



Richmond House

Social Care Services CIC

**Health and Safety Policy
2026 - 2027**

Health and safety policy

HS-07

2026 – 2027

Key Changes for 2026–2027

Section	Key Change
Legal Framework	Added Health and Safety at Work etc. Act 1974 (Application outside Great Britain) (Variation) Order 2026 (effective 6 April 2026)
Legal Framework	Updated to reflect CQC Enforcement Policy (effective 25 June 2026)
Legal Framework	Added Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2026 (coming into force 7 September 2026)
First Aid	Updated to reflect BS 8599-1:2019+A1:2026 first aid kit standard (published 30 April 2026)
Psychosocial Risk	New section on work-related stress and mental health risk assessment
Water Safety	Integrated Legionella Risk Assessment as Section 5.0
CCTV	Updated to reflect Surveillance Camera Code of Practice (2021) and ICO guidance
CQC	Updated to reflect CQC new assessment framework with 24 KLOEs
Version Control	Updated policy history and next review date



Contents

- 1.0 Statement of Intent
- 2.0 Responsibilities
- 3.0 General Arrangements
- 4.0 Site-Specific Arrangements for Budleigh House
- 5.0 Water Quality and Legionella Control Policy (Integrated from RHSSC-LRA-2025-08)
- 6.0 Lone Working
- 7.0 Appendices

1.0 Statement of Intent

Richmond House Social Care Services is fully committed to ensuring the health, safety, and welfare of all children and young people in our care, our employees, contractors, visitors, and any other individuals who may be affected by our activities.

We recognise our legal and moral obligations under the Health and Safety at Work etc. Act 1974 and associated regulations, including the Management of Health and Safety at Work Regulations 1999, and commit to continual improvement in our health and safety performance.



Legal Framework (2026–2027)

This policy operates within the following legislative framework:

- Health and Safety at Work etc. Act 1974 – as amended by the Health and Safety at Work etc. Act 1974 (Application outside Great Britain) (Variation) Order 2026 (effective 6 April 2026)
- Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992
- Health and Safety (First-Aid) Regulations 1981 – with updated guidance reflecting BS 8599-1:2019+A1:2026 standard (published 30 April 2026)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – including Regulation 12 (Safe Care and Treatment) and Regulation 15 (Premises and Equipment)
- Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2026 (coming into force 7 September 2026)
- CQC Enforcement Policy (effective 25 June 2026)
- CQC new assessment framework – 24 Key Lines of Enquiry (KLOEs) across five key questions
- Equality Act 2010
- Control of Substances Hazardous to Health (COSHH) Regulations
- Approved Code of Practice L8 (ACOP L8) – Legionella control in water systems
- Health Technical Memorandum HTM 04-01 – water safety for healthcare premises



Our Commitment

We will achieve this through:

- Maintaining a safe and secure physical environment for all service users and staff.
- Ensuring all plant, equipment, and machinery are safe, serviced, and maintained in accordance with manufacturer and statutory requirements.
- Implementing and monitoring safe systems of work for all operational and care activities.
- Providing comprehensive information, instruction, training, and supervision to ensure staff competence and confidence.
- Identifying hazards, assessing risks, and implementing proportionate control measures to prevent injury or ill health.
- Promoting a positive health and safety culture through consultation, communication, and continual review.
- Ensuring full compliance with current legislation, approved codes of practice, and local authority guidance.
- Assessing and managing psychosocial risks, including work-related stress.
- Ensuring water safety through comprehensive risk assessment and control measures in line with ACOP L8 and HSG274.

Overall and final responsibility for health and safety lies with Mr Jay Al Karaki, Head of Services.

Day-to-day responsibility for policy implementation, operational management, and monitoring is delegated to Mrs Hala Okasheh, Day-to-Day Manager.

This policy will be reviewed annually, or sooner if significant changes occur in operations, legislation, or site arrangements.

Signed: Jay Al Karaki

Head of Services

Date: 01/09/2026



2.0 Responsibilities

2.1 Head of Services – Mr Jay Al Karaki

- Holds overall and final accountability for the organisation's health and safety performance.
- Ensures sufficient resources (financial, human, and physical) are allocated to maintain a safe workplace.
- Approves and signs off on the Health and Safety Policy and its annual reviews.
- Promotes a culture of openness and continuous improvement in safety standards.
- Ensures compliance with CQC Fundamental Standards, particularly Regulation 12 (Safe Care and Treatment), under the new CQC Enforcement Policy (effective 25 June 2026).
- Ensures RIDDOR reporting obligations are met.
- Acts as Duty Holder under ACOP L8 for Legionella control.

2.2 Day-to-Day Manager – Mrs Hala Okasheh

- Implements and enforces this Health and Safety Policy across all operations.
- Conducts and reviews site and activity-specific risk assessments.
- Ensures all accidents, incidents, and near misses are reported, recorded, investigated, and corrective actions implemented.
- Maintains a central register of health and safety training records and identifies staff development needs.
- Oversees fire safety arrangements, including risk assessments, drills, and emergency planning.
- Liaises with external agencies (e.g., HSE, Local Authority, Fire Service, CQC) where required.
- Manages water safety – ensures Legionella risk assessments are conducted and water safety plans maintained (see Section 5.0).
- Oversees psychosocial risk assessment – ensures work-related stress risks are assessed and managed.
- Ensures first aid provision meets the updated BS 8599-1:2019+A1:2026 standard.

2.3 Supervisors and Team Managers

- Provide daily supervision to ensure staff follow safe working practices.
- Conduct informal workplace inspections and promptly report hazards or defects.



- Ensure staff under their supervision understand and comply with safety procedures.
- Encourage reporting of unsafe conditions or practices without fear of reprisal.
- Ensure dynamic risk assessments are conducted before activities.

2.4 All Employees

- Take reasonable care of their own health, safety, and welfare and that of others who may be affected by their acts or omissions.
 - Co-operate fully with management to ensure compliance with statutory and policy requirements.
 - Use all safety equipment, PPE, and protective devices as instructed.
 - Report immediately any accidents, near misses, hazards, or faulty equipment.
 - Participate in relevant health and safety training.
 - Report any water safety concerns (e.g., temperature fluctuations, discolouration, stagnant water).
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3.0 General Arrangements

3.1 Training and Competence

- All staff will receive a comprehensive Health and Safety Induction upon appointment.
- Ongoing training includes manual handling, fire safety and evacuation, first aid, infection control, safeguarding, emergency procedures, and water safety awareness.
- Refresher training is delivered:
 - Annually for manual handling and medication training
 - Annually for fire safety training
 - Every 2 years for other training or when significant operational changes occur
 - As required for water safety and Legionella awareness
- The Day-to-Day Manager maintains all training records and identifies future training needs.
- First aid training reflects the latest international resuscitation guidelines.

3.2 Risk Assessment

- Formal, written risk assessments are completed for all tasks, activities, and premises.
- Dynamic (on-the-spot) risk assessments are encouraged during daily practice.
- All findings are communicated to staff, and control measures are implemented promptly.
- Risk assessments are reviewed annually or following incidents, operational changes, or updates in legislation.
- Psychosocial risk assessments for work-related stress are conducted in line with HSE guidance.
- Water safety risk assessments (Legionella) are conducted in line with ACOP L8 and HSG274.

3.3 First Aid

- Adequate first-aid facilities and equipment are available at all times.
- First aid kits comply with BS 8599-1:2019+A1:2026 standard.



- First aid kits are checked regularly and restocked as needed.
- Qualified first aiders are available during all operational hours.
- First aid needs are assessed in line with the Health and Safety (First-Aid) Regulations 1981.
- Certified First Aiders: Jay Al Karaki, Hala Okasheh, Pauline Bullement, Harvey Buckby and Louise Shpeherd.

3.4 Accident and Incident Reporting

- All accidents, incidents, and near misses must be reported immediately to a manager.
- Reports are logged in the Accident/Incident Report Form (Appendix A).
- Investigations are undertaken by the Day-to-Day Manager, and findings are reviewed to implement preventative actions.
- RIDDOR requirements are complied with – reportable incidents are notified to the HSE within the required timeframes.

3.5 Emergency Procedures

- Fire risk assessments are conducted annually or following environmental changes.
- Escape routes are kept clear, illuminated, and clearly signed.
- Fire drills are conducted monthly with children and staff.
- Emergency procedures consider the individual needs of children and staff.
- All staff receive fire safety refresher training every 2 years (annually recommended from 2026).
- Emergency evacuation plans include provisions for children with disabilities.

3.6 Welfare Facilities

- Adequate welfare provisions are maintained, including toilets, handwashing facilities, rest areas, and access to drinking water.
- Facilities are inspected regularly to ensure hygiene and compliance with the Workplace (Health, Safety and Welfare) Regulations 1992.
- Temperature of workplaces is maintained at a reasonable level in line with HSE guidance.



3.7 Plant, Equipment, and Premises Maintenance

- All equipment and facilities are maintained in a safe and serviceable condition.
 - Faults or defects must be reported immediately to the Manager.
 - Portable Appliance Testing (PAT) is conducted annually, and records are maintained.
 - Maintenance logs are kept for all critical systems (e.g., fire alarms, boilers, hot tub, emergency lighting, water systems).
 - CQC Regulation 15 (Premises and Equipment) compliance is maintained.
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4.0 Site-Specific Arrangements – Budleigh House (Scunthorpe, DN17 3AS)

4.1 Unsecured Rear Boundary

Hazard: Access from adjacent fields due to partial fencing.

Control Measures:

- **1:1 supervision** for all children in outdoor areas.
- **CCTV coverage** across the rear boundary (motion-based recording, no audio, data retained for 14 days).
- **Automated security lighting** is active dusk-to-dawn.
- **Long-term plan** includes construction of secure recreational facilities with full perimeter fencing by 2030.

4.2 Pond Safety Policy and Risk Assessment

Purpose and Rationale

To ensure that the educational and recreational benefits of the pond are enjoyed in a controlled manner, with all necessary measures in place to eliminate the risk of falling, drowning, or other associated hazards.



Pre-Installation Risk Assessment

Before the pond is installed or filled with water, a full site-specific risk assessment will be conducted by a competent person to identify and mitigate risks. This assessment will consider:

- Location, away from direct building exits and main play pathways.
- Ground stability and drainage.
- Proximity to overhanging trees or power lines.

Control Measures for Ongoing Safety

Once the pond is in place, the following mandatory control measures will be implemented:

1. **Physical Barriers:** A permanent, secure physical barrier will surround the entire pond area. The design will prevent children from climbing over, through, or under it.
2. **Supervision:** The pond area is designated a 'Supervised Zone'.
3. **Rules and Signage:** Clear, visual rules will be displayed prominently at the pond barrier (e.g., "No Unauthorised Access," "Children Must Be Supervised at All Times").
4. **Staff Training:** All staff will receive specific training on this Pond Safety Policy, including the operational procedures for supervised access and emergency response (e.g., use of reaching aids, not entering the water to rescue).
5. **Regular Inspection:** The pond barrier will be inspected regularly by a designated person for any damage or wear, with findings recorded in the maintenance log.

Hazard: Low-level drop and open water risk.

Control Measures:

- Restricted access and constant 1:1 supervision.
- Dedicated lighting and warning signage.
- Dynamic risk assessment in place, reviewed termly.



4.3 Key Health and Safety Information for Budleigh House

- **Health and Safety Law Poster:** Main Entrance Way
- **First Aid Boxes:** Kitchen Area and Staff Office
- **Accident Form:** Online and in the Staff Office
- **Main Water Stop Tap:** Front Garden (next to pedestrian gate)
- **Main Power Switch:** Boiler room (outside main entrance)

4.4 Risk: Unauthorised Access or Egress

Hazard: Potential failure of the automated gate mechanism.

Existing Controls:

- The main external gate is fitted with an automated access system or key-operated lock.
- Servicing and maintenance of the gate mechanism are conducted.

Action in the Event of System Failure:

- **Immediate Action:** Upon any failure of the automated gate mechanism, the gate must be immediately switched to manual mode and secured using the fitted, key-operated lock.
- **Enhanced Protocol Activated:** The Mandatory Manual Locking Protocol is immediately enforced. All staff must ensure the gate is manually checked and physically locked with the key-operated lock after every single use.
- **Communication & Vigilance:** The Site Manager must inform all staff that the gate is operating on a manual locking system. Staff vigilance is increased to monitor gate activity.
- **Return to Service:** This protocol remains in strict effect until the automated system is permanently repaired, fully tested, and its reliability confirmed by a qualified technician.



4.5 CCTV System

System Overview:

- **Cameras:** Calex Smart Outdoor IP Cameras + 2x C530WS Pan/Tilt Outdoor Security Cameras (3K 5MP resolution, 360° pan/tilt, AI motion tracking, Starlight night vision, IP66 rated)
- **Coverage:** Rear, front, and side boundaries; main entrance; roadside area exit
- **Recording:** Visual footage only (no audio), motion-triggered
- **Retention:** 14 days, automatic deletion
- **Storage:** Encrypted local storage

Monitoring:

- Live monitoring via secure on-site mobile device
- HQ desktop interface for authorised oversight
- Real-time alerts via encrypted WhatsApp Business account

Compliance:

- Data Protection Act 2018 and UK GDPR
- Protection of Freedoms Act 2012
- Surveillance Camera Code of Practice (2021)
- ICO Guidance on Video Surveillance (2023)
- Clear signage at all entrances



5.0 Water Quality and Legionella Control Policy

This section integrates the Legionella Risk Assessment (RHSSC-LRA-2025-08, Version 2.0, 04 August 2026) into the Health and Safety Policy.

5.1 Policy Statement

Richmond House Social Care Services is committed to ensuring the safety and quality of all water systems at Budleigh House, Richmond House Lodge, and HQ Richmond House to protect children, young people, staff, and visitors from waterborne hazards, particularly Legionella bacteria.

This policy establishes a comprehensive framework for the assessment, monitoring, and control of water safety risks in line with legal requirements and best practice guidance.

5.2 Legal and Regulatory Framework

This policy operates within the following framework:

- **Health and Safety at Work etc. Act 1974** – duty to ensure health and safety of employees and others
- **Management of Health and Safety at Work Regulations 1999** – requirement for risk assessment
- **Approved Code of Practice L8 (ACOP L8)** – control of Legionella bacteria in water systems
- **HSG274 Part 2** – Legionella control in hot and cold water systems
- **Control of Substances Hazardous to Health (COSHH) Regulations** – for biocides and water treatment chemicals
- **CQC Regulation 12: Safe Care and Treatment** – requires assessment and control of infection risks
- **CQC Regulation 15: Premises and Equipment** – requires safe maintenance of premises and equipment
- **CQC Enforcement Policy** (effective 25 June 2026)
- **Water Supply (Water Quality) Regulations** – drinking water quality standards



5.3 Premises Information

Premises	Address	Postcode	Premises Type	Occupancy
Budleigh House	East Ferry Road, Susworth, Scunthorpe	DN17 3AS	Residential Care / Short Breaks	Children & Young People (0-25) with disabilities/complex needs
Richmond House Lodge	Hornsea Road, Skipsea, Driffield	YO25 8SY	Residential Care / Short Breaks	Children & Young People (0-25) with disabilities/complex needs
HQ Richmond House	96 Main Street, North Frodingham, Driffield	YO25 8LJ	Head Office / Administrative Hub	Staff, Visitors, Service Users (day services)

5.4 Responsibilities

Role	Responsibility
Head of Services (Duty Holder)	Overall accountability for water safety; ensures resources for compliance
Day-to-Day Manager	Manages water safety programme; ensures risk assessments conducted; maintains records; liaises with contractors
All Staff	Report water safety concerns (temperature issues, discolouration, stagnant water); follow water safety protocols
External Contractors	Conduct Legionella risk assessments; perform water testing; maintain water systems

5.5 Legionella Risk Assessment

Requirement:

- A suitable and sufficient Legionella risk assessment must be conducted for all water systems at each premises.
- Risk assessments must consider:
 - **Source of water supply**
 - **Water storage** and distribution systems
 - **Temperature** of hot and cold water systems



- **Dead legs** and infrequently used outlets
- **Vulnerable occupants** (children and young people)

Frequency:

- Full Legionella risk assessment: At least annually or when significant changes occur
- Higher-risk sites such as care homes may require more frequent reviews

Key Temperature Standards:

- Hot water storage: **60°C or above**
- Hot water distribution: **55°C within 1 minute** at outlets (healthcare settings)
- Cold water storage: **Below 20°C**

5.6 Water System Components

Budleigh House (DN17 3AS):

Component	Description	Location
Cold Water Storage	2 x 500-litre cold water storage tanks (fibreglass, insulated)	Roof space / plant room
Hot Water Generation	1 x 600-litre indirect calorifiers (gas-fired)	Master bedroom
Hot Water Storage Temperature	60°C (thermostatically controlled)	Calorifiers
Hot Water Distribution Temperature	55°C (with TMVs at outlets)	Throughout premises
Number of Showers	6 (all en-suite)	Bathrooms/en-suites
Number of Sinks/Taps	12 (including kitchen, utility, and bathroom basins)	Throughout premises
Little-used Outlets	1 x guest bathrooms (infrequently used)	Ground floor



Richmond House Lodge (YO25 8SY):

Component	Description	Location
Cold Water Storage	1 x 400-litre cold water storage tank (fibreglass)	Roof space
Hot Water Generation	1 x 250-litre indirect calorifier (gas-fired)	Plant room
Hot Water Storage Temperature	60°C (thermostatically controlled)	Calorifier
Hot Water Distribution Temperature	55°C (with TMVs at outlets)	Throughout premises
Number of Showers	2	Bathrooms
Number of Sinks/Taps	3	Throughout premises
Assisted Bathing Equipment	1 x assisted bathing unit	Main bathroom
Little-used Outlets	1 x guest bathroom	Ground floor

HQ Richmond House (YO25 8LJ):

Component	Description	Location
Cold Water Storage	Direct mains supply (no storage tank)	N/A
Hot Water Generation	1 x 150-litre direct combination boiler	Kitchen/utility area
Hot Water Storage Temperature	60°C (thermostatically controlled)	Boiler
Hot Water Distribution Temperature	50°C	Throughout premises
Number of Showers	1 (staff welfare)	Staff changing room
Number of Sinks/Taps	6	Throughout premises
Little-used Outlets	None	N/A



5.7 Water Testing and Monitoring

Testing Requirements:

Test Type	Frequency	Responsibility
Legionella sampling	Quarterly (high-risk premises) or as indicated by risk assessment	External contractor
Hot water temperature	Weekly at outlets	Designated staff
Cold water temperature	Weekly at outlets	Designated staff
Visual inspection	Monthly (tanks, outlets, pipework)	Designated staff
Drinking water quality	Annually or as required	External contractor

Action Thresholds:

Parameter	Acceptable Range	Action Required
Hot water outlet	50–60°C	Investigate if below 50°C or above 60°C
Cold water outlet	Below 20°C	Investigate if above 20°C
Legionella (cfu/L)	<100 cfu/L	<100 = acceptable; 100–1,000 = review; >1,000 = immediate action



5.8 Control Measures

Hot Water Systems:

- Maintain storage temperature at **60°C or above**
- Ensure distribution temperature reaches **55°C within 1 minute**
- **Flush** infrequently used outlets **weekly**

Cold Water Systems:

- Maintain storage temperature **below 20°C**
- Ensure tanks are **covered and insulated**
- **Flush** infrequently used outlets **weekly**

General Measures:

- **Remove dead legs** where possible
- **Clean and disinfect** shower heads and outlets **quarterly**
- **Descale** outlets and fittings as needed
- Maintain **cleanliness** of water storage tanks

5.9 Monitoring Regime

Activity	Frequency	Responsible Person	Record Keeping
Temperature checks – sentinel outlets	Monthly	Hala Okasheh (Budleigh House) / Jay Al Karaki (Richmond House Lodge) / Jay & Hala (HQ)	Temperature Log
Temperature checks – other outlets	Quarterly	Hala Okasheh / Louise Shepherd / Harvey Buckby	Temperature Log
Cold water storage tank inspection	6-monthly	Harvey Buckby (Operations Supervisor)	Inspection Log
Shower head	Quarterly	Hala Okasheh / Louise Shepherd / Harvey Buckby	Cleaning Log



cleaning/descaling			
Little-used outlet flushing	Weekly	Hala Okasheh / Louise Shepherd	Flushing Log
System schematic review	Annually	Harvey Buckby (Operations Supervisor)	Schematic Record
Risk assessment review	Annually (or sooner if required)	Jay Al Karaki (Head of Services)	Assessment Record

5.10 Staff Training

All relevant staff must receive training on:

- Legionella awareness and the risks associated with water systems
- Their roles and responsibilities under the control scheme
- How to carry out temperature checks and record results
- How to identify and report potential issues
- Emergency procedures

Training Coordinator: Hala Okasheh (Registered Manager)

5.11 Record Keeping

The following records will be maintained:

Record	Retention
Legionella risk assessments	Minimum 5 years
Water testing results	Minimum 5 years
Temperature monitoring logs	Minimum 5 years
Maintenance records	Minimum 5 years
Training records	Duration of employment + 3 years

5.12 Incident Response



If a water safety incident occurs:

1. **Immediate containment** – isolate affected system
2. **Notification** – inform Day-to-Day Manager immediately
3. **Investigation** – determine cause and extent
4. **Corrective action** – implement remedial measures
5. **Reporting** – notify CQC if required under Regulation 12
6. **Review** – update risk assessment and Water Safety Plan

Water quality incidents (e.g., discolouration, contamination):

- **Cease use** of affected outlets
- **Notify** Manager immediately
- **Arrange testing** through external contractor
- **Do not resume use** until water is confirmed safe

5.13 Emergency Procedures

In the Event of a Suspected Legionella Outbreak:

If a case of Legionnaires' disease is suspected or confirmed in connection with any RHSSC premises:

1. **Immediately** notify the:
 - Local Health Protection Team (UKHSA)
 - Health and Safety Executive (HSE)
 - Care Quality Commission (CQC)
 - Local Authority
2. **Immediately** take water samples for laboratory analysis.
3. **Implement** emergency disinfection of the water system.



4. **Inform** all service users, families, and staff.
5. **Cooperate fully** with the Health Protection Team investigation.
6. **Review** and update this risk assessment following the incident.

Emergency Contact Numbers:

Organisation	Contact Number
UK Health Security Agency (UKHSA) – Yorkshire & Humber Health Protection Team	0113 386 0300
Health and Safety Executive (HSE)	0300 003 1647
Care Quality Commission (CQC)	03000 616161
NHS 111 (for health advice)	111
Anglian Water (Emergency)	03457 145 145
Yorkshire Water (Emergency)	0345 124 2424

6.0 Lone Working

6.1 Richmond House is committed to ensuring the health, safety, and welfare of all staff who may be required to work alone or without direct supervision.

6.2 A minimum of two staff members must be present on-site during all operational hours when Young People are present. This is a non-negotiable requirement to ensure effective safeguarding and emergency response.

6.3 All lone working activities, whether on-site in isolated areas, during travel, or in the community, must be conducted in accordance with the full Lone Working Policy and Risk Assessment. This includes:

6.3.1 Conducting dynamic risk assessments prior to any lone working activity.

6.3.2 Adhering to strict communication and check-in procedures.

6.3.3 Immediate reporting of any incidents or concerns.

6.4 Managers are responsible for ensuring that all staff under their supervision are trained in and comply with the lone working procedures.



7.0 Appendices

Appendix A: Accident / Incident Report Form

Appendix B: Flood Risk Assessment Policy – Budleigh House

Appendix C: Budleigh House – Richmond House Social Care Services – CCTV Policy

Appendix D: Management of Knives and Sharp Objects

Appendix E: Water Quality and Legionella Control – Monitoring Logs (Richmond House Building Management Vr 07 - Health and Safety Monitoring Sheet 2026 2027)

Appendix F: Water Safety Temperature Monitoring Record

Appendix G: Water System Schematic Diagrams (to be prepared)

Appendix H: Written Schemes of Control (to be prepared for each premises)

Approval and Review

This Health and Safety Policy was written and reviewed by: **Hala Okasheh, Pauline Bullement and Jay Al Karaki**

Version	Date	Summary of Changes	Authorised By
1.0	10/02/2022	Initial Policy Creation	Jay Al Karaki
2.0	05/01/2023	Policy Review	Jay Al Karaki
3.0	15/07/2024	General Review and Update	Hala Okasheh
4.0	19/09/2024	General Review and Update	Jay Al Karaki
5.0	20/10/2025	Site-Specific Arrangements for Budleigh House (CCTV, Pond, Lighting)	Hala Okasheh, Pauline Bullement, Jay Al Karaki
6.0	27/10/2025	Expanded operational controls, clarified retention and deletion policy, HQ connectivity, mobile device security, and real-time alerting	Jay Al Karaki
7.0	15/11/2025	Formalised introduction of new security and safety measures at Budleigh House	Jay Al Karaki, Hala Okasheh



8.0	September 2026	Updated for 2026–2027: new legislation (HSWA Variation Order 2026, CQC Enforcement Policy 2026, Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2026), BS 8599-1:2019+A1:2026 first aid standard, psychosocial risk, integrated Legionella Risk Assessment as Section 5.0	Jay Al Karaki
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Approved by: Jay Al Karaki

Date: 01/09/2026

Next Review: 30 September 2027

Signature: J. Al Karaki

Head of Services

6.0 Appendices

Appendix A: Accident / Incident Report Form

Appendix B: Flood Risk Assessment Policy – Budleigh House

Appendix C: Budleigh House – Richmond House Social Care Services - CCTV

Appendix D: Management of Knives and Sharp Objects



Appendix A
RICHMOND HOUSE SOCIAL CARE SERVICES

Incident Form

No:

1. Basic Information

Name of Child:		Age:	
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Name of Carer:	
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Name of Team Manager:	
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Name of Witness:	
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2. Events leading to the incident

2.1. Where did the incident occur?

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2.2. When did the incident occur?

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2.3. How did the incident begin?

3. Describe the incident

3.1. What was happening at the time?

3.2. Who else was involved?

3.3. Who else witnessed what happened? (give details).

3.4. What did you do to try to resolve the situation before using restraint?

3.5. How did you restrain the child?

4. Injuries Sustained



Was anyone injured? Yes/No

If yes, give details.

5. Follow-Up Action

5.1. The incident was reported by:

5.2. The Parent / Carer / Social Worker was informed by:

Incident form completed by:

Name:

Address:



Email:	Phone numbers:

Dated:

PLEASE SEND THIS TO:

REGISTERED MANAGER

RICHMOND HOUSE SOCIAL CARE SERVICES



Appendix B

Flood Risk Assessment Policy for Budleigh House

Richmond House Social Care Services – Budleigh House, DN17 3AS

1. Purpose and Scope

This policy establishes guidelines for assessing and managing flood risks at Budleigh House to ensure the safety and well-being of children and young people with disabilities residing in our care. The policy aligns with National Planning Policy Framework (NPPF) paragraph 167, requiring risk-sensitive and proactive measures for flood management. This policy applies to all staff, caregivers, and stakeholders involved in the care and support of residents.

2. Policy Statement

Richmond House Social Care Services is committed to providing a safe environment at Budleigh House by assessing, mitigating, and managing flood risks to reduce potential harm to residents, staff, and property. As part of our residential support framework, we integrate flood risk assessment measures to minimise exposure to flood hazards in all weather and flood-prone conditions.

3. Objectives

- **Risk Assessment:** To conduct thorough assessments that identify potential flood risks affecting Budleigh House.
- **Risk Reduction:** To implement effective flood mitigation measures that protect residents, staff, and property.
- **Staff Training:** To ensure staff are trained to respond to flood risks appropriately and can assist residents in evacuation if necessary.
- **Emergency Preparedness:** To develop and maintain an emergency plan for potential flood events, including evacuation and relocation protocols.



- **Stakeholder Communication:** To ensure clear communication with residents, families, local authorities, and emergency responders regarding flood risks and protocols.

4. Flood Risk Assessment Requirements

In line with NPPF paragraph 167, the following measures are mandatory for assessing flood risks:

- **Identify Sources of Flooding:** Assess flood risks from sources such as rivers, surface water, drainage systems, and groundwater to determine the level of risk to Budleigh House.
- **Assess Probability and Consequences:** Evaluate the likelihood of flooding and potential impacts on Budleigh House, focusing on the specific vulnerabilities of children and young people with disabilities.
- **Mitigation Planning:** Develop plans to reduce identified flood risks. This may include structural reinforcements, site modifications, drainage improvements, and elevation changes to protect residents and property.
- **Residual Risk Analysis:** Identify remaining risks after mitigation measures are applied, ensuring plans for continued monitoring, alert systems, and emergency protocols are in place.

5. Risk Mitigation Strategies

Budleigh House will implement the following strategies to reduce flood risks:

- **Physical Barriers:** Use barriers, flood doors, or sandbags in areas identified as high risk.
- **Drainage Maintenance:** Regularly inspect and maintain drainage systems to prevent blockage and ensure effective water flow during storms.
- **Structural Enhancements:** Reinforce the building structure where necessary to withstand flood conditions.
- **Landscaping Adjustments:** Modify landscaping to redirect water flow away from building entrances and critical areas.

6. Flood Emergency Response Plan



In the event of a flood risk or warning, the following steps will be taken to safeguard residents:

- **Alert Systems:** Install and maintain flood alert systems, including real-time monitoring of local weather and water levels.
- **Evacuation Procedures:** Outline safe evacuation routes and establish assembly points. Ensure all staff understand and can execute the evacuation plan with necessary accommodations for residents with disabilities.
- **Shelter-in-Place Options:** For cases where evacuation is not feasible, identify areas within Budleigh House that provide safety from floodwater intrusion.
- **Emergency Contact List:** Maintain a list of emergency contacts, including local authorities, family members, and medical support.

7. Training and Awareness

Richmond House Social Care Services will provide regular training for staff at Budleigh House on flood risk management and emergency response protocols, including:

- **Annual Flood Risk Assessment Training**
- **Quarterly Drills for Evacuation and Shelter-in-Place Procedures**
- **Disability-Specific Evacuation Procedures** to ensure the safety of children and young people with varied physical and sensory needs.

8. Review and Reporting

- **Annual Review:** The Flood Risk Assessment Policy will be reviewed annually to incorporate any regulatory changes or new risk factors.
- **Incident Reporting:** All flood-related incidents, including near-miss events, will be documented, reviewed, and analysed for continual improvement in safety protocols.
- **Audit:** Budleigh House will conduct regular audits to ensure compliance with all flood risk assessment policies and procedures.



9. Communication with Families and Local Authorities

Budleigh House will maintain open communication with residents' families and local authorities regarding flood risks and emergency procedures. The risk management plan and any updates will be shared with relevant stakeholders to ensure full transparency and preparedness.

10. Policy Approval and Amendments

This policy is approved by the senior management team of Richmond House Social Care Services. Amendments may be made in response to updated NPPF guidelines or emerging flood risks.



Appendix C

Budleigh House – Richmond House Social Care Services - CCTV

Policy Version: 7.0

Date of Issue: September 2026

Next Review Date: September 2027

1.0 Purpose

The purpose of this policy is to regulate the management, operation, and use of Closed-Circuit Television (CCTV) at Budleigh House, operated by Richmond House Social Care Services.

The objectives of the CCTV system are to:

- Safeguard children, young people, staff, and visitors within the premises.
- Protect the property, assets, and environment of Budleigh House.
- Prevent, deter, and detect unauthorised access, absconding, vandalism, theft, or other criminal and anti-social behaviour.
- Support the overall safeguarding and security framework of the service.

This system plays a vital role in managing the site's specific risk arising from the unsecured rear boundary, which borders open land and poses potential security challenges.



2.0 Scope

This policy applies to:

- All CCTV equipment located on the Budleigh House premises, including Calex Smart Outdoor IP Cameras and any associated hardware and software.
- All staff, contractors, and visitors who may have legitimate access to or be captured by the system.
- All recorded images and related data processed by the CCTV system.

The policy governs both live monitoring and recorded footage, ensuring lawful, fair, and transparent use in accordance with the principles of data protection.

3.0 Legal and Regulatory Framework

The operation of the CCTV system will fully comply with the following legislation and guidance:

- Data Protection Act 2018 and UK General Data Protection Regulation (UK GDPR)
- Protection of Freedoms Act 2012
- Surveillance Camera Code of Practice (2021) issued under Section 30 of the Protection of Freedoms Act 2012
- Human Rights Act 1998, Article 8 (Right to Respect for Private and Family Life)
- Information Commissioner's Office (ICO) Guidance on Video Surveillance 2023

All processing of personal data captured by CCTV will adhere to the lawfulness, fairness, and transparency principles set out in Article 5 of the UK GDPR.



4.0 Principles of Operation

4.1 Necessity and Proportionality

The CCTV system is used only where there is a legitimate and proportionate need. Cameras are positioned primarily to monitor the external perimeter of Budleigh House, specifically the rear, front and side boundaries and other access points. No cameras are installed in areas where individuals have a reasonable expectation of privacy, such as bathrooms, bedrooms, or changing areas.

The use of CCTV is a supplementary safeguarding measure, not a substitute for adequate supervision and staff presence.

4.2 Technical Specifications

- Recording Mode: Visual footage only (no audio recording).
- Retention Period: All recorded footage is retained securely for 14 days.
- Automatic Deletion: Footage is automatically and permanently deleted after 14 days, unless required for investigation or legal proceedings.
- System Type: Calex Smart Outdoor IP Cameras with motion-triggered recording.
- Data Storage: Encrypted and stored locally on a secure digital server integrated with the Budleigh House internal network.
- Additional 2 x CCTV type C530WS Pan/Tilt Outdoor Security Cameras added to the front and rear of the property.

4.3 Monitoring and Connectivity

- Live Monitoring: Accessible through a secure, dedicated on-site work mobile device.
- HQ Integration: A dedicated desktop interface at Richmond House Head Office allows authorised oversight.
- Real-Time Alerts: Motion alerts are sent to a secure, encrypted WhatsApp business account monitored by management for incident awareness.



- **Device Security:** The monitoring device is stored in a locked cupboard when Budleigh House is closed to ensure data protection and equipment security.

4.4 Enhanced Safeguarding and Site Security

Introduction

This addendum formalises the introduction of new security and safety measures at Budleigh House to further our commitment to providing a safe and secure environment for all children, staff, and visitors. It outlines the protocols for the newly installed surveillance system and the proactive management of a new pond feature.

Installation of Advanced CCTV Surveillance System

Purpose and Rationale

To enhance the physical security of our premises, deter potential intrusions, and provide a robust safeguarding mechanism for children in our care by monitoring key external areas.

System Specification and Deployment

- **Equipment:** 2x C530WS Pan/Tilt Outdoor Security Cameras.
- **Key Capabilities:** 3K 5MP resolution, 360° pan/tilt vision, AI-powered motion tracking and person/vehicle detection, Starlight colour night vision, and IP66 weatherproof rating.
- **Locations:** One camera will be positioned to cover the main entrance and front perimeter of the building. The second camera will be positioned to cover the roadside area exit and perimeter.
- **Data Management:** All recorded footage will be stored securely on a dedicated system with a minimum retention period of 14 days, after which it will be automatically overwritten, unless required for an incident investigation.



Operational Procedures

- **Monitoring:** The system will be actively monitored by designated staff during operational hours for real-time alerts generated by the AI detection features.
 - **Access to Footage:** Recorded footage will only be accessible to authorised management staff. Access will be strictly controlled and logged.
 - **Privacy:** The use of CCTV will be conducted in compliance with the UK Data Protection Act 2018 and GDPR principles. Signage will be clearly displayed at all entrances to inform individuals that CCTV surveillance is in operation. Cameras are positioned to monitor external perimeter areas and will not infringe on private areas such as toilets or changing facilities.
-

5.0 Roles and Responsibilities

5.1 Data Controller

Richmond House Social Care Services CIC is the Data Controller, legally responsible for ensuring that CCTV data is processed in accordance with the UK GDPR and other applicable laws.

5.2 Registered Manager

- Holds ultimate responsibility for CCTV operations at Budleigh House.
- Authorises all data access and disclosure requests.
- Ensures policy compliance, staff awareness, and liaison with the Data Protection Officer (DPO).

5.3 CCTV Manager (Day-to-Day Manager)

- Oversees daily system operation and maintenance.



- Conducts Monthly functionality checks of cameras, storage, and alerts or when needed
- Maintains access and activity logs.
- Facilitates annual reviews and audits of the system and this policy.

5.4 All Staff

- Must familiarise themselves with this policy and comply with its procedures.
 - Report immediately any damage, malfunction, or security concern to the CCTV Manager.
 - Must not tamper with or alter the system in any way.
-

6.0 Data Access, Storage, and Disclosure

6.1 Access Control

Access to live or recorded footage is restricted to authorised personnel only.

All access is logged, including the date, time, purpose, and user identity.

6.2 Subject Access Requests (SARs)

Individuals have the right to request access to personal data (images) captured by the CCTV system under the Data Protection Act 2018.

Requests must be made in writing to the Registered Manager and will be processed within one calendar month unless exemptions apply (e.g., safeguarding or criminal investigations).

6.3 Data Disclosure

Footage will only be disclosed to authorised third parties such as:



- Law enforcement agencies, where necessary for the prevention or investigation of crime.
- Regulatory or safeguarding authorities, where required by law or court order.

Disclosure will always be proportionate and formally documented.

6.4 Data Security

All stored footage is protected using password-protected, encrypted systems.

No data will be exported, copied, or shared without explicit authorisation from the Registered Manager.

7.0 Signage and Transparency

To ensure lawful and transparent processing:

- Clear, prominent signage is displayed at all entrances and in key external locations.
- Signage includes the Richmond House logo, the purpose of CCTV use (“for safety and security monitoring”), and contact details for the Data Controller.
- Visitors are made aware of CCTV coverage upon entry to the premises.

8.0 Policy Review, Audit, and Compliance

- This policy will be reviewed annually in September by the Registered Manager and CCTV Manager.
- Interim reviews may occur following:
 - Changes in legislation or regulation
 - Modifications to system hardware or software
 - Security incidents or identified operational issues
- Routine system audits will check access logs, functionality, and policy compliance.
- The Data Protection Officer may conduct independent compliance checks as required.



9.0 Breach Management

Any suspected or confirmed breach of this policy or data protection requirements must be reported immediately to the Registered Manager.

Incidents will be logged, investigated, and, where appropriate, reported to the ICO (Head of Service) in accordance with the UK GDPR breach notification requirements.

10.0 Dissemination and Training

All staff members will be provided with a copy of this updated policy and the accompanying addendum. The implementation will be reinforced through a structured three-stage process to ensure full comprehension and compliance:

1. **Formal Mandatory Training Session:** A dedicated training session will be scheduled to ensure all team members are fully conversant with the new CCTV monitoring procedures and the critical control measures and protocols surrounding the pond area. This session will include practical scenarios and a Q&A opportunity.
 2. **Confirmation during Team Staff Meeting:** Following the formal training, the key points of both the CCTV and pond safety policies will be added as a standing agenda item in the next scheduled all-staff meeting. This will serve as a forum for clarification and verbal confirmation from all staff that they understand their responsibilities.
 3. **Integration into Pre-Work Briefings:** For a transitional period of one month following implementation, team leaders will incorporate a brief reminder of the new protocols into the daily pre-work briefing. This will specifically highlight any relevant duties for the day ahead, ensuring the procedures are top-of-mind and consistently applied from the start of each shift.
-



Appendix D

Budleigh House – Richmond House Social Care Services - Use of Video Intercom System for Enhanced Security and Safety

Policy Title: 1.0 Purpose

To enhance the security, safety, and accessibility of the premises by implementing a video intercom system. This system provides continuous, 24/7 monitoring and allows for remote verification of individuals before granting entry, contributing to a safer working environment.

2.0 Scope

This policy applies to all employees and designated personnel responsible for monitoring the main entry points. The system is managed by two primary contacts who hold 24/7 access rights.

3.0 Policy

The organisation has installed the Tapo 2K 5MP Wireless Smart Doorbell as the designated video intercom system at the main entrance.

The use of this system is governed by the following procedures:

3.1 System Access & Management:

- **Primary 24/7 Contacts:** The intercom system is configured for global remote access and is linked exclusively to two designated company mobile devices for continuous monitoring. The primary contacts with 24/7 access rights are **Hala (Mobile Number: 07761540911)** and **Jay (Mobile Number: 07484371525)**.



- **Duty of Care:** Hala and Jay are responsible for monitoring system alerts and live feeds on a rotating schedule to ensure a prompt response to any security activity outside of standard business hours.

3.2 Primary Function & Use:

- **Verified Access:** All visitors to the main entrance must be verified via the video intercom before entry is granted. The 24/7 access ensures that out-of-hours visitors (e.g., emergency services, approved contractors) can be identified and addressed by authorised personnel.
- **Two-Way Communication:** The two-way audio function enables secure, contactless communication with visitors at any time, day or night.
- **Visual Identification:** The ultra-clear 2K resolution and full-colour night vision capabilities provide reliable visual identification 24 hours a day.

3.3 Incident Deterrence & Evidence:

- The system's 24/7 monitoring and recording capabilities act as a continuous deterrent and provide an audit trail for any security or safety incident.

3.4 Smart Alert System:

- Smart alerts for person detection are active 24/7 and are sent directly to the linked devices of Hala and Jay, ensuring immediate awareness of any activity.

4.0 Compliance

All personnel are required to comply with this policy. The 24/7 remote access credentials are for authorised use only by Hala and Jay and must not be shared. Unauthorised sharing of access will result in disciplinary action.



Appendix E

Management of Knives and Sharp Objects

1.0 Policy Statement

The safety and welfare of the Young People (YP) at Budleigh House is our highest priority. This policy outlines our robust procedures for the management, storage, and use of knives and other sharp objects to minimise the risk of harm. Our approach is proactive and multi-layered, founded on the principles of secure storage, active supervision, and the use of age-appropriate safer tools. We acknowledge that the kitchen is centrally located and is used by Young People as a thoroughfare to access the playing area next to the office. Our safeguarding model is designed to be dynamic and responsive to this environment, ensuring that transit through the kitchen does not equate to access to its hazards.

All staff are required to be fully familiar with and adhere to the procedures set out in this document.

2.0 Scope

This policy applies to all staff, volunteers, and young people at Budleigh House. It covers all sharp objects, including but not limited to kitchen knives, utility knives, scissors, and other bladed instruments.

3.0 Procedures

3.1 Secure Storage of Sharp Objects

- All sharp knives must be stored separately from general cutlery and other kitchen utensils.
- All sharp knives must be stored in a locked location in the upstairs storage room, with access restricted to authorised staff only. The designated keyholders for this locked storage are the Registered Manager and the Head of Service.



- This locked storage must always be maintained as a fundamental child safety precaution when knives are not in immediate, active use by an authorised staff member.
- This measure is a non-negotiable child safety precaution and must be maintained without exception.

3.2 Storage of General and Young Person's Cutlery

- A separate, clearly identified drawer in the kitchen is to be used for general, non-sharp cutlery for staff use.
- A further separate, clearly identified drawer in the kitchen containing only safe, plastic cutlery is maintained for Young People who require it during mealtimes.

3.3 Use of Safer, Age-Appropriate Tools

- For all food and cooking preparation activities (e.g., chopping vegetables or fruit), Young People **must not** be provided with sharp knives.
- The only cutting implements to be used by Young People for such tasks are child-safe butter knives or table knives. These tools are sufficient for the intended tasks and significantly reduce the risk of serious injury.
- Staff must use professional judgement to ensure the tools provided are the safest option for the individual Young Person and the activity.

3.4 Differentiated Access: Transit vs. Purposeful Use

- **Transit Through the Kitchen:** Young People are permitted to walk through the kitchen to access other rooms (e.g., cinema room, playing area). During transit, the expectation is that they move directly through the space without stopping.
- **Purposeful Use of the Kitchen:** Young People **do not** have independent or unsupervised access to *use* the kitchen, its appliances, or its contents.
- Purposeful use is strictly permitted **only** under the following conditions:
 - **Direct Staff Supervision:** A designated staff member must be physically present and actively supervising at all times. The level of supervision (1:1 or group) must be determined by the risk assessment for the activity and the needs of the YP(s).
 - **Purpose-Led Activity:** Access is granted only for a specific, supervised purpose. This includes, but is not limited to:



- **Formal Cooking Sessions:** Structured activities involving food preparation.
- **Supervised Snack Preparation:** Accessing ingredients and equipment to make a snack, such as getting a drink, preparing a sandwich, or retrieving fruit.
- Retrieving a pre-prepared meal.

3.5 Protocols for Specific Activities

- **Cooking Sessions:**

- Must be pre-planned and risk assessed.
- A designated keyholder (Registered Manager or Head of Service) must retrieve all necessary sharp equipment. Sharp knives must be collected from and returned directly to the locked upstairs storage room by the keyholder only. Sharp knives are not for use by YP.
- Staff must use the safest possible alternative (e.g., pre-chopped ingredients, child-safe cutlery).
- Continuous, active supervision is maintained for the duration of the activity.

- **Snack Preparation:**

- YP may access the kitchen under staff supervision to prepare simple snacks.
- Only child-safe equipment and cutlery from the designated YP drawers are to be used. No sharp knives are to be used or present during supervised snack preparation.
- Staff must be physically present in the kitchen, guiding the activity and ensuring safe practices.

3.6 Active Monitoring and Supervision During Use

- When any kitchen tool is used by a Young Person, its use must be directly monitored by a supervising staff member.
- The supervising staff member is responsible for:
 - **Provision:** Issuing the appropriate, child-safe item for the task.
 - **Active Supervision:** Remaining engaged, providing guidance, and actively observing the Young Person throughout the entire activity.



- **Retrieval and Storage:** Immediately taking possession of the equipment once the task is complete and returning it to its designated, secure storage location. Sharp knives must be returned to the locked upstairs storage room by the keyholder immediately after use.

3.7 Staff Vigilance for Thoroughfare Traffic

- All staff must maintain awareness of Young People transiting through the kitchen.
- Staff working in or near the kitchen are responsible for ensuring that transit is swift and that Young People do not interact with appliances, drawers, or cupboards during these movements.

4.0 Roles and Responsibilities

- **All Staff:** Are responsible for understanding and implementing this policy, maintaining constant vigilance, actively supervising Young People, and ensuring all sharp knives are always stored in the locked upstairs storage room when not in direct use.
- **Registered Manager & Head of Service:** Are the designated keyholders for the locked upstairs storage room. They are jointly responsible for controlling access to sharp knives, ensuring the policy is adhered to, and conducting regular audits of the storage room.
- **Senior Staff/Team Leaders:** Are responsible for ensuring all staff are trained on this policy and monitoring day-to-day compliance with supervisory and transit protocols.
- **Management:** Is responsible for the overall implementation and review of this policy, and for providing the necessary resources to maintain a safe environment.

5.0 Review

This policy will be reviewed annually or following any significant incident, to ensure its ongoing suitability and effectiveness.



Approval

This policy has been formally approved by the management of Richmond House Social Care Services CIC and is authorised for implementation across Budleigh House.

This Health and Safety Policy were written and reviewed by: Hala Okasheh, Pauline Bullement and Jay Al Karaki

Approved by: Jay Al Karaki

Date: 01/09/2026

Review date: 20/09/2025,27/10/2025,15/11/2025

Next Review: 01 September 2027

Signature: J. Al Karaki

Policy History and Version Control

Version	Date	Summary of Changes	Authorised By
1.0	10/2/2022	Initial Policy Creation	
2.0	05/01/2023	Policy review	
3.0	15/07/2024	General Review and Update	Hala Okasheh
4.0	19/09/2024	General Review and Update	Jay Al Karaki
5.0	20/10/2025	Site-Specific Arrangements for Budleigh House (CCTV, Pond, Lighting), Alignment with 2025 Health & Safety Regulations)	Hala Okasheh, Pauline Bullement, Jay Al Karaki
6.0	27/10/2025	Expanded operational controls, clarified retention and deletion policy, HQ connectivity, mobile device security, and real-time alerting.	Jay Al Karaki
7.0	15/11/2025	This addendum formalises the introduction of new security and safety measures at Budleigh House to further our commitment to providing a safe and secure environment for all children, staff, and visitors.	Jay Al Karaki, Hala Okasheh

