

Title of WI: Safeguarding Reporting

Custodian: Group Managing Director

Version Number: 03

Issue date: 25.07.25

Review date: 25.07.28

WORK INSTRUCTION (WI)

Title of WI	Safeguarding Reporting		
What type of document is this?	Work Instruction (W.I.)	WI Reference Number	HHH-W.I-049
Purpose of WI	To support individuals in understanding the safeguarding reporting process		
Role	Responsibility		
Safeguarding Lead	To provide guidance to employees with understanding the safeguarding reporting procedures.		
All employees and key stakeholders involved in reporting procedures	To adhere to the safeguarding reporting, recording and escalation process outlined in this work instruction and associated policy and appendices.		
Scope of WI	<p>This work instruction provides guidance to employees for reporting, recording and escalating safeguardings. The work instruction should be read alongside the Safeguarding policy and associated appendices. The work instruction includes guidance for reporting for carers and managers to follow. The Work instruction includes key stakeholders involved in the reporting process including the Safeguarding Lead, Operational teams and the Quality team.</p>		
1.0 Safeguarding Reporting	<p>1.1 This work instruction provides guidance on reporting a safeguarding concern.</p> <p>On becoming aware of any allegation of abuse you must notify your local authority via their process, complete the CQC / CIW notification and our internal safeguarding process on the day you become aware. Consider if anyone is at immediate risk and contact the emergency services if this is the</p>		

"Helping people live well in the homes and communities they love"

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case. You must discuss/share with your local authority how we are going to proceed with any investigatory process if this is appropriate.

You must ensure that any outcome is clearly recorded, including lessons learnt and how these lessons have been cascaded and embedded.

Learning could include recording and sharing a case study, carrying out a root cause analysis, arranging for a specific team meeting with clear minutes, arranging a further meeting where you review any changes you have taken as a result of the learning.

You should not:

- Make assumptions as to whether any allegations are factual
- Delay in reporting or notifying
- Forget to "complete the circle" evidencing learning and outcomes

2.0 Reporting Process for Carers to Follow

2.1 Where an adult at risk or a child is in immediate danger, or a crime has been committed, steps should be taken to protect their safety by calling 999 for emergency medical assistance and / or the Police.

2.2 If you have reasonable grounds to believe that a customer is at risk of or has been abused, you must report this to your line manager and report on the Customer Notification form which is located on the care planning app.

2.3 If outside of normal office hours, you should also report your concerns to the out of hours team by phoning them.

- Refer to the 'Customer Notification Form Hot Topic' located on Academy for details on raising a Customer Notification form

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3.0 Process for Care Managers / branch staff to Follow

3.1 Where an adult at risk or a child is in immediate danger, or a crime has been committed, steps should be taken to protect their safety by calling 999 for emergency medical assistance and / or the Police

3.2 If you have reasonable grounds to believe that a customer is at risk of or has been abused you should contact relevant internal parties for support; Safeguarding Lead in the first instance, Central Quality team or the Out of Hours team for escalation to the on-call ACM or RCD if necessary.

- Refer to the 'Deciding if you need to raise a safeguarding' flowchart, Appendix Two, Safeguarding Adults Policy, HHH-POL-065 located on collaborate.
- Refer to the 'Internal Helping Hands Safeguarding Escalation Process' flowchart, Appendix One, Safeguarding Adults Policy, HHH-POL-065 located on collaborate.

3.3 Internal investigations should be carried out under the guidance of the Safeguarding Lead to ascertain what has happened, who was involved and if there has been any harm done.

3.4 If staff members are involved in suspected abuse the HR department must be consulted as the staff member may need to be removed from duty or placed on restricted duties.

3.5 If a Police investigation is being conducted, guidance must be sought regarding who should and should not be contacted so not to compromise the Police investigation.

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3.6 If a Section 42 notification is actioned the local authority will determine who will lead the investigation, but they still have overall responsibility for the investigation.

3.7 Helping Hands will provide full co-operation with other agencies carrying out safeguarding investigations that involve our customers or staff.

3.8 The internal safeguarding notification must not be closed until the local authority has made the outcome known. This should be within twenty days of the notification submission; however, this may be longer due to nature of the investigation being carried out. If this occurs, the internal safeguarding notification must be updated with the reasons why it is exceeding the twenty-day limit and updated as a minimum every 14 days.

3.9 Once the outcome is made known by the local authority and from any internal investigation, the safeguarding notification can be closed, customer / staff records should be updated accordingly, and lessons learnt completed.

3.10 If CQC / CIW have requested information regarding the safeguarding / investigation, the safeguarding must remain open until CQC / CIW have responded stating they have closed their enquiries. Ensure to update the internal form every 14 days with the status.

TRAINING	
Is training required?	<p>Yes</p> <p>Safeguarding training is a mandatory annual requirement for all staff working with customers directly or indirectly. Additional training is provided by the Quality Team for safeguarding notifications and investigations for Branch Staff</p>

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COMPLIANCE	Compliance with this work instruction will be monitored by the Safeguarding Lead, line managers and the Quality team.	
PROCEDURAL INFORMATION		
Changes since previous version	<p>At point of review:</p> <ul style="list-style-type: none"> • Added to new W.I template • Updated Scope of W.I • Updated point 3.9 • Added point 3.10 	
Who was involved in developing /reviewing/amending the document?	Quality Development Lead Clinical Manager Safeguarding Lead	
How confidential is this document	Restricted	Can be shared freely within Helping Hands but NOT outside
References		
Associated Documents	<i>HHH-POL-065 - Safeguarding Adults Policy</i>	