their differences recognising that others have equal rights.
- Become more independent and self-sufficient
- Develop a greater understanding of the needs and rights of others and complain if their own rights are not observed.
- Positively contribute to society.

Each young person has the right to complain and is made aware of how they can do this, including making an allegation against a member of staff or someone else internally or externally.

We will Safeguard the young people in our care and inform them of their rights, the UN convention of rights of child will be followed, a young person will never be:

- Subjected to corporal punishment
- Deprived of or forced fed food
- Deprived of contact with their parents, relatives or friends (except as directed by a Court)
- Deprived of being visited by their parents, relatives or friends (as above)
- Deprived of the use of any counselling help-line for children
- Made to wear inappropriate or demeaning clothes
- Forced to take inappropriate medication
- Intentionally deprived of sleep
- Given a financial penalty other than by way of reparation
- Deprived of Medical treatment or medication
- Subjected to any form of intimate physical examination
- Deprived of any equipment/aid needed by a disabled child
- Punished for the actions of another child, either individually or within a group



Unacceptable or Negative Behaviour includes

Swearing, shouting at another, moving into another person's personal space or threats of violence.

Spitting in general and as an aggressive act to/at another person

Physical aggressive or violent behaviour including Pushing, Hitting, Kicking or Punching

Bullying behaviour may be direct or indirect. Direct forms include physical violence and threats; verbal assaults and taunts; the destruction of property; extortion; unwanted sexual interest or contact, pressurising another person to carry out tasks. Examples of indirect forms of bullying include ignoring and the withdrawal of friendship; excluding; malicious gossip and spreading rumour; abusive or oppressive graffiti.

Each young person's agreed individual positive behaviour plans and the companies training program will inform staff of strategies to manage the above behaviour.

Prevention of Violence

The following guidelines are intended to help staff reduce the risk of violence towards them:

- Remain vigilant and try to anticipate situations developing, ignore negative attention seeking behaviour and redirect behaviour by diverting the conversation and attention.
- Avoid argumentative situations developing, be clear with any instruction and giving positive choices, if this is a task avoidance tactic, just remind of task, do not be drawn into a discussion or banter as this will re-enforce the negative behaviour.
- Remain calm, positive and objective
- Continue to speak in a controlled manner only speaking when necessary; do not keep repeating the request as this can become inflammatory.
- Try to defuse the situation using de-escalation and distraction techniques learned or included in the young person's agreed individual positive behaviour plan.
- Allow the individual space so that they do not feel threatened
- Ignore all provocation.
- If a person becomes aggressive, de-escalate the situation whilst maintaining their dignity (ie. Do not embarrass them in front of another person).
- Postpone the discussion to allow tempers to subside, being clear that we will discuss this when you are calm and speaking without abuse.



- If all this fails and the young person causes harm, use appropriate, necessary and proportionate Physical Intervention, or Restraint, following the Companies training and guidelines.

Positive Intervention, Restrictive handling and Restraint

3 Dimensions believes that Intervention is a positive application for care and control where necessary restricting or restraining the young person as is immediately necessary and proportionate to the potential harm, thus preventing potential injury to themselves, injury to any other person, or serious damage to property. The term injury means actual or grievous bodily harm, physical or sexual abuse and self-poisoning as a result of wilful or reckless behaviour.

These serious cases such as attempted and actual assault which include, kicking, biting, punching, pushing, hair pulling, throwing objects (bricks, stones, chairs, pots, pans, boiling water or other dangerous objects) at other young people or staff (17A(1)(a). Serious damage (17A(1)(b) such as breaking furniture or fittings, cars or equipment, may require a restrictive handling or restraint procedure to be used, where the previous de-escalation failed or the danger is immediate.

The young person may now need to be held for their own safety, the safety of young people, or others, or may be removed from their current environment due to the danger it poses or in cases of serious disruption eg, school or cinema trip.

The above action is permitted by Section 17(A)(1)(a & b) of the Children's Home Regulations and updates 2001/2011/2014, however it must be possible to show that unless immediate action had been taken there were strong signs that injury or damage was likely to follow. Restrictive holding or Restraint, may never be used solely for compliance or as a means of punishment!

Any form of positive intervention should only be carried out by members of staff, who have received training in 3 Dimensions approved positive intervention, de-escalation, restrictive handling or restraint and break-away techniques.

These means and methods set out for the new staff to ensure the staff's competence to fulfil their job role. These are supported by a week's induction training which covers Child Protection and Safeguarding, Role and Responsibilities, Record Keeping, Health & Safety Training including manual handling and moving and handling, as well as verbal communication, de-escalation techniques, physical intervention and restraint. The training is presented in group sessions which includes slides and inter



active communication as well as physical intervention role play - this involves hands on training of all participants, and this is all supported by each section having a requirement for staff to complete written tests for each section of their training which is read and marked by our training providers. This is to ensure that, as far as possible from this training session, that the intended staff shows sufficient competence and understanding of their intended job role. Where there is an indication of shortfall, further training will be given before the individual staff member commences work. All staff members receive yearly Refreshers as a minimum. This is supported and monitored by giving regular supervisions to highlight any potential difficulties.

The principles relating to the use of positive intervention may be summarised as follows:

- Staff should take all reasonable steps to avoid the need for positive intervention and restrictive handling or restraint, using de-escalation techniques. The young person should be reminded verbally wherever possible that you will take steps to prevent anyone being hurt, unless they desist. So now is the time to calm down!
- Staff should have good grounds for believing immediate action is necessary.
- Only the minimum and proportionate force necessary to prevent injury or damage should be used.
- Every effort should be made to secure the presence of another member of staff to give assistance and to optimise safe, positive intervention, restrictive handling or restraint.
- As soon as it is safe, any restriction should be relaxed gradually to allow the young person to regain self-control.
- Any Intervention should always be an act of care and control for the safety of all, not for compliance and not punishment.
- There is a requirement that properly trained staff will intervene as appropriate to support a colleague.
- The young person must be checked for any injuries sustained and offered first aid or further medical help as required, this must be recorded. Where injury is not apparent but suspected monitor the young person and seek further advice or assistance.

Reporting & Recording Procedure

This procedure must be followed after each incident:

- The circumstances and justification for using Restrictive handling or Restraint must be recorded immediately, giving the technique description used, in the numbered positive intervention logbook. An Incident report written before the



end of the day cross referencing any numbers and recording any injuries or first thing the following morning, should the incident happen after 12 midnight. The Manager will look at the incident and how it took place, to ensure that all procedures have been followed correctly.

- Any Injuries must be recorded in the Accident log book and cross referenced also.
- The child will be given the opportunity of putting his or her side of the story and discuss the incident during a de-brief session with a member of staff who **was not** involved in the incident within 24 hours. Debrief to include why positive intervention was necessary, and given the opportunity to discuss their feelings about the intervention. The de brief will be recorded, dated and signed by the young person and the member of staff.
- The young person's agreed positive behaviour plan will be discussed during the de-brief with them. Highlighting and improving any agreed plans to help the young person calm down before Restrictive Intervention becomes necessary ie, time out or other ideas to prevent re-occurrence or reduce incidents. Further discussion may take place with the manager or key worker with the young person to help them deal with their anger or frustration at any time after.
- The staff member's line manager will discuss the incident with the individual staff members involved by their next shift to debrief them and this will be recorded and signed by both parties.
- The H&S Officer monitors incidents with the House Manager and scrutinise current practice carefully where problems persist.
- All Incidents especially those involving Restraint will be examined during the next working day by the House Manager.
- All Incident Report must be sent to the designated social worker of the young person involved as soon as the manager has completed their monitoring, at least within 24 hours of the Incident occurring.
- The House Manager must be informed of All schedule 5 occurrences (Injuries, Complaints, Allegations, Police Intervention) in line with policy and procedure and must be reported to LADO immediately who will advise on any action and other professionals within 24 hours (1 working day) by the Manager eg; LA, Ofsted and police or parents as appropriate. The Manager will also inform the companies Designated Safeguarding Officer who will oversee the whole process and ensure it meets with all timelines.

Whenever a violent situation arises, it is imperative that the circumstances are recorded in detail so that the information can be used to help safeguard others who find themselves in a similar situation. All acts of violence, which result in injury, should also be reported to the police.



Any young person or staff member injured must receive medical treatment required immediately.

Any Injuries must be recorded in the 'Accident Log Book' and forwarded to the Safeguarding Officer and the H&S Officer for their examination. The manager must ensure appropriate reports are under Schedule 5 as above.

RIDDOR must be informed in the case of serious injuries requiring hospital treatment eg, head injury or broken bones of young people or staff members. The details of these injuries must also be reported by the H&S Officer to our Insurers

The Companies Safeguarding Officer and the H&S PI Officer will make checks on all recorded Interventions, sign off all correctly undertaken and recorded and investigate any mis - recording immediately, giving further training or supervision as necessary.

Where actual bodily harm is inflicted, on the member of staff they must obtain any medical treatment considered necessary. Where a period of absence follows, regular contact will be maintained, by the Management Team, who will offer appropriate counselling and make a visit to their home as required.

Regular monthly Staff Meetings are held to discuss strategies and their effectiveness. Permanent staff members receive quarterly supervisions and staff on probation monthly or more where desired, in which they can raise any issues, discuss managing behaviour and request any training updates they require.

House managers on site Mon-Fri and occasional weekends, on call out of hours, if young people feel they have an issue, are not being heard or wish to make a complaint.

This Policy should be read alongside the Companies policies on Incident Reporting, Safeguarding, Complaints Procedure, Whistle Blowing, Rewards System & Schedule 5 Guidance.

PBM Quick Guide- all behaviours you wish to see repeated should be reinforced with attention-All behaviours you wish to see reduced should not be reinforced, disengage do not get drawn into discussion.



[..\Chardleigh\BEHAVIOUR MANAGMENT September 2014.doc](#)



CASE RECORDING & ACCESS TO FILES POLICY

3 Dimensions believes that it is important to provide a clear and comprehensive recording system as a basis for full accountability and as a means of effective communication both within the company and with agreed outside parties.

3 Dimensions is committed to ensuring that the recording system meets all known requirements, and is properly maintained to meet the standards and regulations set out in the National Minimum Standard and Regulations for Children's Homes as set out in Schedule 3 to ensure each child has a permanent private and secure record of their history, in compliance with legal requirements and confidentiality.

It is also paramount that all files are kept secure and that staff recognise that they are only viewed by authorised personnel to maintain confidentiality and comply with data protection. Therefore all data will be kept in a locked file in a locked office and if it is computerised, will be password protected.

Other records will be maintained in accordance with Children's Homes Regulations 2001 Schedule 4.

3 Dimensions Care and School, in accordance with the Data Protection Act, will ensure that we:

only collect information that we need for a specific purpose;

keep it secure;

ensure it is relevant and up to date;

only hold as much as we need for as long as we need it;

allow the subject of the information to see it on request if we have written it.

PROCEDURE

The objectives set out above are met by a comprehensive company Journal System which will not be disclosed to any person outside of 3-Dimensions authorised personnel, unless authorised by a court or the placing authority.

Personal data must not be disclosed either orally or in writing or accidentally or otherwise to any unauthorised third party. All data is kept in a locked office and all



offices where staff are employed to process personal data must be locked when not occupied.

Particular discretion must be used before deciding to transmit personal or confidential data by fax or email. If Emails are sent with confidential information attached, then the attachment(s) must be encrypted.

Recipients will need to unlock confidential attachments using a password sent in a separate email by 3 Dimensions Care and School. Details of how to do this are detailed in:

Encryption of Confidential Documents Sent by Email

Particular care must be taken with data held on portable storage devices or laptop computers. Only laptops and secure portable storage devices (USBs) supplied by 3 Dimensions Care and School may be used.

3 Dimensions Care and School issue secure USBs, with encrypted drives to staff who are required to use them to help ensure Company file handling security. PC and laptop screens should not be left unattended without password protected screen-savers.

Each young person at 3-Dimensions has a 'Personal Journal' file in which are recorded all the details of the young person's life, whilst living at 3-Dimensions including a Daily Diary of events any contact with family, health, leisure & behaviour as per schedule 3 of Children's Homes Regulation 2001.

All records will be kept up to date by the staff team on shift each day and completion of records are checked by the House Manager weekly and monthly during Regs 34 Checks. The author of any written entry will sign and date each piece and each young person is encouraged to read, comment and sign their file each week.

The home has two separate House journals a 'Carer's House Journal' and a 'Carer's 'C' Journal'. The house journal is for household and professional record keeping and will contain a record of staff members on each day, menus, a daily log of events, a record of all visitors, a record of accounts and cash and valuables deposited by a child.



The carer's 'C' journal has a section for each young person and contains confidential information such as referral notes, assessments and medical notes written prior to their placement within 3-Dimensions.

Records written prior to placement at 3-Dimensions, may only be accessed by young people, with the consent of their Placing Authority and written authorisation from the Author.

It is the Registered Manager's responsibility to initiate the relevant journals for each new placement and will ensure that any records are kept securely in the home as long as the child is accommodated there.

They will also ensure a Register is maintained in accordance with schedule 4 as a record of each child accommodated there and will include their date of admission, address prior to accommodation, the placing authority name, statutory provision under which they are accommodated and the date accommodation ceases with a forwarding address.

Thereafter all records in accordance with schedule 3 will be retained in a place of security for at least 75 Years and all record kept under schedule 4 for at least 15 years.

A record of receipt, administration and disposal of any medication prescribed will be kept in respect of each young person.

An Accident Record Book will be kept where all accidents will be recorded by the staff member on shift at the time of occurrence and the H&S Manager will be informed in accordance with Riddor.

A Record of Fire Drills and fire equipment tests and services will be maintained by the house supervisor.

A Visitors Book will be maintained by the staff member on duty at the time of any visits, recording, Name, date, time and reason for visit.

A Record of each person working within the home will be kept by the Registered Manager and will include their full name, dob, sex, home address, qualifications and experience, DBS number and date checked, number of hours worked - full or part time and whether they reside in the home or not.



The procedural requirements of the Journal System are covered during the induction training of each member of staff, who are mentored on shift.

[Y:\3-D CL\Policies & Procedures\CURRENT\2014\Chardleigh\CASE RECORDING AND ACCESS TO FILES July 2014.doc](#)



Compatibility Policy

It is 3 Dimensions aim to provide quality care and outcomes for children and young people. It is therefore imperative that matching of children and young people living together and/or attending school together is considered carefully.

We are clear that the introduction of a new person to a home or in school, will always cause some disruption; due to a change in dynamics, but we aim to keep this to a minimum by following a procedure to risk assess the impact and compatibility to the best of our ability on the information we are given.

Our referrals may come from Social Care or Education and on receipt of these, the following procedure is followed.

Procedure:

The Care Manager receives all referrals and will undertake the first match given the current vacancies in the home. Considering age, sex, dob, main difficulties, reason for any breakdown of placement, safeguarding issues, area the placement is required in, any age restriction of other residents and proposed placement date.

If a possible match is identified, the Directors will look further and make the initial assessment on the suitability of the referral for a particular home and/or school, by reading all information received. Further considering current behaviours, prior history, violence, CSE, Missing episodes, drug, alcohol misuse, educational and health needs, language and communication needs and desired outcomes

When a possible match is identified, the Care Manager will share the referral information with the proposed House Manager, and the Education Manager, if school is required.

Once the Managers have read the referral, a meeting or phone conversation between the Care Manager, House Manager and Education Manager will take place to make an initial verbal Impact Risk Assessment for the compatibility of the young person. If it is agreed at this stage to be suitable, then the Care Manager will gather any information required from the House Manager and Education Manager, to submit an EOI to the Placing Authority on the initial information given.

If the tender is successful, we will then make contact with the designated Social Worker and or SEN Caseworker, to gain any more information they can provide on the following:



Prior history, current situation, education requirements and SEN Statement, behaviour, health needs, communication and language difficulties and required outcomes of placement. Contact with family and any difficulties, possible CSE, Missing, or other Safeguarding or Child protection issues, any other areas identified by the SW and required placement date.

A plan will be made for the Social Worker and the child to visit the home and/or school, including any parents as appropriate.

Where the child's visit is not possible, the House Manager and /or Education Representative will offer to visit the child in their current home and if possible or required, in their current school.

If the visits are successful, a meeting between the Care Manager, House Manager and Education Manager to formalize the Impact Risk Assessment:-

Risks Identified, gained from the information we have gathered, historical and current

Existing Controls and Procedures – staffing ratio, location, other young people, transition plans, strategies and behaviour plans

Unidentified Risks

Agree a possible placement date, which will be agreed with the Social worker or SEN Caseworker.

Transition plans will be made involving all managers and the Social worker, or SEN caseworker, to ensure the child is prepared for the move in a way that suits their needs and difficulties and dates agreed and arranged.

On arrival the Registered Manager for the home will welcome the child in a language they understand, introduce them to their carer and provide a welcome pack. They will talk about the plans for the next few days, including any plans to visit school and be shown their room. The child will meet with the other young people.

Once settled the child will be helped to personalise their room.

[..\Chardleigh\COMPATABILITY Policy Sept 2014.docx](#)



Complaints and Grievance for Staff, Parents, Professionals or Members of the Public

This procedure applies to staff, parents and placing authorities, members of the public or any other agency. All complaints must be notified to Ofsted as a Schedule 5, where necessary the LA or Police within one working day.

This covers any possible issue concerning the function and dynamics of the Home, which can be negative.

Where the complaint raises a Safeguarding issue for a young person or person's or an Allegation against an employee of 3 Dimensions, it will immediately invoke the Safeguarding and Child Protection procedure. In which the advice of the LADO is sought immediately before further investigation is pursued and Ofsted, the LA and any parents necessary are informed of the complaint within 24 hours

As there is always room for improvement and mistakes may be made; all staff, Parents, Placing Authorities, members of the public or any other agency will be encouraged to submit and discuss suggestions that could lead to improved conditions, or enhanced performance.

Complaints and grievance procedure is involved where there appears to be a failure in responsibilities in some area, and possibly a breach of law, principle or agreement.

This may be non-serious, serious, or very serious, but in all cases must follow the same procedure.

The first stage is informal discussion to try to resolve the issue quickly. This will take place with a Manager. Where it is possible, the Manager will implement steps to resolve the situation or arrive at a conclusion satisfactory to all parties at the time at the time.

Where a satisfactory resolution is not possible and a formal complaint is registered in writing this will now be handled by a Director.

A formal interview will be arranged, at a time convenient to the complainant, within 5 working days of the complaint being lodged, whereby the Director will hear the complaint in question. The complainant may bring along a representative or colleague of his/her choice with them to the meeting, for support if they chose to. The Director will investigate the complaint and once a decision is reached, send a written copy of the findings to all parties within 5 working days of completion.



If the complainant is unsatisfied they may take the complaint to the Appeal Panel for their consideration, so that they may take a fresh look at the situation in order to resolve and make recommendations. An appeal meeting will be arranged within 5 working days, where the complainant may explain why they disagree with the initial response to their complaint.

If at any time the complainant is dissatisfied with the Companies handling of their complaint, or feel the matter needs to go to the next stage, the next stage is dictated by the nature of the complaint, for example:

- Union matter/industrial relations matter.
- Ofsted matter.
- Criminal Matter

If dissatisfied a complainant is required to respond in writing at stages 2 or 3, of the findings within 7 days, outlining any reasons why they are not satisfied with the decision of Director or the Panel, stating their reasons for the case to be externalized through one of the avenues above.

All Records and correspondence will be kept confidential to the complainant and 3 Dimensions, unless the complainant wishes to use an external route.

Investigating Complaints

The person investigating the complaint should:-

- a) Establish what has happened so far, and who has been involved, is this a Safeguarding issue and if so follow procedure;**
- b) Clarify the nature of the complaint and what remains unresolved.**
- c) Meet with the complainant or contact them within 5 working days**
- d) Clarify what the complainant feels would put things right.**
- e) Interview those involved with the matter and/or complained about, allowing them to be accompanied if they wish.**
- f) Conduct the interview with an open mind and be prepared to persist in the questioning.**
- g) Keep notes of the interview.**

Resolving Complaints

Throughout the procedure we will want to keep in mind ways in which the complaint can be resolved. It may be sufficient to acknowledge the complaint in whole or part or offer one of the following:-

- a) An apology.**
- b) An explanation.**
- c) An admission that the situation could have been handled differently or better.**
- d) An insurance that the event complained of will not recur.**



- e) An explanation of the steps that have been taken to ensure that it will not happen again
- f) An undertaking to review policies where necessary in light of the complaint.

A record of all complaints will be maintained in a Central Complaints Log Book, which shows whether any given complaint has been resolved at the preliminary stage or whether it has proceeded to an Appeal Panel hearing.

3 Dimensions regard communication as an indispensable tool in the anticipation, detection and resolution of problem situations. Whether the issue is Health & Safety, or bad care practice, we need to be alerted. Deliberate withholding of information regarding serious incidents or fault, will be regarded as a breach of 3-Dimensions code of practice, and would be regarded as a disciplinary matter for any member of 3 Dimensions Staff.

The general rule of thumb is simple – if in doubt, let us know about it.

The Appeal Panel will Consists of: - 3 People not directly involved with complaint.

Two Members - who are Directors of 3 Dimensions not involved in the original complaint – Nita Ellul or Ben Harms

One Member - who is independent of 3 Dimensions Management and School - Marie Tucker independent quality visitor

[..\Chardleigh\COMPLAINTS and GRIEVANCE PROCEDURE Updated November 2014.doc](#)



COMPLAINTS PROCEDURE FOR YOUNG PEOPLE

3 Dimensions is committed to ensuring that if any young person in our care feels unhappy, unsafe, unsupported, at risk or unfairly treated or has a general issue of any sort, that they have clear and free access to someone who will listen and be their advocate.

3 Dimensions will ensure that the welfare and individual rights of every young person are upheld and they are given all the necessary support.

The company will also ensure that all young people know: -

- Who to go to if they have a problem.
- That they will get their complaint heard.
- That they can be confident of receiving a fair hearing.
- That if they are unhappy with anyone at 3 Dimensions and would prefer to, they have direct access to contact their social worker, Ofsted or Child line to discuss their feelings or concerns. This information is contained in the young person's guide and is explained on arrival.

PROCESS

If a young person wishes to make a complaint there are two main options available:

- Internal to 3 Dimensions personnel.
- External to 3 Dimensions personnel.

Internal Complaints Procedure

Where possible in the first instance the young person should have an informal chat with a member of staff of their choosing to determine if they have an issue that can easily be resolved, or a complaint that needs to be brought to the attention of Senior Management and reported to OFSTED/LADO.

The young person will also be asked if they wish to speak to their parent or guardian if appropriate. Each young person has direct telephone access to their, Social Worker, Ofsted, Childline or Kidscape. An Independent advocate would also be offered to the young person.

Depending on the nature, it will be determined whether it is a complaint or a less serious matter, where the young person has an issue that is considered minor such as, there are no yoghurts in the flavour that I like or Tommy keeps using my socks; then this matter is brought to the attention of the Manager asap (if it cannot be



resolved) for action and an appointment made for the young person within 1 working day.

This procedure is for low level in-house grievances.

The Manager should feedback the outcomes to staff initiating the young person's grievance within 3 working days.

If the nature of the complaint is more serious or involves child protection issues then this procedure does not apply and it will immediately invoke Child Protection Procedures and the Registered Manager will inform the LADO, Ofsted and the young person's LA (see the following) within one working day.

If the young person still wishes to make a formal complaint, they will complete a Personal Complaints Record and give it immediately to the Registered Manager for action.

The Registered Manager must immediately inform Ofsted and complete a Schedule 5, inform the LADO and liaise with the young person's Social Worker and/or parents if appropriate.

The Registered Manager will inform the Care Director who is also the companies Designated Safeguarding Officer and will follow procedures given by Ofsted/LADO and attend any meetings arranged.

After a detailed investigation, the Care Manager and Manager will prepare a final report, which will be sent to the appropriate Social Services Department. The outcome will be fed back to the young person and their feelings and responses logged.

External Complaints Procedure

Each young person has direct telephone access to their, Social Worker, Ofsted, (Childline or Kidscape). If they prefer, they can make a formal complaint, via their placing authority, Police or Ofsted.

If the following avenues have not been explored, then please encourage the young person to consider them.

- Has the young person spoken informally to a staff member?
- Has the issue been raised as an 'Issue' via internal procedure?
- Has the issue been taken to the Registered Manager?
- Has the young person spoken to family or friends?



[..\Chardleigh\COMPLAINTS PROCEDURE FOR YOUNG PEOPLE July 2014.doc](#)



CONFIDENTIALITY, PRIVACY & DATA PROTECTION

POLICY

3 Dimensions is committed to preserving privacy and confidentiality for all the young people and staff in its Care, Education and Employment. We are aware of the distress that a breach of confidentiality may cause to a young person, their family, or the staff that work with them. Therefore we ensure that our staff training clearly informs staff of their responsibility and the policy & procedures to ensure sensitive and confidential information is stored and handled appropriately.

We remain professional in our handling of data which involves young people, their families, staff or local authorities in line with the requirements of the Data Protection Act 1998, the Children's Act and Children's Homes Regulations 2001.

Confidentiality is crucial in the building of trusting relationships and is an essential element of our professional approach.

3-Dimensions is committed to ensuring that the recording system meets all known requirements, and is properly maintained to meet the standards and regulations set out in the National Minimum Standard and Regulations for Children's Homes as set out in Schedule 3 & 4. To ensure each child has a permanent private and secure record of their history, in compliance with legal requirements and confidentiality.

PROCESS

3 Dimensions acknowledges that we will receive both personal and sensitive data relating to the young people in our care. Access to confidential information will be restricted to appropriate verified adults.

Personnel and other personal information on Staff members is held on the main site in a secure locked office in a locked cupboard where access is restricted to senior managers and personnel staff. Personal information is not given out apart from in the form of a Reference for former employees.

3 Dimensions Care and School, in accordance with the Data Protection Act, will ensure that we:



- only collect information that we need for a specific purpose;
- keep it secure;
- ensure it is relevant and up to date;
- only hold as much as we need for as long as we need it;
- allow the subject of the information to see it on request if we have written it.

A young person's 'Personal Journal' file is maintained in the house office and stored in a locked cabinet, each young person may have access to this and contribute to their own Daily diary record. On leaving the care of the company they are given any personal photos, certificates or other information they wish to take with them.

A House 'C' file (confidential file) is maintained for staff access only in the house office in a locked cabinet, this contains fragile background information about each young person's life. It may contain any material which could potentially cause distress/harm to the child or harm a third party and shall be marked confidential with further restricted access.

Personal data must not be disclosed either orally or in writing or accidentally or otherwise to any unauthorised third party.

Particular discretion must be used before deciding to transmit personal or confidential data by fax or email. If Emails are sent with confidential information attached, then the attachment(s) must be encrypted.

Recipients will need to unlock confidential attachments using a password sent in a separate email by 3 Dimensions Care and School. Details of how to do this are detailed in:

Encryption of Confidential Documents Sent by Email

Particular care must be taken with data held on portable storage devices or laptop computers. Only laptops and secure portable storage devices (USBs) supplied by 3 Dimensions Care and School may be used.

3 Dimensions Care and School issue secure USBs, with encrypted drives to staff who are required to use them to help ensure Company file handling security. PC and laptop screens should not be left unattended without password protected sc



Only Managers or Staff members caring directly for the young person should have access to files, all files are kept in the locked office in a locked cabinet and no confidential information may be removed from the preemies.

Each Member of staff is required to sign a confidentiality agreement, in which they agree not to copy confidential records or disclose to a third party any confidential Facts, or divulge fact verbally.

Young people will not be permitted access to the Office Area and Visitors will be supervised at all times and only be admitted to the premises in line with our visitors policy , the office is kept locked at all times and only staff on shift have keys to enter.

Staff members will not divulge any of their personal information to young people and maintain a professional responsible adult position throughout their employment. Staff members are also responsible for keeping confidential any information they may be in receipt of on their colleagues or the company as a whole.

Related Policies

Access to Records

Information management Security Policy

Encryption of Confidential Documents

Data Storage Devices

[..\Chardleigh\CONFIDENTIALITY, PRIVACY AND DATA PROTECTION July 2014.doc](#)



Contacts Policy – Including family Visits and Telephone Calls

Young people's appropriate contact with family and friends is recognized as very important and we also recognize that young people may need to talk to their social worker or wish to speak to Childline or Ofsted, should they be unhappy.

The home provides a dedicated young people's phone line, through which agreed contact with parents, siblings or friends will be facilitated by staff members.

The home also provides a cordless phone that is pre-programmed with following numbers:

Childline, Ofsted, NSPCC and each child's Social Worker to enable each young person reasonable access to make them receive calls in private without reference to persons working in the home.

Due to the vulnerability and welfare of the young people, personal mobiles are not usually permitted until the young person has earned trust to be unsupervised at College or free time. Personal Risk Assessments for each young person and the risk of inappropriate contacts will be taken into consideration during this process and must be agreed with the Care Manager.

Procedure

- Contact arrangements are clearly written on each young person's Lead Sheet and Personal Strategies.
- Staff will initiate any call to family or friends agreed and transfer the call to the young person, where they can speak in private.
- Calls may be made after 3.30pm and before 9pm on school days. Weekends and holidays - calls may be made any time before 9pm unless personal strategies dictate otherwise.
- Staff will record any calls made by the young person to their family, which will include an indication of the young person's mood after the call is finished.



- The cordless phone/mobile for young people to access the numbers mentioned above in private and without the need to ask a staff member, will be available to use between the hours of 8am and 9pm each day. Staff will ensure that the phone is placed on charge each evening after 9pm, ready for the next day.
- Personal mobiles for young people are not an automatic privilege. The young person's personal strategies and Placement Plan will outline any difficulties with inappropriate contacts and when favourable risk assessments have been made, they may be given the use of a mobile phone when at college or out on free time. This will be agreed with a Care Manager.

All telephone contact is planned and agreed with Placing Authorities and parents where appropriate.

The home will make welcome and facilitate agreed appropriate Family visits/contact. Visits to the home will be on a pre-agreed day and time, not during the school day. If directed staff will supervise family visits/contact. Families will be offered refreshments and lunch/tea if they are visiting at meal times. Family may have access to the lounge, kitchen, dining room, conservatory and allocated bathroom.

If a young person is to meet for their visit/contact at another location then staff will facilitate this and supervise if required. Again these visits/contact will be pre-agreed and not during the school day.

[..\Chardleigh\CONTACTS - FAMILY & TELEPHONE July 2014.doc](#)



Data Storage Devices Secure USB User Information & Instructions

From July 2013 3 Dimensions Care and School will be issuing USB secure encrypted drives to ensure Company file handling security.

All data storage devices not owned by 3 Dimensions Care and School are forbidden for use of transporting, storing or transferring company documents and information.

Only 3 Dimensions Care and School issued USBs must be used to transfer documents to off-site locations, outside the Company premises.

These USBs should only be used for secure data transfer and not for permanent storage of Company data, and the data should be deleted when the specific task is completed. Any work carried out on remote workstations must only be saved to the USB's secure drive and not to the local machine.

Any altered data or documents should be then updated to their relevant file locations within the 3 Dimensions network and removed from the USB secure drive so that it can be backed up as per company procedures and to make data accessible to relevant parties.

If your manager thinks you need a company secure USB she or he will ask the Computer Administrator or the Contracts Coordinator to issue you with one and instructions for use.

Please note that a central register is kept of all holders which include the user's name, the serial number of the USB and a record of the password.

These instructions form part of the **Company's Information Management Security Policy**

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DE-CONTAMINATION PROCEDURE

Introduction

The De-contamination procedure covers the actions required for all staff to follow in order to protect themselves and others from all bodily fluids and infection control. Bodily fluids include faeces, urine, blood, saliva and vomit

These procedures need to be followed and completed at all times

When assisting a young person or handling any of the above, all staff are to wear appropriate clothing provided which include, gloves, masks, aprons and glasses

A cleaning list for infection control is to be completed on a daily basis which includes the wiping down of work surfaces along with items such as door handles, light switches, handrails, remote control, taps, seating items such as chairs and tables, computers and keyboards using antibacterial wipes in order to maintain hygiene throughout the unit and to control the risk of cross infection

All staff need to wash hands on a regular basis and ensure all young people are encouraged to do the same

Individual towels should be issued for young people and staff

Ensure appropriate temp for machine washing is set appropriately in order to clean clothing and other materials appropriately

Seek medical attention should the need arise

<..\Chardleigh\DE-CONTAMINATION PROCEDURE July 2014.doc>



Disciplinary and Grievance Policy & Procedure

WORKING RULES AND DISCIPLINARY PROCEDURES

These rules and procedures are designed to help and encourage staff to achieve and maintain acceptable standards of conduct, working performance and attendance and to ensure consistent and fair treatment for all. Nothing in these rules and procedures should discourage informal discussion directed towards achieving such standards without recourse to disciplinary procedures.

WORKING RULES

During the course of their employment staff must:-

- (1) adhere to and comply in all respects with the policies and procedures published by the Company from time to time, including the policies and procedures published in this Handbook;
- (2) not discriminate against any person or organisation:-
 - (a) because of his, her or its nationality, racial or ethnic origins, religion, religious or philosophical belief, gender, sexual orientation, membership or non-membership of any organisation or because of physical or mental impairment or
 - (b) because, either truthfully or in good faith, he, she or it has made, prosecuted or given evidence or information in connection with any allegation of unlawful discrimination;
- (3) not engage in any activity that conflicts with employment-related duties;
- (4) comply with all legislation for the time being in force which relates to their work;
- (5) only smoke in areas designated by the Company for that purpose;
- (6) refrain during working hours from ingesting, handling and supplying any drug or other substance in contravention of a legal requirement;
- (7) save for medical reasons or with the express consent of a Care Manager or Director, refrain from drinking intoxicating liquor or ingesting drugs at any time during working hours or outside working hours if doing so would adversely affect the performance of their duties or their working capacity;
- (8) observe such standards of hygiene, cleanliness, tidiness, dress, make-up and hair style as the Company may reasonably require;



- (9) immediately report to a Director or Care Manager any gratuity, present or financial incentive received from a third party as a consequence of employment with the Company;
- (10) refrain from making any statement of or in relation to the Company, its activities and operations or about the young persons in its care that they know to be untrue;
- (11) recognise that their conduct both during and outside working hours may reflect on the Company and refrain from any conduct that is likely to bring the Company into disrepute or to expose it to liability in civil or criminal proceedings.

Once employment has terminated, staff must not represent themselves as still employed by or as acting on behalf of the Company or as being in any way connected with its residential care business.

FORMAL DISCIPLINARY PROCEDURES

General Principles

- (1) Any disciplinary action will normally be taken by a Care Manager or by a Director of the Company.
- (2) Any time limit referred to in the following provisions of the disciplinary procedure may be varied by agreement.
- (3) No disciplinary action will be taken until an alleged breach of discipline has been investigated. Where a breach of discipline is suspected or alleged, the relevant staff member will be informed and the matter investigated. As part of the investigative process, he/she may be required to attend for interview.
- (4) An employee subject to disciplinary investigation or proceedings may be suspended from work on full pay during its/their course. Any decision to suspend will be confirmed in writing as soon as reasonably practicable.
- (5) Before any disciplinary action is taken, an employee will be given reasonable (but never less than 48 hours') notice in writing of the disciplinary charge or charges he/she is required to answer and invited to attend an interview at which the opportunity will be given to make



- representations on his/her behalf. Normally, an employee will be permitted to call witnesses and to question any witnesses giving evidence against him/her.
- (6) An employee has the right to be accompanied by a trade union official or representative or by a work colleague during any investigative or disciplinary interview. The companion will be permitted to address the Director or Care Manager conducting the interview and to confer with and make representations on behalf of the employee but may not answer questions for the employee.
 - (7) Any disciplinary action will normally take the form of a warning, which may be oral or written, or dismissal, which may be with or without notice. As an alternative to dismissal, a staff member may be offered other employment with the Company but this will not necessarily attract the same level of remuneration and/or benefits as current employment. An employee will not usually be dismissed for a first breach of discipline save where there has been gross or serious misconduct. The disciplinary action taken in any case will be such as is deemed appropriate having regard to the nature and gravity of the misconduct or neglect in question and will normally but need not necessarily accord with the disciplinary stages identified below.
 - (8) At the conclusion of any disciplinary investigation an employee will be advised in writing whether, and if so what, disciplinary action is being taken.
 - (9) There is a right of appeal against any disciplinary action that is taken.

Disciplinary Stages

Subject always to the circumstances of the case, any disciplinary action taken will normally be in accordance with the following Stages:-

Stage 1 - Verbal

For minor misconduct, neglect of duty or poor performance a formal verbal warning may be given. This will give details of the misconduct, neglect or underperformance in question, of any improvement required and of the time scale for achieving that improvement. It will give notice of the right of appeal and that further disciplinary action may be taken if further cause for dissatisfaction is given. A brief note of the



verbal warning will be kept and may be referred to in the event of any further breach of discipline or underperformance.

Stage 2 - Written Warning

In the event of further cause for dissatisfaction after a verbal warning has been given or for more serious misconduct, neglect of duty or underperformance, a written warning may be given. This will give details of the misconduct, neglect or underperformance in question, of any improvement required and of the timescale within which that improvement is to be achieved. It will give notice of the right of appeal and warn that disciplinary action may be taken if there is further cause for dissatisfaction. A copy of this written warning will be kept and may be referred to in the event of any further breach of discipline or under-performance.

Stage 3 - Final Written Warning

If there is further cause for dissatisfaction after a written warning has been given or in cases of misconduct, neglect of duty or inadequate performance that is sufficiently serious to warrant a written warning of dismissal if there is any further breach of discipline but insufficient to justify dismissal, a final written warning may be given. This will give details of the misconduct, neglect or underperformance in question, of any improvement required and of the timescale within which that improvement is to be achieved. It will give notice of the right of appeal and warn that dismissal is likely to result if there is no satisfactory improvement and/or further cause for dissatisfaction is given. A copy of this final written warning will be kept and may be referred to in the event of any further breach of discipline or under-performance.

Stage 4 - Dismissal and Redeployment

If there is further cause for dissatisfaction after a final written warning has been given or in cases of misconduct, neglect of duty or unsatisfactory performance that is sufficiently serious to justify termination of employment, an employee may be dismissed. Such dismissal will usually be with notice but in cases of gross misconduct or neglect, notice will not generally be given. As an alternative to dismissal and subject to the availability of suitable vacancies, staff may be offered employment in a different capacity: if accepted, that employment will be on terms and conditions commensurate with the responsibilities of that alternative role and its acceptance may result in lower remuneration and/or loss of benefits.

Conduct likely to result in disciplinary action



The following are examples of the sort of conduct and neglect that will normally lead to formal disciplinary action. These examples are for illustration only and do not constitute an exhaustive exposition of conduct or neglect that will attract disciplinary sanctions.

(1) Minor Offences

Minor breaches of safety procedures; poor time keeping; poor personal hygiene, poor work performance due otherwise than to wilful neglect or default.

(2) Serious Offences

Negligence resulting in physical injury, damage to property or financial loss; failure to comply with lawful instructions; failure to comply with Company policies and procedures; impropriety, whether or not within normal working hours, that is considered detrimental to or conflicting with the interests of the Company; bullying and intimidating conduct towards other staff, clients, agents and suppliers; minor breaches of confidence relating to the Company, those in its charge, the organisations with which it deals and other staff; abuse of Company telecommunication and information technology systems (including computer, telephone, email and fax systems); abuse of Company assets for personal ends.

(3) Gross Misconduct

Physical or mental abuse of young persons in the Company's care; theft, fraud or dishonesty generally; arson; malicious damage to property; negligence and deliberate action resulting in physical injury, serious damage or financial loss; fighting or violence towards others in the workplace; the submission of false references; gross insubordination or deliberate refusal to carry out employment-related duties or instructions; deliberate disregard of Company policies and procedures; any wilful act or omission that exposes the Company to criminal prosecution or civil liability; ingesting, handling and/or supplying any drug or other substance in contravention of a legal requirement; being under the influence of alcohol or drugs other than for medicinal reasons or with the express consent of the Company during working hours; breach of the Company's Equal Opportunities Policy and especially any form of unlawful discrimination on grounds of religion, religious or similar philosophical belief, sexual orientation, physical or mental impairment or membership or non-membership of any organisation; victimising others for alleging or giving testimony or information in connection with any allegation of unlawful



discrimination; the use for personal ends of confidential information obtained in the course of employment; falsification of records; conduct violating common decency or conviction of a criminal offence relevant to employment-related duties; serious breach of safety requirements likely to endanger life; sexual misconduct at work or outside working hours but involving other members of staff.

Disciplinary Appeals

- (1) An employee wishing to appeal against a warning, notice of dismissal, summary dismissal or re-deployment as an alternative to dismissal must request the Director or Care Manager whose decision is challenged to convene an appeal hearing. Any such request must be in writing and must be communicated:-
 - (a) if warned or given notice of dismissal, within 5 clear days of the date on which the warning or notice is issued;
 - (b) if dismissed without notice, within 5 clear days of the date of dismissal.

On receiving such request, an appeal hearing will be convened as soon as reasonably practicable.

- (2) Where reasonably practicable, any appeal will be conducted by a panel comprising three members of the Company's Steering Committee none of whom has taken no part in the proceedings leading to the disciplinary action under appeal.
- (3) At least 5 clear days' notice will be given of the time, date and venue fixed for hearing an appeal. At the appeal hearing the disciplinary charges will be considered afresh. The employee will be entitled to make representations during the hearing and will normally be permitted to call witnesses and to question any witnesses giving evidence against him/her but will have no right to do so.
- (4) An employee has the right to be accompanied by a trade union official or representative or by a work colleague during any appeal hearing. The companion will be permitted to address the panel conducting the hearing and to confer with and make representations on behalf of the employee but may not answer questions for the employee.



- (5) On appeal against any warning, the warning may be revoked, replaced with a different category of warning or confirmed.
- (6) On appeal from dismissal or re-deployment as an alternative to dismissal, the panel hearing the appeal may:-
 - (a) revoke the dismissal and impose no disciplinary penalty;
 - (b) revoke the dismissal and substitute a warning, which may be oral, written or final, or substitute dismissal with notice for summary dismissal;
 - (c) confirm the dismissal, notice of dismissal or offer of re-deployment;
or
 - (d) subject to availability, offer some other position as an alternative to dismissal.



GRIEVANCE PROCEDURES

The following provisions of the Staff Handbook set out the procedures that should be followed in raising and dealing with any grievance.

- (1) An aggrieved employee should write to a Care Manager or Director setting out his/her grievance and the basis for this.
- (2) So soon as the Care Manager or Director to whom the grievance is addressed has had a reasonable opportunity to consider this, a meeting will be convened at which the employee will be invited to discuss the grievance. The employee must take reasonable steps to ensure that he/she attends the meeting.
- (3) Within 14 days of that meeting or so soon as reasonably practicable thereafter, the employee will be sent a formal written response to the grievance and notified of his/her right to appeal against that response if dissatisfied with it.
- (4) If the employee is dissatisfied with the formal response to the grievance then within 14 days of receiving this or so soon as reasonably practicable thereafter, he/she may give notice of appeal to the Care Manager or Director to whom the grievance was originally addressed.
- (5) The employee will then be invited to attend a meeting with a panel comprising three members of the Company's Steering Committee. So far as reasonably practicable, none of these members will have been party to the initial decision under appeal. This meeting will take place within 14 days of receipt of the employee's appeal or so soon as reasonably practicable thereafter and the employee must take all reasonable steps to ensure that he/she attends.
- (6) Within 14 days of this further meeting or so soon as reasonably practicable thereafter, the Company will write to the employee with a note of the panel's decision in respect of the grievance. At this point the formal grievance procedure will have been exhausted.

Every employee has the right to be accompanied by a trade union official or representative or by a work colleague at any grievance meeting. The companion will be permitted to address the Care Manager, Director or panel conducting the meeting and to confer with and make representations on behalf of the employee but may not answer questions for the employee.

[..\Chardleigh\DISCIPLINARY & GRIEVANCE July 2014.doc](#)



DIVERSITY, EQUALITY & EQUAL OPPORTUNITIES

POLICY

3 Dimensions is committed to equal opportunities in the provision of services to our service users and employment of staff so as a service provider and an employer we are aiming to put these principles into practice.

Everyone who works for 3 Dimensions is expected to carry out and implement all equal opportunity initiatives and herald diversity for the wealth of experience it brings.

We intend to ensure that in all aspects of our organisation that no Service user, employee, or job applicant shall receive less favourable treatment than another or unjustifiably discriminated against on the grounds of their gender, marital status, age, race, colour, nationality, ethnic or national origin, disability, sexuality, political or religious belief social background, family circumstances or any other reason. (with the exceptions specified in the rehabilitation of offenders' act 1974).

The law

This policy will be implemented within the framework of the relevant legislation, which is governed by

EQUALITY ACT 2010

PROCESS

In our work with children, young people and their families we acknowledge that the experience of discrimination can be a fact of life for many. Managers and Employees of 3 Dimensions will be expected to recognise and challenge all forms of discrimination either direct or indirect.

Training will provide a means by which the Policy and supporting policies are communicated to staff and internalized to enable them to act and respond appropriately. All staff should attend training events related to equality and diversity, which will further help to translate the law into working practice.



We aim to teach pupils about diversity & equality and to respect the people they come into contact with and provide everyone with equal opportunities.

Staff will meet the particular needs of each individual. Due regard will be given to the child's religious persuasion, racial origin, cultural and linguistic background when making any decision, in accordance with the Children Act 2004 & 1989 section 22 (5), Children's Homes Regulations 2001 & NMS for Children's Homes 2011..

All staff will be made aware of the power of language and ensure that they communicate in a way that is anti-discriminatory and anti-racist.

Breaches of our diversity and equality policy will be regarded as misconduct and could lead to disciplinary proceedings.

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DOMESTIC RESPONSIBILITIES

POLICY AIMS

We aim to provide family values modelled on a family home environment. It should be warm, comfortable and have an inviting atmosphere. Therefore young people will be consulted in how they would like to improve their surrounding and staff and young people will be expected to be involved in the creation of this.

Although we do not wish to make the environment in any way institutionalised, we must adhere to regulations and requirements to ensure the Health and Safety of all. Therefore all staff are trained in all aspects of H&S which includes Food Hygiene, the use of Risk Assessments and Hazard Analysis and complete a food hygiene diary daily.

The staff will maintain the cleanliness of the home and provide good role models through which the young people will be encouraged to keep their own space clean and help with the upkeep of the home in general.

Meal times are an important family event and the aim will be to promote this as a time for discussion and sharing. A variety of meals should be discussed with the young people so that their likes and dislikes can be considered when creating weekly menu's and healthy eating must be a priority.

OBJECTIVES

The House must look good, feel good, be kept tidy, clean and feel inviting. Everything should be in a good state of repair and household daily routines followed.

PROCEDURE

- Each member of staff must be alert to the conditions of their working environment and are responsible for standards being maintained, we expect the home and grounds to remain in the current good condition or improve.



- The surroundings of the house are just as important - no rubbish is to be left around, the garden is to be kept neat and tidy, dead leaves etc cleared away and paths swept to avoid any tripping hazards as well as general appearance.
- The Handover each morning provides the forum for staff to discuss the days tasks to be completed and the days plan should identify individuals taking responsibility for each task required by their team on that day
- There is a daily rota displayed in the house showing the cleaning and other routine duties for each day and giving any deep clean tasks, Staff should complete as much as is possible or give good reason why it has not been done.
- Any damage should be reported immediately to The House Manager who will inform the H&S Manager via a maintenance request form, and organise repairs, unless it is an emergency. In this case please consult your professionals list and call out the appropriate person for the job. Emergency repair numbers are displayed in the maintenance book. If the member of staff is unable to deal with the problem, they should inform the health and safety officer who will arrange for the job to be completed.
- Any general maintenance work needed, should be documented in the household maintenance book and the appropriate workman called to do repairs.
- Domestic chores not completed and left for the next shift coming on duty is to be entered on the hand-over sheet giving the reason for non completion. Every effort must be made to complete all daily tasks, although the whole team must realise that there will be days where all the tasks may be difficult to complete due to unforeseen circumstances as the young peoples needs come first.
- Handing over daily tasks must not become a Habit and if there are genuine recurring reasons for their non completion this must be flagged up to the manager who will investigate and provide new strategies where necessary.

[..\Chardleigh\DOMESTIC RESPONSIBILITIES July 2014.doc](#)



Employees Anti-Bullying & Harassment Policy

3 Dimensions is committed to a working and learning environment that is free from any form of harassment. Harassment adversely affects working and social conditions for staff, and visitors to the School, and is unacceptable. Any incident of harassment will be regarded very seriously and may be grounds for disciplinary action. Persistent or gross harassment and, in particular, sexual or racial harassment will be treated as grounds for disciplinary action including dismissal or expulsion from 3 Dimensions.

What is Harassment?

Harassment causes distress and anxiety. It interferes with people's ability to work and study and may be so serious and unrelenting that the person who is being harassed may feel it necessary to change job. It is uninvited, may be personally offensive and is always unwelcome; it can be detrimental to all aspects of people's social and working lives.

The School will therefore take harassment to include any behaviour that is offensive, intimidating or hostile; which interferes with individuals' working or social environment; or which induces stress, anxiety, fear or sickness on the part of the harassed person. The defining features are that the behaviour is offensive or intimidating to the recipient and would be so regarded by any reasonable person.

It is important to remember that differences of attitude, background or culture and the misinterpretation of social signals can mean that what is perceived as harassment by one person may not seem so to another. Being under the influence of alcohol or drugs will not be admitted as an excuse for harassment.

Harassment may take many forms and involve more than one individual both as the harasser and the victim. It can range from extreme forms such as violence and bullying, to less obvious actions like ignoring someone at work. It may occur where the harasser has a position of authority (eg: where a teacher, supervisor or administrator is able to affect another person's job, career or grade) and relies upon the fact that the recipient(s) are reluctant to complain for fear of ridicule or reprisals. Any act of harassment will be regarded by the as more serious if it involves the abuse of the position of authority or trust.

Some general examples of harassment may include:



Physical contact ranging from touching to serious assault

Verbal and written harassment through jokes, offensive language, gossip and slander, sectarian songs, letters, etc

Visual display of posters, graffiti, obscene gestures, flags, bunting and emblems

Isolation or non co-operation at work, exclusion from social activities

Coercion ranging from pressure for sexual favours to pressure to participate in political/religious groups

Intrusion by pestering, spying or following someone

Bullying

Two important examples, amongst others, are sexual harassment and racial harassment both of which are illegal.

Sexual Harassment

Sexual harassment always involves unwanted attention which emphasises sexual status over status as an individual, client or colleague. It can occur in a variety of circumstances but always has a distinctive feature: the inappropriate introduction of sexual comments or activities into teaching, learning, administrative working or social situations.

Racial Harassment

Racial harassment is any hostile or offensive act or expression by a person of one racial or ethnic origin against a person of another, or incitement to commit such an act. Those who may be particularly affected are students and staff who are in a small minority within the School and, for fear of ridicule or reprisals, find it difficult to complain.

Any difficulty in defining what constitutes sexual and racial harassment should not deter staff or clients from complaining of behaviour which causes them distress. Nor should anyone be deterred from making a complaint because of embarrassment or fear of intimidation or publicity. They will respect the particular sensitivity of sexual and racial harassment complaints and their consequences as well as the need for the utmost confidentiality.



Everyone can contribute toward preventing harassment through an active awareness of the issues involved and also by ensuring that standards of conduct for themselves and for friends and colleagues do not cause offence.

Procedure

If you it is appropriate and you feel able make the person responsible for the harassment aware that you find their action offensive and ask them to refrain. If you do not feel able to do this or the above action does not change the situation! Speak immediately to your Supervisor who will try to resolve the issues informally. If the issues are still not resolved then you must inform your Line Manager. Your line Manager will now be responsible for making your complaint formal and take a written statement from you. The line Manager will then request in writing a meeting with the harasser to resolve the complaint and will invoke the Schools Complaints procedure that may lead to disciplinary action being taken as outlined in your Staff Handbook. If you still experience difficulties with the harasser or you are unhappy about the way in which the complaint is being handled please speak to your supervisor. If you are still unhappy please write to the Director of Education who will be happy to arrange a meeting to resolve any issues.

What to do if you are accused of harassment

Harassment is an issue which must be taken seriously by colleagues, clients and the management. An accusation of harassment does not signify a judgement that you are guilty and there will need to be a discussion with you in order to establish the true nature of the situation.

It is possible that there might be a behaviour-at-work problem which has arisen because you have not realized the effect of your actions and you may not have intended the effects complained of. The perception of the person complaining of harassment is, however, an important factor in determining whether or not harassment has taken place.

Details relating to the circumstances that gave rise to the complaint, the existence of witnesses and the nature of the professional relationship between the person complaining and yourself will all be taken into account. If the complaint is taken to a formal stage, this will ensure that any formal procedures are fairly and properly followed.



Throughout any informal or formal procedures the principal objective is that of identifying the underlying issues and eliminating the cause of offence as quickly as possible and with minimal recrimination

Whatever your difficulties are, please speak to one of the managers or supervisors who are here to help and always willing to make time for you.

<..\Chardleigh\EMPLOYEES ANTI BULLYING AND HARASSMENT July 2014.docx>



Encryption of Confidential Documents Sent by Email

As part of our Information Management and Security Policy, and commitment to Data Protection, please encrypt all confidential documents before emailing them to recipients.

The process is simple and straightforward:

If your original document is saved as a Word format

1. Open the file/document and press **Save As** . In the pop up prompt **Save As box** add the word **Encrypt** to the file name. Now go to the **Save Type** and if the file/document is in an older version of Word (for example 97 - 2003) then change it the latest Word (.docx) from the drop down menu and click **Save**.

Office 2007 Instructions

Then on this open copy go to the Windows Button (**office 2007**) in the top right hand corner of word, click and select **Prepare** (below Print) and then select **Encrypt Document**

Office 2010 Instructions

Go to **file menu**, followed by the **info tab**, then **protect document**.

Select **Encrypt with password**

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2. In the pop up box enter a password of your choice. You will then be prompted to reenter your password. **N.B. Do Not Forget This Password - you will need to send it as a separate email to the recipient so that they can open it.**
3. Close and when prompted/asked if you want to Save the document press **Yes**



4. You will now have two copies of the document , one of which is now encrypted.
5. When you Email the recipient select this Encrypted copy of the document (remember you have a normal un-encrypted copy and the one saved with the file name extension "Encrypted" for when you Email the recipient.)
6. In your email add a sentence saying the document attached is encrypted and you will send a password to open the document in a separate email which will follow shortly.
7. Immediately send the recipient the password.

These instructions form part of the **Company's Information Management Security Policy**

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Environmental Policy

3 Dimensions are committed to provide premises for their Children's Homes, to ensure that the young people in our care are effectively safeguarded and the home meets the needs of their care and placement plans, in compliance with Children's Homes Regulation 31. Within this we also aim to provide a home that is compatible, homely and well equipped for young people to reside in.

All our homes for children and young people are in a semi-rural position, which also allows for ease of access to local facilities but also acts as a deterrent to young people leaving the premises and placing themselves at risk.

The homes are also not in close proximity to other children's homes which has proven, across Local Authorities, to elevate risks in particular those around Missing Children, Child Sexual Exploitation and Anti Social Behaviour.

The registered person will inform the Local Authority in which the home is located of children who are placed there from another Authority both when they are placed and when they leave.

The information will include: Child's name, Date of Birth, What section of the Children's Act the young person is placed under, Contact Details of the LA Social Work Team Manager and IRO. It will also include whether the children has a Statement of Education and the details of what Authority is responsible for handling this.

An annual review of the fitness of the premises will be undertaken by the Registered Person to ensure continued appropriateness and suitability of location. The review will take into consideration the views of local agencies, including Children's Services and Police, and identify any risks concerned in keeping young people safe within the home's location.

3 Dimensions is committed to helping preserve the Environment wherever it is possible for them to do so. Our education program teaches the pupils about current environmental issues and help limit our waste through PCHSE (Personal, Citizenship, Health and Social Education) and encourages them to take part in the schools recycling program.



As a school we aim to do all we can within our power to reduce the non recyclable waste we produce and actively recycle all recyclable items.

Staff and pupils take part in this activity and it is part of our education program to occasionally visit the local Wyvern Waste disposal and recycling plant to gain more information on what we can do to improve.

We aim to use energy efficient equipment and lighting wherever possible without creating a health and safety issue.

Our garden and grounds are well kept and maintained and our pupils are encouraged to create flower beds and vegetable plots that are grown organically. The fruit and vegetables grown in the grounds are used in our own kitchens.

[..\Chardleigh\ENVIRONMENTAL POLICY July 2014.docx](#)



FIRE PREVENTION POLICY- WOODVIEW

Woodview has a duty of care and thus maintains a Fire Prevention Policy & Procedure to comply with the Fire Precautions (workplace) Regulations 2005.

Woodview has high regard for the safety of all individuals in their care/employment, or visiting. Therefore, we have provided an automated fire detection system to enable a quick and safer means of escape in the event of fire.

1. FIRE ALARM & DETECTION SYSTEM

The fire alarm and detection system has been installed in accordance with BS 5839.

The type of system is a self monitoring with detectors in key locations and in individual bedrooms (except for toilets and bathrooms).

Manual call points have been sited adjacent to exit doors and the system has sufficient sounders, which are clearly audible throughout the buildings.

The main fire alarm panel has been positioned in an area where it is easily accessible. The power supply from a single independent circuit at the building's main consumer unit has a standby power supply, which operates during a mains failure.

The main fire alarm panel can either just show whether a smoke detector or manual call point has actuated within several zones. The advantage of this type of system is that it self tests all detectors and call points every minute or so thus showing any faults in the system.

Where a fire alarm and detection is installed, the contractors provide an installation and commissioning certificate.



2. EMERGENCY LIGHTING SYSTEM

All escape routes have adequate artificial lighting, but emergency lighting has been installed on stairs and escape routes. Emergency lighting is on a separate circuit for the escape routes.

Standards for the installation of a system of escape lighting are given in BS5266 and has a commissioning certificate supplied by the contractor for inspection by the Fire Author

3. FIRE DOORS

Fire doors play a vital role in preventing the spread of fire and particularly smoke from one compartment to another. They have in the home an integrity of 30 minutes.

4. FIRE EXIT SIGNAGE

As the residents will be staying for a minimum of six months and will be treating the building as their home, there is a strong justification for keeping the number of fire exit signs to a minimum, so that the building does not look like an 'institution'. Woodview therefore, adopted this minimalist sign strategy adequate for safe evacuation.

5. FIRE EXTINGUISHERS

With certain exceptions, portable fire extinguishers are a requirement in most buildings.

Woodview have installed a fire extinguisher and fire blanket in each of the two kitchens, and at the other locations indicated on the plans. The extinguishers comply with BS EN3 2005 and are serviced annually by a registered maintenance company, unless needed to be topped up due to being used or set off.



6. FIRE ASSEMBLY AREA

To the front right of the building by the 5 bar gate leading to lower Woodview, is the main assembly point. However, should there be obstructions restricting access to the assembly point, an alternative is in the back garden at Lower Woodview. This will provide the staff with the degree of control necessary for the type of residents.

7. PAT TESTING OF PORTABLE ELECTRICAL APPLIANCES

Where portable electrical equipment is supplied for use by either the residents or employees, there is a legal responsibility for 1 yearly checks to be carried out.

8. FURNITURE

All furniture and furnishings comply with The Furniture & Furnishings (Fire, Safety) Regulations 2005.

9. FIRE LOG BOOK - FIRE PREVENTION POLICY

Woodview keep a Fire Log Book where the following items can be recorded:

1. Fire Alarm Log Book (for all hard-wired alarm systems).
2. Fire & Emergency Evacuation Record.
3. PAT Test Record.
4. Fire Detection & Alarm System Test Record & Installation Certificate.
5. Emergency Lighting Inspection Record & Monthly Test Record
6. Electrical Installation Certificate & Domestic Electrical Installation Periodic Inspection Reports.
7. Fire Appliance Certificate of Maintenance/Work Reports.
8. Fire Alarm Panel Points & Sounders Zone Description
9. Fire Appliance Training Record
10. User Manual for Fire Alarm Control Panel



10. PLANS CONTAIN:

1. Location of smoke and heat detectors.
2. Location of fire alarm points.
3. Location of emergency lighting luminaries.
4. Location of fire extinguishers.

WOODVIEW

Responsibilities

- | | |
|---------------------------------------|--|
| 1. The Safety Officer & Fire Marshall | Ben Harms |
| 2. Deputy: | Emma English |
| 3. In house Care on the above: | Designated staff on each shift pattern |

Job Roles

- | | |
|--|--|
| Safety Officer/Deputy: | Manage and oversee procedure in accordance with Woodview emergency procedures.

Maintain fire procedure checklist including extinguishers, smoke alarm tests and all related paperwork is completed by Care Staff. |
| Safety Officer/Deputy/
Designated Staff Member: | Ensure all areas are evacuated in the event of a fire. Carry out quarterly evacuation drills.
NP. Report any apparent defects with fire fighting equipment or signage to the relevant maintenance agency for replacement. |



It is also the responsibility of all staff to be aware of potential fire risks and to deal with them appropriately.

EMERGENCY FIRE EVACUATION PROCEDURE

All staff shall ensure that they inform their co-workers when they intend to leave the premises or on return. All staff are also responsible for ensuring that any visitors sign a visitors book on arrival or departure, and follow these procedures:

1. Any individual upon discovering a fire must:-
 - Raise the alarm by activating one of the designated call points.
 - Once the alarm is raised, all occupants must leave via the nearest designated escape routes which are clearly signposted as quickly and safely as possible.
2. Once evacuated, all occupants must assemble at the front of the house by the 5 bar gate, or at the back of the garden Lower Woodview. Safety Officer/Deputy/designated staff member, are responsible for head counting all occupants including any visitors as recorded present at the time.
3. After head count has been successfully carried out, the responsible a members of staff, may re-enter the building to inspect the main control panel and access possible fire zone. Walkie-talkies are standard issue by Woodview for communication, to enable investigation of possible fire zone by one of the staff, whilst in communication with control panel observer where possible.
4. If no evidence of fire is discovered, control panel should be reset (this will automatically re-activate if a potential fire is still detected). At this point if the 'all clear' has been given and no further detection of fire be evident, the premises may be re-entered.



5. If a fire is discovered, it may be tackled if it is safe to do so by a confident member of staff. If it is unsafe to do so, the designated member of staff must evacuate the building immediately and contact the Fire Brigade.
6. Under no circumstances must any individual re-enter the building until the 'all clear' is given by the emergency services.
7. All individuals, where necessary, are responsible for liaising with the emergency services to manage the incident and enable the search for any missing or trapped personnel.

POST FIRE PROCEDURE

1. A preliminary incident report is to be completed.
2. All portable fire fighting equipment is to be checked and serviced as soon as possible.
3. If appropriate, the safety advisor and the enforcing authorities may be informed.
4. Debrief staff and young people after actual incident

[Woodview Fire Prevention Policy 2014.docx](#)

FIRST AID POLICY

POLICY

3 Dimensions regard the Health & Safety of the young people and staff as paramount and the first aid policy will be reviewed annually.

As such we ensure that there is at least one trained First Aide on each shift pattern and in school and that all staff receives First Aid training, in Emergency First Aid or Appointed Person in accordance with H & S First Aid Regulations 1981 and H & S at Work 1992, within there 6 months probationary period.

3-Dimensions provide at least 3 Staff members on shift at all times to enable support to be given in the event of an accident, injury or illness, making any calls necessary in the event of a serious accident, and allow the first aide to remain with the injured person.

The designated First Aide aims: - To preserve life, to prevent the condition worsening, to promote recovery.

Attend any accident, injury, or illness take charge and assess the situation and take appropriate action.

During the school day if a young person becomes ill remove them to the sick room for assessment if they are able -

1. Is the person's injury serious enough to require an ambulance?
2. If so get your colleague to call for an ambulance, and administer appropriate first aid until it arrives.
3. Is the person's injury, less serious but still needs professional medical attention.
4. If so is it more appropriate to transport them to the Hospital, or make an emergency appointment with the local GP? Once assessed administer appropriate first aid to enable the sick or injured person to be seen by a doctor. Ask your colleague to either make the appointment for the GP or transport you with the sick or injured person to Hospital.
5. Is the person's illness or injury minor and only requires general first aid, which can be administered in the home. Then you may proceed as follows:-

The First Aid Box and Accident Book is located in the Office.

Minor Cuts- ensure all H&S precautions are observed, staff must wear gloves then ensure wound is clean and apply a plaster, check each day until healed

Contact with Bodily Fluids - the following controls are in place. NB Individual House Contamination Risk assessments and Individual Risk assessments provide further guidance.

- Awareness of individual young person's medical history.
- Staff training in awareness of potential hazards of spitting, or other bodily fluids, implications and procedure.
- Use of verbal de-escalation to redirect focus to distract from intent of spitting.
- Use of anti-bacterial wipes/gloves or other PPE
- Place in sealed bag, for disposal in bin provided
- In process of restraint or holding, give limited spitting target to vital areas by facing away from young individual until opportunity to redirect is possible.

Minor knocks & bruises- provided there is no difficulty moving, warm bath and rest, check each day until healed to ensure there is no swelling or difficulty moving, which would require further medical attention.

Headaches- Call the persons GP for advice, give pain relief tablets if advised to do so.

Sickness and vomiting- No food for 24hrs, but maintain fluid intake, of water. If the person continues to suffer these symptoms the next day; consult with their GP

Rashes- Consult with GP.

Wasp or Bee stings- apply wasp ease- monitor person to ensure there are no signs of allergic reactions to stings, any doubt contact the GP.

Coughs and Colds - keep warm, drink plenty of fluids, honey & lemon, monitor temperature, if this persists consult with the GP.

Consult with GP for any other illnesses or health problems that may arise.

Ensure you complete the Accident book and central Accident Records & inform the H&S Manager who will complete any action necessary under HSC Regulations and RIDDOR.

Following this latest Met Office alert, Public Health England is continuing to remind people to be aware of the health risks of hot weather.

Key public health messages for staying safe:

3Dimensions

- try to keep out of the sun between 11am and 3pm
- if you have to go out in the heat, walk in the shade, apply sunscreen and wear a hat
- avoid physical exertion
- wear light, loose fitting cotton clothes
- drink plenty of cold drinks
- if you have a health problem, keep medicines below 25°C or in the refrigerator
- look out for others especially vulnerable groups such as the elderly, young children and babies and those with serious illnesses
- never leave anyone in a closed, parked vehicle, especially infants, young children or animals.

[..\Chardleigh\FIRST AID POLICY July 2014.doc](#)

HEALTH AND HYGIENE

POLICY

3 Dimensions is committed to safeguarding the health and welfare of its staff and the young people in its care.

3 Dimensions staff are required to complete a medical information sheet with current health issues, medications, allergies, named contacts for next of kin, GP and any other relevant professionals, who may need to be contacted in an emergency and details of any treatment that may be required in an emergency.

3 Dimensions will ensure that it obtains all the available medical information, current and historical regarding each young person, that it is kept secure, maintained and up-to-date. 3 Dimensions will ensure that all relevant information is readily available at all times, that we keep a record of prior health history and current conditions, medications and appointments, to ensure that we are in full fact of the possibilities of recurring illness and indication of possible signs or symptoms.

3 Dimensions further commits to ensuring that all medical needs of the young people in our care are properly met. All Health checks will be arranged by 3 Dimensions staff as soon as possible after a young person arrives in placement.

First aid is administered by staff who are trained as Emergency First Responders or Appointed Person and 3 Dimensions holds written permission from Placing Authorities to administer any first aid required.

It is also our aim to educate each young person on the need for personal hygiene, understanding sexual health and healthy diet.

Staff members are also trained in awareness of food hygiene and the possible effects of contamination or allergic reactions.

PROCESS

Young people are encourage and informed on a daily basis about the need for personal hygiene and how to achieve this.

Training on Food Hygiene, risk assessments and hazard analysis is kept in the home and highlight the risks of contamination, food preparation, hygiene and storage, allergic reactions and infection controls.

Training is given to all care staff on the importance of reviewing the medical information of each young person in their charge and of monitoring the health and wellbeing of that person, on a continuous basis.

Training will cover the procedures relating to maintenance of the Medical records, Medication and to dealing with medical issues as they arise.

All medications will be locked in the office safe and recorded on a Medication Administered record this will be held with the medications, secured in the safe and staff must count and sign for any medications during handover.

All young people will be registered with a local GP, Optician and dentist within one week of Placement and appointments made for an initial check as soon as one is available.

All further checks will be attended and recorded appropriately

During PHSE lessons in School, the issues of Sexual Health (including Pregnancy), Drugs, Alcohol and Nutrition are discussed. Half a term is designated to cover each topic thoroughly and sensitively.

Were necessary further issues personal to the young person can be discussed on a one to one basis during key worker sessions and also on a general day to day.

[..\Chardleigh\HEALTH & HYGIENE July 2014.doc](#)

HEALTH AND SAFETY

POLICY

The aim of the policy is to heighten the awareness of the staff and young people of 3 Dimensions and reduce the risk of potential dangers and harm. We aim to maintain a high standard of health for all persons affected by the operations of 3 Dimensions and to ensure that all staff recognises that Health and Safety issues are the responsibility of every individual person.

3 Dimensions is committed to meet the requirements of the Health and Safety at Work Act 1974, Fire safety Regulations 2005, COSHH 2002, RIDDOR Regulations 1995 and Management of Health and Safety 1999.

Compliance with all Health and Safety Regulations is underpinned and supported by our thorough risk assessment process which is both individual and in depth. We intend to promote the health and wellbeing of all persons within 3 Dimensions project, homes and school, visitors and the general public we come in contact with.

As a Children's Home and School, 3 Dimensions will also observe all the regulations and approved codes of practice contained in the Children's Homes Regulations 2001, NMS 2011, Education act 2002, Independent Schools Standards Regs 2010 and the Environmental Protection Act 1990.

3 Dimensions will ensure that there are clearly defined responsibilities for implementing the Policy and monitoring its effectiveness.

PROCEDURE

1. General

Induction Training of all staff meets the requirements of Company's Induction and Training Standards for probationary staff. Staff members need to understand H&S requirements and a copy of the Health and Safety Procedures will be issued to every person employed by the company along with other information during training.

A copy of the Health and Safety Procedures Manual is kept in each home for easy reference, and all staff receive ongoing training as a refresher which includes any policy updates.

Specific safety courses will be held by the Health & Safety Manager and outside agencies to instruct each member of staff as to their responsibilities under the Policy.

Our Health and Safety Officer has responsibility for reviewing the adequacy and effectiveness of the policy and the supporting procedures and informing the Management board of any changes.

2. Health and Safety Committee

The Health and Safety Committee will comprise of the following individuals:

- Company Director
- Care Director
- Health & Safety Manager
- Health & Safety Officer
- Training Manager

3 Dimensions recognises the importance of consulting and involving young people in matters of Health and Safety. Part of this process involves regular meetings of a small committee which includes two young people, the Health and Safety Officer and an education supervisor.

The Committee will have responsibility for ensuring that the Policy and Procedures comply with all the statutory requirements and meet standards of good practice.

The Committee will approve all changes to Company policy and recommended practice.

The Committee will meet every 2 months to review any incidents that have arisen and decide whether there needs to be any changes to the policy document, the supporting procedures or the training programme.

3. Health and Safety Manager

The Health and Safety Officer will have responsibility for:

- Organising statutory fire inspections
- Arranging the installations of fire alarms where required
- Carrying out all H&S Risk Assessments and providing easy access to copies on file
- Carrying out safety checks on all existing and new equipment.
- Carrying out safety checks of any new premises and facilities
- Identifying potential hazards and recommending safe working practices.
- Investigating all health and safety incidents and preparing a report for consideration by the Committee.

4. Training Manager

The Training Manager will have responsibility for ensuring that all staff receive the necessary training in Health and Safety as a matter of priority from the H&S Officer.

The Training Manager has the responsibility to ensure that the training programme meets the required level of understanding and personal commitment to Health and Safety Policy.

5. Administration & Personnel Officer

The Administration & Personnel Officer has the responsibility for ensuring that the Health and Safety Procedures Manual is revised in accordance with the instructions of the Committee, and that the revised versions are distributed to all interested parties.

6. Registered Manager

The Reg. Manager will have responsibility for ensuring that staff under their control complies with the requirements of the Health and Safety Procedures Manual. The Reg. Manager also has responsibility for implementing safe working practices at a day-to-day level.

The Reg. Manager is required to notify the Health and Safety Officer in writing of any potential hazard identified in the workplace

7. All Other Staff

It is the responsibility of every member of staff to ensure that they are conversant with the requirements of the Health and Safety policy and procedures. They are also required to adhere to the requirements of the Health and Safety policy and procedures at all times.

Staff are also required to be vigilant to any potential hazards or dangers to themselves or others and to report any concerns that they may have to their supervisor and in an emergency to the Health and Safety Officer.

8. Risk Assessment

3 Dimensions Care place great emphasis on the safety of its young people and staff alike, as it covers all areas of the company's business and service delivery within the workplace, in residential facilities and school as well as in the general public's domain. Their safety, policies and procedures are overseen and undertaken by our H&S Manager Ben Harms.

Process of Identification

Identifying significant hazards by pro-active monitoring within the homes and ground environment, as well as all external activities. Communication with others is essential to help identification of potential significant hazards, potential outcomes and risk of injury.

Identification of groups of people that may be at risk from significant hazards/potential hazards i.e. to young people, carers, staff and general public. Potential violence from young people towards staff and general public or aggression or violence towards the young people.

Process and procedures to illuminate, reduce and control potential hazards and implement existing controls pertaining to identified hazards.

- Eliminating hazard at source.
- Reduce hazard at source.
- Remove person from hazard.
- Contain hazard by enclosure
- Reduce people from exposure of hazard
- Systems of work
- Personal Protective Equipment (PPE)

Risk classification ratings score: 1-5, severity, likelihood & rating.

Identify potential hazards not adequately controlled, or out of control factor. Removal of people from uncontrollable hazards.

Ben Harms



2.7.14

Health and Safety Manager

RISK ASSESSMENT PROTOCOL

3 Dimensions Care place great emphasis on the safety of its young people and staff alike, as such it covers all areas of the company's business and service delivery, within the workplace, in residential facilities and school as well as in general public's domain, their safety, policies and procedures are overseen and undertaken by our H&S Manager Ben Harms.

Stringent Risk assessments are carried specifically for each young person residing within the home and for all school pupils, including day pupils. This is backed up in their Placement Plan & Behaviour Assessment & strategies. All potential referrals of young people are taken on individual merit as to their risk and suitability for the intended house, to ensure the safety of all existing young people as well as new potential resident.

All potential Managers, carers, teachers, teaching assistants, voluntary workers and other staff recruited following a safe, strict interviewing procedure to identify potential staff. Upon identification, all potential employees are CRB checked and are required to supply references within the guidelines set out by Ofsted. (See Safe Recruitment Policy)

All the homes are risk assessed by in-house Health & Safety Officer. A Layout House Risk Assessment is carried out specifically for each unit, including school premises and HSE information poster identifying the H&S Officer is in each location. This involves House Layout Risk Assessment and grounds and garden, Fire Safety, COSHH Risk Assessment, and RIDDOR procedures.

All electrical installation tests are carried out 3 yearly as per regulations by a qualified technician/electrician. All appliances are regularly checked and PAT tested yearly. All processes are recorded, copies are kept in the house office and main office and are accessible to all.

Fire safety equipment has been installed by a qualified external provider to ensure adequate and appropriate fire fighting equipment is at hand.

3Dimension's School and Care is unable to offer any facilities for students with a history of arson or fire setting.

Our H&S Manager is also the Fire Marshal and ensures all equipment is in good working order and accessible. Regular fire evacuations are carried as well as general safety inspections of the workplace to ensure fire check

doors are in good working order as well as alarm call points and alarm systems.

Training

3 Dimensions places great importance on having highly trained and competent staff to ensure the wellbeing and safety of entire young people.

Part of this process is to invite a potential staff member for a tea visit as part of the interview process, to meet the young people and obtain their views on each potential staff member via 'feedback forms'. Upon clearance of DBS checks and suitable references, all new staff attend induction training provided by 3D:- Health & Safety including Fire Safety, Physical Intervention & De-escalation, Safeguarding & Child Protection training are given prior to working with the young people.

To ensure the safeguarding of all young people, mentoring of new staff whilst on shift continues throughout their Induction and probationary period and covers general day to day tasks, record keeping, and becoming familiar with Risk Assessments, Placement plans, Behaviour Plans, Reporting and Log Keeping as well as getting to know the young people and an Induction Workbook is completed .

Over the first 6 months, staff are required to attend further induction which includes: The Principles of Care, Roles and Responsibility as a Carer, Behaviour Management, What is Autism, Child Development, Communication and Record Keeping.

Refresher training in all of the above areas is repeated annually so that any staff member can access them if they or we feel they need an update, but Physical Intervention is updated yearly, or sooner if required. H&S refreshers are required 2 yearly, Safeguarding, Food Hygiene & First Aid updates must be attended every 3 years. Managers complete level 3 Safeguarding and Child Protection training with their local LSCB (Chardleigh-Somerset/Mourino and Woodview Managers - Devon).

After probation all staff are required to gain a level 3 HSC Dip, equivalent TA Diploma, Managers or Teaching qualification and it is 3 Dimensions aim to have 80% of its staff qualified for their position at any time.

Staff Supervision

New staff at 3Dimensions are given supervision every month during their probationary period and depending on experience and ability, and thereafter every 3 months unless requested or needed.

Activities

Internal activity Risk Assessment processes are all carried out prior to the undertaking. These may involve things like; Sumo Wrestling, sports activity on site, bike rides etc. All activities are carried out in detail to ensure the safety of all involved including young people, staff and observers.

Issue of PPE Equipment, as required depending on activity, checking and maintenance of equipment by carried out by staff and provider.

External Activity Providers

Potential providers are vetted and are required to supply up-to-date DBS checks, Risk Assessment and Certificate of Public Liability. 3D Health & Safety Officer will work with risk assessment supplied by providers, as well as implement specifics regarding the activity identifying each individual young person's difficulties as required.

3D works closely with its providers to ensure all users' safety whilst enjoying the activity.

School Activity

All sports days and activities specific to the wellbeing of the young people, is supervised and set out by competent staff and tutors. Specific risk assessments outlining possible behaviours are put in place for individual pupils as required.

Design and Technology

All school projects such as building of go-carts, large scale models of various types are risk assessed specific to project and pupil. These are carried out under strict supervision by competent and capable tutors and carers.

Transportation

3D School and Care have a mini fleet of vehicles which are kept well maintained by a local mechanic. Records of maintenance are kept up to date, as well as MOT and Insurance, regular daily and weekly car checks are carried out by staff to look for faults or damage to vehicles. These are all recorded in movement logs available in the vehicle. Staff are made responsible for specific vehicles, i.e. school and home, and specific houses to ensure safety standards are in force.

Staff are vetted to ensure clean driving licence and competence of vehicle safety.

First Aid

3D School/Care has its own designated First Aid/Sick Room facility for the benefit of pupils or staff, should they obtain an injury or fall ill prior to receiving further medical attention. At any given time, there are several trained First Aid Responders at hand to assist in any emergency whether at school, in the home or out in the community. All staff are trained to assist.

Environmental Cleanliness

Staff are required to follow a strict cleaning regime, daily routines and more stringent weekly routines. These involve the cleanliness of all toilet/bathroom facilities, kitchen facilities, laundry, recycling and disposal of refuse. Checks to food, dates and temperature records are carried out regularly. All procedures are recorded as required and available in the office.

Personal Hygiene

To ensure hygiene and cleanliness, all students are encouraged and monitored to ensure regular, showering etc., change of clothes, brushing of teeth, encouraged to have haircuts, upkeep of doctors' appointments, attending dental appointments, dental hygienist, appropriate footwear, change of bedding and towelling.

Premises and Building Maintenance

These are all kept to a high standard throughout internal and external with the use of local builders, decorators, window cleaners and gardeners. Driveways are kept clear from hazards. The grounds and shrubs are cut and trimmed and the grass maintained. Where there is wheelchair access, this is kept clear and clean from debris. Fencing and gateways are maintained. Walkways are kept clear, gritted and salted as required during winter times to reduce slipping and tripping. Parking facilities are marked and identified to reduce hazards. Taxis for off-site students are required to keep within the speed limits on the premises. All workmen are DBS checked.

3D holds Insurance arranged by Atoms Insurance Broker and Public Liability Insurance with Zurich.

HEALTH AND SAFETY

Process of Identification

Identification of hazards by the process of site observation and inspection within the home and ground environment as well as all external activities. Communication with others is essential to help identify potential hazards and the potential risk of harm.

Identify groups of people that may be at risk from potential harm i.e. young people, carers, staff and general public. Possible violence from young people towards staff and general public, thus inflicting potential harm.

Five Basic Steps to Risk Assessment as follows:

- Identify hazards
- Identify those people who may be at harm
- Evaluate the risk
- Document the findings
- Review and Assessment

Process and procedures to illuminate, reduce and control potential hazards and implement existing controls pertaining to identified hazards:

- Eliminating hazard at source
- Reduce hazard at source
- Remove person from hazard
- Contain hazard by enclosure
- Reduce people from exposure of hazard
- Systems of work
- Personal Protective Equipment (PPE)
- Discipline

Risk classification ratings score: 1-5, severity, likelihood and rating.

Identify potential hazards not adequately controlled, or out of control factor. Removal of people from uncontrollable hazards.

Outreach Work Experience

Identify potential appropriate placement. Implement risk assessment, DBS Checks, workplace public liability insurance and specific site risk assessment from provider, backed up by 3Dimensions Child Specific Risk Assessment pertaining to placement. Members of education or care staff to accompany young person at initial stage, leaving the young person under the supervision and guidance of the work experience provider. Telephone access to carer, or tutor for emergencies. Safety brief and procedures given to young person by tutor and provider for safe experience within the placement.

<..\Chardleigh\HEALTH & SAFETY POLICY Reviewed Nov 2014.doc>

Incident Reporting

It is the companies aim to safeguard the young people in our care, as well as safeguard the staff who look after them, therefore all staff receive Induction and ongoing training in record keeping and reporting procedures. The house managers ensure that their staff teams are informed and confident to carry out the reporting procedure.

Whenever violent, harmful or dangerous situation arise, it is imperative that the circumstances are recorded in detail so that the information can be used to help safeguard all young people and staff involved and others who find themselves in a similar situation.

Where actual bodily harm is inflicted, the individual staff/child/young person must be given necessary medical treatment immediately and managers, parents and social workers informed. Where a staff period of absence follows, the management team will ensure regular contact is maintained.

Reporting Procedure

For any injury, an 'Accident Log Book' should be completed and forwarded to the Registered Manager for the home who will inform Ofsted, LA, parents as applicable and Riddor.

All PI or Restraint, which result in injury to a young person, will be reported immediately to the Manager who will report to the following: - Ofsted, LADO, Placing Authority and Parents (if applicable).

A record of the Physical Intervention/Positive handling Report must be entered in the Numbered Intervention Record Book, which will be kept in the office at the home.

We provide Positive Behaviour Management where all activities and monies are earned and good behaviour is rewarded. Therefore sanctions are not incurred activities etc are just not awarded

Social Workers and Parents (if applicable) are informed regularly as to any minor incidents occurring by staff and Managers. This will be in the form of verbal and written communication, if a serious incident happens then they will be informed immediately by telephone.

This procedure must be followed after each incident:

- The full circumstances of the incident and reason and description of any positive handling techniques giving duration and outcome must be recorded immediately after the incident, in the intervention logbook.
- An incident report must be written immediately, recording the day, date, time and duration of the incident, how it started, what de-escalations, was used, how it ended. Giving clear details of the actual behaviour of the young person and if any intervention was required and naming, anyone involved.
- The child/young person will be given the opportunity of putting his or her side of the story.
- The care worker's line manager would discuss the incident with the staff member. A debrief with the child/young person will be carried out by a staff member within 24 hours.
- Strategies to prevent re-occurrence; will be discussed with staff and the young person, to help each young person deal with their anger or frustration in future. Risk assessments and Placement plans will be updated as necessary.
- All behaviour will be recorded and analysed in an effort to prevent continued behaviour difficulties and encourage positive interaction.
- Any Incident involving Injury, Police or Complaints must be reported as per policy to Ofsted, Lado, LA and Parents as applicable.

The following policies should be read in conjunction with this policy:-

Control Physical Intervention and Restraint, Behaviour Management, Complaints, Child Protection and Schedule 5 Guidance.

<..\Chardleigh\INCIDENT REPORTING July 2014.doc>

Information Management and Security Policy

POLICY STATEMENT

3 Dimensions Care Limited (3 Dimensions Care and School) is registered with the Information Commissioner's Office (ICO) and complies with the Data Protection Act 1998 and is registered as a Data Controller and a Data Processor. It has notified the Information Commissioner of:

- The personal data that it will process
- The categories of data subjects to which personal data relates
- The purposes of which the personal data will be processed

The requirements we have for processing personal data are recorded on the public register maintained by the ICO. We notify and renew our notification on an annual basis as the law requires.

If there are any interim changes, these will be notified to the Information Commissioner within 28 days.

The organisation operates registered Children's Homes, an adult care home and an Independent Special Educational Needs (SEN) School. We need to process information about our staff/consultants, our suppliers and the children/young people/adults in our care, for administrative, Statutory, academic and health and safety reasons, in order to operate efficiently. We will only process personal data in accordance with our registration under the Data Protection Act.

3 Dimensions Care and School, in accordance with the Data Protection Act, will ensure that we:

- only collect information that we need for a specific purpose;
- keep it secure;
- ensure it is relevant and up to date;
- only hold as much as we need for as long as we need it;
- allow the subject of the information to see it on request if we have written it.

Children, Young People and Adults in Our Care:

We also comply with Children's Homes Regulations 2001 Schedule 3 and 4 in relation to the collection, storage and retention of child protection records.

Further information on how we meet the standards and regulations set out in the National Minimum Standard and Regulations for Children's Homes as set out in Schedules 3 and 4 (to ensure each child has a permanent, private and secure record of their history, in compliance with legal requirements and confidentiality) can be found in the following policies:

- Case Recording and Access to Files
- Confidentiality and Privacy Policy

The aim of this policy is to ensure that everyone handling personal data is fully aware of the requirements of the Data Protection Act 1998, and acts in accordance with data protection procedures. This document also highlights key data protection procedures within 3 Dimensions Care and School.

Our policies & procedures ensure that access to information and/or information systems is provided on a "need to know" basis and access is properly controlled, authorised and regularly reviewed.

All our staff, consultants and volunteers who process personal information must ensure they not only understand but also act in line with this Policy and related Policies and Procedures, the Staff Contract of Employment and our Staff Handbook or Consultancy Contract and the data protection principles.

Breach of this Policy and related policies by members of staff will result in disciplinary procedures. Breaches by volunteers or consultants will be dealt with as appropriate.

Further information can be found in the following policies and agreements:

- Staff Handbook and Contract of Employment
- Consultancy Contract

DISCLOSURE OF PERSONAL DATA

Induction training will be provided to all staff on data protection, confidentiality and sharing information based on CWDC handouts, information from the ICO and our own policies and guidance.

Personal data must not be disclosed either orally or in writing or accidentally or otherwise to any unauthorised third party.

Particular discretion must be used before deciding to transmit personal or confidential data by fax or email. If Emails are sent with confidential information attached, then the attachment(s) must be encrypted. Recipients will need to unlock confidential attachments using a password sent in a separate email by 3 Dimensions Care and School. Details of how to do this are detailed in:

- Encryption of Confidential Documents Sent by Email

Where non-routine requests are made, or where staff are unsure of their responsibilities, they should seek the advice of their line manager. The line manager may decide to refer a request for a definitive decision to a Company Director.

Staff should be aware that those seeking information about individuals may use deception to obtain information. Staff should take steps to verify the identity of those seeking information, for example by obtaining and verifying the telephone number and returning the call or by reviewing identification documents if an application is made in person.

All applications for data should be made in writing and e-mail requests will be accepted.

Request by other public bodies, including the police, must meet the requirements for lawful processing. The police must be able to demonstrate that they require the information in pursuit of a criminal investigation.

Where a disclosure is requested in an emergency, staff should make a careful decision as to whether to disclose, taking into account the nature of the information being requested and the likely impact on the subject of not providing it.

Personal data may be legitimately disclosed where one of the following conditions apply:

- the individual has given their consent (eg a member of staff has consented to 3 Dimensions Care and School corresponding with a named third party);
- where the disclosure is in the legitimate interests of the organisation (eg disclosure to staff - personal information can be disclosed to other 3 Dimensions Care and School employees if it is clear that those members of staff require the information to enable them to perform their jobs);
- where the organisation is legally obliged to disclose the data
- where disclosure of data is required for the performance of a contract

The Act permits certain disclosures without consent so long as the information is requested for one or more of the following purposes:

- to safeguard national security*;
- prevention or detection of crime including the apprehension or prosecution of offenders*;
- assessment or collection of tax duty*;
- discharge of regulatory functions (includes health, safety and welfare of persons at work)*;
- to prevent serious harm to a third party;
- to protect the vital interests of the individual, this refers to life and death situations.

* Requests must be supported by appropriate paperwork.

When members of staff receive enquiries as to whether a named individual is a member of 3 Dimensions Care and School staff, the enquirer should be asked why the information is required. If consent for disclosure has not been given and the reason is not one detailed above (ie consent not required), the member of staff should decline to comment. Even confirming whether or not an individual is a member 3 Dimensions Care and School staff may constitute an unauthorised disclosure.

Unless consent has been obtained from the data subject, information should not be disclosed over the telephone. Instead, the enquirer should be asked to provide documentary evidence to support their request. Ideally a statement from the data subject consenting to disclosure to the third party should accompany the request.

As an alternative to disclosing personal data, you may offer to do one of the following:

- pass a message to the data subject asking them to contact the enquirer;
- accept a sealed envelope/incoming email message and attempt to forward it to the data subject.

Please remember to inform the enquirer that such action will be taken conditionally: ie "if the person works for 3 Dimensions Care and School" to avoid confirming their presence in or their absence from the organisation.

If in doubt, staff should seek advice from their Line Manager or a member of the Board.

Further information and guidance can be found in the Data Protection section of the Staff Handbook.

DATA SECURITY

3 Dimensions Care and School have taken precautions to ensure domain security and systems backup.

The allocation of access to files and folders is controlled by the Data Controller and determined on a "need to know" basis by the Board of Directors. Once access has been granted secure network folders on the main frame are accessible with a username password, unique to the user. The level of access for each user is defined in the local group policy manager on the server using special permissions.

All staff are responsible for ensuring that:

- Any personal data, which they hold, is kept securely;
- Personal information is not disclosed either orally or in writing or accidentally or otherwise to any unauthorised third party.

Staff should know that unauthorised disclosure may be regarded as a disciplinary matter.

Personal information should be:

- Secured in a locked office or filing cabinet or desk drawer;
- If it is computerised, be password protected.

Particular care must be taken with data held on portable storage devices or laptop computers. Only laptops and secure portable storage devices (USBs) supplied by 3 Dimensions Care and School may be used.

3 Dimensions Care and School issue secure USBs, with encrypted drives to staff who are required to use them to help ensure Company file handling security. All data storage devices not owned by 3 Dimensions Care and School are forbidden for use of transporting, storing or transferring company documents and information.

Only 3 Dimensions Care and School issued USBs must be used to transfer documents to off-site locations, outside the Company premises. These USBs should only be used for secure data transfer and not for permanent storage of Company data, and the data deleted when the specific task is completed.

Any work carried out on remote workstations must only be saved to the USB's secure drive and not to the local machine. Any altered data or documents should be then updated to their relevant file locations within the 3 Dimensions network and removed from the USB secure drive so that it can be backed up as per company procedures and to make data accessible to relevant parties.

The Company Computers are for company use only and staff members are not allowed to use them for personal use, all information on computers belongs to the company. We therefore monitor and track the use of computers regularly.

Further information and guidance can be found in the Use of Computer and Telecommunication Services section of the Staff Handbook.

Staff should ensure that casual disclosure does not take place; by, for example, leaving computer printouts uncovered on desktops or by allowing unauthorised users to view computer screens. PC and laptop screens should not be left unattended without password protected screen-savers.

Computer printouts must be kept securely, and destroyed in a confidential manner using an approved shredder.

All offices where staff members are employed to process personal data must be locked when not occupied.

All staff members are responsible for ensuring that they and service users observe the procedures of other appropriate policies including:

- Contacts Policy - including family visits and telephone calls
- Internet Access
- Staff Mobile Phone Policy
- Visitors Policy
- Whistle Blowing Policy
- Policy for Authorised Room Searches
- Professional Boundaries Policy

RETENTION OF AND DISPOSAL OF DATA

3 Dimensions Care and School do not keep personal data for longer than required by law and/or the condition of our Insurance. Some data will be kept for longer periods than others. For more information refer to the Case Recording and Access to Files Policy.

In general, electronic staff records containing information about individual members of staff are kept indefinitely and information would typically include name and address, position held, leaving salary. Other information relating to individual members of staff will be kept by Human resources for 6 years from the end of employment. Information relating to Income Tax, Statutory Maternity Pay etc will be retained for the statutory time period (between 3 and 6 years).

NB: Records with direct relevance to Safeguarding Children and Young people and/or Vulnerable Adults are kept for 25 years as a condition of our insurance. This includes training records, job applications and the results of CRB checks.

Information relating to unsuccessful applicants in connection with recruitment to a post will generally be destroyed after one month, with the exception of the recruitment form which will be held for one year before being securely destroyed.

Particular care must be taken with the disposal of personal data. Personal data must be disposed of in a way that protects the rights and privacy of data subjects. Staff should be aware that the same standards should be applied to informal records, lists and printouts held by individual members of staff containing personal data as to records which are part of the formal company's records system.

Personal data must be destroyed by secure methods such as shredding or secure electronic deletion. Hard drives of redundant PCs or laptop computers are wiped clean using a seven pass secure erase procedure.

Formal records both manual and electronic may only be destroyed with the appropriate authority of a Company Director.

Records which are no longer current but which the company is required to keep by law for long periods will be archived and stored in a secure, fire and flood proof building.

RIGHTS OF ACCESS TO DATA

Employees of 3 Dimensions Care and School and the children, young people and adults in our care have the right to access personal data about themselves which the company holds - if that information has been written by the company.

Any individual who wishes to exercise this right should apply in writing to Nita Ellul, the Contracts Manager or in her absence to another member of the Company's Board of Directors. Any such requests will normally be complied with within 40 days of receipt of the written request.

[..\Chardleigh\INFORMATION MANAGEMENT & SECURITY July 2014.docx](#)

INTERNET ACCESS

Policy

The school encourages use by pupils of the rich information resources available on the internet, together with the development of appropriate skills to analyse and evaluate such resources. These skills will be fundamental in the society our pupils will be entering and computer use in the homes will follow the same guidelines.

On-line services significantly alter the information landscape for schools by opening classrooms to a broader array of resources. In the past, teaching and library materials could usually be carefully chosen. All such materials would be chosen to be consistent with national policies, supporting and enriching the curriculum while taking into account the varied teaching needs, learning styles, abilities and developmental levels of the pupils.

Appropriate restrictions are applied to Internet access, because it may lead to any publicly available site in the world and may open the classrooms to electronic information resources, which have not been selected by teachers as appropriate for use by pupils. Thus each independent pupil use of telecommunications and electronic information resources is **not** permitted these must always be supervised and appropriate age and other restrictions are built into the computer program.

Electronic information research skills are now fundamental to preparation of citizens and future employees during the coming Information Age. The school expects that staff will begin to investigate possibilities and blend use of such information as appropriate within the curriculum, and that staff will provide guidance and instruction to pupils in the appropriate use of such resources. Staff will consult the ICT co-ordinator for advice on content, training and appropriate teaching levels consistent with the school's ICT programme of study.

Access to on-line resources will enable pupils to explore thousands of libraries, databases, and bulletin boards while exchanging messages with people throughout the world. The school believes that the benefits to pupils from access to information resources and increased opportunities for collaboration exceed the disadvantages. But ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information resources. To that end, the school supports and respects each family's right to decide whether or not to allow for supervised access.

Procedure

The school's ICT co-ordinator will undertake the following procedures for implementing this policy and for reviewing and evaluating its effect on teaching and learning with the Education Co-ordinator and the Care Manager where computers are used in the homes.

Build in to the Computer programs:- K9, In Touch Lock, and weekly printed reports on sites accessed.

Appropriate Age Restriction

Restrictions on Downloading/Installing/Changing wallpaper

All searches are automatically undertaken through AOL with its guardian and safety blocks that are also age appropriate

Any Attempts to access restricted sites or Blocked Attempts are notified automatically by Email to the ICT co-ordinator immediately for action.

The ICT Co-ordinator checks the history of each computer weekly to ensure no restrictions have been bypassed and verifies sites that have been accessed

'Free time' is permitted on the computer, but use will be monitored by a Teacher or TA to ensure pupils do not access games or material deemed inappropriate.

Free time in the home will be monitored by a staff member

[..\Chardleigh\INTERNET ACCESS July 2014.doc](#)

Keyworker Roles & Responsibilities

A keyworker will be appointed to each young person. This is to create a process where we can facilitate the need to talk about, what are key issues for them with a special one-to-one caring adult.

Keyworker sessions can also be used as a forum for bringing to their attention issues that we, as adults, feel need addressing. Including life skills, hygiene, personal safety and sexual health.

Keyworker sessions undertaken around issues of violence, bullying, non school attendance or absconding are some examples of sessions that are not optional, and may also need to be addressed by adults on shift - not necessarily the keyworker.

Practice

Keyworkers should be familiar with all aspects of the young person's Care Plan, Risk Assessment & Placement Plan, contact arrangements and restrictions, medical needs and appointments, educational achievements and aspirations, plans made to care and educate them as well as changes made to such plans through meetings, e.g. reviews.

In addition, keyworkers need to keep up to date with live issues the young person may have, be aware of cultural needs and identity. This should be done by reading the Daily Diary entries and records completed since their last shift concerning the young person.

Keyworker should make the School Tutor aware that they are the Keyworker for that individual, and may take directives from him/her, should it be felt that a keywork session would be of benefit.

Daily diary entries should be read and used as a basis for discussion with the young person, for them to express how they are feeling...NOT to be used to drag up and nag about events that have happened, but to be given the opportunity to talk, should they want to. It is vital that the keyworker keeps themselves well briefed as to what is going on in the young person's life.

Keyworker sessions do not have to be formal discussions, for example, one-to-one in the lounge, in the car, over a coffee. If a session is likely to be contentious, it may need to be planned for formally, but most of all it must be Positive.

If a young person appears to be struggling, the keyworker should be sensitive to the young person and increase the frequency of the sessions.

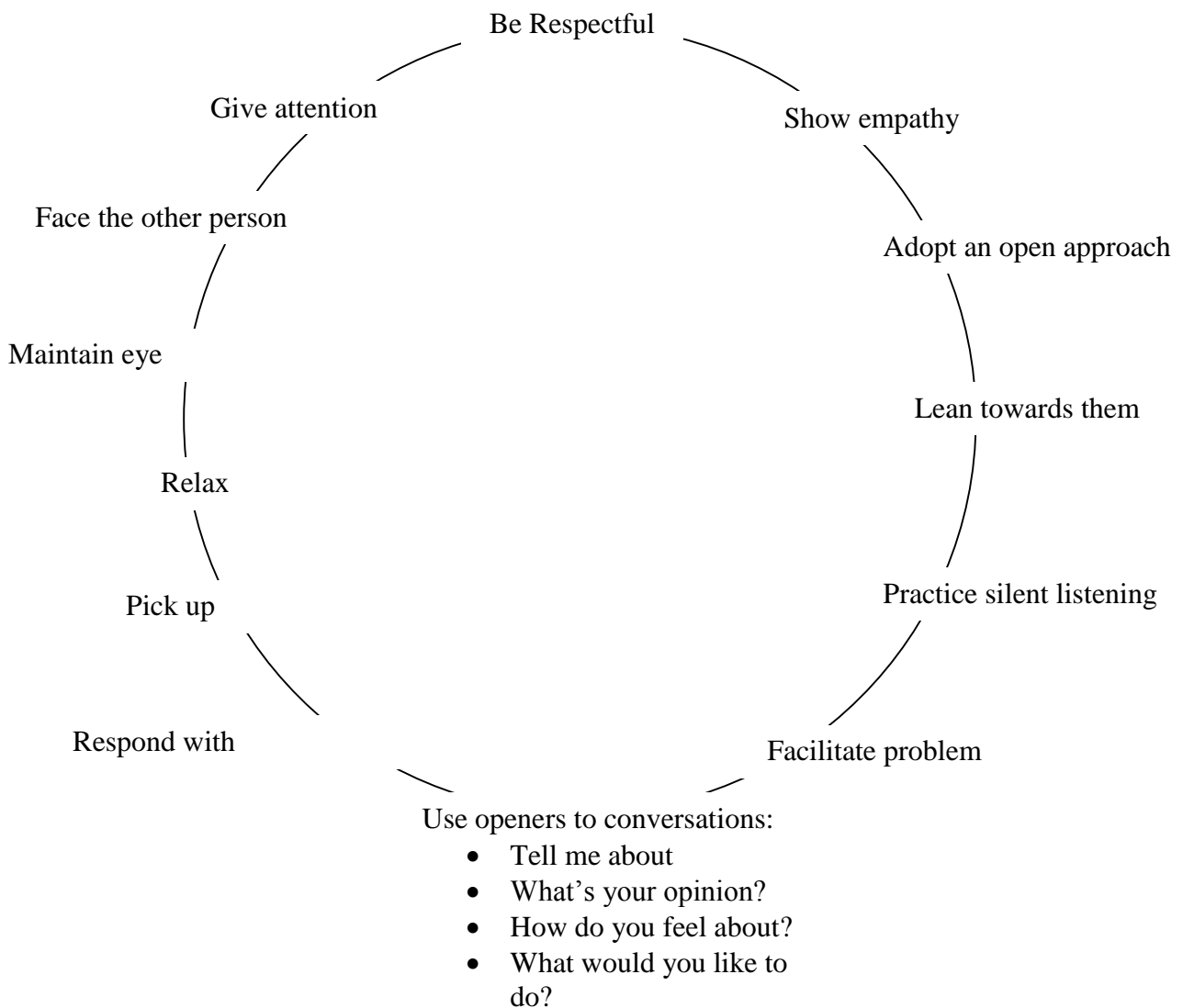
Keyworker need to keep themselves briefed by and report concerns promptly to the House Manager.

Should the keyworker feel that an area of direct work has been identified, this should be discussed fully with the House Manager before acting. Care should be taken not to probe into areas that the young person does not want to or feels unable to discuss. Equally as important, is not to suggest solutions to problems without discussion and consultation with the relevant people.

Young people must feel able to trust their keyworker. This may mean drawing up contracts for recording information they chose to share. You will need to have a good understanding of confidentiality issues surrounding this subject. You must inform young people of each keyworker record you make and ask them to sign and agree if they do not make a contract with you overall.

See diagram below

Workers need to understand the range of basic counselling skills...



RIGHT TIME

RIGHT PLACE

RIGHT BODY LANGUAGE

RIGHT RESPONSES

RIGHT CHALLENGES

SET TIME FRAME

Use chart above, match some of the skills to the given scenario

<..\Chardleigh\KEYWORKER July 2014.doc>

LONE WORKING POLICY

3 Dimensions regard the Safety of all staff and young people as paramount and therefore provides a high ratio of trained and competent staff. In-depth Risk Assessments will be provided for each young person in our care. Our high staff ratio will minimize the risk to self and our young people and the general public at all times.

Where staff are required to work on a one-to-one basis, this will only occur when this is supported by the young person's individual risk assessment and personal Behaviour Management Plan. This will enable staff to work with safe and clear guidance and boundaries with the individual young person.

Procedure

All Risk Assessments are regularly up-dated and they are to be a true reflection of the young person. Staff are required to read each young person's Risk Assessment and Personal Behaviour Management Plan on a regular basis to ensure they are aware of all risks involved and up-dates and are to be signed for verification and understanding.

The House Manager/Senior will inform the Staff of any up-dates to the Risk Assessments or Personal strategies, through daily handovers, Team Meetings and in the message book.

Where it is necessary to work on a one-to-one basis, this must be accompanied by a Risk Assessment to ensure a clear understanding of the young person and their Personal Behaviour Management Plan. Before embarking on any such work, the individual's mood and behaviour on the day has to be taken into consideration. In addition, this has to be in consultation with the Manager. It is also standard procedure for added safeguarding, that staff are provided with house mobiles and walkie-talkies to call for assistance.

Even though staff have a duty of care to safeguard the young person, this can only be possible where the young person is willing and participating with the care staff. Where a member of staff may find themselves in a volatile situation, they are to make every effort to communicate with the young person to redirect any potential negativity and de-escalate the situation. However, in the event of escalation of aggression and violence, staff are not to put themselves at risk in order to try and control a volatile situation on their own. Staff are to call for immediate assistance as soon as possible. This may even involve police intervention. Where possible, in such an incident, staff are to withdraw and stay within eyesight of the young individual, until help arrives for their assistance.

All of the above procedures are clearly communicated during training and refresher training on H&S & Physical Intervention, de-escalation and escorting for the safety of all, i.e. young people, staff and the general public.

All Staff are required by the nature of the job to be Lone Working at times. Staff will be working with the young persons Individual Risk Assessment and Behaviour Management Plan in order to be able to fulfill their job role safely. In addition to this, there may be individual specific risk

assessments for particular outings or activities. There will also be times where Lone Working will take place in school as well as transporting young people.

3Dimensions also provide house phones as well as walkie-talkies for communication with other carers and house managers as well as the ability to contact police or the ambulance services.

MANAGING WORK PLACEMENTS

- 3Dimensions Care Staff and Education staff Job Roles requires Lone Working at times.
- Individual risk assessments are in place to support Lone Working where it is required.
- These include Risk assessments of the individual young person as well as potential foreseeable emergencies or violent situations.

It is made clear to all potential applicants during our recruitment and interviewing process that it is a requirement of the job role to be Lone Work at times.

It is important that we are satisfied that the applicant shows ability to fulfill the job role that is required, which at times can be stressful and requires decision making under stressful situations, to ensure the safety of themselves and the general public as well as the young person.

Part of the job role is may involve the potential use of physical intervention, and this in turn will require a certain competence to ensure the safety of all. A stringent 4-day Induction training, which covers safeguarding, health & safety, de-escalation and physical intervention is carried out prior to work commencement.

There is a 6 month probationary period, which enables 3Dimensions and the employee to review the suitability of the individual to fulfill the job role to a competent and safe practice. Where the staff member has no previous experience working with children and have not completed their 6 month probation a risk assessment will be drawn up to support their ability to Lone work as necessary.

3 Dimensions has a high regard for their employees and will make every effort where it is possible to support an individual through health or personal issues, which may interfere with their performance as a staff member.

Should there be a situation where this becomes a major issue, the situation will have to be discussed and reviewed in a performance review as it is necessary to have continuity and quality of care for our young people.

Updated 06.01/2015

<..\Chardleigh\Lone Working Policy updated 6.01.14.doc>

Missing Child Policy: Woodview

Woodview is located in a semi-rural location in Devon, therefore this policy is written taking into account Devon County Council's Missing procedure for Children and Young people. This procedure also contains the agreed protocol between Devon County Council and Devon and Cornwall Constabulary.

A hard copy of D.C.C's policy is held at Woodview and should be read alongside the 3 Dimensions policy for a complete overview. An electronic copy is also available via the house laptop; as is currently continuously updated and only valid for 72 hours once printed. Within Woodview we also hold a copy of the South West Peninsula Child Exploitation Standard Operating Protocol, which is referred to in the DCC Policy for Missing children.

3 Dimensions Care Ltd recognises that children and young people who go missing are among the most vulnerable in society.

Challenges to achieving 'Every Child Matters' outcomes due to young people running away, include;

Be Healthy- Possible use of drugs/alcohol , poor diet, deterioration in mental health.

Stay safe- Rough sleeping, sexual exploitation, violence/ assault; associated vulnerabilities, such as child trafficking.

Make a positive Contribution- Involvement in crimes, withdrawal from positive relationships.

Achieve economic wellbeing- A reduction in positive life chances, non-attendance in education, a negative impact on the transition towards independent living.

Children and young people who are living away from their families in children's homes are in a particular risk group and are particularly vulnerable.

Missing children and young people are at high risk of physical and sexual abuse from adults, drug and alcohol mis-use and offending . It is now increasingly recognised that young people who are frequently missing are at high risk of and specifically targeted for sexual exploitation.

There are often complex ' push and pull' factors that can ' push' young people away from what are, or what they perceive to be, difficult circumstances, or ' pull' them into risky situations. These make the prospect of sexual exploitation more probable and therefore increase the risk of a young person repeatedly going missing.

Push factors can include;

- Living with domestic violence
- Being told to leave home
- Living away from home in a residential unit
- Being mis-treated at home or within a placement
- Suffering abuse of any kind
- Having alcohol or substance mis-use within the family
- Having siblings with difficulties
- Having parents with mental-health problems
- Having problems at, or not being in school
- Being bullied or threatened
- Being in trouble
- Feeling got, nagged or bored

Pull factors can include;

- Being liked enough that a stranger asks for their number
- Meeting someone who thinks that they are special on the internet
- Receiving alcohol, drugs, money or gifts
- Being part of an alternative scene; gang or music scene
- Getting a buzz from doing something risky or forbidden
- Feeling accepted, being part of a gang with initiation rights
- Being offered somewhere to go where there are no rules
- Being given lifts, taken to new places and having 'good times' with casual acquaintances.

3 Dimensions is committed to the safety of all young people and believes that every possible effort should be made to deter young people feeling the need to run away. Woodview can accommodate a maximum of four young people, therefore care is individual and personalised.

3 Dimensions realises that it is significant, committed, relationships that can make the difference in a young person's life. Particularly in the way they feel about themselves and to positively influence the choices that they may make.

Within Woodview young people have a team of three carers and may choose their own key worker. This helps to build and maintain healthy relationships by allowing young people to feel that they have a choice in whom they confide and with whom they share their feelings. Young people are respected, their views are considered and they are encouraged to become part of the household. This raises self-esteem and helps young people feel that they have helped to create and contribute to, a positive living environment. We hope this reduces the need they may feel to run away. Carers also actively encourage and will

facilitate, the engagement of young people within community based activities, this increases the opportunity of our young people meeting and feeling part of a positive peer group.

Young people will be supported to complete the *BWise to Sexual Exploitation pack* by Dr Barnardo's. This is an excellent tool in aiding young people to recognise potentially exploitative and abusive behaviours in others and helps them to identify dangers and risks within the community. This includes sexual exploitation and how running away can increase vulnerability and help make this a possibility.

Staffing ratios are high at Woodview and if a young person was deemed at particular risk of repeated missing periods, they would be staffed at a minimum of 1:1. This allows the young person to be followed by a member of staff should they choose to walk away from their carers whilst at home or in the community.

Definitions

From 01 September 2014 a new definition will apply to the term 'Missing person'. This guidance is taken from the ACPO agreed working practices, who then provided guidance to the police.

Missing; will refer to cases where it is out of character for the individual to go missing or the individual is at risk of harm to themselves or others or could be the possible subject of a crime.

Absent; will apply to an individual who is not at a place where they are expected or required to be. Young people may have stayed out longer than agreed with their carer, on purpose or accidentally and may be testing boundaries.

The underlying principles of the new approach are

- Not all reports/incidents will receive a police response
- Police response will be informed by ongoing assessment of the case
- The changes will increase police efficiency to allow more focus on risk
- Any report that reaches the threshold of missing will be fully investigated.

This does not mean that cases will not receive appropriate attention. Instead they will be responded to in a more effective manner and appropriate police actions and responsibilities will be associated with each category. 'Absent' cases will not be ignored and will be monitored over periods of time with consideration given to escalating to 'missing' if there is a change to the circumstances that has increased the level of risk.

A case assessed as a 'missing' person will attract deployment of resources and police activity commensurate with that case.

In the case of a looked after child, it is expected that all reasonable steps should be taken by the care provider to locate the individual before calling the police. If the individual is located without the need to call the police, this absence should be recorded by the care provider. The care provider should record any information gained on the whereabouts of an individual whilst missing and this should be shared as appropriate with police. Where the person remains absent and the care provider feels that the person may be at risk of harm then a report should be made to police.

Within Woodview, before young people have free time with friends, a plan would be agreed with the young person's social worker and themselves as to how long we would wait after the agreed meeting time, to call the police. During an incident where a young person has absented themselves, there should be a continuous risk assessment in place. A child who is considered 'absent' may be upgraded to a 'missing child' if the risk assessment supports this course of action. When reporting to the police a time **must** be agreed to review the young person's status as 'absent'.

The language used to describe a young person is also important. A young person described as 'street-wise' or a 'repeat absconder', does not appear to have the same vulnerability as a young person described as 'frequently missing' or 'at risk of abuse and exploitation'.

Harbouring a young person; Anyone who 'takes or detains' a runaway under 16 without lawful authority may be prosecuted under Section 2 of the Child Abduction Act 1984. Where children and young people are repeat missing persons and continue to be harboured by the same individual consideration should be given to prosecution under the Child Abduction Act 1984 **by the second occasion**. For any child for whom the local authority is the corporate parent, e.g. children on Full Order Order, Interim Care Order, Emergency Protection Order and Police Protection Order and up to age of 18 the social worker should consider the use of Section 49 of the Children Act 1989 and if appropriate supply a statement of complaint to the police in order for a warning notice to be served on any person over 16 (if on two or more occasions that person has been encouraging the child to stay away from his or her placement.)

This would be the young person's social workers responsibility, however Woodview would ensure that this was actively being processed.

Risk assessment

The young person's risk assessment at Woodview would contain the likelihood of the young person going missing. The document would also contain the young person's history in this area, current behaviour, the child's vulnerabilities; particularly if there are medical considerations and/ or if they are vulnerable to sexual exploitation. The risk assessment will also detail the actions carers are to take if this occurred.

Devon County Council's Missing Child Policy advises that young people should be categorised as High Risk if they are Children in Care and there is a concern about the child's welfare.

At the time of a young person going missing, in addition to the risk assessment for the child that is in place, carers should also consider;

- The emotional needs of the child and whether there has been any variation in their mood or whether they have expressed any intention of harming themselves or others.
- The behaviour of the child as influenced by peer group or others.
- Whether the child is perceived to be running to/ from something/ somebody
- The risk of offending
- The risk of exploitation
- Time of day/ night. No undue delay should occur and where possible reporting during daylight hours may assist the initial enquiry.
- State of mind at the time the child went missing.

Staff roles and responsibilities

When a child or young person leaves Woodview or an activity outside the home without permission, the carer will act as any reasonable parent and follow them. This will include the carer verbally encouraging the young person to think about their behaviour, the reason for wishing to leave and to consider returning to a safe place to discuss how they are feeling. If this does not deter the young person from continuing to wish to leave, then the carer will remain with them and keep them in sight as far as is possible.

If the young person then runs away and is out of sight of the carer, the police will be notified on 101.

If the young person should leave Woodview without the carers knowledge, then the carer will need to actively search the house and grounds to determine that the child is not on the premises before calling the police on 101. The carer would continue to actively look for the young person, including any known places where the young person may head to, the carer would leave the house mobile number with the police, so they could be contacted at any time.

The police will require the following initial information when reporting a child missing;

- Full name
- Date of birth
- Description of the child and their clothing when last seen
- Does the child have any disability, including learning disability?
- Home address, placement address, family addresses

- Any previous history of absconding / absenteeism and circumstances where found
- Known associates and addresses frequented
- Circumstances under which child is absent and location missing from
- Details of any vehicle or other transport used
- Outcome of risk assessment determined by the person reporting
- Name and contact details of the person reporting
- Name of social worker and placing authority
- School/ college attended and status, e.g permanently excluded.

The police will also require information to help determine the level of risk.

- What is the specific concern in this instance?
- What has been done so far to trace this individual?
- Is this significantly out of character?
- Are there any specific medical needs?
- Are they likely to be subjected to crime?
- Are they likely to be the victim of abuse?
- Are they currently at risk of Sexual Exploitation?
- Are they likely to attempt suicide?
- Do they pose a danger to other people?
- Is there any other information relevant to their absence?

The police will then make an assessment as to the level of risk and grade their response accordingly. This will be also be based on what information Woodview give the police in order for them to make an accurate assessment. From Woodview's prospective the girls accommodated would be deemed vulnerable, particularly to sexual exploitation and we would make the police aware of our views. With the social workers permission, all girls accommodated have a photo on file at Axminster police station and details of any particular vulnerability. This helps to ensure an adequate response.

If there are missing episodes, PC Guy Cochran (missing persons safeguarding officer; Devon) will be informed. PC Cochran is able to add details or concerns to the police computer, so that when a young person is reported missing, or as absent and then escalated to missing, concerns are able to be brought to police attention immediately.

If the young person heads away from Woodview and walks onto the A35, then the police have advised that they should be called on 999 immediately. The road is predominantly unlit, there is little pavement and cars travel at speed. Young people walking on the road cause a danger to themselves, other road users and carers following them.

Carers will inform;

- The on-call manager for 3Dimensions

- The Emergency Duty Service if the notification is made out of hours.
- The child's allocated social worker or the duty social worker for their team at the earliest opportunity (if the incident occurs at night, this should be first thing the following morning).
- The child's education/ training placement, if they have not returned in time to attend.
- The child's parent/ guardian if agreed in the placement plan or by agreement at the time with the social worker, their practice manager or the Emergency Duty service.

Carers will keep in contact with the police, the social worker or (EDS) , the on-call manager and parents where appropriate, throughout the incident to give updates and to inform of when the young person has returned.

Carers will record the police incident log no and all calls/ actions made throughout this process on the ' missing child' paperwork. Carers will also complete a detailed incident report.

Returning home

Carers will warmly welcome the young person home, provide reassurance and comfort if sought and required and offer hot drinks and a meal where appropriate. Carers will ask the young person if they would like and will assess if they need medical attention, this will be facilitated immediately.

On the young person's return home, carers will inform;

- The police
- The social worker/ Emergency duty service
- The young person's parents
- Education placement, if they have been informed of the young person going missing.
- Anyone else informed of the young person being missing.

Carers will complete all paperwork to this effect.

Safe and well check.

The police have a responsibility when a child returns home who has been ' missing', to ensure that the young person is safe and well and has an opportunity to disclose any relevant issues. The police must be satisfied that all is well.

A young person who was categorised as absent does not need to be seen by the police. However the police and other professionals involved, including carers, are required to identify any information indicating that the young person has come to harm or may be at on-going risk of harm and take appropriate action. Carers will need to record any information to this effect and pass to the social worker/ police as appropriate.

Carers will seek to determine the reasons for the young person becoming absent in order to address any issues and to try to avoid any repetition.

The young person's key-worker will undertake a session to discuss the dangers and risks involved during such absences and re-iterate what the young person has covered previously in B Wise to Sexual Exploitation.

Return home interviews;

The young person should be given the opportunity to speak to somebody independent regarding their absence. In some circumstances this may be the police, or the child's social worker. If there are queries regarding where and with whom the child has been whilst missing, a specialised youth worker from the REACH team may undertake the interview with the young person and complete a CSE risk assessment (See SW Peninsula Standard Operating Protocol). If necessary they will then arrange for input through the young person's social worker.

Before the child's next review they must be given the chance to speak to their independent reviewing officer privately, regarding the reason they went missing and what happened whilst they were away.

As part of 3 Dimensions commitment to the on-going safety of the young people that we look after, we also need to recognise when despite, the efforts we may be making a young person is not able to be kept safe.

If a young person was frequently missing from Woodview for periods of time, or was considered at risk of harm/exploitation, when missing, 3 Dimensions would request that the social worker for the young person reviews the care plan. A discussion would need to be undertaken to create a plan ensuring, the young person was able to be kept safe. The plan should contain a realistic path, which enabled the young person's progression towards a more positive future.

[MISSING CHILD POLICY Woodview September update 2014.doc](#)

PANDEMIC FLU POLICY & PROCEDURE

POLICY

It is 3 Dimensions policy to ensure that the spread of pandemic flu is minimised by the following procedure:-

RECOGNISING SIGNS & SYMPTOMS OF FLU

The signs and symptoms of pandemic flu are similar to those of seasonal flu, but they may be more severe and cause more serious complications.

The most significant symptoms are the sudden onset of:

- fever (temperature of over 38C)
- cough or shortness of breath.

Other symptoms may include:

- headache
- tiredness
- chills
- aching muscles
- sore throat
- runny nose
- sneezing
- vomiting
- diarrhoea
- loss of appetite.

The incubation period (time between contact with the virus and the onset of symptoms) The range is from one to four days, though for most people it will be two to three days.

The infectious period (how long you are infectious to others) People are most infectious soon after they develop symptoms. They can continue to spread the virus, for example in coughs and sneezes, for up to five days (seven days in children). People become less infectious as their symptoms subside, and once symptoms are gone, they are considered no longer infectious to others.

HOW IS PANDEMIC FLU CAUGHT AND SPREAD TO OTHERS?

Pandemic flu, just like seasonal flu, will spread from person to person by close contact. Some examples of how it can be spread include:

- large droplets from coughing and/or sneezing by an infected person within a short distance (usually 1 metre or less) of someone
- touching or shaking the hand of an infected person and then touching your mouth, eyes or nose without first washing your hands
- touching surfaces or objects (eg door handles) that have become contaminated with the flu virus and then touching your mouth, eyes or nose without first washing your hands.

WHAT SHOULD AN INDIVIDUAL STAFF MEMBER DO IF THEY HAVE SYMPTOMS OR ARE ILL?

If an individual member of staff feels ill with symptoms consistent with an influenza-like illness while at school, it is important that he or she does not simply carry on.

Their symptoms should be reported immediately to Nita Ellul Registered Manager or Ben Harms H&S Manager and, if they are consistent with flu, the individual should be sent home.

Contact **NHS National Pandemic Flu Service 08001513100** who can advise you on what to do next including obtaining a prescription without attending the GP. Do not return to school until the symptoms have cleared.

If individuals develop symptoms while not at school, they should adhere to the following advice:

- Stay at home (self-isolate).
- Do not go into school until you are fully recovered.
- Contact NHS 08001513100 for advice and an initial assessment of symptoms in the first instance and prescription for any medication necessary.
- Inform the school to let them know you are ill.

WHAT SHOULD INDIVIDUAL STAFF MEMBER DO IF THEY THINK A YOUNG PERSON HAS SYMPTOMS OR ARE ILL?

- Keep the young person at home .

- Contact NHS 08001513100 for advice and an initial assessment of symptoms in the first instance and prescription for any medication necessary.
- Encourage them to go to bed in their own room where they can be isolated, but looked after appropriately as per guidance.
- Members of staff who look after a child who is ill with flu, and who have to provide some assistance to that child, should wear a disposable apron and surgical face mask (which constitute 'personal protective equipment', or PPE). Gloves are not essential, though wearing gloves might be useful to remind the member of staff not to touch their own face during contact with the child. They are however no substitute for hand-cleansing, which should be carried out frequently, and always before and after contact with a symptomatic child.
- It would be desirable for the child to wear a surgical mask, but that may be impractical.
- In order to minimise the risk to colleagues from used PPE, it is essential that PPE is removed in a standard manner. To begin with, you should remove the apron, and then remove the surgical mask from your face, avoiding touching the front of the mask (by using the tapes). If you have worn gloves, you should remove them first, by turning them inside out in one single motion, then remove the apron and the mask
- All used PPE should be placed in a specific labelled dustbin that has a lid,

WHAT SHOULD INDIVIDUALS DO TO PROTECT THEMSELVES AND OTHERS FROM PANDEMIC FLU?

It is important that the following practices are adhered to:

- Individuals should use a tissue to cover their nose and mouth when coughing and/or sneezing, dispose of the tissue promptly and then wash their hands.
- Tissues should be disposed of in domestic waste- they do not require any special treatment.
- Individuals should not use cloth handkerchiefs or reuse tissues. This practice carries a risk of contaminating pockets or handbags which may then recontaminate hands every time they go into those pockets or handbags.

- Individuals should clean their hands frequently, especially after coughing, sneezing and using tissues. Soap and water is a perfectly effective means of cleaning hands.
- Individuals should minimise touching of the mouth, eyes and/or nose, unless they have recently cleaned their hands.
- Normal household detergent and water should be used to clean surfaces frequently touched by hands.
- Individuals should clean their hands as soon as they get to school and when they arrive home.

OUR HR PROCEDURE

As a small Residential Home and School it is imperative that the children & young people we care for are supervised at all times, 52 weeks per year.

In the event that any staff member contracts flu they will follow the guidance and the Registered Manager will arrange cover from existing staff members or from our support staff. Should this fail a pre arranged agency will step in to supply emergency staffing or the managers will undertake this themselves.

[..\Chardleigh\PANDEMIC FLU July 2014.doc](#)

Participation & Consultation Young People

Policy Aims

It is our aim that all young people in care and education here at 3 Dimensions feel valued and listened to, respecting their cultural and religious differences and observing their rights and the rights of others and to participate in meetings, build esteem and confidence.

3 Dimensions encourage all young people to participate in all aspects of their care and education from identifying and agreeing activities and discussing general day to day house running issues or rules, actively choosing subjects that are of personal interest in school and bringing forth ideas or other issues, to planned regular meetings, or just over lunch where all staff, managers and teachers attend.

Each young person is also encouraged to take an active part in their statutory reviewing process as decisions can be made about their life that they need to be part of.

Procedure

Young people are encouraged to write down how they feel their placement is going, things they are happy or unhappy about and outline any requests they may have with their key worker in preparation for their review.

House Meetings are held monthly, the young people raise their own agenda as part of a school lesson and then present this to a Manager in the meeting and seek agreements or resolutions, other staff members are present and minutes taken recording any actions necessary

Activities are co-ordinated with the young people prior to Holidays, in a meeting with the house manager and/or house senior to look at options and discuss requests for specific activities to be planned for school holiday times.

Each young person's key worker will be available to discuss any of the above if they feel too self conscious or more personal issues during weekly key worker sessions, or as they arise. In addition, a staff member on shift is available at all times should their key worker not be available.

Training on the Role of a Key worker and mentoring forms part of general induction and ongoing training and support to all staff.

Staff members receive periodic supervisions, in which support and guidance is given to enable them to provide a professional quality service to young people. Training and Supervision also serves to reinforce our Ethos of Positive Behaviour Management, Communication, Truth and Respect for all, to ensure we provide an environment where everyone feels valued and listened to

[..\Chardleigh\PARTICIPATION OF YOUNG PEOPLE Updated July 2014.doc](#)

Privacy Policy

POLICY

3 Dimensions is committed to preserving privacy for all the young people we therefore ensure, that our staff training clearly informs staff of their responsibility and the policy & procedures to ensure sensitive handling of privacy and personal care.

The privacy of young people and staff will be respected by all employees of 3 Dimensions and other young people will be encouraged to respect their own and others space, property and the confidentiality of information as part of the ethos promoted in the home.

PROCESS

Each young person has a bedroom of their own, to which they have a key and is locked appropriately, staff can gain access if necessary, but other young people have no means of access.

The room has adequate storage space for personal belongings and each young person is also provided with a locked box to keep less valuable items in that they do not wish to keep in the house safe.

Cash and Valuables are kept in a safe in the house office and recorded and signed for when the young person wishes to spend cash or use other valuables.

Staff members are required to knock before entering any young person's room **unless** they believe they are harming themselves, another person, in possession of a dangerous weapon or illegal substance or causing damage.

Other Residents will not be expected to enter a young person's room without invitation, when the young person is not in their room and staff will supervise all young people to ensure this is adhered to.

[..\Chardleigh\PRIVACY POLICY July 2014.doc](#)

PROFESSIONAL BOUNDARIES

POLICY

3-Dimensions is committed to ensuring that professional boundaries are maintained between our staff and the young people in our care.

It is essential that a professional boundary is maintained irrespective of the extent of any personal relationship established between a member of staff and a young person in our care.

It is important that all staff understand that our value base affects our boundaries of what we as individuals accept, from the following perspectives

- ▶ Gender
- ▶ Sexual Identity and Experience
- ▶ Parenting and Attachment
- ▶ Religion/Faith/Culture/Race/Ethnicity
- ▶ Life Experiences/Abuse
- ▶ Feelings/Thoughts/Emotions/or Mental State
- ▶ What we Like or Dislike

Therefore staff training is informative and clear on the Boundaries that 3 Dimensions feel are acceptable when working with the young people in our Care and Education. This is re-iterated in their Supervisions, performance reviews and appraisal

PROCESS

Our induction training will stress the importance of maintaining a professional boundary with all young people in our care.

The following should not occur:

- ▶ Treating one person more favourably than another
- ▶ Thinking you know best and the only one who understands the young person, becoming over involved
- ▶ Discussing your personal life/problems with young people
- ▶ Talking to one young person about another young person.
- ▶ Talking to young people about other staff
- ▶ Talking to young people about professional issues to do with 3-Dimensions.

- ▶ Talking inappropriately about 3-Dimensions matters to other staff, social workers, parents and any other outside agency.

- ▶ Under no circumstances will Staff take any young person to their own home
- ▶ Working too long or too hard/Pushing yourself too hard
- ▶ Lack of sleep/use of Drugs or Alcohol
- ▶ Relationships in Work (be upfront if you are in a relationship with another employee) they can blur your boundaries
- ▶ Flirting/Sexual Innuendoes/Name Calling etc..
- ▶ Social Networking, with young people in our care or members of staff presenting themselves in a way that could harm 3 Dimensions reputation or breach confidentiality.
- ▶ Giving out personal phone numbers
- ▶ Dress Code - must not be revealing, display violence, drug or alcohol promoting logos. Should be clean, casual and appropriate to a good role model

All staff are bound by rules of confidentiality and are under no circumstances allowed to share information about a child or another member of staff with anyone outside of 3 Dimensions authorised personnel, or other designated Professionals.

Please read - Related policies include: - Confidentiality, Case Recording

<..\Chardleigh\PROFFESIONAL BOUNDARIES July 2014.doc>

RECEIVING AND ADMINISTERING MEDICATION

POLICY

It is imperative that we ensure the safety of our service users from overdose or receiving the wrong medication or dosage. We therefore provide clear guidance and training for staff on all aspects of receiving, storing and administering medication.

Medicines are stored in a locked name box for each young person, within a locked cabinet and are stored in the house office which remains locked. All keys are kept in the safe office which ensures that only designated staff can access medicines.

PROCEDURE

When staff collect/receive medication from the chemist/GP, staff must check that the label details on the prescribed medication corresponds with the person it is intended for - i.e. the correct child's name, name of medication prescribed, what strength, what dose and the amount that is in the box.

For instance - although a box may say it contains 50 tablets, the prescribed amount may only be for 24! Please ensure that staff double check this.

Staff should also make sure that they understand what the prescribed medication is for and why you are administering it.

- All medication are to be counted and logged on appropriate form for Prescribed Medication.
- All medication are to be kept locked away at all times in the safe.
- Staff must complete all fields required in the Medication Record which is kept in a file locked away with the medication in the safe.
- 2 staff are to oversee and sign for the administration of medication were possible.
- **If a controlled drug is being administered, this must be overseen and signed for by 2 members of staff.**
- The staff member administering the medication must be the person to sign the record along with a second member of staff. The same staff are to sign and oversee the administration of the medication for the whole of their shift as having different staff involved can complicate and create inconsistencies.
- When handling any medication staff must always use gloves.

The following details need to be recorded on receipt of medication on their medication record:-

- Date received
- Name of the person prescription is for
- Their date of birth.
- The prescribing doctor/consultant
- What's the medication / treatment is, (including the strength of medication).
- How many tablets upon receipt, or the amount in mls if it's liquid.
- How many are to be taken
- How many times a day they are to be taken
- Note any other specific instructions identified such as any known allergies

When Administering Medication you must:-

- Use *Gloves* when handling
- Stand with the *Child* to ensure they have swallowed the medication
- Record the *Time* and date
- Record the details of the medication
- Record the dose given and amount left
- Reason for medication
- If medication is refused, staff are to record this refusal
- Sign each entry

SELF ADMINISTERING OF MEDICATION

There are times when it would be appropriate for a young person/adult to administer their own medication. The following would determine appropriateness to do so:-

Each individual young person/adult would need to demonstrate the appropriate use of medication.

Their age, level of awareness, understanding and capability would be taken into consideration.

They would need to understand why they are taking the medication and what it is for.

We would look at possible barriers that may prevent them from self administering medication and look for solutions in order to support them,
Such as:-

Providing a locked cabinet in the young person's/adults bedroom

Providing a fridge with a lock to store medication in the young person's/adults bedroom

Look at the safe disposal of syringes if they are insulin diabetic and provide appropriate bin to do so

Provide gloves to safeguard from contamination

3D would also take into consideration any other young people/adult living in the house and any potential risks posed and provide appropriate risk assessment

3D would still put in place a monitoring system to record medications received and taken and support the individual in completing this.

[..\Chardleigh\RECEIVING, STORING AND ADMINISTRATION OF MEDICATION July 2014.doc](#)

REWARDS SYSTEM

POLICY AIMS

3 Dimensions recognises that many young people have learned behaviour that is socially unacceptable or inappropriate as a means of gaining attention, having their needs met or achieving their goals. This may be because their positive behaviour has been over looked, not been recognised or not gained positive attention in the past. It is our aim to focus on and provide positive attention and rewards too reinforce positive behaviours and to address negative behaviours by not giving these behaviours attention or other reinforces.

Goals of behaviour - where power is the aim of the behaviour to maintain control, our withdrawal from the conflict is necessary, until the behaviour subsides then helping the young person to see how to use power constructively by appealing for their help and enlisting their co-operation.

Where revenge is the young person's aims do not retaliate, this is not personal, so avoid feeling hurt. It is important that the young person builds trusting relationships and that they know that it is their behaviour that you do not like, and not them as a person.

Displays of inadequacy by young people is a behaviour that aims to present them as being unable or helpless, so is passive and fails to respond to whatever is done. There must be No criticism, encourage any positive attempt no matter how small, but do not get caught in feeling sorry for the person. Empathise and reflect how they may feel "that must make you feel sad". DONT sympathise "Oh you poor dear that's awful!"

Often low self esteem, lack of confidence, communication, learning difficulties and attachment difficulties can underlie challenging behaviour. Building positive relationships, self esteem and confidence, through positive re-enforcers is a MUST!! Re-enforcers are in place to support young people with whatever they do. Staff can apply re-enforcers to whatever task or achievements that are being focused on at the time.

As life does present natural consequences on a daily basis, we therefore do not give sanctions!! We require all activities or money to be earned!! We give rewards and re-enforcers for ALL GOOD BEHAVIOUR HOWEVER SMALL.

PROCEDURE

There is a Rewards Book for each child in which all rewards and achievements are recorded daily. Our aim is to create a positive culture that focuses on rewarding good behaviour.

Rewards do not have to be money based.

Examples -

- Giving your time and attention by playing a game
- Going out for a walk,
- Watching a DVD together

Rewards can be given for all positive behaviours.

Examples -

- Good manners
- Being helpful
- Doing a task well
- Attempting a Task they find difficult
- Good social skills

THE LIST IS ENDLESS

When asking a young person to complete a task, praise any positives within that task. Do not write off the whole task as a negative just because the young person displayed negative behaviour before completing the task. Remember, any small step is an achievement.

Children are programmed to meet your expectations. Sometimes all that is needed for you to break a negative cycle is **to expect good behaviour**. Treat them as if they really are going to make a good choice. When we don't expect good behaviour we give off a negative vibration which can result in the behaviour we expect

Pay attention to the way you speak **too and about** the young person! Keep it positive.

[..\Chardleigh\REWARDS SYSTEM July 2014.doc](#)

ROOM SEARCHES

It is our policy to prohibit concealment of stolen property, the use of illegal drugs, alcohol, abuse of medication, lighters & matches or offensive weapons, in the home or its grounds. We therefore maintain the right to search any young person's room and belongings if we have suspicion that they are in possession of either of the above.

In addition if we receive a complaint or information that leads us to strongly suspect that a young person has stolen or "taken possession" of another person's belongings, we maintain the right to search their room and belongings.

We also reserve the right to search any young person's room and belongings if we have suspicion that they are in possession of an offensive weapon or such items, that they could be deemed as such, for the protection of young people and our staff.

Guidelines

- a) We will inform the young person of our suspicion that they are in possession of any of the above, give them the opportunity to hand over any items in question.
- b) We will inform them of our intent - to search their room and remind them of our policy regarding stolen property, drugs, alcohol and offensive weapons.
- c) We will invite the young person to be present during the search, where possible which will always be carried out by two members of staff to minimise any possibility of allegations.
- d) If the young person is believed to have possession of the aforesaid on their person, they will be asked to turn out their pockets or bags. If they refuse, the young person will be informed that it will be necessary to attain police involvement to carry out a search.

[..\Chardleigh\ROOM SEARCHES July 2014.doc](#)

SAFE RECRUITMENT, SELECTION & RETENTION OF STAFF

POLICY

3 Dimensions is committed to ensuring that we only employ people in a caring role who have the necessary experience, skills, aptitude and qualifications to carry out their responsibilities in a professional, sympathetic way and who are safe to work with children and vulnerable adults.

3 Dimensions will employ all available measures to ensure that any person who might pose a threat to the safety or well-being of the Children and Adults in our care will NOT be offered employment. All recruitment adverts express our commitment to the safeguarding of all our Children and Adults, the requirements for CRB (now the Disclosure & Barring Service) and references to be sought.

3 Dimensions will endeavour to ensure that there is effective two-way communication throughout the recruitment process and that all applicants are treated in a fair and open manner. Our Recruitment & Selection process complies with the following:-

Children & Young People

Children's Homes Regs 2001/2011 & NMS 2011,
Working Together to Safeguard Children 2013,
Safeguarding Children and Safer Recruitment in Education,
SW Safeguarding and Child Protection Guidance: Safer Recruitment,
3 Dimensions Safeguarding & Child Protection policies,
Equality Act 2010,
Data protection Act 1998
CWDC -Recruiting Safely Guidelines.

Adults

The Health and Social Care Act 2008
Essential Standards of Quality and Safety (March 2010)
No Secrets Act
Dept of Health (2000)
South West Adult Safeguarding Guidance
Code of Practice - Mental Capacity Act
Deprivation of Liberty

PROCEDURE

1. Applications

All applicants for a position at 3 Dimensions, whether responding to an advertisement or through personal introduction, will be sent an application form. This must be completed in full, and includes all requirements for employment, experience and qualification history, 4 referees, details of any disciplinary or criminal history and a section for dates and reasons for gaps in employment. The applicant will also be sent our Ethos, a Job Description, Person specification, and our safeguarding policies Children's & Adults, which outlines our commitment to promoting the welfare of all Children and Adults, and our responsibilities to safeguard and protect them from harm.

All job applications will be reviewed by at least one Manager and one of the Directors who have been trained in Safer Recruitment practice, before a decision is made to invite a candidate for interview. One of the people involved in the initial review will also be involved in any subsequent interviews to ensure consistency throughout the whole process and to ensure queries/discrepancies can be followed through.

2. First Interview

Candidates will normally be undertake their initial interview with the HR Manager, who will describe our facility, in general about the Children/Adults we look after and what we would expect of the staff we employ in order to the Safeguard everyone.

An interview assessment procedure will be completed and a written record of interview questions kept, that includes specific questions on Safeguarding and Child Protection, gaps in employment history and the reasons for the gaps provided on the application, previous work experience, current health both physical and mental including any medication, and their knowledge and skills to help determine their suitability to work.

If the initial interview is successful a visit for lunch or tea with experienced staff team will be arranged, where feedback from staff and young people can be obtained.

3. References

All candidates must supply, confirmation of identity to include, birth cert, marriage cert, driving licence card and paper, passport, P60/P45 and a current utility bill , complete previous employment history, including evidence for gaps in employment i.e. child's birth certificate, passport/travel documents etc , proof of qualifications (original

certificates to be shown, this will be verified and copies held on file), a professional reference and three employment referees, one of which must be their last or current employer and, any other previous employer where the applicant worked with any vulnerable groups of people as a matter of Safeguarding.

Referees are required to complete the company's reference assessments sheet that includes relevant questions regarding conduct and suitability to work with Children and Adults including if there are any known reasons as to why this applicant should not work within this environment or any disciplinary action taken. Referee's are verified by telephone with the named individual supplying the reference to confirm that they are the person who completed the reference and to confirm the suitability of the person to work with Children or Adults.

Any offer of employment will be subject to receipt of satisfactory references, evidenced by the above.

4. External checks

Any offer of employment will also be subject to a satisfactory response to all external checks

The external checks now include the following for:- potential staff, Agency staff and/or bank/sessional staff, volunteers and regular contractors-

- Enhanced Criminal Records Bureau (now the Disclosure & Barring Service), POCA & POVA check
- Inclusion on List 99
- Inclusion on Dept of Health Consultancy List
The CRB (now the DBS) is only able to check UK records and will not, therefore be undertaken for a worker (paid or volunteer) who has been in the country less than six months. These workers will be asked to provide a certified translation of the certificate of good conduct or the equivalent from their home country. Where a worker has been in the country for more than six months but less than five years, both a DBS check and a home country certificate will be sought. There are a few countries that have no police check or 'good conduct' system. Workers from these countries will not be employed until they have lived in the UK for 6 months and a DBS check can be completed.
- Information and advice from NARIC will be sought on overseas vocational, professional and academic qualifications if required and verified in keeping with our normal procedures; as will overseas references.
- CRB (now the DBS) checks are regularly updated every three years.

5. Guidance on Risk Assessing DBS Disclosures

In the event that a Disclosure & Barring Service check is returned with a disclosure having been identified, a risk assessment is then made. The Risk assessment includes what the disclosure involves, i.e. - what the conviction was for, how many convictions there are, how long ago the conviction took place, how old the applicant was at the time of the conviction and the job role the applicant has applied for.

Ofsted/CQC and other agencies may also be contacted for further guidance and clarity on information received. The applicant may also be asked to attend a meeting with the Care Manager/Director in order to provide further information if required.

After looking at all the above, a decision is made by the Care Manager/Director on whether it is appropriate to continue on with the application process based on the risk assessed.

If the disclosure is of a sexual and violent nature the process is terminated immediately and that person would not be considered for employment. Ofsted, CQC and appropriate agencies would also be informed about the applicant applying to work with vulnerable Children and Adults. If an applicant is refused employment they will be informed why their application has been ceased.

6. Second Interview with Care Manager & possible offer of employment & permanent employment

If the References, DBS check and feedback are all good, a second meeting will be arranged with a Care Manager, to ask any further questions or discuss references received and feedback from their visits to a home. If the Care Manager is happy with all the information received she will then make a formal job offer and agree a start date with the new employee. Initial shift arrangements will be discussed, making clear that these may only be in place for initial training and a verbal confirmation of salary with payroll information. The new staff member will be given a staff information pack

to complete and return before their start date, which includes Drivers handbook and medical information and written confirmation of their employment will follow.

All successful applicants will receive a formal written offer of employment after their formal offer of employment in the second meeting and the personnel administrator will be responsible for giving the new employee a company number and organising their personal file with all the information from their application to offer of employment, this file will be kept in a locked cabinet and all the conditions of Confidentiality and Data Protection will be observed.

New Employees are subject to an initial probationary period of six months with a review and appraisal after 5 months, at which time a decision will be made to either offer a permanent position, extend the probationary period or terminate Employment, if a satisfactory standard has not been reached.

Confirmation of a permanent post can only be made if the candidate has had a satisfactory appraisal, that the performance criteria has been met and there have been no Child Protection or Safeguarding issues, at the conclusion of the probationary period.

7. Induction Training

All newly recruited staff will complete Common Induction training during their 6 month probation and initially undertake 3 - 4 days training in all Health and Safety aspects including Safeguarding, Behaviour Management, Positive Intervention De-escalation and restraint, to ensure safety policies and procedures are understood before starting on shift.




This initial 3 - 4 day training may be offered to the prospective candidate before they are employed providing they fully understand that this is not an offer of employment and they will receive no remuneration for it. The training can be considered as free personal development training, if their current work schedule allows it.

Their training to include the LSCB Introduction to Child Protection/Adult Safeguarding with our Designated Officer, which will outline the procedure for reporting any concerns, about poor or unsafe practice by colleagues or any concern over a child's/Adults welfare.

How to make a complaint, internally and externally and the Principles of Care will also give further insight into the Record keeping requirements and the need for Confidentiality; this training will follow during their probationary period. Recruits will also be given a Confidentiality Declaration, a Staff Handbook which outlines our Whistle blowing, Data protection and Confidentiality policy to read, understand and sign.

During the six month probationary period the new staff member will be mentored by an experienced member of staff on their team on shift. The Manager & House senior will give ongoing support to enable each new member of staff to complete the CWDC Induction Standard Training Workbook.

Training in house and as training sessions will include:-

-  Company Ethos & Philosophy & Principles of Care
-  Key Policies - Policy Document & Statement of Purpose
-  Working Together to Safeguard Children 2013

- ✚ South West Child Protection Procedure
- ✚ Every Child Matters & Care Matters
- ✚ Children's Act 1989/2004
- ✚ NMS 2011 & Children's Homes Regulations 2001 & 2011
- ✚ Protection of Children Act 1999 & Child Protection
- ✚ Positive Intervention, De-escalation & Restraint
- ✚ Positive Behaviour Management & Philosophy
- ✚ Health & Safety and Fire Safety 2006
- ✚ Diet and Nutrition, the effects on behaviour
- ✚ Work Practices, day- to-day routine, record keeping

Adult Training

- ✚ The Health and Social Care Act 2008
- ✚ Essential Standards of Quality and Safety (March 2010)
- ✚ No Secrets Act
- ✚ Dept of Health (2000)
- ✚ South West Adult Safeguarding Guidance
- ✚ Company Ethos & Philosophy & Principles of Care
- ✚ Key Policies - Policy Document & Statement of Purpose
- ✚ Positive Intervention, De-escalation & Restraint
- ✚ Positive Behaviour Management & Philosophy
- ✚ Health & Safety and Fire Safety 2006
- ✚ Diet and Nutrition, the effects on behaviour
- ✚ Work Practices, day- to-day routine, record keeping

Staff who have already undertaken the Common Induction Standards (including CWDC Standards for child care workers) will receive training and appropriate updates as and when required, which are appropriate to their individual needs and our risk assessments. All staff will be enrolled on HSC Diploma Caring for Children and Young people/Adults once their probationary period is satisfactorily completed.

This policy should be read in conjunction with the following Company Policies-

Anti-Bullying
Safeguarding and Child Protection
Behaviour Management & Positive Handling
Confidentiality
Complaints Procedures
Visitors Policy
Whistle Blowing

Retention Strategy & Policy

AIMS

Our aim is to recruit reliable, confident and caring staff that have a desire and a natural drive to deliver a high standard of quality care to vulnerable Children and Adults with varying levels of difficulties in our care. We feel that this is the type of candidates that will want to stay in our employment for the duration providing a quality service to all the Children/Adults placed with us.

The directors of 3 Dimensions place the highest importance on the retention of good staff. We do this by ensuring we provide approachable "open door" leadership, a continuous improvement approach to training, clear and robust policies and procedures, and regular staff supervision.

Our open door policy ensures that all employees know who they can talk to in any emergency, where problems can be resolved and that they feel comfortable to discuss any issues. This approach to leadership has proven to help staff to feel motivated to meet the company's objectives (the company have just been awarded 2nd place in The Somerset Business Awards for Skills for Growth).

RETENTION

In order to retain and provide consistency with high standards of care and education we believe that appropriate ongoing training and support is paramount in order to provide the staff with CPD, the skills to deliver the care and education needed to provide better life opportunities to the Children/Adults in our care. We aim that 80% of our staff are trained to HSC level 3 and all staff undertake qualification once their 6 month probation is completed.

We provide staff with good pay rates, reasonable holiday allowances and a good environment for them to work in. We involve staff at every opportunity in appropriate decision making and keep them informed and updated as to any changes that occur. We promote communication throughout our project with an open door policy for all staff to have

access to higher management in order for them to discuss any concerns or ideas they may.

PROCEDURE

- Safe Recruitment
- Induction & on-going training for personal development
- Open communication throughout the project
- Daily handovers
- Monthly team meetings
- Supervision
- Appraisals
- Pay structure & reviews

[..\Chardleigh\SAFE RECRUITMENT & RETENTION July 2014.doc](#)

SAFE TRANSPORTATION

POLICY

It is 3 Dimensions intent that we provide a safe means of transport for young people and staff members for visits and trips to appointments or activities.

We therefore provide reliable company vehicles that are regularly monitored for damage or deterioration, cleaned weekly and serviced regularly so that they are always roadworthy.

3 Dimensions requires all staff to produce their current driving licence as part of our Recruitment process and on an annual basis, of which copies are held on file for reference, we take all precautions to establish that potential staff have adequate experience as a driver to provide safe transportation for everyone.

All cars are insured through the Company's fleet insurance, have valid Tax and MOT certificate and a breakdown and recovery service contract.

It is the Companies Policy NOT to use Taxis to transport Children unless they are provided and initiated by the Local Authority, who takes responsibility for any safety checks necessary are carried out by the taxi company.

PROCESS

Prospective staff members will be asked to provide sight of their Driving License (card & paper) and a copy will be held on their personnel file, staff will be required to produce their driving license on an annual basis.

Prospective staff members will be asked to complete as part of their application a statement which outlines they have no convictions for driving dangerously or without due care nor have received points for speeding, that may not have been placed on their license at the time.

They will be asked to complete a Road sense Driving Application Form, receive our Drivers Handbook, and sign the terms and conditions for employees driving company vehicles.

Prospective staff will be required to provide current Medical Information and sign a declaration regarding information given to ensure they are fit to drive.

Withholding or misrepresentation of any of the above requirements will result in a person not being employed or disciplinary action and possible termination of employment for an employee.

The Company's Fleet Insurance covers all drivers on our staff team to use any one of the home or school vehicles.

The H&S Manager is responsible for ensuring that all vehicles are regularly maintained and roadworthy. That he is in receipt of all current documentation and that each vehicle holds a current license.

The H&S Manager is also responsible for monitoring weekly cars checks are being completed by designated staff members on shift and that daily checks on general condition are undertaken before each trip.

Staff will not allow any young person to sit in the front of the vehicle who is below the age of 14 years and will only allow a young person to sit in the front seat if their risk assessment allows this.

The driver is responsible for ensuring that all young people and staff wear a seat belts and that they are belted up prior to the journey. If any one of the passengers refuses to put on their seat belt or takes it off the journey must Not proceed. The number of passengers must not exceed the number of seat belts in the vehicles.

Under no circumstances must any staff member driving a company vehicle drive above the speed limit for any road they are using. If any driver receives a speeding fine, this could jeopardise their employment and at the least they will be liable for the cost of the fine, any point incurred on their license and be required to undertake a safe driving course.

There are times when it can be advantages for a young person to be taken out for a drive in order to provide a space for them to talk. This must be in line with the above policy and procedure, including lone working policy and current individual risk assessment in place.

SAFEGUARDING, COMPLAINTS & ALLEGATIONS POLICY

INTRODUCTION

It is 3 Dimensions aim to comply with all regulations and guidance to safeguard the children and young people in our care and education. Therefore a range of documents, circulars and guidance for good practice governs Child Protection policy and procedures at 3-Dimensions. Key documents, which inform this policy, are:

- South West on Line Child Protection Procedures
- DCSF 2007 Safeguarding Children & Safe Recruitment in Education
- Working Together to Safeguard Children 2013
- Children Act 1989 & 2004
- Protection of Children Act 1999.
- NMS 2011 & Children's Home Regs 2001 and amendments 2011/2014
- Education Act 2002 s175 & 157 & Education (Independent School Standards) Regs 2010
- DfE guidance on Preventing & Tackling Bullying
- DfE guidance Keeping Children Safe in Education
- Equality Act 2010

Nita Ellul is the lead Safeguarding Officer, who is level 4 South West Safeguarding Board trained Trainer and receives updates every two years. She has level 4 qualification MRCC (Manager in Residential Child Care) Nita is also the companies Responsible Individual.

A one day LSCB approved Safeguarding and Child Protection session is provide during Induction and updated every 3 years. The training body who delivers the training provide LSCB approved trainers. The training includes Confidentiality, Complaints and Allegations and Professional Boundaries and a further $\frac{1}{2}$ day on Roles and Responsibilities for staff.

Should Nita Ellul be absent, Safeguarding matters should then be referred to Director, Ben Harms who is the deputy, or another member of the senior management team, along with the support of the relevant house manager.

If a member of staff at Woodview has concerns about a child's behaviour or if an allegation is made about a member of staff, these should be referred to Emma English, the Registered House Manager, who will then inform Nita Ellul. If the allegation concerns Emma English, staff should only inform Nita Ellul. Should Nita Ellul be absent, the matter should then be referred to the H&S Manager or another member of the senior management team and to the Local Authority Designated Officer.

In the event of needing to contact any of the L.A.D.O's, call the L.A.D.O clerk on 01392 384964, they will then inform the L.A.D.O on duty, who will return your call on the same day.

AIMS & OBJECTIVES

3-Dimensions strive to care for and educate all its pupils in an environment where learning, communication, truth, justice, respect and community are promoted. We aim to safeguard and promote the welfare of the children in our care and education and ensure that their wellbeing is at the centre of all we do, particularly where there is a possibility of abuse.

This will be achieved by:

- Prevention of unsuitable people working with children and young people, through our safe recruitment & selection process, our applications require a declaration regarding past convictions or pending cases, continuous employment history, taking up a minimum of 3 references and completing an Enhanced CRB check on all workers and volunteers before employment. This check at present includes POCA & POVA lists and information held by DCSF under sect 142 and is completed every 3 years.
- Continuing to develop awareness in all staff through supervision and training, highlighting the need for Child Protection and their responsibilities in identifying abuse. Ensuring managers undertake South West CP Working Together to Safeguard Children 2 day course with updates every 2 years and all other staff and teachers are trained in Basic Awareness. Refresher training in Safeguarding Basic Awareness will take place at intervals of 3 years, with relevant updates as required.

- During Induction training all Staff and Teachers will receive guidance and a copy of 3 Dimensions, code of conduct, a staff handbook which includes our Whistle blowing policy, Child Protection policy and procedure and South West Online CPP guidelines (www.swcpp.org.uk), with the names and contact details of the LADO (local area designated officer) and a copy of "What to do if you're worried a child is being abused".
- New staff members are mentored by existing experienced staff and receive monthly supervisions in their 6 month probationary period.
- Identify instances in which there are grounds for concern about a child's welfare, and initiate appropriate action to keep them safe, which could include the instant removal or suspension of any staff member suspected of abuse.
- High staff ratios and risk assessed lone working procedures, all contact is agreed with parents and placing authorities, and our identification and supervised visitors policy act as a further safeguard
- Ensuring that key concepts of Safeguarding are integrated within the curriculum especially via PHSE.
- Creating an environment where children feel safe and secure with staff who provide good role models, where children are encouraged to talk, have their viewpoints valued, and are listened to.
- Ensuring that South West Online Child Protection Guidance www.swcpp.org.uk and reporting procedure is followed by managers and staff and then informing Ofsted of any allegations or complaints and involving any other agencies where appropriate.
- The premises, equipment and transport are maintained and risk assessed by the H&S Manager in line with our H&S policy.

Recognizing signs and symptoms of abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child

Common sites of non accidental injury see attached diagram on page 9

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative

(e.g. rape or buggery) or non-penetrative acts. They may include involving children in looking at, or in the production of, pornographic material, or encouraging children to behave in sexually inappropriate ways

Emotional abuse is the persistent emotional ill-treatment of a child causing severe and persistent adverse effects on the child's emotional development, often by making them feel they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, age or developmentally inappropriate expectations being imposed on children, causing children frequently to feel frightened, or the exploitation or corruption of children.

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in serious impairment of the child's health or development, such as failing to provide adequate food, shelter and clothing, or neglect of, or unresponsiveness to, a child's basic emotional needs.

Bullying: Under the Children's Act 1989/2004 a bullying incident should be addressed as a child protection concern when there is 'reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm'.

All the above definitions were taken from "**What to do if you're worried A Child Is Being Abused**". Any allegation of abuse made against a member of 3D staff is defined by the above definitions. (See procedure 4 on page 6)

When there is suspicion of significant harm to a child and a referral is made, as much information as possible should be given about the nature of the suspicions, the child and the family. Use of previous records (if available) may prove to be particularly useful in the respect.

Reports may be needed for Child Protection Case conferences, or the criminal/civil courts. Consequently, records and reports should be:

- Factual (no opinions)
- Non-judgmental (no assumptions)
- Clear
- Accurate
- Relevant

DEALING WITH ALLEGATIONS & DISCLOSURES OF ABUSE

For the purpose of this policy an allegation is where an adult working with or on behalf of children has:

- Behaved in a way that has harmed, or may have harmed a child or
- Possibly committed a criminal offence against or related to a child or
- Behaved towards a child or children in a way that indicates unsuitability to work with children.

Where there is an allegation of abuse against a member of staff, there may be four types of investigation:

- A child protection investigation
- A criminal investigation
- A civil investigation
- A disciplinary or misconduct investigation

If a child chooses to tell a member of staff about possible abuse or make an allegation, there are a number of things that should be done to support the child:-

- Stay calm and be available to listen
- Listen with utmost care to what the child is saying
- Question normally without pressurizing
- Don't put words into the child's mouth, but note the main points carefully
- Keep a full record - date, time, what the child did, said, etc.
- Reassure the child and let them know they were right to inform us
- Inform the child that this information will now have to be passed on to the designated person, but will not be shared with any other staff member
- If the child is unhappy with this and would prefer to take the matter straight to their social worker, the LADO, Ofsted or the police, ensure they are supported to do this.
- Immediately inform the company Designated person or their deputy.
- Designated person to inform: L.A.D.O, Placing Authority, Parent (where appropriate) and Ofsted within 24hrs.

PROCEDURES

1. Any member of staff with an issue or concern relating to the safety of a child, should immediately discuss any Child Protection issue, with the

Reg. House Manager, who will inform the Responsible Individual (who is the designated safeguarding officer for the company) and is responsible for informing other directors & H & S Manager (it should be made clear to the child that **CONFIDENTIALITY CANNOT BE GUARANTEED IN RESPECT OF CHILD PROTECTION ISSUES**). Allegations of child abuse must always be given the highest priority and referred immediately.

2. If a Child makes any kind of Allegation or complaint against a member of staff whether this is verbally, written or maybe through a key worker session, staff need to ensure that the House Manager is informed immediately.
3. The Registered House Manager or the Responsible Individual will immediately inform LADO and seek advice on how to proceed, then inform all relevant bodies as per schedule 5, Ofsted, placing authority within 24 hours and police or parents as appropriate (based on SWCPP guidelines & National Minimum Standards). After which the Reg. House Manager &/or the Responsible Individual will follow action and guidance immediately requested by any of the above professional before completing our own investigation.
4. If the allegation/complaint is against a member of staff, we will ensure there is no further risk to the child and suspend the staff member if required until the investigation is complete. If the allegation is founded this will result in the termination of their employment and subsequent prosecution by the police. A referral to the DBS will also be made.
5. Where the complaint is against another child in the home or school, we will put strategies and a risk assessment in place to ensure the young person is kept safe.
6. If it is against a family member or friend or someone else in the community, all contact will be stopped until an investigation is complete and the LA, LADO and Ofsted are happy that it is safe to resume.
7. Information on our policy & procedure will be made available to Placing Authorities/Social Workers and parents (where appropriate), on request, and is compliant with South West CPP. As 3 Dimensions also provides Residential Care for Looked after Children, the procedure will also comply with standards and requirements as laid out by Ofsted.

8. A teacher or any other member of staff who hears an allegation against another member of staff, must report it immediately to the Companies designated persons Nita Ellul or H & S Manager Ben Harms of 3 Dimensions. If the complaint is made against one of these Directors or a Manager then the person whom the complaint is made against must not be informed. Seek a director or manager who is not involved and if concerned immediately contact LADO or OFSTED regarding this complaint direct.
9. Allegations against staff and risk to young people are limited as it is our policy to provide a high ratio of staff. A lone working policy is in place that is governed by the overall risk assessment of the individual child and that of the proposed activity of that day. This is as realistic as possible; however there may still be occasions

when teachers or staff may meet pupils on a one-to-one basis that is not in a planned way. On these occasions, all staff must be aware that perfectly innocent actions may be misconstrued and be guided by 3-Dimensions code of Conduct, and guidance during training (including 3-Dimensions Positive Intervention Policy & Training).

It is important not to touch pupils however innocently in ways or on parts of the body that may be considered indecent.

Professional boundaries must be maintained at all times.

EDUCATING CHILDREN ABOUT ISSUES (PSHE)

It is important that children are made aware of behavior towards them that is not acceptable and how to keep themselves safe PHSE can provide a framework :-

- To recognize and manage risks in different situations and then decide how to behave responsibly.
- To judge what kind of physical contact is acceptable and unacceptable
- To recognize when pressure from others (including people they know) threatens their personal safety and well being and develop effective ways of resisting pressure; including knowing when and where to get help.
- To use assertiveness techniques to resist unhelpful pressure.

We recognise that children who are abused or witness violence may find it difficult to develop a sense of self worth. They may feel helplessness, humiliation and some sense of blame. 3 Dimensions home or school may be the only stable, secure and predictable element in the lives of children at risk. When at school their behaviour may be challenging and defiant or they may be withdrawn. The school will endeavour to support the pupil through:

The content of the curriculum.

3 Dimensions ethos which promotes a positive, supportive and secure environment and gives pupils a sense of being valued.

3 Dimensions behaviour policy which is aimed at supporting vulnerable pupils in the school. The school will ensure that the pupil knows that some behaviour is unacceptable but they are valued and not to be blamed for any abuse which has occurred.

Liaison with other agencies that support the pupil such as social services, Child and Adolescence Mental Health Service, education welfare service and clinical and educational psychology service.

Ensuring that, where a pupil on the child protection register leaves, their information is transferred to the new school.

MONITORING & RECORD KEEPING

It is essential that accurate records be kept where there are concerns about the welfare of a child. These records should then be kept in secure, confidential files. These will be kept in a locked file at the main house office.

Staff must keep the Registered House Manager/Responsible Individual/deputy informed of:

- Poor attendance & punctuality in school
- Concerns about appearance and dress
- Changed or unusual behaviour
- Concerns about health and emotional well-being
- Deterioration in educational progress or behaviour in the home.
- Discussions about concerns relating to the child with Social Workers

Carers/parents

- Concerns about home conditions or contact situations
- Concerns about pupil on pupil abuse (including serious bullying)

3 Dimensions ensure that adequate Employers Liability (10 million) and Public Liability (10 million) and All Risks Assessments are current and renewed to comply with all legislation and guidance.

Policies and Procedures are reviewed annually or at points of legislative change affecting said policy.

The Company designated Safeguarding Officers Emergency contact details are:-

Nita Ellul - 07795833310

For contacting (L.A.D.O clerk) in Devon;

01392-384964

Local Safeguarding Officer is;

Nicky Scutt - 01823-357868

MASH - 0345 155 1071

Local Police - Axminster, Devon - 01297-32215

NSPCC Child Protection Helpline - 0800-800500

Ofsted - 0300 123 1231

THE ROLE OF THE COMPANY DESIGNATED SAFEGUARDING PERSON/RESPONSIBLE INDIVIDUAL

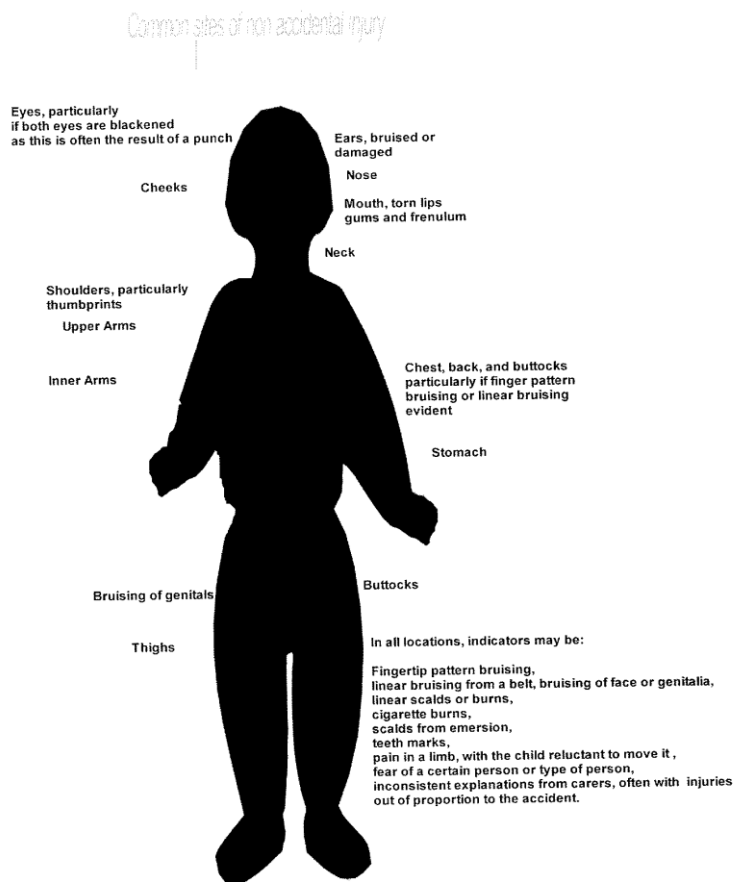
- ✚ To ensure that all staff knows that Nita Ellul is the Designated Person and in her absence Ben Harms is her deputy and they are responsible for Safeguarding and Child Protection issues.

- ✚ To ensure the child is treated with sensitivity and is kept informed of progress of the allegation/disclosure
- ✚ To refer promptly all cases of suspected child abuse to the Placing Authority, Parent, Ofsted, SW Local Area Designated Officer within 24 hours and the Police Child Protection Team (where required immediately).
- ✚ To organize regular training on Safeguarding & Child Protection for all employees.
- ✚ To ensure that all staff know about the South West CPP guidelines and how to access this online at www.swcpp.org.uk.
- ✚ To inform all relevant bodies as above.
- ✚ To facilitate and support the development of a whole 3-Dimensions Policy on Child Protection & Safeguarding: - ensuring policy updates include legislation and guidance changes, policies are reviewed annually and all staff receive a copy of the policy and procedure.
- ✚ To attend case conferences, or nominate an appropriate member of staff to attend on her behalf
- ✚ Maintain records of case conferences and other sensitive information in a secure, **confidential file** and to disseminate information about the child, only on a '**need to know**' basis.
- ✚ To raise staff awareness and confidence on south west child protection procedures and to ensure that new staff receive information on where to access these procedures (www.swcpp.org.uk).
- ✚ To keep up to date with current practice by participating in training opportunities whenever possible.

NB:

This Child Protection Policy refers to Woodview. Variations of the policy are available for Chardleigh House and All Saints Mourino Care Homes. The only material changes relate to the Local Area Designated Officer contact details which are for Devon rather than Somerset.

Common Sites of non-accidental injury Diagram see below



PROCEDURE NOTIFICATION SCHEDULE 5 Regulation 30

Introduction

The notification procedure covers the actions required to meet the requirements of Standard 24 NMS 2011.

The following significant events are covered.

1. Death of a child
2. Serious illness or accident
3. Outbreak of serious infectious disease
4. Allegation that Young Person has committed a serious offence
5. Suspected involvement in Child Sexual Exploitation
6. Serious incident involving calling the police to the house
7. A child accommodated at the home goes missing
8. Serious complaint about home or staff member
9. Investigation of child protection issue
10. Section 2(1)a Referral
11. Other significant event not covered by Regulation 30
12. Serious concerns about the emotional or mental health of a child
13. Post notification meeting

1. Death of a Child

The member of staff on duty at the time of the death should immediately contact 999 Emergency Services and the Registered Manager of the Home through the office or via on call. In the absence of the Registered Manager the member of staff should contact Nita Ellul, the Responsible Individual.

The Registered Manager and/or the Responsible Individual will immediately go to the location to take charge of the situation and assist the staff on duty, if not already on duty in the home.

The Registered Manager and/or the Responsible Individual as the responsible people, should immediately inform the other Director(s) and advise him/them of the circumstances of the death.

As soon as possible, the Registered Manager and/or the Responsible Individual will advise the following authorities of the incident. Please note that any notification made in accordance with this regulation which is given orally must be confirmed in writing:

Ofsted
Placing Authority
LADO
CCG (Clinical commissioning Group)
Secretary of State
LA in which home is located

2. Serious Illness or Accident

The member of staff on duty at the time of the serious accident or diagnosis of a serious illness should immediately contact the Registered Manager who is the responsible person, through the office or via on call, if not on duty. In the absence of the Registered Manager the member of staff should contact Nita Ellul, the Responsible Individual.

The Registered Manager and/or the Responsible Individual will immediately go to the location to take charge of the situation and assist the staff on duty.

The Registered Manager and/or Responsible Individual should immediately contact the other Director(s) and advise him/them of the circumstances of the serious illness or accident.

As soon as possible, the Registered Manager and/or the Responsible Individual will advise the following authorities of the incident. Please note that any notification made in accordance with this regulation which is given orally must be confirmed in writing:

Ofsted
Placing Authority

3. Outbreak of Serious Infectious Disease

The member of staff on duty at the time of the diagnosis of a serious infectious disease should immediately contact the Registered Manager through the office or via on call. In the absence of the Registered Manager the member of staff should contact Nita Ellul, the Responsible Individual.

The Registered Manager and/or the Responsible Individual, will consider whether it is appropriate to go to the location to take charge of the situation and assist the staff on duty.

The Registered Manager and/or Responsible Individual should immediately contact the other Director(s) and advise him/them of the circumstances of the serious infectious disease

As soon as possible, the Registered Manager /or the Responsible Individual will advise the following authorities of the incident. Please note that any notification made in accordance with this regulation which is given orally must be confirmed in writing:

Ofsted
Placing Authority
LA in which home is located

4. Allegation the Child has Committed Serious Offence

The member of staff on duty at the time of the allegation of a serious offence should immediately contact the Registered Care Manager through the office or via on call, if not on duty. In the absence of the Registered Manager the member of staff should contact Nita Ellul, the Responsible Individual.

The Registered Manager and/or the Responsible Individual will consider whether if it is appropriate to go to the location to take charge of the situation and assist the staff on duty.

The Registered Manager and/or Responsible Individual should immediately contact the other Director(s) and advise him/them of the circumstances of the circumstances of the serious offence.

As soon as possible, the Registered Care Manager will advise the following authorities of the incident. Please note that any notification made in accordance with this regulation which is given orally must be confirmed in writing:

Police
Placing Authority

5. Suspected Involvement in Child Sexual Exploitation

The member of staff on duty at the time of the suspected involvement in Child Sexual Exploitation (CSE) should immediately contact the House Manager & the Responsible Individual who is the Company Designated Safeguarding Officer through the office or via on call, if not on duty.

The Registered Manager and the Responsible Manager will consider whether it is appropriate to go to the location to take charge of the situation and assist the staff on duty.

The Responsible Individual should immediately contact the other Director(s) and advise him/them of the circumstances of any illicit activity.

As soon as possible, the Registered Manager will advise the following authorities of the incident. Please note that any notification made in accordance with this regulation which is given orally must be confirmed in writing:

Ofsted
Placing Authority
Police
LADO
LA in which home is located

6. Serious Incident Involving Calling Police to Home

The member of staff on duty will contact the Registered Manager and the Responsible Individual who are the Responsible people, to obtain authority to call the police to the incident, unless the incident involves serious threat to life. The police should then be summoned immediately by the member of staff.

The member of staff on duty will prepare an Incident Report as a matter of urgency and fax a copy of this to Ofsted and the Placing Authority with a covering fax header.

As soon as possible, the Registered Care Manager and/or Responsible Individual will advise the following authorities of the incident. Please note that any notification made in accordance with this regulation which is given orally must be confirmed in writing:

Ofsted
Placing Authority

7. A child accommodated at the home goes missing

The member of staff on duty will advise the Registered Manager or the on-call Manager of the absconding.

The member of staff on duty will prepare an Incident Report as a matter of urgency.

The Police will be informed that the Young Person is Missing in accordance with new guidelines. The Placing Authority and parents (where appropriate) will also be advised verbally.

All parties shall be informed of the Young Person's return and given any update necessary.

As soon as possible, the Registered Manager and/or Responsible Individual will advise the following authorities of the incident. Please note that any notification made in accordance with this regulation which is given orally must be confirmed in writing:

Placing Authority

8. Serious Complaint About Home or Staff Member

The member of staff on duty will advise by telephone the Registered Manager or the on-call Manager of the complaint.

The member of staff on duty will record full details of the complaint in the Complaint Log.

The member of staff will prepare an Incident Report as a matter of urgency and pass it to the manager to deal with.

The Registered Manager and/or Responsible Individual will take responsibility for the investigation of the complaint.

The Registered Manager and/or Responsible Individual should immediately contact the other Director(s) and advise him/them of the circumstances of the complaint.

The Registered Manager and/or Responsible Individual will advise the following authorities of the complaint. Please note that any notification made in accordance with this regulation which is given orally must be confirmed in writing:

Ofsted
Placing Authority

After a full investigation of the complaint, the findings of the investigation should be notified to the Ofsted and the Placing Authority.

9. Investigation of Child Protection Issue

The member of staff on duty will contact the Registered Manager and the Responsible Individual to advise that there is a child protection issue to be investigated.

There is a separate procedure covering the conduct of all child protection investigations.

The member of staff will prepare an Incident Report as a matter of urgency and hand this to the Registered Manager and the Responsible Individual.

The Registered Manager and the Responsible Individual should immediately contact the Local Area designated Officer, and advise him of the circumstances of the complaint.

As soon as possible, the Registered Manager and/or the Responsible Individual will advise the following authorities of the complaint. Please note that any notification made in accordance with this regulation which is given orally must be confirmed in writing.

Ofsted
Placing Authority
LADO

After a full investigation of the child protection issue, the Registered Manager and/or Responsible Individual will notify Ofsted and the Placing Authorities of the findings of the investigation.

10. Referral to the Secretary of State Pursuant of Section 2(1) a of the Protection of Children Act 1999.

This would be undertaken by Ofsted.

11. Other Significant Events Not Covered By Regulation 30.

The Registered Manager responsible for the operation of the home is the person responsible for reviewing all incident reports, and deciding whether an incident significantly affects a child's welfare.

In this event, the Registered Manager and the Responsible Individual will decide with the Placing Authority, whether the parents should be advised - bearing in mind practicability and the child's ongoing welfare.

Any decision not to advise the parents will be with the agreement of the Placing Authority.

12. Serious Concerns About The Emotional or Mental Health of a Child

The member of staff on duty who has serious concerns about the emotional or mental health of the child, should immediately contact the Registered Manager through the office or via on call, if not on duty. In the absence of the Registered Manager the member of staff should contact Nita Ellul, the Responsible Individual.

The Registered Manager responsible for the operation of the Home and the Responsible individual are the people responsible for investigating the cause for concern, and deciding the appropriate action to be taken and whether a notification is required.

The Registered Manager and/or Responsible Individual will notify the Placing Authority of the serious concern about the emotional or mental health of the child, and agree the need for a mental health assessment under the Mental Health Act 1983.

13. Post Notification Meeting

The Registered Manager and/or Responsible Individual is responsible for arranging a post notification meeting following all notifications relating to the significant event covered by regulation 30 if required.

The Registered Manager and/or Responsible Individual will consult with the Placing Authority to agree whether a meeting is necessary or appropriate.

If a meeting is not to be held, the Placing Authority must agree the decision. The name of the person agreeing the decision must be recorded together with the date and time.

[..\Chardleigh\SCHEDULE 5 PROCEDURE NOTIFICATION Reviewed November 2014.doc](#)

SMOKING

POLICY

It is our policy that no person under the age of 18 year old is allowed to smoke in the grounds of the home & school and there is a strict no smoking policy within the house.

There is a designated area at the East side of the house that is sheltered and may be used by staff on their break or by visitors of the appropriate age.

We have a responsibility to do everything we can to discourage young people from smoking and it is a requirement that no one (staff or visitors) smokes in front of young people!

We have a responsibility also to ensure that smoking is not inflicted on non- smoking adults within our midst; as it is also bad for their health as passive smokers!

PROCESS

Staff members are not allowed to smoke with or in front of young people because of the significant role and how it impacts on the life of young people. If a staff member wishes to smoke, they can do so in the designated smoking area in their break time, but never in the company of young people. Staff must ensure that they use the facilities for disposing of cigarette ends and that they are emptied regularly as per the cleaning rota.

Staff breaks are for a max of 10 mins and no more than six breaks may be taken each day, a team member must be informed when a break is taken, **only one staff** member at any time to ensure adequate supervision of all young people.

No one is allowed to smoke in company vehicles

All classrooms, communal living areas, food preparation and eating areas, staff office and sleep-in rooms are non-smoking areas.

The smoking policy also applies to visitors to 3 Dimensions house and school.

Staff are not to buy cigarettes for pupils or give them cigarettes, or do trips to shops to enable the purchase of cigarettes.

In tutorials, staff should raise the issue of smoking, to educate the pupils about the health risks.

Any young person needing help to give up, will be offered the services provided by the NHS Nurse at the local GP surgery.

STAFF HEALTH & SAFETY TRAINING

Policy

3 Dimensions recognise that it is important to provide a clear and comprehensive training programme for all its employees. This includes a recording system as a basis for full accountability, and as a means of effective communication both within the Company and with outside parties.

3 Dimensions is committed to ensuring that the recording system meets all known requirements, and is properly maintained to meet the standards and regulations set out in the National Minimum Standards.

Topics covered:

- Health & Safety Training
- De-escalation and Breakaway Training
- Manual Handling for Positive Intervention Training
- Positive Intervention Training
- Fire Training

Health & Safety

Health & Safety is a major format of training required to be undertaken by all staff working with our young people and adults. The training session is undertaken before commencement of working at 3Dimensions, and has regular yearly refreshers, or as and when new legislation/policies come into effect.

Under Duty of Care, all staff have an obligation to abide and follow health and safety rules and regulations as set out to the standards of Health & Safety Regulations 1974. The training provided is spanned over two days involving group discussions working through the blue slides, IOSH, Managing Health & Safety workbook. All participants are issued with handouts relating to health and safety topics. This training is supported by some written work. This is undertaken by staff on a question and answers basis.

The handouts

- Blue sides
- Managing Safety Occupational Workbook
- RIDDOR - Reporting of Incident
- Control of Substances Hazardous to Health (COSHH)
- Health & Safety and Duty of Care
- Manual Handling (Hard Facts)
- Safeguarding

- Roles and Responsibilities

Attendance Record

All staff who attend training are required to sign an Attendance Record. All staff are required and are under obligation to attend refreshers for training. Memos are issued for dates when training is provided. If staff fail to comply with requirements, this may eventually result in warnings or disciplinary, having failed to attend.

Manual Handling for Positive Intervention Training

Manual Handling training relating to Positive Intervention is part of the requirement to ensure prevention of injury, due to exerting excessive stress and strain to the body during training exercise and whilst actually being in the position of using restrictive holding.

As above, all staff have an obligation to attend this training as part of their introduction to Positive Intervention training to help understand appropriate protocol and techniques for safety purposes and wellbeing of all involved.

De-escalation and Breakaway Training

All staff working with the young people/adults are receiving training to help them understand the importance of de-escalation to hopefully prevent the necessity for further intervention, and that every effort must be made to understand and implement the training. Look for indications that could lead to the distress or upset of the young person.

Positive Intervention

Covers various forms of intervention, from just being there to calm, supportive talking, use of appropriate body language, or calm supportive hand gestures. Re-directing focus to a more positive outcome, using de-escalation to encouraging the young person to think about their action. This can also include hand holding and inter-locking of arms and more restrictive arm holding to very restrictive holds of restraint.

Staff need to make every effort to talk with the young person/adult to calm them and to help de-escalate a potential situation, using agreed individual behaviour strategies. If talking and de-escalation has failed, it may be necessary to use further Intervention where the risk of harm to themselves, another person or serious damage to property is occurring.

Depending on the circumstances, more restrictive intervention may be required. This is depending on the severity of a potential hazard for the safety of all concerned. These are too numerous to mention but are clearly explained during training, and an element of judgement and risk assessment will have to be exercised for the safeguarding of all concerned.

Training

De-escalation and Intervention Training will span over 2 days. This is usually carried out in small groups or as and when required, may extend to one individual (depending on circumstance).

Taking Health & Safety as read, staff are walked through stage-by-stage potential application of techniques, through demonstration and first-hand application of techniques on other trainees present. All are carried out to gain basic competency and understanding of application to a specific circumstance.

By legal obligation, we are required to give training on a yearly basis. However, staff are offered the opportunity for additional training at intermittent stages throughout the year. Staff are given the opportunity to come and seek the instructor whenever they have a query or wish to get clarification on a particular aspect of intervention training. Specific individuals may also be requested to attend a training course prior to their yearly refresher. Again, this would be specific to circumstance.

3Dimensions feel obliged to give an effective and appropriate format of physical intervention training. This is to ensure the optimum safety factors and least distress to the individuals concerned, whether it is the young people/adult or staff involved in the intervention.

Whilst Positive Intervention is part of 3Dimensions support and format of keeping people safe, it is important that at no time are staff to put themselves at risk of harm during an intervention. Staff are never to intervene where the intervention is likely to fail or further endanger any individual involved in any particular incident. Under no circumstances are any staff members to engage an individual young person/adult when they are brandishing any form of weapon, ie potential sharps, bottles, stones and big sticks. 3Dimensions have a high regard for the safety of their Staff and made it clear that they have a duty to themselves to safeguard themselves from harm. Staff are to remove themselves to a safe zone, call for further staff assistance as required or may remove themselves and any other young person into a safe zone, even a locked room and potentially call for police assistance as required.

3 Dimensions also has a policy that requires the opportunity for de-briefing after an incident for the young person/adult which will happen within 24 hrs of the incident and will be carried out by a staff member who is not involved in the incident., a debrief with staff members involved in intervention will also take place with the Registered manager when they are next on shift. Staff also have an obligation under their Duty of Care to bring any inappropriate format of intervention observed to the attention of the trainer and or Responsible Individual to ensure good housekeeping.

Task observation may also take place at particular intervals to monitor correct procedures. All staff are required to record all incidents which are to be countersigned by other staff members and participants, and is to be checked and inspected by the H&S manager, and or Responsible Individual. The Intervention Log Book is also checked and signed by the Registered Manager with further checks made by the H&S manager and the Line Manager. Copies of the incident reports are to be forwarded to the Social Workers/parents/guardians of the individual young person. Progressive monitoring is a continued part of 3Dimensions policy.

All staff are also required to sign Attendance Records as well as Injury Records before and after any training. Again, this is to ensure safety for all participants.

Handouts

Handouts concerning Positive Intervention specific are as follows:

- Positive Intervention and Restrictive Holding Manual
- Use of Reasonable Force
- Lord Laming Report on Child Protection (locked doors)
- Positive Intervention Log Book (sample for completion)
- Incident Report (sample to complete)
- Staff Induction Training Book
- Manual Handling Manual

The Positive Intervention and Restrictive Holding Manual has in-depth guidance relating to the law and looked after children, as well as giving a text description and pictorial description of all formats used in intervention by 3Dimensions.

Staff members are expected, whilst in the employment of 3Dimensions, to continually up-date and maintain the handouts issued by 3Dimensions for their ongoing guidance. These will also help with relating dates and standards to be achieved for further training in HSC dip levels.

Staff members are not required to stop a Young Person/adult from leaving the premises unless it is clearly outlined in their agreed individual Behaviour Management plan and Risk Assessment.

3Dimensions work in close relations with the local authorities and the police department to optimize the safety of all individuals.

With any intervention required, staff need to make every effort to keep the intervention as least intrusive and as short as possible, to limit the distress caused to all concerned, keeping everybody's safety a priority.

Manual Handling/Moving and Handling Training

Part of 3Dimensions training format is to reduce the possibility of injury where manual handling tasks are required, so appropriate training is given in this for staff to have clear understanding as to appropriate procedures and methods of manual handling. This also includes great emphasis, in particular, relating to restrictive restraint holding as this is part of manual/moving and handling where the load is unstable and volatile by its nature. Thus great emphasis has to be placed on correct body and foot alignment and the reduction of unnecessary twisting and bending, ensuring to keep the load close to you wherever possible this will reduce any excessive stress on the body.

Fire Training

As with all training provided by 3Dimensions, Fire Training is no exception to the priority of health and safety within this field for its employers, young people and visitors to the individual sites.

Each house has its own policy specific to its location and young people and staff resident in the house. Training is provided with the intent to optimize fire safety within each house, but making individuals aware as to their duty relating to the potential hazards. Fire Training normally lasts approximately 4 hours, and must be attended by all employees during their Induction period. All staff have a responsibility to familiarize themselves with the policies and procedures, as laid out by 3Dimensions, as well as the layout of each individual house, i.e. call points, location of extinguishers, emergency lighting, exit routes and assembly points.

A Fire Marshall oversees all houses, and individual Registered Managers are responsible for the general up-keep and maintenance of equipment.

All staff are to sign all attendance records and have a legal obligation to attend Fire Training. Under the Duty of Care, staff members are required to follow and maintain policies surrounding fire safety, and are to ensure continuous vigilance within the house to restrict any potential hazards that could lead to potential fires.

Handouts

- Fire Marshall's Reference Guide
- Fire Alarm Control Panel
- Fire Prevention Policy
- Statistics related fires sheet (2003)

Each specific house has its fire policy which includes procedures and standards to obtain, as well as a map layout of signage indicating extinguishers, call points, alarms, escape routes and fire assembly point.

Each house/school has a designated individual on shift to oversee that fire safety procedures are adhered to and maintained. It is also the individual's responsibility to ensure good housekeeping for the safety of all.

Fire Training is delivered on a yearly basis; memos are handed out with dates in advance to optimize staff attendance. Staff are required to attend all training. Repeated failing to attend training may result in disciplinary action.

[..\Chardleigh\STAFF TRAINING POLICY updated Nov. 2014.doc](#)

Staff Mobile Phone Policy

It is the companies aim to do all in its power to protect and safeguard the young people in our care from abuse in any form. It is therefore company policy that staff members are not to keep their own personal mobiles on them during the shift in the home or out on activities, nor are they allowed to use their phone camera to take pictures of the young people in our care or show them pictures or any other information on their phone.

Procedure

1. As you come on shift for hand over your personal mobile is to be put in the designated place in the office and you are to sign the staff mobile phone log in sheet.
2. Staff members are not to use their mobiles in the house, school or whilst out on an activity, you are not to show picture or any other information to the young people or take their picture.
3. During your break time (these can be up to 10 mins/up to 6 times per day, until all young people are settled to bed but not whilst out on an activity) staff may take their mobile to the smoking or other designated area to check messages, make a call etc.
4. Staff are not allowed to take their mobiles out of the office at any other time during their shift and cannot take their personal mobiles out with them on any activities during their shift time.
5. The unit mainline number may be given to your family in case of emergencies, so that you can be contacted even if out on an activity, again this is not to be used for a general chat, do this in your break time on your own phone.
6. Any use of your mobile outside of your designated break times will result in **disciplinary action**.
7. If you feel there are circumstances in which you need your mobile phone you must seek permission from a manager to agree this.

<..\Chardleigh\STAFF MOBILE PHONE POLICY July 2014.doc>

STAFF TRAINING POLICY

AIMS

It is the aim of 3 Dimensions to provide an excellent Quality of Care & Education in a Safe Environment delivered by well trained staff teams, where young people feel safe and secure to grow to their full potential in an environment where staff members feel valued and supported in this process.

Staff training is an integral part of the functioning of the company. We believe it is vital to provide on-going training and development to maintain a well qualified and experienced staff team. Therefore apart from initial Induction all staff members receive regular refresher training and one off training sessions as part of their Continued Personal Development.

3 Dimensions provide a 6 month induction training program that mirrors CWDC & Common Induction standards –Starting on commencement of employment (see Safe Recruitment process including enhanced DBS)

PROCESS

In the first week;-

New Staff will receive the 3 Dimensions Induction workbook that they will be expected to complete in their own time at agreed intervals within their 6 months Induction and Probationary period, as they complete a section they must get it signed off by the appropriate Instructor or Manager. (Ben Harms)

New staff will attend a 2 day H&S, Positive Intervention, de-escalation, restrictive handling and restraint training with our H&S Manager and Care Manager and ½ Day H&S COSHH

A one day LSCB approved Safeguarding and Child Protection session is provide during Induction and updated every 3 years. The training body who delivers the training provide LSCB approved trainers. The training includes Confidentiality, Complaints and Allegations and Professional Boundaries and a further ½ day on Roles and Responsibilities for all staff.

New Staff will receive a staff handbook which they are required to read and sign the signature page at the end of the first weeks training, that outlines all conduct requirements, their rights and any disciplinary issues.

In the first month:-

Each new staff member is allocated to a staff team for their induction period and commence shift shadowing an experienced staff member for 2-4 shifts dependent on experience and ability.

To ensure the safeguarding of all young people/adults, mentoring of new staff continues whilst on shift throughout their Induction and probationary period starting with Risk Assessments, Placement plans, Behaviour Management Plans and covers general day to day tasks, record keeping, Reporting and Log Keeping as well as getting to know the young people. During this time they must complete their Induction Workbook.

Over the first 6 months staff are required to attend further induction training which includes, Positive Behaviour Management, What is Autism, First Aid and Food Hygiene.

Refresher training in all of the above areas is repeated annually so that any staff member can access them as required, or if they or we feel they need an update, but IOSH H&S, Fire Training & Manual Handling refreshers are required every 2 years, Positive Intervention, Restraint & De-escalation training is yearly, and Food Hygiene, First Aid & Safeguarding updates must be attended every 3 years. Managers complete level 3 Safeguarding and Child protection training with their local LSCB (Chardleigh & Ashcroft- Somerset/ Allsaints and Woodview Managers – Devon).

3 Dimensions supports all staff in their continued professional development therefore once their 6 month probationary period is completed satisfactorily, the company will fund each individual staff member who has not completed a qualification relevant to their post to gain either HSC Dip Level 3 Childcare, Teaching Assistant Qualification or to upgrade and existing qualification they hold to meet the standards.

Each staff member receives Induction and ongoing training, part of this is their own responsibility is to research current legislation, read company policies, procedures, strategies and guidance that includes: _

- Company Philosophy/Ethos
- Key Policies – Policy Document & Statement of Purpose
- Protection of Children’s Act 1999 &
- Working together to Safeguard Children 2013
- NMS 2011 & Children’s Homes Regulations 2001 & 2011
- The Children’s Act 1989, volume 5 and 2004
- Behaviour Management including Intervention, Restrictive holding and Restraint
- Health & Safety at work 1974
- Management of Health & Safety 1999
- Fire Safety Act 2005
- RIDDOR Regulations 1995
- COSHH 2002
- Every Child Matters & Care Matters
- DDA 1995 & 2005

- Human Rights Act 1998 particularly UN convention Children's Rights Article 3
- Data Protection Act 1998
- Current LSCB Guidelines for the homes area
- First Aid
- Manual Handling
- Makaton Signing
- Food Hygiene
- Education Act 2002/03 & 2006
- SEN and Disability Act 2001
- Equality Act 2010
- Work Practices – day-to-day routine, record keeping, Behaviour Management
Positive Intervention and de-escalation
- Diet and Nutrition, the effects on behaviour
- Effective Communication
- Administration of Medication
- Basic car safety inspection

Induction training is geared to the individual and will reflect the level of childcare experience gained in their previous employment, and the qualifications they hold. On-going training is a requirement of the company and staff will be required to attend all refreshers designated as required and for their own professional development.

Continued Professional Development is key to being successful in any Role, as such each person is responsible for keeping themselves updated on any changes in the aforementioned list. Also 3Dimensions provides in-house and other training by outside professionals that enhance knowledge and add to good performance.

This includes Social Cognition and Good Parenting covering attachment, loss, and the 4 Goals of Behaviour. We are also open to evaluating staff members' ideas and requests for further training subjects that will enhance their knowledge base.

[..\Chardleigh\STAFF TRAINING POLICY updated Nov. 2014.doc](#)

SUBSTANCE MISUSE

RATIONALE

Sadly too often the young people placed within 3 Dimensions Care and School have previously and possibly regularly consumed recreational drugs or alcohol. It is our aim to provide each young person with the information and support to "kick the habit".

It is also our intent to provide clear guidelines for staff members who suspect any young person has an illegal substance in their possession or who find an illegal substance on 3-Dimensions premises.

PROCESS

PHSE in school we will address the subject of Substance Misuse and the dangers it presents. Giving factual evidence of the effects of different so called "Recreational Drugs" and the long term difficulties that these present to personal health and functioning within the community and chosen careers.

Key worker sessions will give opportunities for young people to discuss their fear, worries or apprehensions about giving up or why they feel they need it.

Each young person will be offered counselling to help them deal with their issue and encouragement to find positive activities that they can do in the place of drugs and the whole scene.

If a young person is suspected of possessing an illegal substance:-

Initially try to discuss the issue with the young person and try to persuade them to hand-over the substance voluntarily.

If this is not successful then contact the House Supervisor or Registered Manager and/or the Responsible Individual to advise them and discuss any further action.

We will conduct a pat down search of a young person as outlined in DCSF guidelines should we believe that they have illegal substances on their person.

If this is still unsuccessful then it may be necessary to call on police help.

If a staff member, discovers an illegal substance or confiscates it from a young person it is essential to store it in the safe until it can be destroyed, or handed to the police in the presence of another staff member.

The above procedure must be completed as soon as possible. The incident should be reported to the Registered Manager and/or the Responsible Individual and the details recorded on the Staff Incident Report (S8). The person who witnesses the storing or handing in of the substance must also sign the form.

If a staff member suspects that a package, which has been sent to a young person, contains an illegal substance. They should inform the Registered Manager and the social worker for advice on how to proceed

[..\Chardleigh\SUBSTANCE MISUSE Nov 2014.doc](#)

Staff Supervision, Appraisal, Development and Support

SUPERVISION

New staff commence shift shadowing an experienced staff member for 2-6 shifts dependent on ability. Mentoring whilst on shift continues and covers general day to day tasks, record keeping, and becoming familiar with Risk Assessments, Placement plans, Behaviour Plans, Reporting and Log Keeping as well as getting to know the young people and their individual strategies. An Induction Workbook is issued to be completed within the six months probation as a record of their training and ability so far.

Over the first 6 months staff are required to attend further induction which includes, Principles of Care, Role and Responsibility as a Carer, Behaviour Management, What is Autism, Child Development, Communication and Record Keeping. Refresher training in all of these areas is repeated annually so that any staff member can access them if they or we feel they need an update. However, IOSH H&S, Fire Training & Manual Handling refreshers must be attended every 2 years, Positive Intervention, Restraint & De-escalation must be attended yearly, and Food Hygiene, First Aid Training & Safeguarding updates must be attended every 3 years. All staff are required to gain HSC Level 3 once their 6 month probationary period is completed satisfactorily.

Regular Supervision is important to ensure staff members feel supported and aware of their performance level achieved, new staff receive fortnightly supervisions until their probation is over or the risk assessment deems less frequent supervisions to be adequate. Experienced staff members receive monthly supervision unless more frequent supervisions are requested or deemed necessary. The HR Manager or House Manager will carry out staff supervision, the staff member is given a copy of the supervision signed by themselves and the supervisor for their records. A further signed copy is filed and retained by the supervisor in a secured file. Topics discussed during supervision are designed to get feedback about their work with the children or young people they are working with and identify any support they may need to fulfil their role in each child's Care/Placement plan.

Any issues or development needs arising from Supervisions are discussed at the monthly Senior Managers meeting, along with current issues, improvements or difficulties and outcomes. Problems are fed back to Directors by the HR manager and any further actions identified by Directors or resolutions are passed on to the Registered Managers. Further, in general monthly house meeting with young people, staff meetings, weekly key worker reports for young people, daily handovers, overviews, incident/accident reports and medical overviews are read and monitored by the Registered Manager who will inform the Responsible Individual of any actions necessary and agree who will be responsible for that action.

ANNUAL APPRAISAL

A self-assessment procedure is carried out annually together with a staff appraisal interview, conducted by the relevant Registered Manager and HR Manager, Nicole Gonzalez.

Annual Appraisals take place to review past performance and progress and new personal development objectives are set for the coming 12 months.

STAFF DEVELOPMENT

Staff personal development is an on-going process. Training and development plans are drawn up for each member of staff reflecting their prior experience. The Company is funding training for all staff to gain HSC Dip Level 3 in Caring for Children and Young People, if they have not already done so and providing training workshops to assist in prompt completion.

STAFF TRAINING

Staff training is an integral part of the functioning of the company. We believe that although staff are well qualified and experienced, it is vital to provide on-going training and development to enable staff to achieve the high level of competence to fulfil their duties we therefore hold monthly training updates.

INDUCTION TRAINING

Each new member of staff receives Induction Training over a 24 week program in accordance with the CWDC Common Induction Standards and ongoing Training. Induction training is geared to the individual and will reflect the level of childcare experience gained in their previous employment, and the qualifications they hold. New trainees are scheduled to work initially with an experienced member of staff as a mentor who is responsible for a programme of in house training, under the supervision of the House Senior and House Manager.

ONGOING STAFF TRAINING

All care staff receives ongoing training updates/refreshers in Health & Safety, Behaviour management, which includes De-escalation, Physical Intervention and Restraint, First Aid, Food Hygiene and Fire Safety/Prevention, as required. In addition to this, trainees receive comprehensive Induction Training guided by the CWDC. Professional Development Training in aspects of Special Educational Needs such as Social Emotional Behavioural Difficulties, Sensory processing and Autistic Spectrum which is continued throughout their employment.

The Company will fund staff undertaking Health and Social Care level 3 training and aim that that 60% of staff have achieved this or equivalent, and others are in the process of achieving HSC Level 3 in Child Care.

RETURN TO WORK DISCUSSION:

Any member of the 3 Dimensions team who takes an unscheduled day or days of work will need to attend a return to work discussion with Nicole Gonzalez, HR Manager. The aim of the return to work discussion is:

To check that the individual is fit to return to work;

To bring them up to date with work/reallocation of work during their absence;

To assist line managers to identify where they can help or take action to help prevent a further recurrence of sickness absence.

There is no minimum period of sick absence before a discussion is needed.

The main outcome is to provide as much support as possible in the form of an action plan.

RELATED DOCUMENTS:

Supervision Notes, Staff Supervision Agreement, Staff Supervision Record, Staff Self Assessment Form (S-3a), Manager's Assessment Form (S-3) and Staff Training Policy.

<..\Chardleigh\SAFE RECRUITMENT & RETENTION July 2014.doc>

VISITORS POLICY

3Dimensions aims to provide a family style home environment whereby visitors can be welcomed into the home by arrangement, so that disruption to other house activities is avoided and adequate supervision can be supplied where required.

All visitors to the home are required to make a prior appointment and must provide adequate proof of identity.

3Dimensions staff must understand the importance of ensuring appropriate levels of supervision are provided during any visit.

PROCESS

House and School visits should be by arrangement to and should be logged in the daily diary.

All visitors must show ID, are to sign the visitor's book and be made aware of fire safety issues and any house rules.

There is provision for young people to receive family guests or friends in the lounge area, where they can spend time alone, if this is agreed.

A tour of the home and facilities including the young person's personal bedroom will be facilitated by the young person with aid of staff member, but visit must not continue there.

3 Dimensions staff must consider the need for supervision of the visit, records are to be checked and constraints clearly stated when they apply. All constraints will be recorded in each young person's personal journal and form part of their individual strategies.

Where supervision is considered to be necessary, contact will take place in the living room, with a member of staff present at all times.

No guests are allowed in the bedroom of any young person at the home, unless by prior arrangement with the Registered Manager and LA, where a Risk Assessment has been made and agreed.

Visitors are not normally allowed to stay in the house overnight and it is an expectation that any visitor would leave before it is time to prepare for bedtime. However if it is agreed with the Local Authority there may be occasion where a young person's friend is allowed to stay over

The names of all visitors should be entered in the appropriate young person's journal.



Visitors are not allowed to enter or wander round the house at will; staff must supervise appropriately and within the Risk Assessment of all visitors.

[..\Chardleigh\VISITORS POLICY Nov 2014.doc](#)

WHISTLE-BLOWING POLICY

(1) Introduction

The Public Interest Disclosure Act 1998 offers statutory protection to employees against unfavorable treatment or dismissal in retaliation for disclosure made in the public interest of information about wrongdoing and potential wrongdoing in the workplace.

However, this legislation only affords protection for disclosures that are made in specified circumstances and relate to information that falls within one of the following categories:-

- Crime
- illegality
- miscarriage of justice
- endangering health and safety
- damage to the environment and
- deliberate concealment of any such matters

Staff who need detailed guidance on this subject are advised to seek help from a lawyer or trade union. Assistance may also be sought from the independent charity Public Concern at Work on 020 7404 6609. Their staff can offer confidential advice at any stage on how to raise a concern about serious malpractice at work.

The aim of this policy is to encourage employees to draw to the attention of management any genuine concerns they may have about actual or suspected wrongdoing within the Company or with reference to the young person's within its care. Examples of such wrongdoing might include:-

- the actual or likely commission of a criminal offence (e.g. fraud or theft)
- sexual or physical abuse or serious neglect of a young person in the Company's care
- sexual or physical abuse of any member of staff
- unlawful discrimination in the workplace
- a serious miscarriage of justice
- a threat to the health and safety of staff or young persons in the Company's care and attempts deliberately to conceal malpractice or unlawful conduct

The procedure identified in this policy document is not intended as a substitute for other means of securing redress for employment-related concerns. Indeed, it may be

more appropriate in any given case to have resort to the Grievance or to the Discrimination Complaints Procedure. The Whistle-Blowing procedure is really for those whose conscience compels them to voice anxieties about conduct or neglect that has - or might have - an adverse and serious effect on others though not necessarily on themselves. The Company would far rather that staff raised such issues at the earliest opportunity so that immediate steps can be taken to reassure them and, where appropriate, to prevent or at least contain damage, loss or injury that might be suffered if suspicions or beliefs are not disclosed promptly or at all.

Staff resorting in good faith to the Company's Whistle Blowing procedure will be treated with respect. A thorough and prompt investigation of the issues they raise will be conducted and appropriate action then taken. The Company will not tolerate the harassment or victimization of anyone raising a genuine concern under this procedure.

(2) The Procedure

- (A) Any employee who genuinely suspects abuse or other malpractice at work should feel free to report this in the first instance to the Registered Manager. Concerns may be raised verbally or in writing but it is likely to assist timely investigation if full details of the matter - or such details as are known to the staff member concerned - are put in writing and submitted along with any supporting documentary evidence.
- (B) If there are good reasons for not making any disclosure to the Registered manager (as might be the case if it relates to actual or suspected wrongdoing on the part of the Registered Manager), then the disclosure may be made to the Responsible Individual a Director of the Company.
- (C) The Registered Manager or the Responsible individual to whom the disclosure is made will write to the employee so soon as reasonably practicable:-
 - acknowledging receipt of the disclosure
 - indicating how the Company proposes to deal with it
 - if practicable, offering an estimate of how long it will take to resolve the matter
 - indicating whether, and if so what, initial enquiries have been made and what further steps are envisaged
- (D) The matter will then be investigated and appropriate action taken. So far as reasonably practicable and subject to legal constraints, any request for anonymity will be respected and the Registered Manager or Responsible Individual will offer the employee making disclosures an outline of the Company's findings and of the action, if any, that has or will be taken on those findings.

(E) If dissatisfied with the response to any disclosure of information made under this procedure, the employee may then raise the matter with the Responsible Individual or, if the matter was first raised with the Responsible Individual of the Company, another Director. That Director will then write to the employee so soon as reasonably practicable:-

- acknowledging receipt of the employee's communication
- indicating how the Company proposes to deal with it
- if practicable, offering an estimate of how long it will take to resolve the matter
- indicating whether, and if so what, initial enquiries have been made and what further steps are envisaged

(F) A fresh investigation will then be conducted and appropriate action taken. As with the initial investigation, so far as reasonably practicable and subject to legal constraints, any request for anonymity will be respected and the Director re-examining the matter will offer the employee who has expressed dissatisfaction with the initial investigation and its outcome an outline of the Company's findings and of the action, if any, that has or will be taken on those findings. At that point, the Company's Whistle Blowing procedure will have been exhausted.

(G) Concerns or allegations that fall within the scope of specific procedures (for example those relating to child protection) will normally be referred for consideration under those procedures.

Some concerns may be resolved by agreed action without the need for investigation. If urgent action is required in any case, however, this will be taken before conducting a full investigation

[..\Chardleigh\WHISTLE BLOWING Nov 2014.doc](#)