

Policy name	Confidentiality, privacy notice, data protection for staff and and the UK-GDPR (Uploaded on the NHS tool kit and up loaded on website)
Author	
Date reviewed	October 2021

Version	Reviewed by	Revision made
1.8	Rebecca Cork	Added passwords how they should be and software management Added not to down load software

This policy has been created to ensure safeguarding and preserving privacy of personal data.

Trust is an integral part of our ability to provide consistent high standards of care and as such it must not be broken.

A person's trust is not a right but a special privilege, which means you must exercise care and thought in your handling of confidences. You must never divulge a confidence placed in you by a person we support, colleague, relative or professional.

Only where the nature of the confidence may have a detrimental impact upon the standard of care would you consider passing it on and then only to the Registered Manager, never anyone else.

The Registered Manager will determine the best way to handle the matter. These high standards of confidentiality apply just as much to information recorded in support plans and client records.

Breach of confidence may constitute gross misconduct and as such may lead to dismissal.

This does not affect your right regarding whistleblowing, for which we have a separate policy, which protects your right to expose unsound practice without detriment to yourself.

If confidentiality is breached in connection with a person we support, then the person breaching may be reported to Social Services. Social Services contact number is 0300 111 8000.

The use of mobile phones to take photos of the people we support is prohibited unless if there is ever a need permission should be sort from a manager the photo sent to the relevant staff strictly management staff which are activities coordinator, managers or a team leader to a company email address or device. Also, the people we support must agree to this. The



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photo must be deleted straight after it is taken and deleted section in the phone of the photos and sent to one of the management team and this must be company email of phone. If sent via own personal email again this email must be deleted and deleted out of the deleted emails section. Only do this if you are confident how to do this. It is preferred to borrow the company Nikon camera or company on call phone or the ipad provided by the NHS and this should always be considered first.

Memory sticks, lap tops and data storage must not hold any people we support information and any company information and staff personal data. Although no data is stored on portable equipment a loss must be reported to a manger along with any computers out of the office. The Manager will consult with radar our legal advisors from the insurance company.

The company email must only be used by management.

Staff are not permitted to put their place of work or the company the work for on any social media sites.

Staff are also not permitted to put photos on social networking sites that are related to the company and that are company identifiable.

Staff should also not discuss incidents with anyone outside of the company there is always two sides to a situation this is breaching company confidentiality and causes the company to possibly have a negative reputation and puts the people we support and our colleagues at risk. For example, friends or relatives hearing one side to the story then posting comments on social media of which of course the company cannot discuss with an outsider so then they are not making informed decisions or comments. Staff must report any known breaches of confidentiality they must disclose any concerns at all about this.

The people we support pictures cannot be used for any marketing or competition entries. Pictures of the care home environment and staff are permitted, providing staff give permission for this. Bedrooms that are occupied photos cannot be used however un occupied bedrooms photos can be used. This is to respect people's privacy and dignity who are using the care home.

Staff cannot store any personal information on phones.

No authorized persons can access the building, the people we support rooms and also the offices. To prevent any breaches in physical security staff must ensure all doors are closed behind them and the activity coordinator must ensure that the art room is locked after use staff should also. Managers must always lock their office when the office is left unoccupied and ideally desks cleared and items locked away. The rest of the house the doors automatically lock from the exterior when



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closing the door. Staff must be present at all times with any contractors working. Staff must not divulge access codes to the home or buildings. No employee should leave keys around for them to be copied.

No employee can divulge passwords to any log ins associated with the company. If a password is suspected to be found then this must be reported to a manager and the password amended immediately. No data is permitted to be transferred out of the UK. Any staff remote working can only work on the cloud based passworded system no documents can be downloaded and saved they must be deleted when finished with.

The business is a small business and the owners and managers are aware of all the assets with personal details on them such as computers therefore any missing it would be known quickly. Any employee must report any item missing. There is no asset list kept as such however the accountant keeps a record of larger assets on the accounts.

Data can be transferred via post or email.

Depending on sensitivity it is password protected or sent by recorded delivery. The company avoids transferring data unless absolutely necessary.

Emails that are sent out and letters are for the purposes of supporting the people we support and also smooth running of the home. The managers decide who is appropriate to receive personal data it is sent on a need to know basis. Any doubt radar employment law are consulted. If data is sensitive then the email should be encrypted or sent by recorded delivery.

Every one to two years staff training is up dated in confidentiality and UK-GDPR.

Personal data that the company holds

All staff personal details in connection with employment

All the people we support needs and wishes to enable the company to support that individual, and personal details such as date of birth.

Potential referrals and employees

Agency staff information

Contractors information

Potential clients and potential staff

Data that is relevant for the business to function no additional data should be stored and kept all data kept should be justified. For example it is necessary to know a person we support has an allergy.



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We do not sell or lease customer or staff information.

To protect personal data the company will change passwords every year on the following systems.

HR online

The office 365 email and all outlook email accounts

NMDS

CCTV

Red funnel ferry log in

Quiq cloud

Please note we do not send client personal data on staff email accounts including the managers calendar outlook account to many staff have access to this.

How we communicate personal data

On paper in the offices that are locked and secure in client files.

Client files must be locked away.

Client files cannot go in communal areas.

Staff files can be moved for supervisions but must stay with the supervisor and put straight back in the office.

Client files cannot travel in cars unless in a secure locked box and needed for management reasons that can be justified.

Staff files cannot travel in cars unless in a secure locked box and needed for management reasons that can be justified.

We do not enter personal information in the communication book we write in the book to refer to a document and where it is.

We communicate personal data via encrypted email when it contains personal data, unless it is nhs mail to nhs mail.

We communicate information verbally.

Unnecessary personal details are not put on invoices such as full name and date of birth if possible use client ID that the council sends.

Staff photos are posted on our website if any staff member does not want their photo put on the website please tell us. This is asked in the staff induction.

Where is personal information stored

Personal information is stored in secure locked offices the business manager home office, the managers office at The Mount for staff records.

The staff office for the people we support records.

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Archive records are securely stored in a locked room at the mount care home.
Other digital records are stored on the computers used by the management team only which are securely password protected.
No data can be stored on hard drives that are movable.
Anything that needs to be emailed will be emailed via encryption. If this is not possible information to be sent via recorded delivery first class post. Or email nhs mail to nhs mail.
The rooms that are used for personal data should be kept locked when not in use. The rooms should never be unlocked.

Information that is disposed off.

All personal information is disposed off by a reputable shredding company and a record is kept of what is shredded and date. The company sends a certificate through.
Computers are also disposed off through this company.
This company meets data protection standards see later in this policy.

Individual rights.

All individuals have a right to access their personal data we hold and to obtain information about how we process it and the right to rectify their personal information and the right to restrict information that is used. The right to data being erased. All individuals have the right to complain to the information control office.

Data is stored on the cloud only with reputable companies.

If a staff member or person we support wish to use their individual rights, then please request this in writing to one of the managers and the reasons to one of the managers.

You have the right to complain to a manager if you believe we have not handled your information in line with legal requirements if you are not satisfied with this. You have the right to lodge a complaint to the Information Commissioners Office UK should you believe we have not handled your information in line with legislative and regulatory requirements. Tel 0303 123 1113.

Staff responsibilities

To ensure the above is complied to and confidentially is kept for example client files not left lying around.

Talking in public places.

Reporting any confidentially breaches and incorrect data processing to management to investigate.
All employees of Rebecca Homes Ltd are as responsible the same as managers not to pass on personal data unnecessarily.

To ensure your personal details are up dated when things change.



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Must not link up to wi fi when working away from the care home that is shared by anyone else not working for Rebecca Homes Ltd for example a restaurant wi fi if working on any confidential data this particularly applies to managers and team leaders that may be emailing other professionals.

Any breaches in the above.

Could result in disciplinary action.

The data breach would be fully investigated.

If a personal data breach is found we may have to report it to the ICO. The breach has to be reported when the data breach is likely to result in a risk to the rights and freedoms of individuals for example discrimination, damage to reputation, financial loss, loss of confidentiality. Where the breach is likely to cause risk to the person the person will also need to be notified by management.

To report a data breach managers to contact the ICO Tel 0303 123 1113

Managers responsibilities

To review the data processing procedures from time to time to ensure everything is compliant with the UK-GDPR.

Using own devices

-Staff and managers are not permitted to use their own devices for company work.

Free desk policy

Staff and managers cannot leave paperwork on desks unsecured and private information up on walls this is not permitted due to people having easy access to personal data. Such as application forms on the side risk assessments on walls. If any staff see anything lying around of personal data then staff must act upon it and remove it.

When a person leaves

It is managers responsibility to ensure passwords they had to any areas of the business are changed. Also locks changed if they had access to private data such as a managers office.

Staff data awareness questions

All staff employed to complete data awareness questions.

In order for them to know who has access to personal and confidential data through its IT system(s).

The managers have access to the main documents that are more sensitive and the team leaders have access to the daily documents such as rotas.

Managers and team leaders to be provided with an nhs mail for work purposes.



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IT protection

All computers within company use must have windows 10 or above managers for cyber security must ensure that the windows 10 security is turned on all protections are turned on. Managers to monthly check this on all IT systems. All IT must be passworded and only users that need to use the IT to have the password. Managers not to share access to their computers. There are communal IT systems such as the lap top in the training room. Computer in the art room and the staff office computer. Managers to ensure these are strong passwords with numbers and characters and letters and a capital letter.

It is not safe to use public wi fi for work purposes. Staff and management not to do this.

All main devices computers and phones must be set up to automatically update along with computer programs.

All devices must have the most up to date software, including the operating system and any apps on devices this includes phones, tablets, lap tops and computers.

Passwords

All passwords must have a capital letter, numbers and a character such as a ? when personal data is stored.

Users should change passwords minimum yearly where personal data is stored. This to be done on the yearly audit and review of the data protection toolkit. No weak passwords to be used as identified by the system. Users are prohibited from frequently using the same passwords.

Software management

Employees are prohibited from downloading software onto company computers, lap tops and devices such as phones unless permission granted by management and it is suitable and applicable to work. No one should be using software they are not able to use and should have knowledge how to use it.

Data security back up

Managers to weekly save their work on to their computer from their one drive account. All work to be stored on the one drive account and passworded. Therefore if either one drive goes down or the computer have back up on one or the other. Managers to test the files have downloaded on the back up.

Are all IT systems supported



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Managers to annually check and ensure their office 365 subscription is paid. Check windows does not become out of date. Managers to annual check are all the IT systems and the software used in your organisation still supported by the manufacturer or the risks are understood and managed? Systems and software that are no longer supported by the manufacturer can be unsafe as they are no longer being updated to protect against viruses for example.

Windows 10 is supported and is the most up to date version of Windows. This question also applies to software systems such as rostering, care planning or electronic medicine administration record (MAR) charts for example. For example is HR online no longer in date, whilst we are paying regularly for systems they are like up to date. Another is quiq cloud.

An example of a proven cyber security framework such as Cyber Essentials

Managers and team leaders have to sign an additional agreement in order to be accountable for higher standards.

The people within your organisation who are IT system administrators may have access to more information than other staff. Therefore, they need to be held accountable in a formal way to higher standards of confidentiality than others. This requirement applies to IT system administrators working in external companies who support your organisation's IT systems.

See policies for the additional agreement managers and team leaders are asked to sign.

Responding to Incidents

Cyber-attacks against services are identified and resisted and security advice is responded to. Action is taken immediately following a data breach or a near miss, with a report made to senior management within 12 hours of detection.

There is an incident reporting form see below which should be used to report health and care incidents to Information Commissioner's Office ICO. If not sure whether or not to inform the Information Commissioner's Office of a breach, the NHS toolkit's incident reporting tool and guide can help to decide. There is an incident reporting tool within the NHS toolkit which should be used to report health and care incidents to the Information Commissioner's Office (ICO).

Business continuity

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Rebecca Homes will include in the business continuity plan a part covering data and cyber security attack. Also a power cut, the internet went down, computer hacked, office not available for example fire or building damage.

When starting a new project

When introducing or changing ways of working. All has to be checked to see if the data shared is safe if shared and they supplier or contractor is secure with their data protection. As per guidance in this policy and our other policies.

Training

All staff and managers to do annual training on data protection.

How our organisation keeps data safe as possible

The minimum amount of personal data should be sent. Also if at all possible do not send personal identifiable information such as use the persons first letter of their name and bedroom number. Ask yourself is it necessary to actually send identifiable information. If it is then needs to be sent via nhs mail to nhs mail or encrypted. References to post out or send encrypted for example. Only managers and team leaders permitted to send sensitive data.

Managers must consider how might use codes instead of names when sharing data with others; how you might secure or encrypt messages so that only authorised people can read them. This is called '**data protection by design**'.

Managers and team leaders should only collect the minimum amount of data that is needed. Managers must limit access to only those who need to know, keep the data for as short a time as possible, and how managers to let people know what they do with their data. This is called '**data protection by default**'.

There is [guidance on data protection by design and by default on the ICO's website](#).

There is a Data Protection Policy template that is available from [Digital Social Care](#) covers this subject.

What is a DPIA?



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A DPIA is a process designed to help systematically analyse, identify and minimise the data protection risks of a project or plan. It is a key part of your accountability obligations under the UK GDPR, and when done properly helps to assess and demonstrate how we comply with all of your data protection obligations.

It does not have to eradicate all risk, but should help to minimise and determine whether or not the level of risk is acceptable in the circumstances, taking into account the benefits of what is needed to achieve

DPIAs are designed to be a flexible and scalable tool that a person can apply to a wide range of sectors and projects. Conducting a DPIA does not have to be complex or time-consuming in every case, but there must be a level of rigour in proportion to the privacy risks arising.

There is no definitive DPIA template that must be followed. Can use the ICO template to complete a DPIA. [Vusunici.org.uk](http://vusunici.org.uk)

Why are DPIAs important?

DPIAs are an essential part of accountability obligations. Conducting a DPIA is a legal requirement for any type of processing, including certain specified types of processing that are likely to result in a high risk to the rights and freedoms of individuals. Under UK GDPR, failure to carry out a DPIA when required may leave a company open to enforcement action, including a fine of up to £8.7 million, or 2% global annual turnover if higher.

By considering the risks related to the intended processing before management begin, managers also support compliance with another general obligation under UK GDPR: data protection by design and default.

Article 25 is clear that:

“the controller shall, both at the time of the determination of the means for processing and at the time of the processing itself, implement appropriate technical and organisational measures... and ... integrate the necessary safeguards into the processing in order to meet the requirements of this Regulation and protect the rights of data subjects.”

In general, consistent use of DPIAs increases the awareness of privacy and data protection issues within your organisation. It also ensures that all relevant staff involved in designing projects think about privacy at the early stages and adopt a ‘data protection by design’ approach.

A DPIA also brings broader compliance benefits, as it can be an effective way to assess and demonstrate compliance with all data protection principles and obligations.



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However, DPIAs are not just a compliance exercise. An effective DPIA allows managers to identify and fix problems at an early stage, bringing broader benefits for both individuals and the organisation.

It can reassure individuals that you are protecting their interests and have reduced any negative impact on them as much as you can. In some cases the consultation process for a DPIA gives people a chance to have some say in the way their information is used. Conducting and publishing a DPIA can also improve transparency and make it easier for individuals to understand how and why you are using their information

In turn, this can create potential benefits for your reputation and relationships with individuals. Conducting a DPIA can help build trust and engagement with the people using the services, and improve understanding of their needs, concerns and expectations.

There can also be financial benefits. Identifying a problem early on generally means a simpler and less costly solution, as well as avoiding potential reputational damage later on. A DPIA can also reduce the ongoing costs of a project by minimising the amount of information you collect where possible, and devising more straightforward processes for staff.

How are DPIAs used?

A DPIA can cover a single processing operation, or a group of similar processing operations. Managers may even be able to rely on an existing DPIA if it covered a similar processing operation with similar risks. A group of controllers can also do a joint DPIA for a group project or industry-wide initiative.

For new technologies, maybe may be able to use a DPIA done by the product developer to inform your own DPIA on your implementation plans.

Managers can use an effective DPIA throughout the development and implementation of a project or proposal, embedded into existing project management or other organisational processes.

For new projects, DPIAs are a vital part of data protection by design. They build in data protection compliance at an early stage, when there is most scope for influencing how the proposal is developed and implemented.

However, it's important to remember that DPIAs are also relevant if planning to make changes to an existing system. In this case managers must ensure that they do the DPIA at a point when there is a realistic opportunity to influence those plans. Recital 84 of the UK GDPR is clear that:

“the outcome of the assessment should be taken into account when determining the appropriate measures to be taken in order to demonstrate that the processing of personal data complies with this Regulation.”



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In other words, a DPIA is not simply a rubber stamp or a technicality as part of a sign-off process. It's vital to integrate the outcomes of the DPIA back into your project plan.

Managers should not view a DPIA as a one-off exercise to file away. A DPIA is a 'living' process to help manage and review the risks of the processing and the measures that have been put in place on an ongoing basis. Managers need to keep it under review and reassess if anything changes.

In particular, if managers make any significant changes to how or why they process personal data, or to the amount of data they collect, they need to show that the DPIA assesses any new risks. An external change to the wider context of the processing should also prompt managers to review the DPIA. For example, if a new security flaw is identified, new technology is made available, or a new public concern is raised over the type of processing you do or the vulnerability of a particular group of data subjects.

What kind of 'risk' do they assess?

There is no explicit definition of 'risk' in the UK GDPR, but the various provisions on DPIAs make clear that this is about the risks to individuals' interests. Article 35 says that a DPIA must consider "risks to the rights and freedoms of natural persons". This includes risks to privacy and data protection rights, but also effects on other fundamental rights and interests.

The key provision here is Recital 75, which links risk to the concept of potential harm or damage to individuals:

"The risk to the rights and freedoms of natural persons, of varying likelihood and severity, may result from data processing which could lead to physical, material or non-material damage, in particular: where the processing may give rise to discrimination, identity theft or fraud, financial loss, damage to the reputation, loss of confidentiality of personal data protected by professional secrecy, unauthorised reversal of pseudonymisation, or any other significant economic or social disadvantage; where data subjects might be deprived of their rights and freedoms or prevented from exercising control over their personal data..."

The focus is therefore on any potential harm to individuals. However, the risk-based approach is not just about actual damage and should also look at the possibility for more intangible harm. It includes any "significant economic or social disadvantage".

The impact on society as a whole may also be a relevant risk factor. For example, it may be a significant risk if your intended processing leads to a loss of public trust.



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A DPIA must assess the level of risk, and in particular whether it is 'high risk'. The UK GDPR is clear that assessing the level of risk involves looking at both the likelihood and the severity of the potential harm.

For more guidance on what this all means in practice, see the section on how to carry out a DPIA on the ICO website.

Staff must not download software on company property without the business managers permission it could cause viruses in the system.

Annual data checks managers to annual check this when doing the quality assurance, this to be carried February every year.

This checklist is a guide which you might chose to use – you can add or remove these checks from your audits as applicable for your organisation.

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Staff	Date audited
Spot check that staff understand their responsibility towards data security	
Spot check that staff are aware of our data protection policies	
Have staff received training on data protection?	
Have any staff undergone disciplinary action in relation to data protection and security?	
Spot check that staff understand how to report security breaches and near misses.	
Physical Access to hardcopy records	
Check the record of which staff have access to confidential areas is up to date.	
All offices, files, or cabinets which contain confidential information are kept locked when not in use.	
Has all confidential waste been disposed of securely and are there destruction certificates? (If applicable)	
Has anyone inappropriately accessed, or attempted to access, confidential records?	
Digital Access to records	
Is the allocation of administrator rights restricted?	
Have staff access rights been reviewed?	
Check if there is any evidence of staff sharing access rights.	
Screens are locked when not in use.	
Check that our password policy is being followed	
Has anyone inappropriately accessed, or attempted to access, confidential records?	
Have appropriate security measures been applied to all computers, laptops and mobile devices?	
Staff are using computers appropriately e.g. no personal use, no downloading unapproved software, no social media use etc.	
Sharing data	
Our procedures for safely sharing personal information via post are being followed.	
Our procedures for safely sharing personal information via fax are being followed.	
Our procedures for safely sharing personal information via secure email are being followed.	
Legal Checks	
The Information Asset Register has been reviewed and signed off.	
The Record of Processing Activities has been reviewed and signed off.	
Records of consent are up to date and still applicable.	



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Data security breach

If there is a data security breach staff and managers to complete the form below and report within 24 hours

Data Security Incident Report Form	
Date incident occurred:	Date incident reported:
Location of incident:	
Does the breach involve personal data?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of data breach: <i>(Indicate what form the data was in when the incident occurred)</i>	<input type="checkbox"/> Digital – e.g. Hacking, Virus, Ransomware, file corruption etc. <input type="checkbox"/> Electronics – e.g. lost laptop, phone, USB device <input type="checkbox"/> Verbal – e.g. wrong information given over the phone <input type="checkbox"/> Paper – e.g. lost or misplaced file etc.



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Details of incident:

*(State facts only and **not** opinions.
Include details of staff involved and any
contributing factors)*

Reporter details

Name:

Job title:

Signature:

To be completed by Data Protection Champion

Incident details *(if more space is
required please keep with this initial
form).*

This should include

- Type and number of individuals involved
- Types of data
- Number of records concerned

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Likely consequences of the breach. <i>(Especially note if there is potential risk to the rights and freedoms of an individual.)</i>	
Action taken <i>(if more space is required please keep with this initial form)</i> . Describe the measures taken or which will be taken to deal with and mitigate the attack.	
Has the ICO been informed within 72 hours via the DSPT https://www.dsptoolkit.nhs.uk/Help/29 ? Only in the instance that an individual's rights or freedoms are likely to be at risk.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Has the data subject been informed? Only in the instance that their rights or freedoms are likely to be at risk.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Data Protection Champion Name:	
Signature:	Date:

Further Reading

Relevant provisions in the UK GDPR - See Articles 35(1) and 35(11), and Recitals 84 and 92

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Registered address: The Mount, Wood Lane, Yoxall, Burton on Trent, Staffs DE13 8PH.

Company Registration Number 04573091. Registered with Companies House in England and Wales

Rebecca Homes Ltd

PUTTING PEOPLE IN CONTROL

The Mount, Wood Lane, Yoxall,

Burton on Trent, Staffs DE13 8PH

Call 24 hours: 01543 472081 and 01543 473819

Fax: 01543 472086

Email: contact@rebeccahomesltd.com

www.rebeccahomes.co.uk

Further reading - European Data Protection Board

WP29 produced guidelines on data protection impact assessments, which have been endorsed by the EDPB.



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UK- GDPR and staff consent form

Staff member name _____

This consent form is on behalf of Rebecca Homes Ltd, to enable Rebecca Homes Ltd to process your data for employment purposes and to carry out your duties within Rebecca Homes Ltd.

Your information has to be passed to our contractors of whom assist us with the business. The reason that third parties are provided your information is to enable the company to employ you and meet its obligations as an employer.

The third parties are as follows....

121 Book keeping who process your wages
Radar legal advisors who assist with employment related issues and any other legal issues
Ellis Whittam our health and safety advisors
Our insurance company Bollington insurance Broker and the insurance company they have sought for our company.
The people who pay for our services the councils such as Staffordshire county council.
CQC the care quality commission.
The DBS service
Vehicle insurance
The national minimum data set
Pension companies the company uses
The bank
Training providers
HMRC

We need to inform the above companies and or persons in order to ensure that your employment within Rebecca Homes is supported as far as possible with wages and pensions, health and safety advice and policies, employment law advice and policies and to ensure the company is insured adequately. At times the people who buy our services may request information about our staff. Also the inspectors for the care home. CQC who inspect our home legally have to check our records and the council may from time to time have to check our records. It is Government requirement to update the national minimum data set.

Rebecca Homes Ltd will

1. Will process your personal information on HR on line through peninsula to enable all relevant data saved to be employed. Will process information 121 Book keeping. Process information about you to the DBS service. Process information on the NMDS and insurance companies.

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2. Maintain appropriate records for each employee.
3. Record any health conditions and sickness.
4. Record any meetings held and training.
5. Will send information when required to payroll, CQC and the insurance company.
6. Store securely employee records. This is on paper and on computer.
7. Manage legal duties.
8. Send information to HMRC
9. Provide your information to training providers when required.
10. Send your details to our bank

Rebecca Homes requires your personal data for the following reasons

1. To enable us to employ you.
2. To enable us to offer support where required such as health.
3. To enable us to match you with the correct work.
4. To have contact details including emergency contacts if there is an issue.
5. We keep personal details to enable us to contact you out of work if required.

Rebecca Homes Ltd will need to contact you via your personal email, telephone or home address the reason for this

1. To offer bank shifts
2. To pass on information
3. To contact you about anything we believe of importance for example a shift cancelled.

Please note you can put in writing at any time to withdraw this consent.

Confidentiality and data protection

1. All data will be kept secure. By entering into this agreement you are providing consent to sharing personal data as defined in the UK-GDPR for the following purposes.
 - a) With the local authority and its agents.
 - b) With HMRC
 - c) With other parties where required by law
 - d) With CQC
 - e) With the people paying for our services such as Staffordshire council and safeguarding
 - f) The DBS service
 - g) The company we bank with
 - h) Training providers

It is important as well staff keep their details up to date with managers and report any changes.



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Please write yes or no if you agree to your picture on our website _____

If you do not agree to a picture on our website please do not accept any photos taken whilst working.

Staff please sign to say you consent to the above.

Please print name

Please date

Please leave this signed letter in one of the managers trays for filling.



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Staff data awareness questions please complete these questions

Created 04.02.21

Please return by 12.02.21 and put in Rebecca Corks tray.

Thank you for completing this.

It is essential all staff complete this the NHS have requested it.

Staff name

Date

Question 1, Leadership: I feel data security and protection are important for my organisation.

Question 2, Polices: I know the rules about who I share data with and how.

Question 3, Policies: I know who to ask questions about data security in my organisation.



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Question 4, Use of Data: I am happy data is used legally and securely in my organisation.

Question 5, Sharing data securely: I know how to use and transmit data securely.

Question 6, Using data legally and securely: I feel that patient confidentiality is more important than sharing information for individual care.

Question 7, Processes: The tools and processes used by my organisation make it easy to use and transmit data securely.

Question 8, Raising concern: I can raise concerns about unsecure or unlawful uses of data, and I know that these will be acted on without personal recrimination.

Question 9, Laws and principles: I understand the important laws and principles on data sharing, and when I should and should not share data.

Question 10, Data sharing questions: If I have a question about sharing data lawfully and securely I know where to seek help.



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Question 11, Personal responsibility: I take personal responsibility for handling data securely.

Question 12, Training: The data security training offered by my organisation supports me in understanding how to use data lawfully and securely.

Question 13, Access to information: The level of access I have to IT systems holding sensitive information, is appropriate.

Question 14, Reporting: I know how to report a data security breach.

Question 15, Incidents: When there is a data security incident my organisation works quickly to address it.

Question 16, Learning Lessons: When there is a data security incident, or near miss, my organisation learns lessons and makes changes to prevent it happening again.



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Question 17 Contingency plan: If a data security incident was to prevent technology from working in my organisation, I know how to continue doing the critical parts of my job.

Staff sign _____