

# Policies and Procedures

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**Name Welcome Independent Living Ltd**

**Policy Statement**

**Welcome Independent Living takes seriously the safeguarding of its customers and staff. This policy clarifies where the use of physical intervention is considered and the steps that all staff need to take in order to comply with current advice and legislation**

**VACCINATIONS POLICY**

**VULNERABLE CUSTOMERS POLICY**

**WASTE MANAGEMENT POLICY**

**WAKING NIGHT STAFF POLICY**

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## **ACCESS TO RECORDS AND FILES POLICY**

### **OUTCOME 21, REGULATION 20 (Records)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living adheres fully to Outcome 21, Regulation 20 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which relates to the extent to which the rights and best interests of customers are safeguarded by the company keeping accurate and up-to-date records.

Welcome Independent Living also adheres fully to the *Data Protection Act 1998* which states that all records required for the protection of customers and for the effective and efficient running of the organisation should be maintained accurately and should be up to date, that customers should have access to records and information about them held by the organisation, and that all individual records and organisation records should be kept in a confidential and secure fashion. The new Social Care Record Guarantee is a part of this protection of customers.

#### **Aim of the Policy**

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to access to records. The aim of the organisation is to ensure that customers can be assured that the protection of their privacy and confidentiality are given the highest consideration.

#### **Access to Records/Files Policy**

This organisation believes that access to information and security/privacy of data is an absolute right of every customer and that customers are entitled to see a copy of all personal information held about them and be given the opportunity to correct any error or omission. Therefore, in this organisation:

- Customers should have access to their records and information about them held by the organisation, as well as opportunities to help maintain their personal records in the case of records kept in the home
- Individual records and organisation records required for the protection of customers should at all times be kept in a secure fashion and should be constructed, maintained and used in accordance with the *Data Protection Act 1998* and other statutory requirements.

Any customer requiring access to their files should contact the head of organisation to make arrangements to view. Customers with sensory or other disabilities should be given appropriate help and support from an independent source as required e.g. and Advocacy Service.

The viewing of certain records may only be refused in the following circumstances as consistent with the *Data Protection Act 1998*:

- Where disclosing the personal data would reveal information which relates to and identifies another person unless that person has consented to the disclosure or it is reasonable to comply with the request without that consent
- Where permitting access to the data would be likely to cause serious harm to the physical or mental health or condition of the data subject or any other person
- Where the request for access is made by another on behalf of the data subject, access can be refused if the data subject had either provided the information in the

expectation it would not be disclosed to the applicant or had indicated it should not be so disclosed, or if the data was obtained as a result of any examination or investigation to which the data subject consented on the basis that information would not be so disclosed.

Before deciding whether the above restrictions apply, the head of the organisation should consult the health professional responsible for the clinical care of the customer, or if there is more than one, the most suitable available health professional. If there is none then the head of organisation should consult a health professional with the necessary qualifications and experience to advise on the matters to which the information requested relates.

Customers who have a complaint about the way that the organisation keeps files about them, or who are refused access to files that they believe they should have access to, should be referred to the Data Protection Information Commissioner.

### **Training**

All new staff should be encouraged to read the policies on data protection, confidentiality, access to files and record keeping as part of their induction process. Training in the correct method for entering information in customers' records should be given to all care staff. The nominated data user/data controller for the organisation should be trained appropriately in the *Data Protection Act 1998*. All staff who need to use the computer system should be thoroughly trained in its use.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **ACCIDENT AND INCIDENT REPORTING (RIDDOR) POLICY**

### **OUTCOME 20, REGULATION 18 (Notification of other incidents.)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living recognises its responsibility to ensure that all reasonable precautions are taken to provide working conditions that are safe, healthy and compliant with all statutory requirements and codes of practice. The Health and Social Care Act 2008 requires that organisations adhere to compliance requirements contained within the Essential Standards of Quality and Safety Guidance. This includes a requirement to notify the Care Quality Commission when certain incidents occur. In addition, the Health and Social Care Act 2008, Outcome 8, Regulation 12, Cleanliness and Infection Control provides for a designated infection prevention and control lead. There are 10 criteria contained within the Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and related guidance, these criteria have requirements which need to be taken into account within this policy.

However, the organisation recognises that even in the safest of working environments, accidents are, from time to time, inevitable. The *Health and Safety at Work Act 1974* requires employers to ensure the health, safety and welfare of all their employees as far as is reasonably practicable. As part of this commitment, employers must, by law, notify certain categories of accidents, specified cases of ill health and specified dangerous occurrences to the Health and Safety Executive (HSE) or the local authority (LA) to comply with the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (RIDDOR). This is necessary so that the HSE can determine trends and patterns in workplace accidents and put in place legislation and guidelines that will safeguard workers all over the UK. It also helps the organisation to determine local patterns and causes of accidents so that it can ensure that preventative measures are in place to avoid a recurrence. Therefore, in this organisation, all accidents, incidents and “near misses” must be recorded and reported to the management.

#### **Aim of the Policy**

This policy is intended to set out the values, principles and policies underpinning this organisation’s approach to accident reporting, to enable the organisation to meet the requirements of the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (RIDDOR) and to prevent the recurrence of incidents in the future as far as it is possible.

The goals of the organisation are to ensure that:

1. The organisation complies fully with the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (RIDDOR)
2. All accidents and incidents involving injury to staff or customers are reported and recorded in the accident book, no matter how minor
3. All reported accidents or incidents are fully investigated
4. The results and recommendations from investigations are fully implemented to prevent any recurrence of such incidents.

#### **Accident Reporting**

Accident reports are covered by the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (RIDDOR). RIDDOR requires employers to:



1. Keep adequate records of accidents and injuries
2. Report fatal accidents immediately to the Health and Safety Executive (HSE)
3. Report major injuries immediately to the HSE or LA
4. Report dangerous occurrences immediately to the HSE or LA
5. Report specified diseases to the HSE or LA.

A report is required in the following circumstances.

1. A fatality (to an employee or a non-employee).
2. A major injury to an employee, including:
  - a) Skull, spine or pelvic fractures
  - b) Any other fracture other than to fingers, thumbs or toes
  - c) Any amputation
  - d) Dislocation of the shoulder, hip, knee or spine
  - e) Loss of sight (temporary or permanent)
  - f) Chemical burn to the eye or penetrating injury
  - g) Any injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
  - h) Any other injury leading to hypothermia, heat-induced illness or unconsciousness, requiring resuscitation, or requiring hospital admission for more than 24 hours
  - i) Loss of consciousness caused by asphyxia or exposure to a harmful substance or biological agent
  - j) Absorption of any substance by inhalation, ingestion or through the skin leading to acute illness requiring medical treatment or resulting in loss of consciousness
  - k) Acute illness requiring treatment where there is reason to believe this resulted from exposure to a biological agent or its toxins or infected materials
  - l) Any other injury which results in the person being admitted immediately into hospital for 24 hours or more.
3. An employee being unable to carry out normal work for three successive days. An over-three-day injury is one which is not major but results in the injured person being away from work or unable to do the full range of their normal duties for more than three days (including any days they wouldn't normally be expected to work such as weekends, rest days or holidays) not counting the day of the injury itself.
4. **Dangerous occurrences**, including:
  - a) Lifting machinery
  - b) Pressure systems
  - c) Electrical short circuit
  - d) Biological agents
  - e) Collapse of scaffolding, building or structure
  - f) Explosion or fire
  - g) Escape of flammable substances.

**Note:**

Under the Care Quality Commission (Registration Regulations 2009 there is also a requirement under Outcome 18, Regulation 16 and Outcome 20, regulation 18 to

notify CQC under certain circumstances of various incidents and occurrences Reportable dangerous occurrences are potentially dangerous incidents (eg the collapse of part of a building or scaffolding, accidental ignition of explosives and the release of large quantities of flammable liquid), which must be notified to the enforcing authority even if they do not, in fact, cause injury.

5. **Reportable diseases.** The list of reportable diseases is split into two parts; there are 72 listed under the following three categories:
  - a) conditions due to physical agents and the physical demands of work
  - b) infections due to biological agents
  - c) conditions due to substance.
6. **Notifiable diseases** which include cholera, food poisoning, smallpox, typhus, dysentery, measles, meningitis, mumps, rabies, rubella, tetanus, typhoid fever, viral haemorrhagic fever, hepatitis, whooping cough, leptospirosis, tuberculosis and yellow fever.

## **Procedures**

A written record should be kept of any accident, however minor, that occurs in the organisation. Three types of records should be made.

1. An Accident Book is provided in the organisation's main office to keep a record of all accidents which occur in the organisation, whether they are notifiable or not, whether they occur in a customer's home, in the street or in the office, and whether or not they happen to a member of staff, a contractor, a customer or a relative.
2. Accident/incident report forms are also available in the general office. One of these should be filled in by the person suffering from the accident or by a member of staff. Forms should be witnessed and counter-signed by the witness.
3. For reportable accidents listed above, HSE report forms F2508 are also available from the general office. These forms must be completed and sent to the relevant enforcing authority within 10 days of the incident or accident.

## **Note:**

Fatal accidents, major injury accidents/conditions and dangerous occurrences must be reported immediately by telephone to the enforcing authority by the head of the organisation or their nominated deputy and followed up by the appropriate form.

Telephone notification should always be followed up with submission of form F2508. Notification forms should be completed by the head of the organisation, their deputy or by a senior member of staff as soon as possible after the accident. Copies of the completed form should be kept.

The HSE Incident Contact Centre for reporting can be contacted by writing to Incident Contact Centre, Caerphilly Organisation Park, Caerphilly CF83 3GG, tel: 0845 300 9923 (0830–1700); fax: 0845 300 9924; e-mail: [riddor@natbrit.com](mailto:riddor@natbrit.com); website: [www.riddor.gov.uk](http://www.riddor.gov.uk).

There is a legal requirement that written records of reportable accidents and dangerous occurrences (i.e. those which must be reported to the appropriate enforcing authority) be kept for a minimum of three years.

It is the policy of the organisation that all records should include:

1. The date, time and place of incident that occurred
2. The name, address and job of the injured or ill person
3. Details of the injury/illness and what first aid was given

4. What happened to the person immediately afterwards (for example went to organisation, went back to work, went to hospital)
5. The name and signature of the first aider or person dealing with or witnessing the incident.

### **Training**

All employees of the organisation must be given adequate training and information on accidents at work and how to avoid them. Such training should focus on specific risk areas. All new staff should be encouraged to read the policy on health and safety and on accident reporting as part of their induction process. In addition, all staff will be appropriately trained to perform their duties safely and competently and those staff who need to use specialist equipment will be fully trained and supervised while they are developing their competency.

This policy will be reviewed by the registered manager

Signed:

Date:

Review Date:

## **ALCOHOL AND DRUGS POLICY**

Outcome 14 Regulation 23 (Supporting Workers)

Welcome Independent Living

### **Policy Statement**

The Law on drugs and alcohol at work

#### **Health and Safety at Work Act 1974:**

All employers have a general duty to ensure the health, safety and welfare of their employees. If an employer knowingly allowed an employee under the influence of alcohol or drugs to continue working and this placed the employee or others at risk, the employer could be liable to charges.

Employees are also required to take reasonable care of themselves and others who could be affected by what they do. They, too, could be liable to charge if their alcohol consumption or drug-taking put safety at risk.

### **The Misuse of Drugs Act 1971:**

Makes it an offence to possess, supply or offer to supply or produce controlled drugs without authorisation. It is also an offence for the occupier of premises to permit knowingly the production or supply of any controlled drugs or allow the smoking of cannabis or opium on those premises.

Under common law: It is an offence to 'aid and abet' the commission of an offence under the Misuse of Drugs Act.

Welcome Independent Living enforces a strict no alcohol or drugs on duty regime. Both alcohol consumption and illegal drug taking impair judgement, reaction time and the employee's ability to carry out their duties, placing themselves and the service user at considerable risk.

### **Aim of Policy**

If an employee is accused of illegal drug taking or alcohol consumption whilst on duty they will face an immediate suspension from their duties whilst an investigation is conducted. A full disciplinary process will be undertaken. If the accusation is proven to be true, then the employee concerned will be dismissed. If employees are ever asked to purchase alcohol by a Customer they can only do so where it is recorded as part of the Care Plan. Illegal drugs can never be purchased for a Customer and a disciplinary process will be undertaken.

The effects of alcohol or drugs can be numerous e.g.:

- Absenteeism, unauthorised absence, lateness, etc.
- Higher accident levels, including at work, driving, during tasks.
- Work performance, causes difficulty in concentrating, tasks taking more time, making mistakes, distraction.

If your performance or attendance at work is affected by alcohol or drug misuse outside of working hours, you may be subject to disciplinary action and dependent on circumstances this could lead to your dismissal. These circumstances will be dealt with via the disciplinary procedures. Where ever possible Welcome Independent Living will sign post employees with an identified alcohol or drug problem to the appropriate help and support to help individuals to recognise the dangers of alcohol, drug and other substance misuse and encourage them to seek help themselves.

### **Training**

The employee handbook clearly lays out that Welcome Independent Living enforces a strict no alcohol or drugs on duty regime.

Managers will be educated to recognise the signs of alcohol or drug consumption in staff and supported to act quickly in a situation of drug or alcohol abuse to protect and safeguard the Customer and others.

This policy will be reviewed by the registered Manager

Signed

Date

Date of review

## **ADVOCACY POLICY**

### **OUTCOME 1, REGULATION 17 (Respecting and Involving people who use services)**

Name: Welcome Independent Living

#### **Policy Statement**

We believe that customers should be enabled to express their views as clearly and candidly as they wish. Recognising that some customers may not be able to communicate easily, we encourage representatives to speak on their behalf where this is appropriate.

We believe that representation of this sort may be required:

- In the course of the pre admission needs assessment
- During any subsequent assessment of needs
- In the drawing-up or review of the customer plan of care
- In the process of assisting a customer to participate in the day-to-day delivery of their service
- In making risk assessments relating to a customer's activities
- When helping a customer to represent their views to an outside organisation
- When a customer wishes to express a concern or complaint
- In instances where a customer may have been subject to abuse
- When a customer wishes to submit their views on the organisation as part of our quality assurance programme
- In helping a customer to make an input to the drawing up or review of the our policies and procedures
- In situations where the customer must take important decisions, for example about having surgery, but might lack the mental capacity to take the necessary decision on their own.

The IMCA's task is to make representations about the person's wishes, feelings, beliefs and values, to bring to the attention of decision makers all relevant factors, and to challenge decisions if necessary. See also the organisation's policy on Working with Customers who Might Lack Mental Capacity.

We therefore make available information about advocacy, are prepared to deal with an advocate who is representing a customer in communication with the organisation, and aim to facilitate the use of advocates who are representing our customers to other organisations.

### **Aim of the Policy**

The aim of this policy is to help the customer through the use of advocacy to express their views both to the organisation and to other bodies and to feel that their views are understood and respected.

### **Defining Advocacy**

We accept the following definition of advocacy adopted by the organisation Action for Advocacy following consultation with a wide range of advocacy bodies in the social care field:

"Advocacy is taking action to help people say what they want, secure their rights, represent their interests and obtain service they need. Advocates and advocacy schemes work in partnership with the people they support and take their side. Advocacy promotes social inclusion, equality and social justice."

### **The Qualities of Advocacy**

We subscribe to the Advocacy Charter promoted by Action for Advocacy, which lists ten essential qualities:

- **Independence:** Advocates should be independent from statutory and other service providing agencies.
- **Empowerment:** People using advocacy should be able to participate in the running of the scheme.
- **Accountability:** Every advocacy scheme should monitor and evaluate its work effectively.
- **Support for advocates:** Advocates must be appropriately prepared, trained and supported.
- **Complaints:** Advocacy schemes must have policies for dealing with complaints.
- **Clarity of purpose:** Advocacy schemes must have clear objectives and must make these known.
- **Putting people first:** Advocates must be non-judgmental and respectful of customers' needs, views and experiences.
- **Equal opportunities:** Advocacy schemes must have and observe a written equal opportunities policy.
- **Accessibility:** Advocacy must be provided free of charge and in ways which make it widely accessible.
- **Confidentiality:** Advocacy schemes must have a policy on confidentiality, which includes the circumstances under which confidentiality might be breached.

## **Our Customers' Access to Advocacy**

We will seek to make advocacy available to any customer who needs help in presenting their views by:

- Publicising information on local advocacy schemes
- Involving advocates where appropriate in the preparation and review of individual care plans
- Using advocates to promote customer participation in the running of the organisation
- Helping customers to find and participate in advocacy schemes
- Seeking peer support for individual customers from people who share their disability, heritage or aspirations
- Promoting a culture which enables customers to call on advocates to express their concerns and provide feedback on the way the organisation is run
- Respecting the role of advocates in situations in which customers wish to complain about services
- Co-operating with any Independent Mental Capacity Advocate (IMCA) appointed to assist a customer under the *Mental Capacity Act 2005*.

## **Advocates Appointed under the Mental Capacity Act 2005**

Welcome Independent Living recognises the role under the *Mental Capacity Act 2005* of the Independent Mental Capacity Advocate (IMCA), who can be formally appointed to support someone who lacks capacity, for example, a customer with advanced dementia or a severe learning difficulty. The IMCA's task is to make representations about the person's wishes, feelings, beliefs and values, to bring to the attention of decision makers all relevant factors, and to challenge decisions if necessary. An example of a key decision would be if the carers of a customer decided he/she should move to a home without attempting to involve the person in the decision.

Welcome Independent Living will encourage the appointment of an IMCA where a customer, who has been assessed as lacking mental capacity, needs to take a key decision that affects or possibly compromises the service delivery that has been agreed with the organisation.

Welcome Independent Living then undertakes to co-operate with the advocate to arrive at a decision that clearly represents the customer's best interests. The organisation will at all times follow the principles and practices laid down by the *Mental Capacity Act 2005* as described in its code of practice.

## **Training**

All staff will be encouraged to read this policy and will be provided with training on the use of advocacy at all suitable stages of their employment with the organisation.

This policy will be reviewed by the registered manager

Signed:

Date

Review Date

## **APPRAISAL POLICY**

### **OUTCOME 14, REGULATION 23 (Supporting Workers)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living recognises appraisal to be a method by which a manager or supervisor can objectively and fairly measure or evaluate the performance of a particular staff member by holding a formal annual appraisal meeting which involves a review of past and current performance and the setting of objectives and goals for the following year. The organisation also recognises that such appraisal sessions are a good time to discuss the overall development and career aspirations of a member of staff and to put in place a training plan which seeks to support their work and help them to realise their potential.

Welcome Independent Living fully supports the above Outcome and Regulatory requirements contained within the Health and Social Care Act 2008(Regulated Activities) Regulations 2010 and the Care Quality Commission Guidance on Compliance.

#### **Appraisal Procedure**

In this organisation:

1. Every member of staff member will have a personnel file which will include an appraisal plan and a training record
2. Every member of staff will have an annual appraisal meeting with the registered manager or designated person.
3. During each appraisal session:
  - a. The previous appraisal and personal development plan should be reviewed (if available)
  - b. Performance over the previous year should be reviewed and measured against the previous year's objectives or goals
  - c. Objectives or goals for the following year should be agreed and any areas within which the member of staff is expected to or wishes to develop should be noted
  - d. Requirements for training or development should be discussed and agreed and a personal development plan created covering the year ahead
4. A written record of the appraisal should be made with a copy of the appraisal and personal development plan placed on the personnel file of each care or support worker and another copy held by the worker themselves
5. All managers should be mentored and supported in providing appraisal and performance review before they are asked to conduct an appraisal. They should also be familiar with the requirements specified under Outcome 14, Regulation 23 of the Care Quality Commission Essential Standards of Quality and Safety.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:



## **AUTONOMY AND INDEPENDENCE POLICY**

### **OUTCOME 1, REGULATION 17 (Respecting and Involving People who use Services)**

Name: Welcome Independent Living

#### **Policy Statement**

In May 2008, Ivan Lewis, the then Minister for Care, announced the introduction of seven Core Principles to Support Self Care with the objective of helping health and social care staff to support people who wish to remain independent. The Core Principles, which were developed by Skills for Care and Skills for Health, are as follows.

- Ensure that individuals are able to make informed choices to manage their own care needs.
- Communicate effectively to enable individuals to assess their needs, and develop and gain confidence in self care.
- Support and enable individuals to access appropriate information to manage their self care needs.
- Support and enable individuals to develop skills in self care.
- Support and enable individuals to use technology to support self care.
- Advise individuals how to access support networks and participate in the planning, development and evaluation of services.
- Support and enable risk management and risk taking to maximise independence and choice.

Welcome Independent Living seeks to ensure that these principles are appropriately reflected in their policies and practice in promoting autonomy and independence.

Whilst recognising that within a customerial setting, customers may not be as independent as within their own home setting, we nevertheless should encourage self care principles and staff need to be aware of their role in the promotion of self care within a customerial setting.

This document outlines the policy of Welcome Independent Living in relation to promoting its customers' autonomy and independence.

#### **Aim of the Policy**

Welcome Independent Living seeks positively to promote the autonomy and independence of our customers. We recognise that the capacity for independent action of our customers has often been undermined by illness, disability and failing mental capacity and that insensitive action by workers can reinforce dependence. We therefore strive to help customers make their own decisions and to support them in controlling their own lives. We aim always to balance the protection of customers from unnecessary risks with the promotion of independence and choice, in accordance with Department of Health guidance *Independence, Choice and Risk: a guide to best practice in supported decision making*.

#### **Care Needs Assessment**

We recognise that the tone of the relationship between Welcome Independent Living and a customer is often set by the initial contact and that the care needs assessment which must be undertaken before we start to provide a service can in itself be a process which endangers a potential customer's sense of being in control. We do everything we can to empower our customers from the very outset of our dealing with them.

#### **Information**

We recognise the important role which can be played by knowledge of what is going on in making people feel independent. We therefore provide good, thorough and up-to-date information about our service and other facilities at the beginning and throughout our contact with a customer. We would provide information in formats and languages which make it accessible to the individuals to whom it is addressed.

### **Choice**

We know that choice has become important for customers and we attempt to advance this principle throughout our operations. We ensure that every customer who receives our service has positively opted to use our organisation. We try to provide customers with the chance to exercise choice about the workers with whom they interact and will change the worker in instances when the customer requests it. We are particularly sensitive to matching workers and customers where issues of gender, culture or ethnicity play a role.

### **Care and Support Workers**

The workers providing care and support on a day-to-day basis aim to carry out their tasks in co-operation with customers not in ways which destroy the possibility for the customer to exercise their own discretion, initiative and control. We realise that this principle is particularly difficult to uphold where customers have disabilities or severe mental incapacities.

We value risks as playing an essential part in a fulfilling lifestyle. Workers support customers in taking reasonable risks, without obviously endangering their health or safety, and subject to a thorough risk assessment recorded in the Customer Plan.

We know how disempowering it can be for customers not to understand fully what is going on. Workers wherever possible communicate with customers in their first or preferred language.

### **Personal Finances**

Where requested, we provide support to customers in their own financial affairs, always respecting the privacy and confidentiality of documents to which we have access.

### **Personal Files**

We provide facilities for customers to see their personal files in accordance with the *Data Protection Act 1998* and inform them of the access to files which may be required by inspectors.

### **Limitations to a Customer's Chosen Lifestyle or Human Rights**

We try to respect the lifestyles customers have chosen for themselves but exceptionally may be obliged to intervene to prevent a customer from harming themselves or becoming a danger to someone else. On these rare occasions, our workers will act with respect for human rights, within our responsibilities in law and Welcome Independent Living Ltd's policy on restraint, and in the best interests of the customer and others closely involved.

### **Customers who lack Mental Capacity**

We continue to respect the rights of customers who have been assessed as lacking capacity to make certain decisions or who are thought to lack that capacity by considering their best interests at all times. We do this by ensuring that we implement fully the code of practice for the *Mental Capacity Act 2005*. In relation to maintaining customers' autonomy and independence, this entails involving them as fully as possible in every decision concerning their care and the services this organisation provides. (see also the policy on working with customers who might lack mental capacity)

### **Dealing with Customers' Relatives and Carers**

We try to relate to customers' relatives and carers where this is appropriate, treating them as partners in providing care. But we are concerned that these relationships should not undermine the autonomy of customers themselves, so we insist on having the customer's permission before dealing with anyone on their behalf or releasing confidential information to others. (See also the policy on relatives, friends and staff).

### **Advocacy**

We provide information when requested about the availability of independent advocates and self-advocacy schemes, and are quite willing if required to communicate with customers' advocates. (See advocacy policy).

### **Review of this Policy**

This policy will be reviewed by the registered manager

Signed:

Date

Review Date

## **BRIBERY POLICY**

### **OUTCOME 26, REGULATION 13 (Financial Position)**

Name: Welcome Independent Living

#### **Policy Statement**

The Bribery Act 2010 came into force on July 1<sup>st</sup> 2011. The Act is concerned only with Bribery within the context of commercial corporate governance. This organisation sets out below its understanding of the scope of the Act and its response in terms of management responsibilities and reporting duties.

#### **Aim of the Policy**

Through this policy Registered Managers, and the senior management team will be aware of their role in mitigating any corporate risk to the company by failing to adhere to the guidance below.

#### **Definitions of Bribery**

“Giving someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so.”

“A form of corruption, an act of implying money or gift given that alters the behaviour of the recipient.”

“The offering, giving, receiving or soliciting of any item of value to influence the action of an official or other person in charge of a public or legal duty”

The “bribe” is the gift bestowed to influence the recipients conduct. It may be any money, goods, property, preferment, privilege, emolument, object of value, advantage or merely a promise or undertaking to induce or influence the action, vote or influence of a person in an official or public capacity.

#### **Principles**

- 1 Proportionate Procedures
- 2 Top Level Commitment
- 3 Risk Assessment
- 4 Due Diligence
- 5 Communication (Including Training)
- 6 Monitoring and Review

## **1 Proportionate Procedures**

The actions that we take need to be proportionate to the size, scope and aligned to the commercial activity of the business. E.g. foreign contractual arrangements where it could be that bribery is known to be commonplace. Such foreign contracts would greatly increase the risk of the company to exposure of the Bribery Act.

## **2 Top Level Commitment**

This organisation is fully committed to a zero tolerance response to bribery in any form. The Board of Directors and the Senior Management Team including all Registered Managers have responsibility to ensure that a culture of integrity is fostered in order to make bribery unacceptable. A firm anti-bribery stance is expected from management including adherence to the formal statement on anti-bribery culture.

## **3 Risk Assessment**

Any anti-bribery risk assessment should take account of the following factors, categorised as:

### **External**

Country Risk

Sectoral Risk

Transaction Risk

Business Opportunity Risk

Business Partnership Risk

### **Internal**

Employee Training

Bonus Culture

Absence of Audit/ Financial Controls

Management/Leadership

## **4 Due Diligence**

This is a well established element within the corporate governance overview of the senior management team. It is particularly relevant where third party intermediaries are used e.g. where local law or convention dictates the use of local agents.

## **5 Communication (Including Training)**

Internal and external communication may vary in tone and context dependent upon the relationships and the bribery risks involved. Internal communications should convey the “tone from the top” regarding financial control, hospitality, promotional expenditure, charitable or political donations, penalties for breach of rules. An important aspect is the establishment of a secure confidential and accessible means for internal or external to raise concerns about bribery on the part of the associated parties. All staff need to be made aware of all of the above via training, and it should be incorporated into the whistleblowing policy.

## **6 Monitoring and Review**

The importance of a good monitoring and review system within the organisation is vital. These already exist, but the new Act may lead to changes of the reporting of such audits or reviews in order to comply with the new legislation.

### **The Future**

Senior managers will undertake a risk assessment and procedures including a formal statement will then be agreed and communicated to all staff. The legislation is new and complex; The Serious Fraud Office (SFO) will be responsible for any criminal investigations, and like all new legislation, the press reporting and interpretation of what the Act could mean has focussed on hospitality and dining. The SFO and the Ministry of Justice are still a bit woolly on this part of the Act.

The director of the SFO Richard Alderman gave a speech in April 2011 where he said:

“Let me start by talking about hospitality. I have to say that I found some of the coverage over the last few months about this issue to be difficult to understand. The notion that the SFO would be interested in the extra bottle of wine or the opportunity to watch a match at Twickenham seemed to me to be greatly exaggerated. It was significant though that these views were genuinely held. Clearly there was much misapprehension about the effect of the Act and what the SFO might do in implementing it. By and large I think this issue has now died down as a result of the sensible guidance that has been given.

Normal corporate hospitality is a part of business and is a part of building up relationships that are needed in order to make business work. This is not a problem. Buying meals and putting foreign public officials up for reasonable accommodation is not a problem. Nor is flying a group of foreign public officials across the world to see one of your sites so that they can get the best possible view of what you are doing and whether they should offer you a contract. Normal business. This is to be encouraged. Companies in my view are generally comfortable with this because after all they need to justify this in terms of shareholder funds. They know as well that the all expenses paid holiday at the company's private island for a foreign public official and their family with lots of expenses for one month is totally unacceptable. In my view, therefore, we seemed to have reached a balance.”

This sets the “proportionate” response in context. As a care sector provider there will be very little identified risks except perhaps in the contractual relationship between our local authority or NHS partners. Our Gifts and Legacies Policy should be robust enough but will be reviewed as part of our assessment of risk principle & actions.

Price Waterhouse Cooper have issued this guidance:

**Acceptable:**

- Calendars
- Mouse mats
- Drink mats
- Company logo branded low cost merchandise (umbrellas, sports bag, pens, stress balls etc.)
- Invite to modest Christmas party or lunch.
- Reasonable socialising such as UK sports events with the host present

**Be Careful:**

- Any alcohol above a bottle of wine
- Overseas sporting events and entertainment
- Expensive gifts such as gold fountain pen
- Portable eBook reader

**Not Acceptable**

- Lavish hamper
- Case of champagne
- Invitation to any sporting event where the host is not present
- Anything delivered to a home address
- Tablet computer

This policy will be reviewed and amended and procedures completed after the senior management team has agreed and implemented any actions arising from their recommendations.

This policy will be reviewed and updated by the Managing Director.

Signed:

Date:

Review Date:

## **BUSINESS CONTINGENCY/EMERGENCY PLANNING POLICY**

### **OUTCOME 4, REGULATION 9 (Care and Welfare of People who use Services)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living. is aware of its responsibilities in respect of delivery of its commissioned services. This policy sets out the contingency arrangements which can be put into play when an unplanned event which is critical or of an emergency nature or “force majeure” situation arises.

#### **Aim of the Policy**

This policy aims to enable service delivery to take place even in unplanned situations. Working with multi-agency partners, Welcome Independent Living. would seek to ensure the following measures were in place to minimise any disruption to planned services and to co-operate in any way possible to assist in any “force majeure” situation which may arise.

#### **Procedures**

The following sets out how we at Welcome Independent Living would seek to minimise the impact of unplanned situations.

#### **Utilities Failure**

From time to time, utilities failure may occur in the establishment. Welcome Independent Living would be able to access alternative supplies of mobile equipment and water to enable the customer to be cared for in terms of personal care, warmth and nutritional needs.

Welcome Independent Living would keep in contact with the families of the customers, the utility agency (to keep up to date with developments and, where a large section of the community was affected, the relevant statutory agencies e.g. police, social services etc. and the emergency civil planning department of the council where necessary.

A statutory notification must be sent to CQC if the situation was likely to last more than 24 hours.

#### **Adverse Weather/Winter Planning**

In situations such as these it would mean the rescheduling of shifts as staff may not be able to get into work or get home at the end of shifts. Local staff would be used to cover shifts where possible and facilities made available if staff could not get home due to adverse weather conditions. All our staff live and work in the locality that they provide homecare. Every customer has a WIL staff member within walking distance and we have 4 wheel drive vehicles where access is difficult. All customers and families would be given information and advice as the situation develops. [A statutory notification must be sent to CQC if the adverse weather was likely to last more than 24 hours.

#### **“Force Majeure” Situations**

Where a “force majeure” was in place, e.g. major flooding, fuel shortages, road closures, winter conditions etc we would take advice and co-operate in any way possible with the Civil Emergency Team and the statutory agencies involved.

This could include:

- Emergency Centres being Utilised



- Evacuation Procedures
- Staff secondment to assist
- Assisting other providers.

We are aware of winter plans from our local authority and the NHS, and would seek appropriate advice immediately in order to manage the situation effectively.

A statutory notification must be sent to CQC if the imminent threat was likely to last more than 24 hours

### **Physical damage**

If physical damage occurred at the establishment office this would have minimal effect on the care provided to the customers, If the damage was large enough to affect the overall running of the office we have alternative offices in Sowerby Bridge and the Town Hall in Hebden Bridge.

Welcome Independent Living would involve and update the customers regularly, work in close liaison with the local authority, customer's families and any other appropriate service to facilitate care.

### **Training**

Managers will be kept up to date with relevant local plans, as appropriate, at least annually, in order to respond in an effective and efficient manner. This policy will be reviewed by the Registered Manager.

## **CARE NEEDS ASSESSMENT PROCEDURES**

### **OUTCOME 2, REGULATION 18 (Consent to Care and Treatment)**

Name: Welcome Independent Living

### **Policy Statement**

This document forms the foundation of Welcome Independent Living Ltd's ability to deliver a quality service to its customers. The care needs assessment or Pre Service Assessment process is intrinsically linked to a Department of Health Document called Fair Access to Care Guidance. This guidance sets out to Local Authorities and care providers the four bandings which Local Authorities use to define their eligibility criteria. The four bandings are Critical, Substantial, Moderate or Low needs. The care needs assessment must identify the level of need within those bandings. This is crucial because most Local Authorities commission care only when the need is of a Substantial or Critical level. Moderate or Low needs are now expected to be funded solely by the customer or volunteer charities.

### **Aim of the Policy**

This document summarises the procedures within Welcome Independent Living for carrying out a care needs assessment for a potential customer who approaches the organisation

direct. It also outlines the procedure for recording the equivalent details for customers who are referred through a social services department. Customers in this situation will have had a needs assessment undertaken by their care manager and Welcome Independent Living will have been provided with a summary of that assessment.

## **Principles of Care Needs Assessment**

### **Pre Service Assessment**

Needs assessments are only carried out by competent members of staff, who have been appropriately trained and who are specifically authorised for this task. Throughout the care needs assessment process the staff member carrying out the assessment should communicate with and actively involve the prospective customer and their representative. It is particularly important to find out the customer's wishes and feelings and to take them into account, to provide the customer with full information and suitable choices, and to enable and encourage customers to make decisions about their own care. We will comply with any special local arrangements for self-assessment by customers.

### **Sources of Information**

The general expectation is that customers themselves will be able to give us the necessary information. If this is not possible, the customer's carer, relative or representative is the most likely source; in this case, if at all possible, the customer should be present when the information is being gathered and recorded as an indication that they agree that we should have access to the information and that they feel the information we are given to be true. The staff member carrying out the assessment needs to interview the customer (and carer) in the setting in which the service will be delivered or pre admission. A specific appointment should be offered with a named staff member. The staff member should aim to create a warm and relaxed atmosphere for the interview, should give the prospective customer the opportunity to demonstrate his or her abilities as well as discussing his or her needs. They should use the time to observe the customer. A premises check should be completed for customerial or nursing, taking into account any furnishings intended to be brought by the customer.

### **Information Gathering**

A full and comprehensive Care Needs Assessment or pre admission form should be completed with the customer, their relatives or representatives involved where requested. Staff need to ensure that consent is able to be given and where there are capacity issues, advice should be sought.

### **Physical and Mental Health and Abilities**

We record information about the customer's health and abilities. It is the task of the staff member carrying out the needs assessment to decide which items are relevant for the service that Welcome Independent Living is being asked to provide. The form lists a range of possible items for consideration. Although we need as full a picture as possible of the needs of the customer, we do not wish to intrude on the customer's privacy more than is necessary, so staff members must use their judgement as to which items on the form have to be completed. Care should be taken not to place too great a stress on disabilities. If there are health issues on which further medical or nursing details are required, the staff member should ask the customer or carer to obtain and pass to us the necessary reports. Any written documentation about the customer's care needs should be appended to the form.

### **Services Requested**

This information is recorded on the form, detailing the services that Welcome Independent Living is being requested to supply. At this point a manager must take the formal decision that we are in a position to provide the requested services, given the details of the care needs assessment or pre admission form.

## **Referrals from Social Services Departments**

In cases where a potential customer is referred by a social services department, the manager must obtain a summary of the needs assessment which the department has undertaken. A care needs assessment form will be completed using some of the details provided by the social services departments own care plan or care diary. The summary of the social services needs assessment should be filed with the organisation's own form. We will comply with any special local arrangements for self-assessment by customers.

## **Emergency Service Provision**

If Welcome Independent Living has been requested to provide services at short notice or in a crisis, there may not be an opportunity to carry out a full assessment before starting to provide a service. A telephone discussion to ascertain as much information as is possible before the commencement of the service will be recorded and used as the care needs assessment for the first 72 hours of any immediate response on emergency service provision. Welcome Independent Living has a form specifically to record the needs of an immediate response situation. When emergency services are provided, the manager must complete the basic information on page one of the form and allocate the case to a worker who is competent to undertake an initial contact assessment. In these circumstances only experienced managers of the service will make the decision to respond. Within three working days, the manager will arrange for a full assessment to be carried out and the form to be completed with all relevant details for providing services over a longer term. Where the immediate response is of a short term basis only, the immediate response form will be used in conjunction with any other details supplied by social services or health to assist in the service delivery. If the service is provided at the request of a social services department, the manager must ensure that the department completes an assessment within two working days and passes the information to us as described above.

## **Care Plan**

After completion of the assessment of need a detailed care plan is completed and circulated to all staff.

## **Changes in a Customer's Care Needs**

It is the responsibility of any worker providing service to report to their manager any significant changes in a customer's needs and circumstances. The manager is responsible for considering whether any change in the service is required as a result of the change in the customer's needs. If so, the manager should initiate a discussion with the customer, or the customer's carer or representative if appropriate and, if necessary, with the relevant social services department.

## **Reviews of Care Needs**

A minimum standard of an annual review is the mechanism for Welcome Independent Living to ensure that the needs of the customer are relevant, however the Fair Access to Care Bandings of Critical, Substantial, Moderate and Low are good indicators of very complex care packages and Welcome Independent Living will review quarterly any customer which is in the critical banding. We will however retain the flexibility to initiate a review whenever we feel it is in the customer's best interests. Whether or not any specific changes to a customer's needs and circumstances have been reported, the manager should review the appropriateness of the service provided. Throughout the whole assessment process great importance should be attached to the customer's own views of their needs and wishes, and customers should be given every encouragement to express themselves. In the local authority areas where systems of self-assessment are in place, managers should seek advice from their social services department about the precise implications for their procedures. At the initial assessment of needs visit a discussion will take place regarding the frequency of reviews. Where social services are involved with the customer they retain responsibility for the setting up of reviews, however it should be noted that Welcome

Independent Living reserves the right to initiate a review where there are concerns regarding the care or services provided.

This policy will be reviewed by the registered manager

Signed:

Date

Review Date

## **CODE OF CONDUCT FOR WORKERS**

### **Regulation 14 Outcome 23 (Supporting Workers)**

#### **Welcome Independent Living Ltd**

#### **Policy Statement**

Welcome Independent Living believes that all Customers have a right to:

- Privacy.
- Dignity.
- Freedom of choice.
- Control over what happens in their own home.
- Independence.
- Fulfilment.
- Integrity.

All Workers must treat Customers in such a way that respects these rights. This Code of Conduct sets down the expected standards of behaviour in general and in particular to ensure that Workers work with Customers in such a way as to maintain these rights.

All staff will be issued with a copy of the General Social Care Councils Code of Practice for Social Care for Employers and Workers (now issued by Skills for Care) and the Skills for Care Code of Conduct

These should be used as a cross referencing guide for this policy

#### **Aim of policy**

#### **Behaviour**

Workers will not drink alcohol whilst on duty, nor be under the influence of alcohol when reporting for duty.

Workers will not bring any other person, for whom they are responsible for into the Establishment when they are on duty without written authorisation from the manager or their representative.

#### **Identity Cards**

Workers will wear their identity card at all times

#### **Dress and Infection Control**

Workers will ensure that their personal hygiene is satisfactory, before coming on duty.

Workers will be smart in appearance and dress appropriately for the tasks they are to carry out.

Disposable latex gloves and disposable aprons will be used for all personal care work.

Hair will be tied back if longer than shoulder length.

#### **Confidentiality**

In all dealings with the Customer and Welcome Independent Living the staff member must observe the organisations Confidentiality Policy.

### **Equal opportunities**

All Workers will be treated equally and fairly, regardless of their race, nationality, ethnic or natural origin, religion, marital status, sexuality or disability. Welcome Independent Living requires all Workers to treat all Customers in the same way.

### **Time Keeping**

Workers will begin and end their shift at the allocated times on the staff rota. - Failure to do so could lead to subsequent disciplinary action.

### **Gifts and Gratitude's**

Workers must not accept gifts, tips or gratuities from Customers without prior written approval from Welcome Independent Living

### **Wills**

A Worker will decline to be a signatory to, or beneficiary or executor of a Customers Will.

### **Purchases and Sales**

Workers or their friends, relatives or acquaintances will not, under any circumstances, purchase any item of whatever size or value, from a Customer, including catalogue shopping and similar means of purchase.

Workers or their friends, relatives or acquaintances will not, under any circumstances, offer to sell any item of whatever size or value, to a Customer, including items from catalogues or similar.

When shopping for Customers, Workers will not claim these purchases on their own bonus or loyalty cards.

Workers or their friends, relatives or acquaintances will not borrow any money or goods from or lend money or goods to a customer.

### **Medication**

Workers will not, under any circumstance, purchase, collect or assist in giving any proprietary or prescribed medication, except in accordance with Welcome Independent Living Medication Policy.

### **Appointee and Financial matters**

Workers will not, act as appointees, or in any other official capacity, for, or on behalf of, the Customer without prior written approval from Welcome Independent Living

Workers will not undertake any financial transactions for, or on behalf of, a Customer except those set down in the Customers Care or Support Plan

### **Personal relationships**

Workers will at all times maintain a proper, professional relationship with the Customer, avoiding emotional and physical familiarity.

Workers, who find they are becoming personally involved with a Customer, must notify the office manager immediately so that appropriate action can be taken after discussion with the Customer, their representatives and the Worker.

### **Behaviour when on duty**

Workers must be mindful not to breach confidentiality or professional boundaries when not at work.

Work issues must not be discussed or disclosed to any third party whilst off duty

Workers must be mindful not to talk about the Customer or colleagues whilst socialising especially in public places where their conversation may be overheard

Ensure that all paperwork relating to their work is stored safely and out of sight even at home

Report any breaches of this policy immediately

### **Training**

All workers will receive an induction into the service which includes an employee handbook and appropriate policies and procedures identifying the above. These areas will also be covered in Staff Supervision sessions as required.

This policy should be read in conjunction with the Monitoring and Accountability Policy

This policy will be reviewed by the Registered Manager

Signature

Date

Review Date

## **COMPLAINTS POLICY OUTCOME 17, REGULATION 19 (Complaints)**

Name: Welcome Independent Living

## **Policy Statement**

Welcome Independent Living Ltd's policy is intended to comply with the above Outcome and Regulation contained within the Care Quality Commission Essential Standards of Quality and Safety Guidance.

Welcome Independent Living accepts the rights of customers to make complaints and to register comments and concerns about the services received (please see separate Comments and Compliments policy). It further accepts that they should find it easy to do so. It welcomes complaints and looks upon them as opportunities to learn, adapt, improve and provide better services.

This policy is intended to ensure that complaints are dealt with properly and that all complaints or comments by customers and their relatives, carers and advocates are taken seriously.

The policy is not designed to apportion blame, to consider the possibility of negligence or to provide compensation. It is not part of the organisation's disciplinary policy.

This care organisation believes that failure to listen to or acknowledge complaints leads to an aggravation of problems, customer dissatisfaction and possible litigation. The organisation supports the idea that most complaints, if dealt with early, openly and honestly, can be sorted at a local level between just the complainant and the organisation.

This care organisation acts on the basis that, wherever possible, complaints are best dealt with on a local level between the complainant and the organisation's management.

## **Aim of the Complaints Procedure**

This care organisation aims to ensure that its complaints procedure is properly and effectively implemented and that customers feel confident that their complaints and worries are listened to and acted upon promptly and fairly.

Specifically it aims to ensure that:

1. Customers, carers, users and their representatives are aware of how to complain and that the organisation provides easy to use opportunities for them to register their complaints
2. A named person will be responsible for the administration of the procedure
3. Every written complaint is acknowledged within 5 working days
4. All complaints are investigated within 14 days of being made
5. All complaints are responded to in writing within 28 days of being made
6. Complaints are dealt with promptly, fairly and sensitively, with due regard to the upset and worry that they can cause to both customers and staff.

## **Responsibilities**

The Registered Manager is responsible for following through complaints for the company. However there may be a specific post with responsibility for complaints. Communication between this post and the Registered Manager should be clear and transparent in order that the Registered Manager can demonstrate and evidence compliance.

## **Complaints Procedure**

### **Verbal complaints**



1. The organisation accepts that all verbal complaints, no matter how seemingly unimportant, must be taken seriously.
2. Front-line care staff who receive a verbal complaint are expected to seek to solve the problem immediately.
3. If they cannot solve the problem immediately, they should offer to get their line manager to deal with the problem.
4. Staff are expected to remain polite, courteous, sympathetic and professional to the complainant. They are taught that there is nothing to be gained by adopting a defensive or aggressive attitude.
5. At all times in responding to the complaint, staff are encouraged to remain calm and respectful.
6. Staff should not accept blame, make excuses or blame other staff.
7. If the complaint is being made on behalf of the customer by an advocate, it must first be verified that the person has permission to speak for the customer, especially if confidential information is involved. (It is very easy to assume that the advocate has the right or power to act for the customer when they may not). If in doubt it should be assumed that the customer's explicit permission is needed prior to discussing the complaint with the advocate.
8. After talking the problem through, the manager or member of staff dealing with the complaint will suggest a course of action to resolve the complaint. If this course of action is acceptable then the member of staff should clarify the agreement with the complainant and agree a way in which the results of the complaint will be communicated to the complainant (i.e. through another meeting or by letter).
9. If the suggested plan of action is not acceptable to the complainant, then the member of staff or manager will ask the complainant to put their complaint in writing to the registered manager. The complainant should be given a copy of the organisation's complaints procedure if they do not already have one.
10. Details of all verbal and written complaints must be recorded in the Complaints Book, the customer's file and in the home records.

### **Serious or written complaints**

1. Preliminary steps:
  - a. When we receive a written complaint it is passed to the named complaints manager who records it in the Complaint Book and sends an acknowledgment letter within 5 working days to the complainant
  - b. The manager also includes a leaflet detailing the organisation's procedure for the complainant. (The complaints manager is the named person who deals with the complaint through the process)
  - c. If necessary, further details are obtained from the complainant; if the complaint is not made by the customer but on the customer's behalf, then consent of the customer, preferably in writing, must be obtained from the complainant

- d. If the complaint raises potentially serious matters, advice could be sought from a legal advisor. If legal action is taken at this stage, any investigation by the organisation under the complaints procedure immediately ceases
2. Investigation of the complaint by the organisation:
  - a. Immediately on receipt of the complaint, the complaints manager will start an investigation and within 14 days should be in a position to provide a full explanation to the complainant, either in writing or by arranging a meeting with the individuals concerned
  - b. If the issues are too complex to complete the investigation within 28 days, the complainant will be informed of any delays.
  - c. Where the complaint cannot be resolved between the parties, an arbitration service will be used. This service and its findings will be final to both parties. The cost of this will be borne by the organisation.
3. Meeting:
  - a. If a meeting is arranged, the complainant will be advised that they may if they wish bring a friend or relative or a representative such as an advocate
  - b. At the meeting a detailed explanation of the results of the investigation will be given and also an apology if it is deemed appropriate (apologising for what has happened need not be an admission of liability)
  - c. Such a meeting gives the organisation management the opportunity to show the complainant that the matter has been taken seriously and has been thoroughly investigated.
4. Follow-up action:
  - a. After the meeting, or if the complainant does not want a meeting, a written account of the investigation will be sent to the complainant. This includes details of how to approach the Care Quality Commission if the complainant is not satisfied with the outcome
  - b. The outcomes of the investigation and the meeting are recorded in the Complaint Book and any shortcomings in organisation procedures will be identified and acted upon
  - c. The organisation management formally reviews all complaints at least every six months as part of its quality monitoring and improvement procedures to identify the lessons learned.

### **Vexatious Complainers**

This organisation takes seriously any comments or complaints regarding its service. However, there are customers and staff who can be treated as vexatious complainers due to the inability of the organisation to meet the outcomes of the complaints, which are never resolved. Vexatious complainers need to be dealt with by the arbitration service in order that the time factor required to investigate time and time again becomes less of a burden on the organisation, its staff and other customers.

### **Local Government Ombudsman**

Since October 2010 the Local Government Ombudsman can consider complaints from people who arrange or fund their adult social care. This is in addition to complaints about

care arranged and funded by local authorities, which the LGO has dealt with for more than 35 years.

The LGO's new role includes those who "self-fund" from their own resources or have a personalised budget. It will ensure that everyone has access to the same independent Ombudsman service regardless of how the care service is funded. In most cases they will only consider a complaint once the care provider has been given reasonable opportunity to deal with the situation. It is a free service. Their job is to investigate complaints in a fair and independent way. They do not take sides and they do not champion complaints.

They are independent of politicians, local authorities, government department, advocacy and campaigning groups, the care industry, and the Care Quality Commission. They are not a regulator and do not inspect care providers.

The short film linked below provides an overview of the new adult social care service. It explains our new role and how the service will benefit both customers and care providers. You can also download a free copy of the film and a copy of the manuscript.

<http://www.lgo.org.uk/adult-social-care/>

They are fully independent of the Care Quality Commission (CQC). They deal with individual injustices that people have suffered and CQC will refer all such complaints to them. CQC deals with complaints about registered services as a whole and does not consider individual matters. They can share information with CQC but only when they feel it is appropriate. CQC will redirect individual complaints to them, and they will inform CQC about outcomes that point at regulatory failures.

### **Local Authority funded Service Users.**

Any customer part or wholly funded by their Local Authority can complain directly to the Complaints Manager (Adults) who are employed directly via the local authority

The Local Government Ombudsman  
10th Floor,  
Millbank Tower,  
Millbank,  
London  
SW1P 4QP  
Advice Line Tel: 0300 061 0614

\*Out of Hours Service (Social Services)  
**01422 393000**

\*This service is available when social services offices are closed

**To Raise Concerns Contact:**

The Care Quality Commission  
Citygate  
Gallowgate  
Newcastle Upon Tyne  
NE1 4PA  
Tel. 03000 616161

They will take details of concerns and respond appropriately and proportionately to the information divulged.

### **Training**

The registered manager is responsible for organising and co-ordinating training on the complaints procedure.

All staff receive training in dealing with and responding to verbal and written complaints. The complaints policy and procedures are included in new staff members' induction training. In order to learn from mistakes, staff group meetings and supervisions are used to discuss formal complaint issues, in order that all staff can share and learn from the experiences.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **COMPLIANCE PLAN AND POLICY – internal staff**

### **OUTCOME 16 REGULATION 10 (Assessing and Monitoring the Quality of Service Provision)**

Name Welcome Independent Living

#### **Policy Statement.**

Welcome Independent Living is aware of the governance and compliance standards that are required by the company in order to gain, maintain and improve the required regulatory conformance. The company is very aware of the importance of its staff and their contribution in terms of their own conduct regardless of their role. In order to meet the regulatory requirements and the compliance framework staff need to have an understanding of the context of compliance, its legislative and regulatory framework and their role and contribution to that framework

#### **Policy Aim**

This policy sets out for all staff, the procedures that are in place to ensure compliance with all required legislation, regulations and good practice. This policy needs to be read in conjunction with other relevant policies such as Recruitment and Selection, Monitoring and Accountability, DBS, Health and Safety, Data Protection, Corporate Governance and Quality Assurance. ]

Who regulates Adult Health and Social Care?

For all staff at all levels within the company it is important to be able to understand the regulations that we all work to on a day to day basis and that those regulations underpin our daily good practice. It is our daily practice and interaction with service users which evidences our compliance with such regulations. Government legislates and the regulatory framework is set within that legislation.

Set out below is a list of the main relevant regulators. The list is not exhaustive but serves to encompass the complex and varied types of regulation currently in force.

Please Note:

Local Authority or NHS contracts which are in place for service users each have a Service Specification which should be viewed as a regulatory framework for the business to meet and be monitored as to performance in meeting those contractual obligations.

1. Health and Safety Executive (HSE).

National regulator for health and safety in the workplace. Works in partnership with co-regulators in local authorities to inspect, investigate and when necessary takes enforcement action. [www.hse.gov.uk](http://www.hse.gov.uk).

2. Care Quality Commission (England).

National regulator of health and social care. Includes care provided by the NHS, local authorities, independent providers and voluntary or charitable organisations in

registered settings. They register and license care services and inspect and take enforcement action where necessary. [www.cqc.org.uk](http://www.cqc.org.uk)

### 3. Monitor

National regulator for the health sector. Protects and promotes the interests of people who use health services. Licenses providers of health, regulates prices, enables integrated care and supports service continuity. [www.monitor-nhsft.gov.uk](http://www.monitor-nhsft.gov.uk)

The Medicines and Health Care Product Regulatory Agency (MHRA).

This is a government agency that is responsible for ensuring that medicines and medical devices work and are acceptably safe. It is an executive agency in the Department of Health. It regulates medicines, medical devices and equipment within the NHS or used in healthcare settings. It looks after blood and blood products. It issues Medical Devices alerts.

### 4. Quality Monitoring and Audits.

In order that an ethos of continuous improvement is embedded in our compliance plan monitoring and auditing take place regularly. We monitor performance and audit conformance. Both monitoring and auditing are set within the compliance regulatory framework and provide evidence to inspectors and other regulators or quality assessors e.g. ISO9001 of our ability to meet compliance.

### 5. Professional Bodies

These are the regulatory bodies who aim to ensure that proper standards are maintained by health and social care professionals in their day to day work and act when they are not. In order to practice in the UK professionals are required to register with the relevant body. All bodies fulfil similar functions for different professions across the UK.

Welcome Independent Living has in place robust recruitment and selection policies and procedures which complies with Regulation 21 of the Health and Social Care Act 2008 and as part of this we ensure that where appropriate to the post, a check of the registers takes place and that all staff are up to date with the requirements of such registers. For example the Nursing and Midwifery Council for the registration of nurses. The recruitment of non-care staff also follow the required robust procedures.

Welcome Independent Living also recognises its responsibility under compliance to inform the regulator where the person running the provision or a health and social care worker is no longer fit for work for the purpose of carrying out or working in a regulated activity. This includes where necessary reporting to the DBS referral.

### 6. Codes of Practice and Codes of Conduct [www.mhra.gov.uk](http://www.mhra.gov.uk)

The Code of Practice (issued by the General Social Care Council) but now accessible through Skills for Care along with the Code of Conduct issued by Skills for Health and Skills for Care are Codes for Health and Social Care workers. Welcome Independent Living promotes these codes of practice and conduct at recruitment and throughout the career of the staff member. [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

Currently the Cavendish review of Health and Social Care training has reported to parliament. At the present time there is no decision yet taken with regard to the implementation or timescale of the contents of the review. However discussion is taking place and it is acknowledged that there will be changes in the requirements of the training of Health and Social Care workers. The current induction programme is therefore still in place and we meet this requirement.

Non-Care staff induction and development plans are in place.

#### Training

All staff are made aware of this policy during induction and are updated if the policy is reviewed and amended. Any regulatory framework training changes are implemented with immediate effect. All staff are given the relevant Codes of Conduct as they are issued.

This policy will be reviewed by the Registered Manager

Date

Date of Review

## **COMPLIMENTS (LISTENING AND LEARNING) POLICY OUTCOME 16, REGULATION 10 (QUALITY)**

Name: Welcome Independent Living

### **Policy Statement**

We want to make it as easy as possible for you to let us know your views and thoughts. Through listening and learning we will improve the quality of the services we provide and encourage good practice by our staff.

### **Aim of the Policy**

We want to make sure that everyone can contact and communicate with us. Please let us know if you would like help in making your views known.

### **Please Let us Know if:**

- You have a suggestion on how we might improve services
- You would like to compliment us on a job well done
- We have fallen short of your expectations

### **Comments**

We always encourage open communication about your satisfaction or dissatisfaction with the service we provide. We want you to know that you can always tell us about your experiences of the service you receive and we welcome suggestions from you on how we can improve things.

It is always encouraging when you feel motivated enough to compliment us or a member of staff for something you feel they have done well, “over and above the call of duty” etc. Naturally, we want to ensure others know you have passed on a compliment because they too feel encouraged and this filters down to the standard of care we provide.

We are happy to receive any compliment in whatever manner you see fit. If it is possible that you can let the Registered Manager know of your compliment this helps us ensure that others may be encouraged to let us know. It is important that staff have positive feedback which helps to balance any negative views of their performance. Everyone needs to know how well they do, as well as areas where improvements are required.

Of course, if you are pleased, a letter to the Regional Director of our Inspectorate is very welcome. The details for such a letter are:

The Care Quality Commission

Citygate, Gallowgate

Newcastle upon Tyne NE1 4PA

Telephone: 03000 616161

Fax: 03000 616171



Good news is always encouraging, if you could send us a copy of that letter, we can use it to encourage others too by passing the information on.

You will receive a written response within 14 working days.

Wherever possible we would hope that you can come and tell us when you are unhappy about something, or have a suggestion for an improvement to the service we provide, it may only seem like a “small thing” but if it matters to you then it matters to us, and we would like to do all we can to make you feel as comfortable as possible.

All comments are taken seriously so that we can resolve any niggles. Where you feel this has not happened, we encourage you to utilise our separate complaints procedure.

Signed:

Date:

Review Date:

## **CONFIDENTIALITY POLICY**

### **OUTCOME 21, REGULATION 20 (Records)**

Name: Welcome Independent Living

#### **Purpose of this Document**

This document has to be read in conjunction with the procedures on confidentiality, the policy outlined below adheres fully to the principles within the Data Protection Act 1998, the Freedom of Information Act 2000 and the Social Care Record Guarantee Guidance from the National Information Governance Board 2009 [www.nigb.nhs.uk/social](http://www.nigb.nhs.uk/social). All data held, stored or handled by Welcome Independent Living complies with the current legislation and guidance.

This document outlines the policy of Welcome Independent Living in relation to the handling of confidential information we need to hold about customers.

#### **Principles**

1. The work of Welcome Independent Living inevitably involves the need to know a good deal about our services users. We cannot provide good care without access to that information.
2. Much of this information is highly personal and sensitive. We recognise that our customers have a right to privacy and dignity, and that this extends to our handling information about them in ways which cause as little as possible intrusion on those rights.
3. We want our customers to feel at ease with the staff who help to care for them. An important element in that relationship is the capacity of a customer to be able to share information with staff, confident that it will be used with appropriate respect and only in relation to the care provided.
4. As providing care is a complex process, it is not possible to guarantee to a customer that information they give about themselves will be handled only by the staff to whom it was first passed but we can ensure that information is seen only by staff on the basis of their need to know.
5. We sometimes have to share information with colleagues in other agencies but we only do so on the basis of their need to know and as far as possible only with the permission of the person concerned.
6. We will only break the rule of confidentiality in very extreme circumstances which justify our taking that action for the greater good of a customer or, exceptionally, others.

#### **Our Legal Obligations**

##### **Data Protection Act 1998**

The *Data Protection Act 1998* lays various obligations on Welcome Independent Living and similar organisations concerning the handling of the information we hold on individuals. Information must, for example, be obtained fairly and lawfully, be held for specified purposes, be adequate, relevant and not excessive for the purpose for which it was gathered, be accurate and up to date, and not be held for longer than is necessary. We observe all of these requirements.

#### **Please Note**

Guidance on confidentiality and how it can be maintained in respect of customer information has now a wealth of information which assists within this activity. Reference should be made to the following:

- National Information Governance Board
- DoH 2003 Confidentiality NHS Code of Practice
- National Institute for Health and Clinical Excellence
- Information Commissioner Codes of Practice
- Local Authority Confidentiality Agreements\*

\* These are usually found within the Local Authority Contract or Service Specification Documents issued to you as a provider of services. These will often have a set of procedures which are in addition to any other guidance.

### **Information and Care Needs Assessment**

Every user of the services of Welcome Independent Living must have their care needs thoroughly assessed before services are provided. This necessarily involves the staff who carry out an assessment or handle assessment material sent to us from other agencies in learning a considerable amount about an individual. It is the duty of such staff to retain, record and pass to the allocated care workers only the information which is relevant to the person's future care. A similar obligation applies to staff involved in a review or reassessment of care needs or in making any changes in the service provided.

### **Handling of Information by Care Workers**

The care workers assisting a customer have access both to the information passed to them when they start to work with that customer and to knowledge which accumulates in the course of providing care. They have a duty of confidentiality:

1. To treat all personal information with respect and in the best interests of the customer to whom it relates
2. To share with their manager, when appropriate, information given to them in confidence
3. To share confidential information when appropriate with colleagues with whom they are sharing the task of providing care
4. To pass and receive confidential information to and from colleagues on occasions when they have to be replaced because of sickness, holidays or other reasons, in a responsible and respectful manner
5. Only to pass confidential information to other social and healthcare agencies with the agreement of the customer, with the permission of their manager, or in emergencies when it is clear that it is in the interests of the customer or is urgently required for the protection of the customer or another person
6. To refer to confidential information in training or group supervision sessions with respect and caution and preferably in ways which conceal the identity of the customer to which it relates
7. Never to gossip about a customer or to pass information to any other individual other than for professional reasons.

### **Managerial and Administrative Responsibilities**

Confidential information must occasionally be seen by staff other than the care workers providing direct care. It is therefore the responsibility of managers to ensure that information is stored and handled in ways that limit access to those who have a need to know, and to provide the following arrangements in particular.

1. To provide lockable filing cabinets to hold customers' records and ensure that records are kept secure at all times.
2. To arrange for information held on computers to be accessed only by appropriate personnel.
3. To locate office machinery and provide appropriate shielding so that screens displaying personal data are hidden from general view.

### **Exceptional Breaches of Confidentiality**

There are rare occasions on which it is necessary for a staff member acting in good faith to breach confidentiality in an emergency situation — for example, to protect the customer or another person from grave danger — without obtaining the permission of the person to whom it applies. In such a situation, the staff member should use their best judgement, should consult the customer's representative, a manager or a colleague if possible, and should inform their manager of what has happened as soon afterwards as possible.

### **Staff Briefing, Training and Discipline**

It is a responsibility of management to ensure that all relevant staff are briefed on Welcome Independent Living Ltd's policy and procedures on confidentiality, are trained in the implications of this issue, and have opportunities to explore any problems they encounter and be supported through appropriate supervision. Inappropriate breach of the rules of confidentiality will be treated as a disciplinary matter.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **CONSENT POLICY**

### **OUTCOME 2 REGULATION 18 (Consent to Care and treatment)**

Name Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living needs to ensure that suitable arrangements are in place for obtaining and acting in accordance with the consent of customers in relation to the care, treatment and support they receive.

#### **Aim of the Policy**

The aim of this policy is to provide an overview and understanding of consent, the process of gaining consent and in relation to the Mental Capacity Act 2005 the importance of capacity in relation to agreed consent. All staff within Welcome Independent Living will be kept updated of any changes via legislation or guidance.

#### **What is Informed Consent?**

“The process of agreeing to care, treatment or support based on access to all relevant and easily digestible information regarding their care, treatment or support needs”.

The above definition is straightforward and sets out the importance of the information which customers should receive before consent is agreed in order that the consent is valid.

To give truly informed consent customers need to understand the following

- The purpose of the care, treatment or support
- Who is involved in the delivery of the service
- The practicalities and processes involved
- The benefits and risks
- Data Protection and storage
- The purpose of the consent form
- How information will be provided and updated
- The notice periods which apply
- Contact details should they have any further questions
- Full details of fees and the process of collection

In addition a care plan should be prepared which uses language appropriate to the customer and avoiding the use of technical or jargon terms.

It is also important to remember that written information is only one way of sharing and can include diagrams, pictures, tables and flow charts if these can make a contribution to understanding the information. There may be circumstances where video pens, podcasts, recordings or other means of sharing information may be more appropriate.

All of the above contribute to an informed consent decision.

#### **Ongoing Consent as a process.**

Informed consent is an ongoing process and consequently providers must ensure that customers:

- Continue to understand what they are consenting to
- Are provided with any new information which could influence their decision to consent
- Continue to consent to care, treatment and support in an informed environment.

### **Reviewing Informed Consent.**

Revisiting informed consent is often done informally but on occasions it will be appropriate for formal consent to be obtained and recorded e.g. where there is a significant change to the care plan

### **The Legal and Ethical framework.**

“The aim of the Mental Capacity Act 2005 is to balance the importance of care, treatment and support of people who lack capacity with a need to protect their interests and respect their current and previously expressed wishes and feelings”

The ethical principle relating to informed consent is the belief that everyone should be treated with respect and that their diverse needs when gaining informed consent must take into account factors such as:

- Ethnicity
- Gender
- Disability
- Religious beliefs
- Culture
- Language
- Level of understanding

Sensitivity and care must be taken when going through the process of gaining informed consent. When the customer has made the decision relating to their care, treatment or support. [Welcome Independent Living will respect that autonomous decision even if they disagree with it.

This respect for autonomous and informed decision making also requires that customers are never coerced into Informed Consent decisions. It is important to remember that customers are potentially vulnerable to such coercion by nature of their relationship with Welcome Independent Living

UK case law on consent has established 3 requirements that need to be satisfied before a customer can give informed consent:

- Consent should be given by someone with the mental capacity to do so
- Sufficient information should be given to the customer
- Consent must be freely given

If any of these requirements are lacking then the consent is invalid.

### **Informed consent in special circumstances**

The principles and processes in obtaining informed consent are the same but occasionally it is not possible to obtain such consent where usual practices may be difficult to apply:

## **Delayed Consent**

This usually applies in emergency situations e.g.

- At the road side in the event of an accident
- At a cardiac arrest
- During the early stages of a persons admission to an Accident and Emergency department.

In these circumstances a “Best Interest” decision will be taken by the emergency team involved.

## **Implied Informed Consent**

This may arise when express written and/or verbal consent is not given. E.g. when a customer is asked to transfer from chair to bed, implied consent is assumed when they participate in the manoeuvre.

## **The process in gaining informed consent.**

Below are the factors to be considered when going through the process of obtaining Informed Consent.

### **The discussion.**

It is important to make customers, their family or representative as comfortable as possible at the assessment of needs stage in order that they are able to concentrate and feel confident enough to ask questions. The location should be private and free of any interruptions where possible. Where necessary, repeat, explain and re-enforce the information given. Always ask questions to check their understanding of the information

It is also important to think about the timing of the discussion, e.g. customers who have just been given news of a life threatening illness are unlikely to be able to make informed decisions regarding, care, treatment or support whilst struggling to come to terms with their situation. Such issues will need to be considered at different intervals

## **Acknowledging Diversity**

It is important to acknowledge diversity alongside other factors when gaining informed consent. Asking questions can help to understand customers' needs and how these can best be met.

## **Re-enforcing the discussion**

It is not enough to give customers a verbal explanation of their care, treatment or support. You must ensure their understanding of the sometimes complex and often large amounts of information which they have been given.

It may be necessary to prepare information material in different formats and languages where appropriate.

## **Consent Form**

The signing of such a form has become standard practice in confirming that the customer has freely given their informed consent to care, treatment or support they receive. Customers should not be asked to sign the consent form until they have been given

adequate information and time to consider their decision. It is important to explain verbally all aspects of their care, treatment or support and check their understanding.

During the assessment of needs process it is important to engage with the customer, their families or representatives in a meaningful and professional manner in order to make the process work

### **Vulnerable Customers.**

Government issued guidance in 2013 “Statement of Government policy on Adult Safeguarding” issued by the Department of Health introduces 6 principles of safeguarding adults. The principle of empowerment is based on a presumption of person led decision and informed consent. This new principle needs to be imbedded in practice that informed consent and person led decision making is at the core of working with adults. This includes safeguarding but generally needs to be seen as the individual being able to take person led decisions and their views and wishes must be listened to and respected.

Where lack of capacity is an issue the Mental Capacity 2005 Code of practice must be observed.

Assessing a customers’ capacity to give Informed Consent autonomously is an essential part of the Informed Consent process. This however can prove challenging so it is important to involve multi-agency partners and others who know the customer in making such decisions. It is important to remember that the Mental Capacity Act 2005 begins with the presumption of competence and that capacity can fluctuate and be affected by the manner in which information is provided.

The provision of accurate and meaningful information is at the very heart of acquiring Informed Consent.

Below are factors to consider when working with customers or groups who may be considered vulnerable.

### **Recognising special needs.**

Customers can have a range of special needs which should to be taken into account but are not always obvious: Some customers may conceal them, customers with reading or writing difficulties may conceal their limitations due to embarrassment “I’ve forgotten my glasses, I will read it later” while others may have visual or hearing impairment, illness or emotional difficulties.

It is vital therefore to explore the customers’ abilities sensitively. The ability to process information can slow with age so older people should be given plenty of time and opportunity to ask questions and think about whether they wish the care, treatment and support. It is important however that older people are encouraged to participate fully in the consent process.

### **Capacity to decide**

Customers can only give consent if they are capable of choosing between alternative courses of action. This means they must be able to understand the information given to them by Welcome Independent Living Where a customer lacks capacity a Best Interest decision involving those who know the customer should be instigated using the Mental Capacity Act 2005 Code of Practice and the local Mental Capacity team guidance



Older people and others living in long term care facilities may find it more difficult to refuse consent. It is very important that these customers do not feel pressured or coerced into giving any form of consent without insuring that every effort is made to facilitate the consenting process in a way that meets the needs of such customers.

Customers with learning disabilities must be given the same respect as anyone else. Some may not be able to exercise fully their right to self determination but should be offered choices within their capabilities.

Care should be taken in evaluating each individual's comprehension; use plain language, supported if necessary by using other materials such as pictures. Dependent upon the customers needs it may be necessary to present the information in different formats or over a longer period of time.

Every effort should be made to seek Informed Consent. It may be necessary to involve a range of multi agency partners who are knowledgeable about the customers' situation and can contribute to an assessment of their best interests.

### **Conclusion**

The key principles in obtaining Informed Consent is to put the customers needs first

To participate effectively in Informed Consent processes all staff should have the knowledge, expertise and competencies to give sufficient information in an appropriate format and be able to answer any questions raised by the customer, their family or representative.

It is vital that the relevant staff be able to assess a customer's capacity to give Informed Consent. If staff are open and honest and ensure the customers understanding then truly Informed Consent will be obtained.

### **Training**

All staff undertaking assessment of needs and care planning duties will be updated yearly on the Mental Capacity Act 2005 and relevant guidance including guidance from local Mental Capacity teams All staff as part of their Induction undertake mental Capacity Act 2005 awareness training and this will be updated every 2 years.

The Registered Manager is responsible for the regular updating of the policy.

Date

Signature

Date of review.

## **CONTINUITY OF CARE OR SUPPORT WORKERS PROCEDURES**

### **OUTCOME 13, REGULATION 22 (Staffing)**

Name: Welcome Independent Living

#### **Purpose of this Document**

This policy sets out when changes would need to be made.

#### **Our Obligation under the above outcomes and regulations**

The Guidance about compliance Essential Standards of Quality and Safety impose certain obligations as follows.

1. Prompt 13A lays out specific prompts which are directly related to safeguarding, the health, safety and welfare of customers. The registered manager has to take sufficient steps to ensure that at all times there are sufficient numbers of suitably qualified skilled and experienced staff for the purposes of carrying out the regulated activity.
2. This means that staff sickness, absence and holiday cover must be planned and managed in order that the customer delivery of service is not compromised.
3. It also means taking into account relevant guidance under the Care Quality Commission's Schedule of Applicable Publications (appendix B) which is contained within the guidance about compliance.

#### **General Rules for Replacing Staff members**

The registered manager needs to look to the rota and call on any bank staff to check their availability and the possibility of longer term cover when appropriate.

Where agency staff are deployed the registered manager must ensure the appropriate recruitment and selection checks have been put in place by the agency. Verification of these checks is necessary to safeguard customers.

#### **Specific Reasons for Making a Change**

##### **Staff member is unavailable at short notice**

Most sickness absence is unpredictable, so quick action is likely to be needed to fill the gap created by the non-availability of a staff member. An attempt should be made to work out how long the absence is likely to be and to make a plan to cover the whole period rather than proceeding on a day-to-day basis. An absence arising from special or compassionate leave should be similarly handled.

##### **Staff member on holiday or training**

It should usually be possible to anticipate absences resulting from holidays or training, and to make careful replacement plans.

##### **Staff member leaves the organisation**

It should usually be possible to anticipate absences resulting from a staff member leaving the company, and to make careful replacement plans.

### **Sudden, unpredicted need to change staff member permanently**

If a staff member, for example, leaves the company without notice or it becomes necessary to change a staff member urgently for any reason, quick action is likely to be needed to fill the gap. Consideration should be given as to whether it is possible to make an alternative long-term arrangement immediately or whether a temporary arrangement is necessary until a more satisfactory long-term replacement can be available.

### **Service requirements change**

It should usually be possible to anticipate the development of changes in the customers care needs. The registered manager must ensure staff are trained to meet the changes.

### **A non-professional relationship has developed**

If a non-professional relationship has developed between a customer and a staff member, it is usually necessary to act swiftly. The manager should then assess whether the incident should lead to further training or disciplinary or other action in respect of the staff member and, subject to some discretion, should confidentially brief the replacement staff member on what happened.

### **An assignment causes severe stress for a staff member**

If it is necessary to relieve a staff member because of the stress of their work, the situation should usually be anticipated and a carefully planned replacement introduced with full consultation. The new staff member should, of course, be confidentially briefed on what has happened and, if appropriate, be provided with additional support. Careful consideration should be given to the future workload and support needs of the staff member replaced.

### **Staff member suffers abuse or discrimination**

If a staff member suffers abuse or discrimination to an extent that they need to withdraw from work, the manager should thoroughly explore the situation and investigate following the organisation's procedures. The customer or their representative should be warned that any recurrence of the abuse or discrimination may prejudice the continuance of the service.

This policy will be reviewed by the registered manager.

Signed

Date:

Review Date:

## **CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH) POLICY**

### **OUTCOME 3 REGULATION 13 (Safety and suitability of premises)**

Name Welcome Independent Living

#### **Policy Statement**

This policy is one of several related to Health and Safety and subject to the Health and Safety Executive Guidance and Codes of Practice.

#### **Aim of Policy**

Staff need to be aware of and understand their roll in Welcome Independent Living adherence to Safety at Work Act 1974 and all other subsequent legislation including those covered by the European Community Directives. This policy specifically relates to the requirements of the Control of Substances Hazardous to Health Regulations (COSHH) 2002 and to the REACH regulations, where appropriate.

#### **Hazardous Substances**

There are many hazardous substances which are considered as hazardous to health. The COSHH Regulations apply to substances which are identified as Toxic, Corrosive or Irritant. These can include cleaning materials, pesticides, acids, disinfectants, bleach and naturally occurring substances such as blood and bacteria.

Welcome Independent Living provide and require all staff to wear protective clothing i.e. disposable gloves and aprons and where required protective eye goggles when working with hazardous substances as directed by the Safety Data leaflet.

#### **Signage.**

All toxins, corrosives and irritants are identified when they are considered “dangerous to supply” by a label with a specific symbol.

International symbols have replaced the old European symbols and staff need to be aware of changes.

Welcome Independent Living display these signs in the [ADD LOCATION]

Any product deemed to be “dangerous to supply” must be supplied with a Safety Data Sheet.

Please Note: medicines, cosmetics and pesticides are covered by different legislation and do not have a Safety Data Sheet.

#### **Employers Responsibilities**

To comply with the Health and Safety Executive’s (HSE) “Steps for all employers to protect their employees from Hazardous Substances”, Welcome Independent Living;

- Identifies the hazardous substances that are used in the work place and the risks the substances pose to workers health
- Will put into place and regularly review any precautions required before any work starts with hazardous substances.
- Will prevent people being exposed to hazardous substances, but where this is not reasonably practicable will control the exposure

- Will make sure that control measures are used and properly maintained and that safety procedure is followed and reviewed regularly.
- Will if necessary monitor staff exposure to hazardous substances.
- Requires all accidents, incidents and emergencies associated with COSHH to be reported and recorded according to organisational policy
- Will ensure that all employees are properly informed, updated, trained and supervised as appropriate. A COSHH file is in place in each workplace. The file lists all the hazardous substances used in the workplace. It details  
Where they are kept

How they are labelled

Their effects

The maximum amount of time it is safe to be exposed to them

How to deal with any emergency involving them.

### **Misuse or harmful practice.**

If workers are concerned about:

- A substance being used in the workplace which is not in the COSHH File
- Incorrect containers or labels being used
- A container of one substance being used to store another substance.
- Labels being removed or changed.

It must be reported to their line manager or supervisor immediately and a record made.

### **Disposal of hazardous materials**

#### **Body Fluids such as Blood, urine, vomit, sputum and faeces.**

Procedure

- Disposable gloves and aprons must be worn
- Where possible the waste should be cleared and flushed down a sluice or toilet.
- The affected area should be cleaned with a disinfectant [ ADD NAME OF CLEANING FLUID USED]
- Cloths used for cleaning along with the disposable apron and gloves must be disposed of into a clinical bag (yellow).
- Hands must be thoroughly washed and dried.
- Any waste must be transferred in a sealed bag to the appropriate clinical waste bin or container.
- All clinical waste disposal bags must be correctly sealed according to the waste contractors instructions as other people will have to deal with the waste after it has been placed in the clinical bags or container. [ ADD ANY SPECIFIC DETAILS HERE]

#### **Needles, syringes, cannulas ( Sharps).**

Procedure

- Disposable gloves must be worn

- A yellow sharps box will be provided by a Health Professional. Never put sharps in anything other than this or in an emergency, a hard plastic box. This must be sealed and collected for incineration. [ADD ANY SPECIFIC DETAILS HERE]

Disposal of all other types of waste will be included in the staff training

**Training.**

All staff must be appropriately trained and regularly updated as required by legislation. All staff will be issued with clear instructions and guidance on how to deal with spillages and reporting and recording of such accidents, incidents or emergency situations,

This policy will be reviewed annually by the Registered Manager

Signed

Date

Review Date

## **CO-OPERATING WITH OTHER PROVIDERS. (Transfers and discharges)**

### **OUTCOME 6, REGULATION 24 (Co-operating with Other Providers)**

Name: Welcome Independent Living

#### **Policy Statement**

At Welcome Independent Living we are committed to a service which is person-centred with the customer at the core of our activity. As a private provider there are some business activities which from a commercial perspective cannot be shared. In the interests of openness and clarity we detail our co-operation mode of employment and when we would share and exchange information.

#### **Aim of the Policy**

The aim of the policy is to ensure that where there is more than one provider of care and support all multi agency partners are aware of our commitment to our customers and to assist where possible in a smooth transition of information between multi agency partners and other providers. To protect the health, welfare and safety of customers with particular regard to the admission, discharge and transfer arrangements with multi-agency partners the sharing of information and the appropriate care planning mechanisms need to be in place. These mechanisms should ensure a smooth transition between services.

#### **Arrangements**

From time to time situations occur where it is important to share information in order to play our part in making a valid contribution to a seamless service for the customer.

Appropriate information should be copied, collated into a file which is then passed to the appropriate personnel.

In order that Care Planning information is shared in relation to the admission, transfer or discharge of customers and to facilitate any emergency procedures co-ordination with the minimum of distress and anxiety we will co-operate fully with our multi-agency partners in the exchange of information detailed in Outcome 6, Regulation 24 of the Essential Standards of Quality and Safety issued by the Care Quality Commission

#### **Information sharing.**

We will ensure that any exchange of information will adhere to the Data Protection requirements and will include the following as a minimum:

- Name
- Gender.
- Date of Birth
- Address
- Unique Identification Number or Reference Number
- Emergency Contact details
- Any person who acts as representative, advocate, who holds an LPA or equivalent with contact details where available
- Records of care, treatment and support provided up to the date of transfer.
- Assessed needs
- Known preferences and any relevant diverse needs.

- Previous medical history that is relevant to the customer's present needs and any relevant GP contact details
- Any infection that needs to be managed
- Any medicines they need to take
- Any allergies they have
- Reason for transferring to the new service
- Any advanced decision and any assessed risk of suicide or homicide or harm to self and others

The above information should ensure that there are no interruptions to the continuity of care, treatment and support for the customer.

### **Emergency Admission to Hospital procedure**

1. Where possible a member of staff should accompany the customer and take with them the information detailed above. If it is not possible for a member of staff to accompany the customer the information should be passed to the paramedic or GP. A signature should be obtained from the person receiving the information. In an emergency as time is of an essence it may only be possible to send the minimum which should include the medical history and list of medications
2. As soon as possible the family, LPA or representative should be informed and given details of the hospital where the customer is being admitted.
3. The manager or on-call manager must be informed immediately.
4. Any CQC notifications should be completed and sent on-line to CQC.
5. If relevant any RIDDOR notifications must be made.
6. If relevant any accident forms should be completed and signed.
7. If, because of the speed of the admission information is not sent with the medical staff or paramedics this information should be securely transferred as soon as possible. It is essential for the manager to keep in touch with the hospital during the time the customer is in hospital and with family or LPA as appropriate.
8. When the customer returns to the home the file sent should also be returned and signed for by a member of staff.

### **Multi-Agency Working**

Where multi agency working is involved we will ascertain the lead responsible for the co-ordination of the care. We are aware of our Civil Emergency Team in our local authority. We have emergency and contingency plans in place pertinent to the Civil Contingencies Act 2004

We are aware of the Data Protection Act 1998 and our confidentiality policies and procedures include sharing on a "need to know" basis. The shared information will be appropriate, measured, transferred securely, up to date and relevant.

Information is reviewed and updated using the review system.

If information relates to a safeguarding allegation, or disclosure is in the public interest, senior management advice is sought before any information is released to ensure the



release is in accordance with relevant legislation and guidance.

All staff are made aware of acceptable methods of transferring information and that the information is relevant factually correct and does not include subjective opinions and can be shared in line with the Data Protection Act 1998 and any other relevant guidance.

### **Consent**

Where consent cannot be obtained it is clearly recorded about the reasons and the necessity of sharing the information. Where possible customers are aware of the information that is being transferred and are provided with a copy when requested.

### **Transfer methods**

Where it is not possible for the information to accompany the customer then the information must be transferred in a secure and safe manner. It must be securely wrapped and when using a posting method a proof of posting must be issued. The information should be receipted at the destination and the signed receipt sent back to the service provider. Where there is particularly sensitive information of a personal nature our courier service should be used to ensure confidentiality.

### **Training**

Staff are familiar with the requirements contained in Outcome 6, know where and how to access support and advice, and are aware of the type and content of information to be shared.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **DATA PROTECTION POLICY**

### **OUTCOME 21, REGULATION 20 (Records)**

Name: Welcome Independent Living

#### **Data Protection Policy Statement**

Welcome Independent Living believes that all records required for the protection of customers and for the effective and efficient running of the organisation should be collected, maintained and kept according to the *Data Protection Act 1998*.

Welcome Independent Living should be registered under the *Data Protection Act 1998* and all storage and processing of personal data held in manual records and on computers in the organisation should comply with the Act. The organisation understands that, according to the *Data Protection Act 1998*, personal data should:

1. Be obtained fairly and lawfully
2. Be held for specified and lawful purposes
3. Be processed in accordance with the person's rights under the DPA
4. Be adequate, relevant and not excessive in relation to that purpose
5. Be kept accurate and up to date
6. Not be kept for longer than is necessary for its given purpose
7. Be subject to appropriate safeguards against unauthorised use, loss or damage
8. Be transferred outside the European Economic Area only if the recipient country has adequate data protection.

Under the *Data Protection Act 1998*, the organisation should have a nominated data user/data controller. The data user/data controller for this organisation is the registered manager. The data user must keep up to date with all relevant legislation and guidance which has already been mentioned in previous policies, please refer to policies and procedures on confidentiality.

#### **Training**

All new staff should be encouraged to read the policies on data protection and on confidentiality as part of their induction process. The new, refreshed Skills for Care Common Induction Standards 1 – 8 are used and cover confidentiality and data protection. Training in the correct method for entering information in customers' records should be given to all care staff. The nominated data user/data controller for the organisation should be trained appropriately in the *Data Protection Act 1998*. All staff who need to use the computer system should be thoroughly trained in its use.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **DEALING WITH ACCIDENTS AND EMERGENCIES POLICY**

### **OUTCOME 10, REGULATION 15 (Safety and Suitability of Premises)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living recognises its responsibility to ensure that all reasonable precautions are taken to provide working conditions which are safe, healthy and compliant with all statutory requirements and codes of practice. However, the organisation recognises that accidents are, even in the safest of working environments, from time to time inevitable, despite the best efforts of staff, customers, relatives and other professionals to prevent them. Such occurrences must be handled by the organisation and by its staff so as to minimise threat and injury to all, including customers, relatives and the general public. They must also be reported and the reports acted upon by the organisation so that accidents can be minimised in the future and the organisation and staff can learn from their experiences.

To this end Welcome Independent Living adheres fully to the above outcomes and regulations which relates to the degree to which staff and customers are protected by the organisation's working practices, policies and procedures.

The organisation understands "accidents and emergencies" to cover an accident or injury to a member of staff or a customer or relative, including health and safety accidents such as trips, falls and cuts. Fires are dealt with in a separate *Fire Policy*. Dealing with aggression and violence is dealt with in a separate *Dealing with Aggression and Violence Policy*. The rendering of first aid is dealt with in a separate *First Aid Policy*.

#### **Aim of the Policy**

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to an accident, emergency or crisis.

The goals of the organisation are to ensure that:

- All accidents and incidents are appropriately dealt with
- All accidents and incidents involving injury to staff or customers are reported and recorded, no matter how minor
- All reported accidents or incidents are fully investigated
- The results and recommendations from investigations are fully implemented to prevent any re-occurrence of such incidents
- The organisation complies fully with the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)*.

#### **Action to be Taken in the Event of an Accident or Injury**

In the event of an accident, incident or emergency staff should take the following action.

- In the event of a minor injury or health related incident the First Aid Policy should be followed and first aid care rendered according to the situation and the member of staff's capabilities and training. Following such an incident an incident or accident form should be completed and the customer's GP informed.
- In the event of an injury where medical attention is considered advisable or necessary, the customer's GP or an ambulance should be called as appropriate. If there is any doubt about the need for medical attention, an ambulance should be called immediately.

If the first-aider, or care worker, decides that an ambulance is appropriate, they should follow the procedure below.

- Call 999 and make arrangements for an ambulance to be sent immediately. It is essential that the precise location of the occurrence is given and the nearest point of access for the ambulance suggested.
- If staff numbers allow accompany the customer to hospital or inform relatives who may then meet the customer at hospital. Keep the home updated if accompanying the customer
- Ensure the incident/accident is fully reported and appropriate forms completed

Note:

In the event of an injury requiring first aid, where a fire is reported, where there is violence or aggression or where a customer goes missing, then the appropriate policy should be followed.

### **Accident or Incident Reporting**

In this organisation all accidents, incidents, emergencies and “near misses” must be recorded and reported to the management using a standard incident form. Accident and incident reports should then be dealt with according to the *Accident Reporting Policy*. Employers must by law notify certain categories of accidents, specified cases of ill health and specified dangerous occurrences to the Health and Safety Executive (HSE) or the local authority (LA) to comply with the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)*. Please note: Any medication incidents are reported via the separate error record in the medication plan of care

A written record should be kept of any accident or incident, however minor, which occurs in the organisation.

See separate *Reporting of Accidents Policy*.

### **Training**

The registered manager is responsible for organising and co-ordinating training.

All staff receive induction training in the organisation’s policy for dealing with accidents and emergencies. *Basic First Aid* and *Dealing with Aggressive or Potentially Violent Patients* are included in the induction training for all new staff. Training sessions are conducted at least annually and all relevant staff should attend. These sessions should cover the drill of how staff should act in an emergency situation. All employees of the organisation are given adequate training and information on accidents at work and how to avoid them.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **DEALING WITH SO-CALLED CHALLENGING BEHAVIOUR, VIOLENCE AND AGGRESSION POLICY**

### **OUTCOME 7, REGULATION 11 (Safeguarding people who use services from abuse)**

Name: Welcome Independent Living

#### **Purpose of this Document**

From time to time customers present with challenging behaviour violence or aggressive tendencies which need to be fully documented in the assessment and the care plan. For the purposes of this particular policy, challenging behaviours includes self harm, self neglect, self abuse or harm to others. If challenging behaviour, violence or aggression tendencies are present then a full and robust risk assessment must be undertaken in order to protect not just the customer, but the staff. This needs to include the use of any restraint techniques where appropriate.

This document outlines the policy of Welcome Independent Living in relation to dealing with challenging behaviour, violence and aggression among customers.

#### **Principles**

1. Welcome Independent Living seeks to demonstrate respect for the lifestyles and human rights of its customers.
2. We recognise, nevertheless that exceptional circumstances may arise when our workers might be called upon to place limitations on a customer's behaviour, either in their interest or for the protection of others.
3. We will attempt to anticipate these possibilities and to follow precise procedures designed to ensure that the limitation to a customer's lifestyle or human rights is kept to a minimum.

#### **Care Plan**

In all instances where our workers are likely to encounter challenging behaviour, violence or aggression to an extent that limitations of a customer's lifestyle or human rights might be necessary, we will seek, when the Care Plan is drawn up or revised, to discuss the facts with all concerned and record the decision and the proposed action in detail. We will seek to understand the reasons for the possible action and to initiate action which will tackle the problem more positively.

#### **Risk Assessment**

In the course of considering the Care plan we will carry out and fully record a risk assessment in order to make a sober calculation of the possible danger which is faced and the balance of benefits and disadvantages of the proposed course of action.

#### **Customer's Consent**

We will make every effort to involve a customer at risk of limitation to their lifestyle or human rights in the discussion about possible physical intervention and to obtain their agreement that such an intervention might be necessary. For customers who are permanently unable to understand the situation or to give informed consent, we will seek agreement from someone

close to them and knowledgeable about the situation that can genuinely represent their interests.

### **The Use of Restraint**

The circumstances in which we regard as justified an intervention by a worker of Welcome Independent Living which would have the effect of limiting a customer's lifestyle or human rights are:

1. To prevent self-harm or self-neglect by the customer
2. To prevent abuse or harm to others.

The physical intervention used must be the least that is compatible with containing the risk and must last for as short a time as possible. Neither actual physical intervention nor the threat of physical intervention should ever be used as a form of punishment.

### **Reporting**

Any instance of the use of physical intervention should immediately be recorded. The worker involved should report what happened to their manager as soon as possible and the manager should review the position and initiate any possible action to avert a recurrence.

### **Inappropriate Use of Physical Intervention by Others**

We regard the use of medication simply as a means of physical intervention as unethical. If a member of staff learns of situations where they believe physical intervention is being used inappropriately by others, the matter must be brought to the attention of the manager.

### **Training**

All staff will have training in prevention of & dealing with people with challenging behaviour. They will also be supported in understanding the meaning of physical intervention and their responsibilities. This policy should be read in conjunction with Welcome Independent Living Physical Intervention Policy.

This policy will be reviewed by the registered manager.

Signed:

Date

Review Date

## **DEATH OF A CUSTOMER POLICY**

### **OUTCOME 4 REGULATION 9 (Care and welfare of those who use services)**

Name Welcome Independent Living

#### **Policy Statement**

On the death of a customer who is receiving a service from Welcome Independent Living It is important that staff are aware of what to do and perhaps more importantly, when to do it in order to minimise distress and adhere to any cultural beliefs or preferences that the customer their family or representative have expressed as part of their care and support plan.

#### **Aim**

The policy aims to make clear the process and a step by step method of mitigating distress whilst ensuring compliance with any lawful requirements, particularly in regard to other multi-agency partners such as Fire, Police or Health.

#### **Principles**

- Staff must remember that the death of a customer does not mean that information is not to be protected and that confidentiality is still in place
- Welcome Independent Living will co-operate fully with multi-agency partners to ensure all lawful requirements are met and will assist where appropriate when asked or directed by a lead agency
- All communication will be dealt with in a sensitive professional manner which promotes the privacy and dignity of the customer their family or representative

#### **Deaths and the role of the Coroner**

Under English law the Coroner is an independent judicial office holder, paid for by the relevant local authority.

They must be either a lawyer or a GP sometimes both. Their role is to inquire into certain types of death(s). Where an inquest is held they have a duty to establish the cause of death in so far as this is possible. They are not allowed to determine criminal liability nor who was responsible. The criminal court would decide this.

Coroner's officers work under the direction of the Coroner and liaise with bereaved families, police, doctors, witnesses and funeral directors. They receive reports of deaths and make inquiries at the direction and on behalf of a coroner.

#### **Reported Deaths**

Registrars of births and deaths, doctors or the police report unexpected deaths to a coroner in specific circumstances. These include where it appears that:

- No doctor attended the deceased during their last illness

- Although a doctor attended during the last illness the deceased was not seen either within 14 days before death nor after death
- The cause of death appears unknown
- The death occurred during an operation or before recovery from the effects of an anaesthetic
- The death was due to an industrial accident disease of poisoning
- The death was sudden or unexpected
- The death was due to violence or neglect
- The death was in other suspicious circumstances or
- The death occurred in prison or police custody

**When unexpected or sudden death occurs:**

- call for an ambulance (dial 999)
- Following the care or support plan information relating to resuscitation of the customer, appropriately qualified staff should commence cardiopulmonary resuscitation where directed (CPR).  
[ INSERT OR DELETE ANY SPECIFIC ORGANISATIONAL PROCEDURES HERE]  
This must not be in contravention of any written 'Advance Decision' refusing life sustaining treatment.
- the Ambulance Staff or Police will advise on actions to be taken, including whether any items can be removed
- contact relatives and inform them that you have reason to believe that their family member has died, but because it was unexpected or sudden you are waiting for the ambulance and police to visit. Inform them that they are welcome to come to the Home, if they wish, or that you will contact them again after the emergency services have attended.
- Inform the Manager of the situation [INSERT HERE WHO IN YOUR ORGANISATION NEEDS THE INFORMATION]
- The customer must not be moved. If they are in a communal area discreetly invite the other customers to move to another area of the home and ensure no one unexpectedly enters that area. If the customer is in their own room ensure that nothing is moved.  
( Both areas should be treated as a crime scene)
- Inform CQC within 24-hours of the death and include the cause of death (ref: Outcome 18 Regulation 16 of the Health and Social Care Act 2008),
- Once the police have completed their investigation they will allow items to be moved
- Once the police have completed their investigation the room should be made tidy, bedding taken to the laundry, the bed cleaned and covered,
- No personal belongings (other than jewellery and cash, etc.) are to be removed without the permission of relatives/ representatives. A list of any items removed by relatives should be made by staff and checked against the customer's property inventory sheets. Appropriate action should be taken to safeguard personal belongings until relatives/ representatives have visited,
- All medication to be removed from the drugs trolley, clearly identified and placed in lockable storage for 1 week before disposal,
- Personal files to be placed in locked storage in chronological order with name and date of death on outside; personal files must be stored for



- consideration should be given, if requested to any funeral attendees from the company. This will take into account such things as how long the customer was with us, their regular care workers etc. and the availability of cover.

**When an expected death occurs the manager or person in charge of the shift will:**

- contact the GP – remember a locum may only verify death but not certify
- contact relatives and inform them that you have reason to believe that their family member has died, that you have contacted the GP and are waiting for them to visit. Inform them that they are welcome to come to the Home, if they wish, or that you will contact them again after the GP has visited
- Inform the Manager of the situation [INSERT HERE WHO IN YOUR ORGANISATION NEEDS THE INFORMATION]
- The customer must not be moved. If the customer is in a communal area discreetly invite the other customers to move to another area of the home and ensure no one unexpectedly enters that area. If the customer is in their own room, pull the curtains and close the door.
- Inform CQC within 24-hours of the death and include the cause of death (ref: Regulation 16 Outcome 18 of the Health and Social Care Act 2008),
- Inform the preferred undertaker and ensure the customers jewellery is dealt with according to their recorded wishes and include any religious/cultural requests for last offices recorded in their care or support plan
- The Manager or person in charge must record the incident in the appropriate files, complete an incident report form and provide support to staff,[ INSERT HERE ANY OTHER ORGANISATIONAL FORMS REQUIRED TO BE COMPLETED]
- do not give the customer's valuables or money to relatives. Valuables (e.g. jewellery and cash) without being checked against the inventory of belongings. If they are not collected immediately valuables or money must be kept in secure storage. Relatives must provide proper identification and sign to record receipt of the goods. (**Note:** a lasting power of attorney becomes null and void immediately upon the death of the donor; responsibility for the donor's property and effects transfers to the legal process of last wills and testaments or a death intestate).
- The customers room should be made tidy, bedding taken to the laundry, the bed cleaned and covered,
- No personal belongings (other than jewellery and cash, etc.) are to be removed without the permission of relatives/ representatives. A list of any items removed by relatives should be made by staff and checked against the customer's property inventory sheets. Appropriate action should be taken to safeguard personal belongings until relatives/ representatives have visited,
- All medication to be removed from the drugs trolley, clearly identified and placed in lockable storage for 1 week before returning to the pharmacy,
- Personal files to be placed in locked storage in chronological order with name and date of death on outside; personal files must be stored for 3 years from the last date of entry (ref. Regulation 20 Outcome 21 of the Health and Social Care Act 2008)

In the event of a death of a customer, the above process must be adhered to and staff will be supported and assisted throughout. No matter how experienced in working with the dying it is important to recognise the distress, shock or trauma that can follow, especially where the death is sudden or unexpected.

**Additional Last Offices for a Known Infected Body**

The body of a person who has been suffering from an infectious disease may remain infectious to those who handle it. The funeral director staff should be informed of the potential infectious risk.

Further advice is available from the Department of Health "Infection Control Guidelines for Homes".

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214929/Care-home-resource-18-February-2013.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214929/Care-home-resource-18-February-2013.pdf)

When dealing with any customer who has died all Infection Prevention Controls such as the wearing of personal protective clothing and hand washing must be followed.

### **Training.**

All staff will undertake appropriate level of training to deliver the required service to the required standard.

This policy will be reviewed annually by the Registered Manager.

Signed

Date

Review Date:

## **DECONTAMINATION POLICY**

### **(Cleaning, disinfection & sterilisation)**

**Outcome 8 Regulation. 12** (Cleanliness and Infection Control)

#### **Policy Statement**

Micro-organisms are always present in the environment and all staff in (Anonymous Care) have a responsibility to ensure that inanimate objects (e.g. furniture, wheelchairs, re-usable medical devices etc.) in the Home environment are decontaminated properly to minimise the risk of infection to customers, staff and visitors.

#### **Aim of the policy**

Decontamination is a general term for the destruction or removal of microbial contamination to render an item safe. This will include methods of:

- Cleaning
- Disinfection
- Sterilisation

#### **Cleaning**

Cleaning is a process, using general-purpose detergent and hot water (<35°C), to physically remove contaminants, including dust, soil, large numbers of micro-organisms (germs) and the organic matter (e.g. faeces, blood) .

Cleaning remains the single most effective way of reducing the risk of infection from the environment and is usually the first stage before disinfection or sterilisation is attempted.

**The value of cleaning cannot be overemphasised.** Without cleaning an item first, it may not be possible to disinfect or sterilise it properly.

#### **Disinfection**

##### **Environmental Disinfection**

Disinfection is a process used to reduce the number of micro-organisms, but not usually of bacterial spores. The process does not necessarily kill or remove all micro-organisms, but reduces their number to a level which is not harmful to health.

Heat disinfection methods (e.g. dishwashers, washing machines, bedpan washers, disinfectors, steam cleaners etc.) are more reliable than chemical methods and should be chosen whenever practicable.

##### **Chemical Disinfectants**

Examples of environmental chemical disinfectants are:

#### **1. Chlorine Based Disinfectants:**

##### **Hypochlorite/Thick Bleach**

**Used for a wide** range of bacterial, viral, spores and fungal activity.

Ineffective if used in low concentration – not following manufacturers guidelines.

Corrosive to some metals.

Diluted solutions are unstable and should be freshly prepared.

Follow manufacturers guidelines

## **2. Sodium Dichlorisocyanurate**

**May be in the form of tablets, powders or granules.**

Agent of choice for dealing with spillages of blood or blood stained body fluids. **HOWEVER, DO NOT USE ON URINE SPILLAGE** because chlorine gas will be released. Undissolved tablets, powder and granules will remain stable when stored dry but unstable when in solution.

Follow manufacturer's guidelines.

**3. Alcohol** Good bactericidal, (including tubercle bacilli), fungicidal and some virucidal activity. Not sporicidal.

Does not penetrate well into organic matter.

Must be used on physically clean surfaces.

Inflammable and toxic.

Care must be taken when using for environmental disinfection.

Follow manufacturers guidelines

## **Skin Disinfectants**

Skin disinfectants are often called antiseptics, which are chemical disinfectants that are gentle enough to be applied to skin and living tissue. They are intended for skin disinfection only, **NOT** for environmental disinfection. Examples of skin disinfectants are:

- Biguanides e.g. Chlorhexidine
- Alcohols e.g. Ethanol, Isopropanol
- Iodine, Iodophors and other iodine preparations
- Triclosan

## **Sterilisation**

Sterilisation is a process that removes or destroys all micro-organisms including spores and viruses. All items entering a sterile part of the body e.g. bladder, or coming into contact with broken skin/mucous membranes, must be sterile.

The majority of manufacturers produce single-use medical devices in 'ready-to-use' sterile packs e.g. urinary catheters, wound care packs etc. However, many re-usable medical devices have to be processed (i.e. sterilised) between each patient use e.g. vaginal speculae, which is best done by a EU accredited department for sterilisation, such as a Hospital's Central Sterile Supplies Departments (HSSDs).

### **General Principles**

1. Items that have been decontaminated by any of the three processes outlined above **MUST** always be stored dry.
2. In each situation thorough cleaning, using general-purpose detergent and warm water (<35°C) must precede any method of disinfection or sterilisation of instruments or equipment. Staff undertaking cleaning must always use clean equipment and wear suitable personal protective clothing i.e. disposable plastic apron and gloves. If there is any risk of splashes into the face when cleaning, then additional face protection is also needed e.g. face visor or mask and goggles in addition to the disposable plastic aprons and gloves.
3. Always consult with manufacturers' instructions for the method of decontamination and the compatibility of materials.
4. The use of chemical agents/disinfectants is restricted by many factors:
  - a. Their variable effects on different organisms
  - b. Incompatibility with various materials
  - c. Reduced efficacy in the presence of organic matter, soap, some plastics, dirt and hard water
  - d. Susceptibility to deterioration with storage
  - e. Potential for causing toxic effects
5. Fresh disinfectants should be used at the correct strength and the recommended minimum contact time achieved.
6. Satisfactory disinfection of the environment can be achieved using general-purpose detergent and warm water (<35°C).

For cleaning after infectious cases it may be appropriate to use a suitable dilution of chlorine-based disinfectant e.g.:

- a. Hypochlorite (household bleach) - 1 in 100 (0.1% available chlorine or 1,000 parts per million available chlorine (ppm Av.Cl.)

OR

- b. Sodium dichloroisocyanurate (NaDCC) - 1,000 parts per million available chlorine (ppm Av.Cl.).

7. Chlorine-based agents are commonly recommended for routine disinfection. Their use on fabrics and metals should be in accordance with manufacturers' instructions.

8. Thorough rinsing is necessary after use of most chemical disinfectants.

9. Customers and visitors should not have unauthorised access to cleaning/disinfecting chemicals. Ensure all chemicals are locked away after use. (See COSHH policy)

### **Risk Categories for Decontamination**

The choice of method of disinfection or sterilisation depends on a number of factors, which include the type of material to be treated, the organisms involved, the time available for decontamination, and the risks to staff and patients. The risks to customers from equipment and the environment may be classified as follows:

#### **HIGH RISK**

**Definition** Items in close contact with a break in skin or mucous membrane or introduced into a normally sterile body area.

**Examples** Surgical instruments, syringes, needles, vaginal speculae, dressings, urinary and other catheters.

**Suitable method** Single use disposable instruments should be used whenever possible.

Reusable instruments must be sent to an EU accredited department for sterilisation.

#### **INTERMEDIATE RISK**

**Definition** Items in contact with mucous membranes or other items contaminated with particularly virulent or readily transmissible organisms, or items to be used on highly susceptible patients.

**Examples** Bedpans, commode pans and urinals.

**Suitable method** Disinfection required.

#### **LOW RISK**

**Definition** Items in contact with normal and intact skin.

**Examples** Washing bowls, chairs, stethoscopes.

**Suitable method** Cleaning and drying usually adequate.

Anyone who inspects, services, maintains or transports healthcare equipment has a right to expect that the equipment has been appropriately decontaminated to remove or reduce the risk of infection.

The Home is responsible in ensuring that appropriate documentation, which indicates contamination status of the item, accompanies the healthcare equipment for inspection, service, maintenance or repair.

Failure to comply with legislative requirements could leave the home open to prosecution.

### **DECONTAMINATION OF EQUIPMENT AND WORKING AREAS**

Equipment	Preferred or recommended method	Alternatives or recommendations
<b>Ambubags</b> <b>Ambumasks</b>	1. Disposable, single use or 2. Single customer use or 3. Re-usables to be sent to a EU accredited Sterilising Department after each use	
<b>Baths, Showers &amp; Bidets N.B. For hydrotherapy and Jacuzzi type baths see manufacturers' instructions</b>	After each customer use, wash using disposable cloths and hand hot water and general-purpose detergent. Rinse well and allow to dry	Consider purchasing a combined detergent / disinfectant product. For customers with open wounds  Ensure surfaces of bath are cleaned and disinfected before and after use.
<b>Bath mats (for use outside the bath)</b>	The use of bath / shower mats is not advocated but if they are they should be cleaned between each customer use.	Disposable paper bath mats can be used instead of bath mat.
<b>Bed frames and cradles(metal)</b>	Between customers, wash with hand hot general-purpose detergent solution and dry	If contaminated with blood clean with hand hot water and general-purpose detergent, rinse and dry. Wipe with 10,000 ppm (1%) hypochlorite solution, rinse and dry

<p><b>Bedpans, Urinals &amp; Commode pans</b></p>	<p>Customers to have their own individual (preferably labeled) bedpan / urinal/ commode pan.</p> <p>Use:</p> <ol style="list-style-type: none"> <li>1. Bed-pan washer disinfectant or</li> <li>2. Place single-use disposables and their contents into macerator</li> </ol> <p>N.B. Operate equipment according to the manufacturer's recommendations</p>	<p><b>If no Bed-pan washer disinfectant/macerator in home OR machine is out of order</b></p> <p>empty contents of bedpans / urinals/ commode pans into sluice hopper or toilet (avoiding splashes) then</p> <ol style="list-style-type: none"> <li>1. Place disposables in a yellow plastic bag.</li> <li>2. Clean re-usable bedpan holders/urinals/commode pans with hand hot water and general purpose detergent, rinse and dry. Return to customer's room.</li> </ol> <p>Customers with diarrhoea and vomiting to have their own bedpan/ urinal/ commode pan:</p> <ol style="list-style-type: none"> <li>1. Cleaned with hand hot water and general purpose detergent, rinse and dry.</li> <li>2. Disinfect surfaces by wiping with 1,000 ppm (0.1%) hypochlorite solution, rinse and allow to air dry.</li> </ol>
<p><b>Bedpan Washer Disinfectant Macerator</b></p>	<p>Clean outer casing of machines with hand hot water and general-purpose detergent on a weekly basis and immediately when visibly soiled</p>	<p>Engineer to check machine and seals annually and a logbook kept.</p>
<p><b>Bowls - Washing</b></p>	<p>If bowls are necessary for the bedbound, they must be labeled with the customer's name. After use, wash with hand hot water and general purpose detergent, rinse and dry. Store inverted in the customer's own room.</p>	
<p><b>Bins - domestic and clinical</b></p>	<p>Wash weekly and when visibly soiled, use hand hot water and general purpose detergent in designated area</p>	<p>. If contaminated with blood, wash with hand hot water and general purpose detergent followed by disinfecting with 10,000 ppm (1%) hypochlorite solution rinse and dry.</p>



<b>Blood Pressure Sphygmomanometer &amp; Cuff</b>	Refer to manufacturer's cleaning instructions	Single customer use (disposable) cuffs are available.
<b>BRUSHES</b> Lavatory brushes	After every use, rinse in running water (in toilet pan), and store dry	Disinfect and replace on a regular basis.
Nail brushes	Single use, disposable nail brushes are available for aseptic procedures	
Shaving Brush	Single customer use only.	Use brushless cream or shaving foam.
Tooth Brushes	Single customer use only.	
<b>Carpets and Rugs</b>	Vacuum daily. Wash periodically using carpet compatible detergent solution and hot water extraction.	For contaminated spills clean with carpet compatible detergent solution and water extraction system. Disinfect carpet only if capable of withstanding disinfection. Alternatively, consider steam cleaning. Alternative floor coverings are available instead of carpets for use in areas where frequent spillage anticipated. Some carpets are available which are compatible with use of hypochlorite.
<b>Cleaning equipment</b>	Use correct colour coded cleaning equipment for different areas in home  e.g. Toilet areas, kitchen areas,  General use and barrier nursing.	
<b>CLOTHS:</b>  <b>Disposable</b>  <b>Non disposable</b>	Discard at the end of each shift and when otherwise indicated.  Wash after use with hot water and general-purpose detergent. Send to laundry for heat disinfection in washing machine at the end of each shift.	

<b>Commode Frames</b>	Treat removable container and lid as for "Bedpans". Wash frame and seat with hot water and general-purpose detergent solution on a daily basis and when visibly soiled.	After use by infectious customers clean surfaces with general-purpose detergent solution, rinse and dry. Disinfect surfaces by wiping with 1,000ppm (0.1%) hypochlorite solution rinse and dry.
<b>Crockery and cutlery, water-jugs and glasses</b>	<p>Wash (and heat disinfect) in dishwasher suitable for commercial purposes. Allow to dry in dishwasher. If no dishwasher available:</p> <p>Wash using hand hot water and general- purpose detergent, rinse and allow to air dry using racking system or dry using disposable paper towels/ kitchen roll.</p>	Avoid the use of tea towels.
<b>Curtains</b>	Laundry or dry clean at least annually	Change after some episodes of isolation (barrier nursing). Check with Local Health Protection Team.
<b>THERMOMETERS</b>  <b>Electronic Clinical Thermometers</b>   <b>Tympanic thermometers</b>   <b>Single-use disposable thermometers</b>	<p>Use disposable sleeve. Disinfect unit with 70% alcohol swab after use.</p> <p>Individual disposable earpiece</p> <p>Dispose after single use.</p>	Do not use without sleeve for oral or rectal temperatures.

<b>Duvets</b>	<p>. Launder duvet and cover in the same way as other bed linen:</p> <ul style="list-style-type: none"> <li>• If soiled</li> <li>• Between customers</li> <li>• Wash duvet annually as a routine measure</li> </ul>	Follow manufacturer's instructions for laundering
<b>Floors (dry)</b>	<p>(1) Vacuum clean daily or</p> <p>(2) Dust –attracting dry mop</p>	Do not use brooms in customer areas.
<b>Floors (wet cleaning of hard floors)</b>	Wash daily or as appropriate with hot general-purpose detergent solution. Disinfection is not routinely required.	For known contaminated area wash first with general-purpose detergent solution, followed by disinfecting with 1,000 ppm (0.1%) hypochlorite solution. Allow to dry.
<b>Flower vases</b>	<p>When changing water/flowers, dispose of water into sluice hopper or toilet, wash vases with general purpose detergent solution before refilling with clean water. After use, wash vases with general purpose detergent solution and store dry and inverted</p> <p>Perform thorough hand washing after dealing with flowers.</p>	
<b>Furniture and fittings</b>	Damp dusting with hand hot water and general purpose detergent.	
<b>Hand washing</b>	Follow correct hand washing procedure. See fig 1.	
<b>Hair combs</b>	Single customer use only. Wash regularly.	Customers with scalp conditions should have their own hair curlers.
<b>Hair curlers</b>	Wash after use with hand hot water and general-purpose detergent and allow to air dry.	

<b>Hoists</b>	Wash daily when in use and when visibly soiled with hand hot water and general-purpose detergent. Allow to dry	Pay particular attention to connecting parts.
<b>Hoist slings (material)</b>	Single-customer slings to be sent to laundry on a weekly basis and when visibly soiled. Disposable slings are available	Refer to manufacturer's instructions with regard to washing temperatures.  Slings should not be shared between customers
<b>Mattresses and Mattress Covers</b>	<p>N.B. For pressure relieving mattresses always refer to manufacturer's instructions.</p> <p>Incontinent customers to have fluid impermeable (i.e. water proof) covers on mattresses. Covers to be:</p> <ol style="list-style-type: none"> <li>1. Washed with general-purpose detergent solution and dried using disposable cloths or paper towels or</li> <li>2. If capable of being laundered, send to laundry as appropriate</li> </ol> <p>Check condition and integrity of mattresses on a weekly basis.</p>	<p>Always refer to manufacturer's instructions. N.B. Do not use disinfectant unnecessarily as this damages the mattress cover.</p> <p>Mattresses that become soiled or damaged should be replaced.</p>

<b>Mops:</b>  <b>Dry, dust-attracting Mops</b>	Return to laundry daily.	
<b>Wet Mops</b>	Wash with hot general-purpose detergent solution, rinse, wring and store dry and inverted between uses.	If disinfection is required either heat disinfect (laundry) OR soak in 1,000 ppm (0.1%) hypochlorite solution rinse well and dry.
<b>Mop bucket</b>	Wash with hot water and general purpose detergent. Store dry in inverted position at the end of each shift.	
<b>Medicine Pots</b>	Treat as Crockery and Cutlery (above).	
<b>Nebulisers</b>	Follow manufacturers' instructions.	
<b>Oxygen masks and tubing</b>	Single customer use only (dispose of after each customer). Wash masks in hand hot water and general-purpose detergent on a weekly basis and when visibly soiled.	Follow manufacturer's instructions. Retain in manufacturer's wrapping until required.
<b>Pillows (Waterproof covers)</b>	Laundry pillow and cover in the same way as other bed linen: If soiled - Before use by another customer. Annually as a routine measure.	Follow manufacturer's instructions for laundering.

<b>RAZORS:</b>	Single customer use. Rinse in hot water after use	N.B. No sharing of razors.
<b>Wet Shaving</b>		
<b>Electric</b>	Single customer use	
<b>Rooms</b>	Daily cleaning of customers' room. Use hand hot water and general purpose detergent and allow to dry	
<b>Scissors (non-sterile)</b>	If not single use should be cleaned with hand hot general-purpose detergent solution, dried and wiped with 70% alcohol wipe.	
<b>Soap Dishes</b>	Do not use in staff areas.  Customers own should be washed and dried on a daily basis.	
<b>Spenco, sheepskin, foampads</b>	1. Single customer use. 2. Send to laundry between each customer use or if soiled. 3. Discard if damaged.	
<b>Stands, PEG feeds etc.</b>	Wash with general-purpose detergent and hot water between customer use and when soiled	If contaminated with blood, wash with hand hot water and general-purpose detergent followed by disinfecting with 10,000 ppm (1%) hypochlorite solution rinse well and allow to dry.
<b>Stethoscopes</b>	Follow manufacturer's instructions.	Wipe with 70% alcohol.
<b>Ear pieces/Bell</b>	N.B. Staff with ear infections should not use stethoscopes	
<b>Suction Equipment</b>	Follow manufacturers instructions	

<b>Toilet seats</b>	Wash with hand hot water and general-purpose detergent and dry daily and when visibly soiled	Grossly contaminated - hand hot water and general-purpose detergent, dry using disposable cloths or paper towels followed by wiping with hypochlorite 1,000 ppm Av Cl (0.1% solution). Rinse well and dry.
<b>Toys</b>	Wash weekly or when visibly soiled with hand hot water and general purpose detergent. Use washing machine for soft toys	When grossly contaminated, wash with hand hot water and general-purpose detergent, dry using disposable paper towels followed by wiping with 1,000 ppm (0.1%) hypochlorite solution or 70% alcohol wipe. Rinse well and dry. N.B. Heavily contaminated soft toys may have to be destroyed.
<b>Trolleys</b>	Wash shelves and frame with hand hot water and general-purpose detergent and dry before and after use	

<b>Urinary catheter bag holder/stand.</b>  <b>Urine measuring jug.</b>	<p>Wash your hands.</p> <p>Wearing well fitting disposable gloves empty the drainage bag into a container. The container should preferably be disposable or if not, then decontaminate the container between customers.</p> <p>Wipe the drainage tap with an alcohol wipe after emptying.</p> <p>Remove your gloves and wash your hands before undertaking the next task.</p> <p>Ensure the catheter stand is decontaminated on a regular basis and when visibly soiled.</p>	<p>Avoid urine bag "rounds" to reduce the potential of cross infection between customers with a catheter.</p> <p>Do not go from one customer to another using the same container for drained urine without adequately disinfecting between customers.</p>
<b>Uniform(clothing)</b>	Follow washing machine and detergent instructions	
<b>Vacuum cleaners</b>	Cleaned and maintained in accordance with manufacturer's instructions.	
<b>Walking Aids ( frames, walking stick etc)</b>	Between customers and when visibly soiled, wash with hand hot water and general-purpose detergent and dry.	
<b>Wash Hand Basins</b>	Clean with general-purpose detergent or cream cleaner on a daily basis	Disinfection not normally required

**HANDLING OF EQUIPMENT PRIOR TO INSPECTION, SERVICE, REPAIR, RETURN TO LENDING ORGANISATION OR THE INVESTIGATION OF ADVERSE INCIDENT**

**(Note: it is illegal to send contaminated items through the post)**

Inform repair organisation or investigating body

Ask the question, can the equipment be decontaminated without removing evidence important to a repair or an investigation?

**Decontaminate item**

Label with contamination status



Note fault/defect

**Off site:** pack and dispatch for service/repair/investigation

**On site:** store in preparation for service/repair/investigation Repair organisation or investigating body agrees dispatch?

organisation or investigating body

Complete any required paperwork

**Contaminated items should not be returned without prior agreement of the recipient.**

**For further information or Guidelines Contact your:**

Local Infection control Nurse

Local Infection Control team.

**Department of Health Guidelines for Control of Infection in Homes**

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4136381](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4136381).

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **DEPRIVATION OF LIBERTY SAFEGUARDS – MENTAL CAPACITY ACT 2005 POLICY OUTCOME 2, REGULATION 18 (Consent to Care and Treatment)**

Name: Welcome Independent Living

### **Policy Statement**

The purpose of this document is to explain the organisation's approach to people to whom it is providing a service, who might lack the mental capacity to take decisions about their care and treatment and who could have their freedom restricted to the point where they are deprived of their liberty as a result. The organisation's policy has been established to comply with the provisions of the *Mental Capacity Act 2005* Deprivation of Liberty Safeguards, which have applied since April 2009. This Deprivation of Liberty Safeguards policy should be read and used in conjunction with the organisation's broader Mental Capacity Act policy.

The policy sets out to show how the organisation meets the legal requirements to provide safeguards for people who might be deprived of their liberty whenever decisions are needed about their care and treatment, which they cannot take themselves because of lack of mental capacity. A situation where the policy might apply is where the organisation is asked to provide services to someone who might lack the mental capacity to decide whether they need those services and in their provision could be conceivably deprived of their liberty. For example the organisation might be approached for its staff to become a "minder" to a person lacking mental capacity. The "minding duties" are of such a nature that the person might be deprived of their liberty.

### **Aim of the Policy**

The organisation supports the principles of the Mental Capacity Act, i.e.:

1. Individuals must be assumed to have capacity unless it is established that they lack capacity.
2. Individuals are not to be treated as unable to make a decision unless all practicable steps have been taken without success to help them to take the decision.
3. Individuals must not to be treated as unable to make a decision just because they might or have been known to make an unwise decision.
4. When people take a decision on behalf of someone else who lacks capacity they must act in that person's best interests.
5. If anyone takes a decision on behalf of someone lacking capacity at the time, they must act so as to minimise that person's rights and freedom of action.
6. No person should have their freedom restricted to the point where they may be deprived of their liberty unless it has been proved that it is the only reasonable thing to do in their best interests and keeps them safe from harm.

Welcome Independent Living operates on the policy of the people to whom it provides services have the same freedoms and rights as anyone else. It will not provide a service to anyone who is being deprived of their liberty as a result of the organisation's provision unless it can be clearly shown to the organisation that it is in their best interests to do so.

The organisation will not support any application for authorisation to deprive one of its customers of their liberty (and so become subject to the deprivation of liberty safeguards) unless there is clear grounds for thinking that either the person is already deprived of their liberty, which needs authorisation, or it is clearly in their best interests to seek authorisation.

The organisation understands that there is no set definition of “deprivation of liberty” and that each case has to be assessed on its merits. As a guide the organisation uses the case examples identified in various Department of Health publications on the subject to indicate the sorts of situations that might be interpreted as deprivation of liberty and therefore requiring the safeguards to be put into place. Some examples of possible situations:

- Staff are asked to give medication to a person possibly against their will, which results in the person being effectively deprived of their liberty due to the effects of the medication given
- Staff consider they are being employed to exercise complete control over the care and movements of a person for a long period of time, which effectively deprives the person of their liberty
- Staff consider they need to take all decisions on a relevant person’s behalf, including choices relating to assessments, treatments, visitors and where they can live
- Staff are concerned that the actions of others involved in the care and treatment of a person lacking mental capacity is amounting to a deprivation of that person’s liberty with which they cannot collude without the proper DOL safeguards being applied.

## Procedures

If the organisation faces a situation where one of its customers who requires care, treatment or some form of intervention about which they cannot take a decision because of lack of mental capacity, but it is felt in their best interests to proceed with it, it first tries to ascertain if it would lead to the person having being deprived of their liberty as a result of being compelled to have that treatment.

If the answer is yes it would or it could and (in line with the mental capacity act principles there is no less restrictive way of proceeding) the organisation would seek to make sure that there has been an application for the DOL safeguards to apply before it agrees to continue providing a service to that person.

Welcome Independent Living Ltd will work with the supervisory authority in following the required assessment procedures with which it might be concerned.

The organisation recognises that the supervisory authority will need to carry out the following assessments to comply with the *Mental Capacity Act Code of Practice and the Mental Capacity (Deprivation of Liberty: Standard Authorisations, Assessments and Ordinary Residence) Regulations 2008*.

- An age assessment to make sure the person is aged 18 or over.
- A no refusal assessment to make sure that the authorisation sought does not conflict with a valid decision such as an advance decision that has already been made.
- A mental capacity assessment, which should state that the person lacks capacity to decide whether to receive the care and treatment being proposed.
- A mental health assessment to see if the person is suffering from a mental disorder such as dementia.
- An eligibility assessment to check that the person should not be considered for detention under the *Mental Health Act 1983*.
- A best interests assessment. This determines that the proposed course of action would: (a) amount to a deprivation of liberty, (b) be in the person’s best interests to be subject to the authorisation, (c) be necessary to prevent the person from being harmed and (d) be a proportionate response to the likelihood of suffering harm and the seriousness of that harm.

If authorisation is granted the organisation will work closely with the person appointed to represent the interests of the person whose liberty had been taken away. It will also work closely with the supervisory authority to make sure all the required checks are being carried out and to review the authorisation. The organisation will always want to make sure that the person is able to exercise their due rights and entitlements; including their right of appeal.

The Role of the Relevant Person's Independent Mental Capacity Advocate (IMCA)/ Representative (RPR).

Throughout its work with a IMCA/a RPR the organisation will always seek to comply with the *Mental Capacity (Deprivation of Liberty: Appointment of Relevant Person's Representative) Regulations 2008*.

Welcome Independent Living understands that an IMCA will be appointed by the supervisory authority if a person does not have anyone to represent their best interests. It understands that a RPR, whose appointment is recommended by the best interests assessor, will be in most cases a family member or friend of the person concerned. It also understands that the person appointed to represent the interests of the person whose liberty is being deprived has the following responsibilities:

- To involve as far as possible the person in any decision made on their behalf
- To maintain regular face to face contact with the person deprived of their liberty
- To see if there is a chance that the person may regain capacity and be able to make the decision
- To ask "could the decision be delayed to allow this?"
- To ascertain the wishes and feelings of the person, including any views they have expressed in the past and how they should be used to understand what their wishes and feelings might be in this situation (this might include things they have written down or said to other people, or examples of how they have behaved in similar circumstances in the past)
- To identify any beliefs or values that the person holds, which could influence the decision-making process eg religious beliefs, cultural background or moral views.

Welcome Independent Living undertakes to ensure that the IMCA/RPR always has access to the person whose liberty is being deprived and co-operates with any "best interests" actions that the RPR proposes.

Welcome Independent Living undertakes to co-operate with any representatives of the Care Quality Commission in their monitoring and inspecting of the standards of practice that the organisation seeks to achieve in relation to any person subject to the DOL safeguards with whom it is contracted to work.

### **Staff Training**

The organisation provides staff training on all aspects of mental capacity and the deprivation of liberty safeguards to improve their knowledge and develop skills in working with customers and their carers over their decision making abilities.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **DEVELOPMENT AND TRAINING POLICY**

### **OUTCOME 14, REGULATION 23 (Supporting Workers)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living believes that its staff represent its greatest asset. By providing opportunities, facilities and financial support for training the care organisation aims to ensure that all of its staff are in possession of the knowledge, skills and experience necessary to perform their jobs to the highest standard. To this end, the organisation is committed to functioning as a learning organisation, and to providing all of its staff with the opportunity for training and retraining in accordance with their own needs and those of the organisation.

Welcome Independent Living fully adheres to the above Outcomes and Regulations contained within the health and Social Care Act 2008 (Regulated Activities) regulations 2010, which relate to the degree to which the registered manager ensures that customers' individual and joint needs are met by an appropriately trained, supervised and developed staff group.

#### **Policy Details**

1. A training noticeboard is situated in the office, where all relevant training information, forthcoming courses and training opportunities are posted.
2. All new members of staff receive an induction training programme that is based on the national Common Induction Standards 1 – 8 (available from June 2011) by Skills for Care.
3. The Qualification Credit Framework known as QCF is now in place for Adult Health and Social Care. Appropriate training will be undertaken by staff to achieve this new national qualification, pertinent to their job role and responsibilities.
4. Welcome Independent Living invests in training that helps to meet its goals of providing a quality service, which are achieved by increasing the knowledge and skills and competencies of its staff to meet the needs of customers. In choosing relevant training the organisation is guided by the recommendations from Skills for Care/Skills for Health and other relevant publications including Care Quality Commission guidance.

Welcome Independent Living constructs its training programmes by choosing courses needed by its staff which are most likely to result in better outcomes for customers.

The organisation is giving priority to the following: At the time of writing, the Coalition Government is currently reviewing all Quangos, so at the present time funding of training within the Social Care sector is a big issue. The Skills Funding Agency is now in place and new guidance on training and funding arrangements are found on their website.

5. The manager will always consider requests for and may propose staff attendance at training events in accordance with both organisation needs and those of the staff member(s) concerned, which can be established from their supervision, appraisal and annual development plans.
6. The organisation firmly believes in the value of work-based learning and organises a programme of staff meetings, in-house training events and discussions. These are held every second month to which all staff attend if on duty. Details of dates and topics are posted on the training noticeboard.

7. All staff have an annual appraisal which, amongst other matters, reviews all training undertaken and sets goals for the coming year based on the individual training needs assessment.
8. All staff are provided with an annual personal training file, which they will keep. In the file they include details of all training sessions that they attend. The file should also contain a personal development plan filled in at the same time as the appraisal. The personal development plan contains details of any training opportunities that the member of staff seeks to pursue during the year. The folder must be kept in an accessible place as it may be required for inspection purposes at any time.
9. The organisation is well aware of its need to provide full training and support when it diversifies into new areas of service delivery. This includes customers who are obtaining services using a direct payments method.
10. Information on the organisation's approach to training is included in its Statement of Purpose and is updated there as the training needs change.

### **Application Process**

Staff who wish to attend a certain course or training event and wish to apply for paid time off or a contribution to the training fee, should address queries about the suitability or availability of training, and their eligibility to attend a specific course in particular, to their supervisor or manager. They should then fill in a training request form and submit this to the organisation manager.

The registered manager is responsible for the organisation of the organisation's induction and continuing training programmes, including in-house training.

### **Training Needs Assessment**

A training needs assessment is discussed and recorded with the individual staff member as part of the appraisal system.

### **Management Training**

The organisation's managers are also expected to undertake continuing training that is relevant to their roles and tasks and to update their knowledge and skills. Managers are expected to undertake staff supervision and appraisals and to help staff to develop their personal development plans for which they will also receive training in these responsibilities.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **DISABILITY DISCRIMINATION POLICY**

### **OUTCOME 12, REGULATION 21 (Requirements Relating to Workers)**

Name: Welcome Independent Living

#### **Policy Statement**

In this organisation:

- Discrimination on the grounds of disability will be neither practised or tolerated
- All employees, of whatever grade or role, are expected to abide by and adhere to the general principle of equal opportunities and to respect the culture, religion, privacy and dignity of others at times
- Staff will be promoted, employed and treated fairly on the basis of their ability and merits and accordingly to their suitability and nobody will be disadvantaged by a condition or requirement which is not justified by the genuine needs of their job or of the proposed job
- Advertisements and details sent out to job applicants will include the following statement: "The organisation is an equal opportunities employer and we welcome applications from all sections of the community"
- The organisation is committed to challenge any form of disability discrimination it encounters
- Employees or customers with questions or concerns about any type of discrimination in the organisation are encouraged to bring these issues to the attention of the registered person of the organisation
- Any breach of this policy should be reported to the registered person, to a line manager or to a senior responsible member of organisation staff; breaches will be dealt with through the organisation's disciplinary procedures.

#### **Aim of the Policy**

The aim of Welcome Independent Living is to promote equal treatment for all employees and customers irrespective of race, colour, sexual orientation, nationality, ethnic origin, religion, political belief, disability, age, gender, or marital status. This is managed in compliance with equal opportunities legislation and accepted codes of good practice. We aim to ensure that no job applicant, staff member, volunteer, organisation or individual we provide services to will be discriminated against by us.

This organisation fully complies with the Disability Discrimination Act 1995 and understands disability discrimination to refer to the treatment of one person more or less favourably than another on the grounds of disability. The organisation understands that such discrimination may be direct or indirect. Direct discrimination is deliberate. Discrimination is indirect when an unnecessary condition or requirement is imposed, whether intentionally or inadvertently, such that the proportion of members of one group who can comply with it is considerably smaller than the proportion of other groups.

#### **Procedure for Dealing With Complaints of Disability Discrimination**

Employees or contracted staff who believe that they are subject to discrimination at work, either by the organisation or by another employee, have recourse to the organisation grievance procedure as set out in their terms of employment. Allegations of disability discrimination will be taken seriously by the organisation and failure to comply with this policy or proven acts of discrimination by an employee will be handled under the organisation's disciplinary procedure.

Complainants should record:

- The details of what happened or of the specific nature of the complaint
- Details of when and where any occurrence took place
- The names and contact details of witnesses if appropriate.

All complaints should be dealt with as fully confidential.

### **Training**

All new staff are encouraged to read the policies on equal opportunities and disability discrimination as part of their induction process. All existing staff will be offered training, updates and/or briefings identified through appraisal to enable them to meet the requirements of this policy.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:



## **DISCIPLINARY POLICY**

### **OUTCOME 14, REGULATION 23 (Supporting Workers)**

Name: Welcome Independent Living

#### **Policy Statement**

All employers are unfortunately forced to administer discipline to staff at some time or another. This organisation believes that any disciplinary action taken should be aimed at identifying those problems that caused or contributed to the disciplinary action having to be taken, and to assist in correcting them. The organisation believes that it is in the interests of all that disciplinary actions are carried out in a prompt, uniform and impartial way and that the main purpose of disciplinary action is to correct the problem, prevent its recurrence and prepare the employee for satisfactory service in the future.

Welcome Independent Living adheres fully to the above Outcome and Regulations from the Care Quality Commission Guidance about Compliance, which relates to the degree to which customers' rights and best interests are safeguarded by the organisation's policies and procedures. Welcome Independent Living also adheres fully to the ACAS Code of Practice *Disciplinary and Grievance Procedures*.

#### **Aim**

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to staff discipline. The purpose of this policy is to ensure a fair and systematic approach to the enforcement of acceptable standards of conduct and behaviour amongst all employees.

#### **Staff Disciplinary Policy**

In this organisation disciplinary action may be taken in response to one of the following:

1. Unsatisfactory performance at work
2. Improper behaviour at work
3. Persistent lateness or absenteeism
4. Misconduct.

In this organisation disciplinary action may take one of the following forms depending on the severity of the problem and the number of occurrences:

1. Verbal warnings
2. One or more written warnings
3. Suspension with or without pay
4. Dismissal.

In this organisation the following procedure applies.

1. For offences other than serious or gross misconduct, the employee's immediate supervisor or line manager should first ascertain the facts and review any evidence relating to any breach of rules or discipline. The employee will be interviewed in private and should be asked for an explanation. The immediate supervisor or line manager will then decide upon a course of action.
2. If an informal, verbal warning is decided upon then this should be administered in private by the immediate supervisor or line manager and appropriate notes made in the employee's personnel file.

3. If a formal, written warning is required, because an informal warning has already been given for the offence or because of the severity of the offence, only a senior organisation manager or head of organisation should carry this out. Appropriate notes should be made in the employee's personnel file.
4. If the offence is repeated or agreed improvements are not made then a second and final written warning may be issued.
5. If standards improve and there is no repetition of the offence then the employee may request that the warning is removed from their file after 12 months. The organisation reserves the right to refuse to remove the offence from the file if it feels that the offence warrants or that there is a likelihood of further transgression.
6. An employee may be suspended without pay if the organisation deems them incapable of performing their duties or while investigations take place. A written copy of the suspension should be given to the member of staff by the head of organisation.
7. An employee may be dismissed if:
  1. They have already received a final written warning and repeat the offence
  2. They have been suspended and the organisation decides that, upon investigation, their offence merits dismissal
  3. They have committed serious or gross misconduct
  4. They have committed an offence that makes their continued employment impossible.

The organisation recognises that there are certain types of problem that are so serious they justify either a suspension or, in extreme situations, dismissal, without verbal or written warnings being given.

In this organisation the following apply.

1. Disciplinary matters should be dealt with quickly and fairly.
2. An indication should be provided of the disciplinary action that might be taken.
3. Supervisors or line managers can issue verbal warnings.
4. Only the head of organisation or senior organisation management can use written warnings and dismissal.
5. Employees should be told of the complaint against them and be given full opportunity to state their case before a decision is taken.
6. Employees have the right to be accompanied by a trade union representative or fellow employee of their choice.
7. Employees will not normally be dismissed for a first offence, other than gross misconduct.
8. No disciplinary action will be taken before there has been a full investigation.
9. An explanation of any penalty will be given.
10. Employees have a right of appeal.

## **Written warnings**

Written warnings should state clearly:

1. The conduct concerned
2. The improvement required and the time limit for this if appropriate
3. The likely consequences of further offences or failure to improve (eg final warning, dismissal, etc).

The warning should be handed to the employee, who should be informed of the right of appeal.

### **Appeals**

Appeals should not be pursued through the organisation's grievance procedure but should be made directly to the head of organisation. Where a final decision within the organisation is contested, or where the matter becomes a collective issue between management and a trade union, then appeals should be made via an external body such as ACAS.

### **Records**

Records will be kept in the employee's personnel file detailing the nature of any breach of disciplinary rules, the action taken and the reasons for it, whether an appeal was lodged, its outcome and any subsequent developments. These records will be carefully safeguarded and kept confidential.

The organisation disciplinary policy should be included in the induction training for all new staff.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **DISCLOSURE AND BARRING SERVICE (DBS) POLICY.**

### **OUTCOME 12. REGULATION 21 (Requirements relating to workers)**

Name: Welcome Independent Living

#### **Policy Statement**

This policy outlines the organisation's approach to the use of Disclosure and Barring Service checks and the storage and use of information on convictions disclosed by the Disclosure and Barring Service (DBS). The policy applies to all staff groups and should be given to applicants at the outset of the recruitment process where an Enhanced DBS disclosure of their criminal record will be required as part of the application process for working in a Regulated Activity.

#### **Disclosure and Barring Service (DBS) Check Policy Statement**

The new Disclosure and Barring Service is an amalgamation of the old Criminal Record Bureau and the Independent Safeguarding Authority. Their duties are set out in "The Freedoms of Protection Act 2012". The changes are being incrementally introduced until 2014. Changes in place so far

- New definition of "Regulated Activity" as defined by the Health and Social Care Act 2008 which came into force on 10<sup>th</sup> September 2012 which amended the Vulnerable Groups Act 2006. At present it is vital that the following website is checked frequently i.e. a minimum of monthly by [ **INSERT POST HOLDER**]

**[www.wp.dh.gov.uk/health/Regulated-Activity-adults-V2.pd...](http://www.wp.dh.gov.uk/health/Regulated-Activity-adults-V2.pd...)**

- The Protection of Vulnerable Adults List is now held by the Disclosure and Barring Service and a referral system is in place. Guidance and the referral form is available on the DBS website.
- The Vetting and Barring Scheme has now been abolished and further guidance will be issued in due course
- From June 17<sup>th</sup> the new UPDATE SERVICE has been launched. This enables prospective employees to pay a subscription fee of £13 per annum which allows them to update their current DBS. Employers will be able to validate the DBS by checking online any DBS which is made available to them via the interview process.

#### **Appointments Requiring a DBS Disclosure**

An applicant will be requested to submit to a DBS disclosure request where they meet the new definition of Regulated Activities which came into force on 10<sup>th</sup> September 2012 following the amending of the Vulnerable Groups Act 2006. It is vital that only these staff group are requested to submit a DBS application.

All subjects of a DBS disclosure request will be made aware of the DBS Code of Practice. Any information revealed in a disclosure that is likely to lead to the withdrawal of a job offer will be discussed with the applicant before the offer is withdrawn.

Where a conviction has been disclosed in an individual's application for a post with the organisation, a discussion will take place at the end of the interview regarding the offence and its relevance to the position.

Failure to reveal information relating to unspent convictions could lead to the withdrawal of an offer of employment.

**[THE FOLLOWING STATEMENTS ARE TO BE INSERTED AFTER ANNONYMOUS CARE LTD HAS MADE DECISIONS ABOUT HOW IT WILL MANAGE AND PROCESS THE NEW DBS SYSTEM]**

[Please Note a check must be made of your current service specification from your Local Authority Contracts Section. This is because most Local Authorities required that a CRB check was made every 36 months as a minimum standard.

You may wish as an organisation to take this date into account when setting up the new system].

**[Insert and delete as appropriate or amend]**

- **DBS Process Statement 1**

Any applicant for any post within the Welcome Independent Living organisation who has already obtained an up to date DBS certificate will be subject to an update service check. If this check discloses the same information as the DBS staff providing everything else required for recruitment and selection is in place can be offered the post with immediate effect.

Where the information does not match or any discrepancy is revealed the applicant will be asked to update the DBS at their own cost and the interview will be terminated until receipt of the updated DBS. Welcome Independent Living will then take a risk based discussion regarding employment.

- **DBS Process Statement 2**

Welcome Independent Living will implement a full DBS only disclosure for all staff commencing [INSERT DATE]. Currently as an organisation [we refund/ we do not refund] the cost of the CRB. From the afore mentioned date all current staff will have a DBS disclosure and then become responsible for the yearly subscription to the update service.

In order for Welcome Independent Living to be as efficient and cost effective as possible the portability of the DBS needs to be implemented as soon as is practically possible. The old CRB system is now abolished and the next stage in the process means that the employer will no longer receive a copy of the DBS disclosure. It is therefore imperative in order to protect and safeguard customers, that the use of the update service is implemented.

**Please note none of the above relates to a CRB disclosure, only to a disclosure which states it has been issued by the Disclosure and Barring Service.**

### **Risk based decision making in relation to disclosures**

Where a prospective employee has a DBS returned detailing criminal offences which have not been disclosed a risk assessment will be undertaken in respect to their recruitment. This must be based on the information to hand and a balanced view should be maintained throughout the process. It is Welcome Independent Living responsibility to ensure the safeguarding of service users and the decision to employ will be taken in the context of risk to the service user, staff and the business. The decision will be recorded and held on file.

The Rehabilitation of Offenders Act 1974 provides that ex-offenders are not required to disclose to prospective employers convictions defined as 'spent' under the Act. However because our employees work in a Regulated Activity the updated list applies as defined in the **Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975**.

### **DBS Disclosure's and Data Protection**

In this organisation:

- DBS disclosure information will not be stored on an employee's personnel file but will be stored separately in lockable storage with access limited to those who are entitled to see it as part of their duties.  
A record will be maintained of all those to whom disclosure information has been revealed as it is a criminal offence to pass this information to anyone who is not entitled to receive it.  
The DBS reference number will be the means used to investigate any queries regarding the disclosure.  
A register of these numbers will be kept in order to check and review the information where required.
- DBS disclosure information will only be used for the specific purpose for which it was requested and for which the applicant's full consent will have been obtained.
- Any information disclosed during the DBS process will be dealt with sensitively and appropriately

There are currently several cases of case law before the European Court of Human Rights regarding age-related disclosures primarily those committed whilst a minor. These cases will be reviewed and taken into account during the next phase of the "Freedom of Protection Act 2012" and our policy revised if necessary

This policy will be read in conjunction with the Recruitment and Selection Policy

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **DISCLOSURE AND BARRING SERVICE (DBS) REFERRAL POLICY OUTCOME 12, REGULATION 21 (Requirements Relating to Workers)**

Name: Welcome Independent Living

### **Purpose of this Document**

To clarify the company's legal obligations and procedures for referring to the Disclosure and Barring Service Referral system formally known as POVA This list is now held by the Disclosure and Barring Service due to its amalgamation of the Independent Safeguarding Authority and the Criminal Records Bureau Although the list is still known and operated as the POVA list it is accessed only via a DBS referral and the use of the appropriate referral form. This form is accessed via

[www.homeoffice.gov.uk/agencies-public-bodies/dbs/services/dbs-referrals/](http://www.homeoffice.gov.uk/agencies-public-bodies/dbs/services/dbs-referrals/)

The form is completed and sent to the address on page 7 of the referral form

### **Policy Statement**

At present there are phased changes to the DBS system which are contained in the Freedoms of Protections Act 2012 which gives employers guidance regarding the new Disclosure and Barring Service which include arrangements for the new referral system to access the POVA list.

This policy is updating current information and the steps to take when completing a referral. In order to ensure that we are continually updated the set of documents listed below will be reviewed, as changes will be made throughout 2013 -14.

These documents will be read by all registered managers, all managers involved in any disciplinary investigations or proceedings and those involved in the recruitment and selection of staff.

This guidance was updated in December 2012 and all previous guidance and forms are now obsolete.

Listed below are the factsheets and guidance available from the above mentioned website

Factsheets:

- [Factsheet 1: employers and volunteer managers - when to make a referral to the DBS](#)
- [Factsheet 2: referral and barring decision-making process](#)
- [Factsheet 3: malicious and false allegations](#)
- [Factsheet 4: the DBS and professional regulators](#)
- [Factsheet 5: relevant offences](#)
- [Factsheet 6: data protection and security](#)
- [Factsheet 7: local authority- referral duty and power](#)
- [Factsheet 8: reviews](#)
- [Factsheet 9: appeals](#)

### **Guidance**

- Guidance and instruction documents:
- [Guidance for completing the referral form](#)
- [Referral frequently asked questions](#)

- [Referral guide for employers and volunteer managers](#)
- [Referral instructions for personnel suppliers](#)

### **When to refer**

The Safeguarding Vulnerable Groups Act (SVGA) 2006 and Safeguarding Vulnerable Groups (Northern Ireland) Order (SGVO) 2007, place a duty on employers of people working with children or vulnerable adults to make a referral to the DBS in certain circumstances. This is when an employer has **dismissed or removed** a person from working with children or vulnerable adults (or would or may have if the person had not left or resigned etc.) because the person has:

1. Been cautioned or convicted for a relevant offence; or
2. Engaged in relevant conduct in relation to children and/or vulnerable adults [i.e. an action or inaction (neglect) that has harmed a child or vulnerable adult or put them at risk of harm]; or
3. Satisfied the Harm Test in relation to children and/or vulnerable adults. [i.e. there has been no relevant conduct (i.e. no action or inaction) but a risk of harm to a child or vulnerable adult still exists].

### **Procedures**

**[Please ensure that these procedures reflect your practice or visa versa] \*\*\***

- After an incident has been reported or allegation made that a customer may have been abused there will be a thorough investigation following the company's own disciplinary procedures.
- The local authority Safeguarding will be informed immediately and in some cases there may be a police investigation.
- The Care Quality Commission will also immediately be sent a statutory notification.
- The company's manager will follow local Safeguarding procedures, notifying and taking advice if needed from the CQC inspectorate/ local adult or child protection team/ police if involved.
- During such an investigation Welcome Independent Living will take all possible steps to ensure that the customer(s) in question are kept safe and well protected from any possible further incidents.
- In most instances the employee(s) in question will be suspended or if there is clear evidence of misconduct they may already be dismissed.
- Once it is clear that misconduct resulting in harm or possible harm has occurred and the worker(s) involved remains a risk to vulnerable people the company's manager must by law refer that person to the DBS.
- However it is important to note that a DBS referral might be made at any stage in the procedures used for establishing whether misconduct causing harm to a customer has taken place. The company does not have to complete the investigation before making a referral — the paramount principle is the protection and safety of the vulnerable person.
- The DBS team will decide on the basis of the information made available if the worker should be investigated. If after assessment the person is not placed on the list then the person is not barred from current or future employment in a Regulated Activity.



This does not necessarily mean that the company will re-employ the person if she/he has been dismissed.

- If the person is provisionally placed on the DBS list he/she will no longer be able to work in a Regulated Activity. A person can appeal against both provisional placement and confirmation on the DBS list following the established procedures that are not the concern of this company as an employer.
- The DBS referral and assessment process is separate from the company's own disciplinary and appeal procedures.  
The only obligation this company has is to make a referral if it considers vulnerable people have been harmed or are at risk of being harmed if the individual continues to work in a Regulated Activity.  
The DBS team will communicate all decisions to the individual once the referral has been made.

This policy will be reviewed by the Registered manager.

Signed:

Date:

Review Date:

## **DRESS CODE POLICY**

### **OUTCOME 12, REGULATION 21. (Requirements relating to workers)**

**Name: Welcome Independent Living**

#### **Policy Statement**

This policy sets out the requirements of all categories of staff within **Welcome Independent Living** in relation to the wearing of uniforms and standards of dress.

The definition of staff is all workers, staff and management. This includes volunteers, agency workers and self employed contractors who must be appropriately dressed at all times. Students undertaking placements are expected to adhere to the policies agreed between **Welcome Independent Living** and the relevant education provider.

#### **Aim of Policy**

1. To clarify the requirements on all staff with regard to standards of dress. Health and Safety demands are such that clarity needs to be in place to ensure that our duty of care to staff and customers is understood and respected.
2. The standard of dress must support infection prevention and control requirements of the Care Quality Commission Regulations.
3. The standards of dress is such that it enhances the safety and wellbeing of staff and presents a professional image to our multi agency partners, customers and local community.

**Welcome Independent Living** whilst implementing a dress code recognises the diversity of cultures, religions and disabilities of its employees where necessary and will take a sensitive approach when this affects dress or uniform requirements.

The Dress Code Policy is designed to guide managers and employees on the application of standards of dress and appearance. The policy sets out acceptable and unacceptable standards of dress. Staff should use common sense in adhering to the principles underpinning the policy.

All employees are supplied with a **Welcome Independent Living** identity/ security badge which must be worn and be visible during working hours .or when representing **Welcome Independent Living** in an official capacity.

All staff are required to comply with the principles of the Dress Code Policy. Failure to adhere to **Welcome Independent Living** standards of dress may constitute misconduct and may result in formal disciplinary proceedings.

Employees are responsible for following the standards of uniform/dress laid down in this policy and should understand how this policy relates to their working environment; health and safety, infection control, particular role and duties and contact with others during the course of their employment.

Managers are responsible for ensuring the Dress Code Policy is adhered to at all times in respect of the workers they manage and be mindful of the requirements regarding contractors, agency staff and volunteers etc..

#### **Uniform**

**All staff delivering personal care to customers must**

1. Wear the uniform provided by **Welcome Independent Living** in a clean and presentable fashion and all staff must have access to a spare uniform in case one becomes soiled during the shift. **[DEFINE UNIFORM ISSUED]**

2. Appropriate PPE should also be used e.g. gloves, aprons, bacterial gel, masks etc. As detailed by the requirements of the Health and Safety Policy.

#### **All staff delivering support to customers must**

1. Wear the uniform provided by **Welcome Independent Living** in a clean and presentable fashion and all staff must have access to a spare uniform in case one becomes soiled during the shift. **[DEFINE UNIFORM ISSUED]**

2 This includes chefs and ancillary staff and agency workers employed by **Welcome Independent Living**

#### **Volunteers, contractors or self employed.**

1. This group must be appropriately dressed for the task for which they are engaged to do. Common sense should be the guiding principle but at all times the following applies

- All tops must cover upper torso completely, vests are not acceptable.
- Shorts if worn must be knee length, tailored for both men and women.
- Shoes must be appropriate for the task and no opened toed sandals should be worn.
- Denim of any type is not acceptable. Chino cottons, linens and similar fabrics are appropriate.
- All appropriate clothing must be safe and acceptable in the workplace e.g. mini, maxi type clothing is not acceptable.
- Clothing should be clean, serviceable and fit for the task in hand.

#### **Managers and office staff.**

1. The dress code for this group of staff is not definitive but must adhere to the following standards.

- Skirts, trousers and tops must be serviceable and of the right length and coverage as detailed above **[DETAIL ANY SPECIFIC ORGANISATIONAL REQUIREMENTS]**.
- No staff in this category are allowed to wear shorts in the office or while visiting prospective customers.
- Shoes should be carefully selected e.g. on days when spot checking staff no opened toed sandals or similar footwear should be worn.

#### **General**

1. The uniforms issued must not be altered or added to by the individual. If changes are required, it must be discussed with your line manager.

2. All staff delivering personal care or support should change out of their uniform before going off duty, if this is not possible staff are permitted to travel between home and work in their uniform as long as it is fully covered by a coat. This should be discussed with the appropriate manager to seek agreement for the staff member.

3. The wearing of **Welcome Independent Living** uniform in public places such as a supermarket is not acceptable.

4. The ID badge should be removed on leaving the premises

5. Maternity uniforms will be provided for staff where necessary.

6. **Welcome Independent Living** does not provide a laundry service but staff must ensure that uniforms are laundered in accordance with guidance provided on the uniform. In the event of any confusion, staff should contact the ICP lead in the organisation for guidance on appropriate washing temperatures.

7. All staff leaving **Welcome Independent Living** who have been provided with a uniform must return their uniform to their line manager. **[DETAIL HERE THE RETURN PROCESS]**.

8. Nail varnish, false nails and false eyelashes are not permitted. Nails should be sufficiently short to ensure safe customer contact and good hand hygiene.

9. Visible tattoos are to be discouraged and where present should not be offensive to others. Where they are deemed to be offensive they should be appropriately covered.

10 Jewelry must be kept to a minimum for staff delivering care or support; a plain/wedding ring and one pair of discreet stud earrings are permitted. Wrist watches must not be worn when providing care or support. **[DETAIL EXACT REQUIREMENTS]**  
Facial/body piercing can be a Health and Safety issue and must be removed before coming on duty.

If staff have piercing for religious or cultural reasons, these must be covered and must not present a quantifiable health and safety or infection prevention and control risk.

11, Hair should be neat and tidy at all times and in the care and support environment long hair should be tied back. Headscarves worn for religious purposes are permitted in most areas, however they are excluded in any clinical areas where they could present a health and safety and cross-infection hazard.

Beards should be short and neatly trimmed, unless this reflects the individual's religion where it should be tidy.

Beards should be covered with a hood when undertaking aseptic procedures.

This policy will be reviewed annually by the Registered Manager

Signature

Date

Review Date

## END OF LIFE POLICY

### OUTCOME 4 REGULATION 9 (Care and Welfare of people who use services).

Name Welcome Independent Living

#### Policy Statement

**Welcome Independent Living** seeks to ensure that End of Life Care is a service which meets and supports the needs of its customers, their families and the wider community; we live in an ageing society which is extending and often moving imperceptibly into the dying phase. There are key factors in play which include family structures and different models of family life which mean that services at the End of Life are often provided by social care providers.

This policy clarifies the role of **Welcome Independent Living** and how it will work in conjunction with its multi-agency partners in order to ensure that it plays its part when required in delivering a quality person centred End of Life Service.

#### Aims of the Policy.

**Welcome Independent Living** with its multi-agency partners will work to ensure that “The Supporting People to live and die well” Framework and its recognised objectives will be at the core of how we deliver the service.

Its Key Aims are

1. To strengthen the specialism of palliative social care
2. To promote understanding and best practice in the holistic assessment of individuals, their carers and families at the End of Life.
3. To promote early engagement with End of Life care planning
4. To create a supportive work environment that enables social care workers to maximise their contribution to quality End of Life care
5. To educate and train social care staff to deliver high quality End of Life care.

#### End of Life Care Pathway

Six steps have been identified which together form a pathway through care at End of Life. Social care can play a key role at each step and in promoting quality of life right up to the point of death.

This policy clarifies the role of **Welcome Independent Living** and how it will work in conjunction with its multi-agency partners.

##### Step 1. Discussions.

Discussions as the End of Life approaches are paramount in order to ensure that the needs and wishes of the individual, family and/or friends are clearly documented. These are not easy discussions to undertake and must be open, honest and involve a holistic approach. Staff involved in such discussions must be well supported, trained and liaise with outside professionals as required in order to carry out the task.

##### Step 2. Assessment, Care Planning and Review.

Assessment, care planning and review mechanisms must take account of where the individual is in relation to the End of Life service.

**Welcome Independent Living** will ensure that the care planning and frequency of reviews will reflect this to ensure that the care provision is always current. Family and/or friends can be closely involved in the decision process according to the wishes of the customer.

By working closely with our multi-agency partners our aim is to provide the highest quality End of Life Care for the customer.

When required, Welcome Independent Living will access outside professional support for the family or friends.

Robust systems are in place to ensure thorough documentation and communication between everybody involved in the process.

#### Step 3 Co-ordination of Care

**Welcome Independent Living** will make sure that a robust system is in place for communication and dialogue between staff and our multi-agency partners.

**[Please detail here any named person or post in your organisation responsible for the liaison and communication].**

#### Step 4. The delivery of high quality services in different settings

Welcome Independent Living recognises that, End of Life Care for its customers can only be a reality where all multi-agency partners work to a common goal of timescales and organisation of the service. It is the liaising with and the professional working relationships that ensure successful End of Life Care for the customer

#### Step 5 Care in the last days.

It is crucial that every measure is put in place which enables people to die in their home including a home and avoid unnecessary changes in the care setting in the final stages of their life.

**Welcome Independent Living** will work to ensure, that a customers' choice to stay in the Home in the final stages of their life is made possible by working with their multi-agency partners.

Where appropriate advocacy services will be accessed to support the customer choice in this.

#### Step 6 Care after death.

Welcome Independent Living recognises that End of Life Care does not stop at the point of death and that often for family or friends' further support is needed especially immediately after death. It is crucial that discussions take place with the family or friends so that agreement can be reached and documented about the level and need of support required and so that outside professional support and guidance accessed as required or requested.

All staff will undertake appropriate training. **[Detail the type of Training undertaken or that is in place in your organisation]**

The Registered Manager will review this policy

Signed

Date

Review Date

## **ENVIRONMENTAL MANAGEMENT POLICY**

### **OUTCOME 10, REGULATION 15 (Safety and Suitability of Premises)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living believes that environmental issues such as pollution, waste management, energy and water conservation, transport issues and the recycling of resources, should be important items on the agenda of the modern employer. Welcome Independent Living believes that it has a duty to act in a responsible, sustainable and ethical way and to work towards contributing to nationally agreed environmental objectives. The organisation understands that the aim of such sustainable development is to maintain the quality of the environment, both now and for generations to come. This includes:

1. The conservation of energy, wood, paper, horticulture and water
2. The reduction of pollution, especially pollution by ozone depleting substances, vehicle emissions, asbestos, hazardous substances, batteries, solvents and paints, biodegradables and litter
3. The procurement of supplies and resources from renewable or environmentally friendly sources
4. Responsible waste management.

#### **Aim of Policy**

In order to improve its environmental management and to ensure that all of its activities and developments are as sustainable as possible this organisation will:

1. Adopt and implement an environmental and sustainable development policy which will be agreed with all members of staff
2. Ensure that all organisations with whom the organisation contracts with and purchases from will be asked if they too have similar policies and the organisation will gradually move its systems of procurement to more environmentally friendly sources
3. Conduct a regular audit of its processes and wastes to identify areas where it can commit to long term waste reduction targets
4. Reduce waste levels by reusing whatever can be reused
5. Develop a recycling system in collaboration with local authorities, other local businesses and waste disposal organisations, particularly in regard to materials such as paper, tins, glass, plastic, cardboard and other packaging
6. Recycle printer ink cartridges and consumables wherever possible
7. Dispose of all electrical equipment according to the Directive on Waste Electrical and Electronic Equipment (the WEEE Directive), including such things as computer equipment, fridges and freezers
8. Use energy efficient and low power equipment wherever possible
9. Ensure that all buildings, pipes and lofts are properly insulated and maintained in such a way as to be as energy efficient as possible
10. Conserve power and water by encouraging staff to:
  - turn off non-essential lights and power sources when not in use
  - keep windows and doors closed when using heating



11. Report and repair malfunctioning thermostats on radiators and dripping taps immediately
12. Only use as much water as is necessary
13. Reduce the harmful effects of car exhausts and congestion by maintaining vehicles in good condition and by cutting back on unnecessary journeys wherever possible
14. Ensure that potentially dangerous substances are used as little as possible and are disposed of properly
15. Ensure that staff are trained to comply with these policies.

All new staff should be encouraged to read the policy on environmental management as part of their induction process.

This policy will be reviewed annually by the registered manager

Signed:

Date:

Review Date:

## **EQUAL OPPORTUNITIES POLICY**

### **OUTCOME 14, REGULATION 23 (Supporting Workers)**

Name: Welcome Independent Living

#### **Policy Statement**

This organisation is committed to achieving a working environment which provides equality of opportunity and freedom from discrimination on the grounds of race, religion, sex, class, sexual orientation, age, disability or special needs. The organisation is also committed to building a workforce that is diverse and reflects the community around us.

#### **Aim of the Policy**

The aim of the organisation is to promote equal treatment for all employees and customers irrespective of race, colour, sexual orientation, nationality, ethnic origin, religion, political belief, disability, age, gender, or marital status; and that this is managed in compliance with equal opportunities legislation and accepted codes of good practice. These codes are regularly reviewed using the Equality and Human Rights Commission Guidance We aim to ensure that no job applicant, staff member, volunteer, organisation or individual we provide services to will be discriminated against by us.

#### **Definition**

Welcome Independent Living understands discrimination to mean the treatment of one person more or less favourably than another on the grounds of race, religion, sex, class, sexual orientation, age, disability or special need. Discrimination may be direct or indirect. Direct discrimination is deliberate. Discrimination is indirect when an unnecessary condition or requirement is imposed, whether intentionally or inadvertently, such that the proportion of members of one group who can comply with it is considerably smaller than the proportion of other groups.

#### **Equal Opportunities Policy**

The organisation is committed to a policy of equal opportunities for all and requires all employees to abide by and adhere to this general principle and to the requirements of the Code of Practice laid down by the Equality and Human Rights Commission.

#### **In particular in this organisation:**

1. Discrimination on the grounds of race, colour, ethnic or national origin, religion, class, disability, special needs, on grounds of sex or marital status or membership or non-membership of a trade union will not be practiced or tolerated
2. The organisation expects all employees, of whatever grade or authority, to abide by and adhere to this general principle
3. Staff will be promoted, employed and treated fairly on the basis of their ability and merits and accordingly to their suitability and no one will be disadvantaged by a condition or requirement, which is not justified by the genuine needs of their job or of the proposed job
4. The organisation is committed to challenge any form of discrimination it encounters
5. In order to provide equal employment and advancement opportunities to all individuals, employment decisions at the organisation will be based on merit, qualifications and abilities

6. Employees or customers with questions or concerns about any type of discrimination in the organisation are encouraged to bring these issues to the attention of the organisation management or owner
7. Any breach of this policy should be reported to the on duty manager or to a senior, responsible member of organisation staff; breaches will be dealt with through the organisation's disciplinary procedures.

### **Procedure for Dealing with Complaints of Discrimination**

Employees or contracted staff who believe that they are subject to discrimination at work, either by the organisation or by another employee, can have recourse to Welcome Independent Living Ltd's grievance procedure as set out in their terms of employment. Some discriminatory acts may contravene the *Sex Discrimination Act 1975* or the *Race Relations Act 1976*. These and other forms of discrimination will be taken seriously by the organisation. Failure to comply with the Equal Opportunities Policy and proven acts of discrimination by an employee will be handled under the organisation's disciplinary procedure.

Complainants should:

1. Record the details of what happened or of the specific nature of the complaint
2. Record details of when and where any occurrence took place
3. Record the names and contact details of witnesses if appropriate.

All complaints should be dealt with in a professional and confidential manner.

### **Training**

All new staff should be encouraged to read the policy on equal opportunities as part of their induction process. The Common Induction Standards 1 – 8 (refreshed), Standard 4 – Equality and Inclusion covers in depth equality and diversity issues.

Equal opportunities and anti-racism training is covered within the Common Induction Standards (see above). Standard 4 within those standards can be used as a refresher training module for staff. The registered manager is responsible for organising and co-ordinating training. A variety of training courses on equal opportunities and related matters are usually available through organised through the Local Authority.

All existing staff will undergo training and/or briefing to enable them to meet the requirements of this policy and should be offered advice and guidance to ensure they understand their responsibilities within their role and the organisation's policy.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **EQUALITY AND DIVERSITY POLICY**

### **OUTCOME 1, REGULATION 17 (Respecting and Involving People who use Services)**

**Name:** Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living Complies fully with the legislation requirements contained within the Equality Act 2010. This policy is amended to take account of the new requirements. Staff training will be reviewed and amended accordingly, in relation to Common Induction Standard 4, Equality and Inclusion. The policy is written in two parts, part one covers the changes in legislation, part two is guidance for workers and staff who deliver care to different minority groups. Part two is not exhaustive, but is added to provide specific information for different groups whilst delivering a care service. Welcome Independent Living takes the view that this area is so complex that where appropriate legal advice would be sought regarding a given situation

#### **Aim of the Policy**

##### **Part one**

The Equality Act 2010 came into force on Oct 1<sup>st</sup> 2010. The Act bridges previous legislation such as the Race Relations Act, Disability Discrimination Act etc. and ensures a consistent approach to issues concerning equality. The same groups are covered that were protected previously e.g.

1. Age
2. Disability
3. Gender Reassignment
4. Marriage and civil partnerships
5. Pregnancy and Maternity
6. Race
7. Religion and belief
8. Sex
9. Sexual Orientation

These are now called “Protected Characteristics”.

The Act extends some protections to characteristics that were not previously covered and strengthens particular aspects of equality law. This policy has been updated to reflect these changes.

#### **Types of Discrimination**

##### **1. Direct Discrimination**

Direct discrimination occurs when someone is treated less favourably than another person because of a “Protected Characteristic” they have or are thought to have (see perception discrimination below), or because they associate with someone who has a “Protected Characteristic” (see discrimination by association below).

## **Example**

Paul, a senior manager, turns down Angela's application for promotion to a supervisor position. Angela, who is a lesbian, learns that Paul did this because he believes that the team she applied to manage are homophobic. Paul thought that Angela's sexual orientation would prevent her from gaining the team's respect and managing them effectively. This is a direct sexual orientation discrimination against Angela.

## **2. Discrimination by Association**

Already applies to age, race, religion or belief and sexual orientation. Now extended to cover disability, gender reassignment and sex. This is direct discrimination against an individual because they associate with another person who possesses a "Protected Characteristic".

## **Example**

June works as a project manager and is looking forward to a promised promotion. However, after she tells her boss that her mother, who lives at home, has had a stroke, the promotion is withdrawn. This may be discrimination against June because of her association with a disabled person.

## **3. Perception Discrimination**

Already applies to age, race, religion or belief and sexual orientation. Now extended to cover disability, gender reassignment and sex. This is direct discrimination against an individual because others think they possess a particular "Protected Characteristic". It applies even if the person does not actually possess that characteristic.

## **Example**

Jim is 45 but looks much younger. Many people assume that he is in his mid 20s. He is not allowed to represent his organisation at an international meeting because the Managing Director thinks that he is too young. Jim has been discriminated against on the perception of a "Protected Characteristic".

## **4. Indirect Discrimination**

Already applies to age, race, religion or belief, sex, sexual orientation and civil partnership. Now extended to cover disability and gender reassignment.

Indirect discrimination can occur when you have a condition, rule, policy or even a practice in your organisation that applies to everyone but particularly disadvantages people who share a "Protected Characteristic". Indirect discrimination can be justified if you can show that you acted reasonably in managing your organisation, i.e. that it is "a proportionate means of achieving a legitimate aim." A legitimate aim might be any lawful decision you make in running your organisation, but if there is a discriminatory effect, the sole aim of reducing costs is likely to be unlawful.

Being proportionate really means being fair and reasonable, including showing that you've looked at "less discriminatory" alternatives to any decision you make.

## **Example**

A small finance organisation needs its staff to work late on a Friday afternoon to analyse stock prices in the American finance market. The figures arrive late on Friday because of the global time differences. During the winter some staff would like to be released early on a Friday afternoon in order to be home before sunset – a requirement of their religion. They propose to make the time up later during the remainder of the week.

The organisation is not able to agree to this request because the American figures are necessary to do the business, they need to be worked on immediately and the organisation is too small to have anyone else able to do the work.

The requirement to work on Friday afternoon is not unlawful indirect discrimination as it meets a legitimate business aim and there is no alternative mean available.

## **5. Harassment**

Harassment is “Unwanted conduct related to a relevant “Protected Characteristic”, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.”

Harassment applies to all “Protected Characteristics” except for pregnancy and maternity and marriage and civil partnership. Employees will now be able to complain of behaviour they find offensive even if it is not directed at them, and the complainant need not possess the relevant characteristic themselves. Employees are also protected from harassment because of perception and association.

### **Example**

Paul is disabled and is claiming harassment against his line manager after she frequently teased and humiliated him about his disability. Richard shares an office with Paul and he too is claiming harassment, even though he is not disabled, as the manager’s behaviour has also created an offensive environment for him.

Steve is continually being called gay and other related names by a group of employees at his work. Homophobic comments have been posted on the staff notice board about him by people from this group. Steve was recently physically pushed to the floor by one member of the group but is too scared to take action. Steve is not gay but heterosexual; furthermore the group know he isn’t gay. This is harassment because of sexual orientation.

## **6. Third Party Harassment**

Already applies to sex. Now extended to cover age, disability, gender reassignment, race, religion or belief and sexual orientation.

The Equality Act makes you potentially liable for harassment of your employees by people (third parties) who are not employees of your organisation, such as customers or clients. You will only be liable when harassment has occurred on at least 2 previous occasions, you are aware that it has taken place, and have not taken reasonable steps to prevent it from happening again.

### **Example**

Chris manages a Council Benefits Office. One of his staff, Frank, is gay. Frank mentions to Chris that he is feeling unhappy after a claimant made homophobic remarks in his hearing. Chris is concerned and monitors the situation. Within a few days the claimant makes further offensive remarks. Chris reacts by having a word with the claimant, pointing out that his behaviour is unacceptable. He considers following it up with a letter to him pointing out that he will ban him if this happens again. Chris keeps Frank in the picture with the actions he is taking and believes he is taking reasonable steps to protect Frank from third party harassment.

## **7. Victimisation**

Victimisation occurs when an employee is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act; or because they are suspected or doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.

There is no longer a need to compare treatment of a complaint with that of a person who has not made or supported a complaint under the Act.

### **Example**

Anne makes a formal complaint against her manager because she feels that she has been discriminated against because of marriage. Although the complaint is resolved through the organisation's grievance procedures, Anne is subsequently ostracised by her colleagues, including her manager. She could claim victimisation.

## **8. Pregnancy and Maternity**

The "Protected Characteristics" are the same as under the old sex Discrimination Act 1975. Women who are pregnant are protected against unfair workplace practices because of their pregnancy.

### **Example**

Lydia is pregnant and works at a call centre. The manager knows Lydia is pregnant but still disciplines her for taking too many toilet breaks as the manager would to any other member of staff. This is discrimination because of pregnancy and maternity as this characteristic doesn't require the normal comparison or treatment with other employees.

### **"Protected Characteristics": Key Notes**

Set out below is a guide to any changes under each of the headings of "Protected Characteristics."

### **Age (No change)**

The Act protects people of all ages. However, different treatment because of age is not unlawful direct or indirect discrimination if you can justify it, i.e. if you can demonstrate that it is a proportionate means of meeting a legitimate aim. Age is the only “Protected Characteristic” that allows employers to justify direct discrimination.

The Act continues to allow employers to have a default retirement age of 65 until April 2011. After April 2011 all employers should have a clear policy regarding the employment of Retirees. This could include fitness to work checks, review date of fitness to work, yearly extension of contract etc. Women have a graduated transition to retirement at 65 years if born after 1<sup>st</sup> April 1950.

### **Disability (New Definition and Changes)**

The Act has made it easier for a person to show that they are disabled and protected from disability discrimination. Under the Act, a person is disabled if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities, which would impact on things like using a telephone, reading a book or using public transport.

As before the Act puts a duty on you as an employer to make reasonable adjustments for your staff to help them overcome disadvantage resulting from an impairment (e.g. by providing assistive technologies to help visually impaired staff to use computers effectively.)

The Act includes a new protection from discrimination arising from disability. This states that it is discrimination to treat a disabled person unfavourably because of something connected with their disability (e.g. a tendency to make spelling mistakes arising from dyslexia). This type of discrimination is unlawful where the employer or other person acting on behalf of the employer knows, or could reasonably be expected to know, that the person has a disability. This type of discrimination is only justifiable if the employer can show that it is a proportionate means of achieving a legitimate aim.

Additionally, indirect discrimination now covers disabled people. This means that a job applicant or employee could claim that a particular rule or requirement you have in place disadvantages people with the same disability. Unless you could justify this, it would be unlawful.

The Act also includes a new provision which makes it unlawful, except in certain circumstances, for employers to ask questions about a candidate’s health before offering them work.\*

### **\*Please Note**

The Department of Health issued Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related guidance, Criterion 10 states clearly that all services deemed as regulated activities under the Health and Social Care Act 2008 should ensure that all staff fill in a pre-employment health questionnaire and give information about residence overseas, previous and current illness and immunisation against relevant infections.

### **Gender Reassignment (New Definition)**

The Act provides protection for transsexual people. A transsexual person is someone who proposes to, starts or has completed a process to change his or her gender. The Act no



longer requires a person to be under medical supervision to be protected – so a woman who decides to live as a man but does not undergo any medical procedures would be covered.

It is discrimination to treat transsexual people less favourably for being absent from work because they proposed to undergo, are undergoing or have undergone gender reassignment than they would be treated if they were absent because they were ill or injured.

### **Marriage and Civil Partnership (No Change)**

The Act protects employees who are married or in a civil partnership against discrimination. Single people are not protected.

### **Pregnancy and Maternity (No Change)**

A woman is protected against discrimination on the grounds of pregnancy and maternity during the period of her pregnancy and any statutory maternity leave to which she is entitled. During this period, pregnancy and maternity discrimination cannot be treated as sex discrimination. See Annex 1 for an example. You must not take into account an employee's period of absence due to pregnancy-related illness when making a decision about her employment.

### **Race (No Change)**

For the purposes of the Act 'race' includes colour, nationality and ethnic or national origins.

### **Religion or belief (No Change)**

In the Equality Act, religion includes any religion. It also includes a lack of religion, in other words employees or jobseekers are protected if they do not follow a certain religion or have no religion at all. Additionally, a religion must have a clear structure and belief system. Belief means any religious or philosophical belief or a lack of such belief. To be protected, a belief must satisfy various criteria, including that it is a weighty and substantial aspect of human life and behaviour. Denominations or sects within a religion can be considered a protected religion or religious belief. Discrimination because of religion or belief can occur even where both the discriminator and recipient are of the same religion or belief. Druids and Pagans are now seen as religions for the purposes of the Act.

### **Sex (No Change)**

Both men and women are protected under the Act.

### **Sexual orientation (No Change)**

The Act protects bisexual, gay, heterosexual and lesbian people.

It is important that staff are aware of the changes in the act and of their role in relation to customers and colleagues. Within the social care sector, services are often provided which are of a sensitive and private nature. Staff must be made aware of the cultural and ethnic needs of the customers in the delivery of the care to the individual concerned.

### **Please Note**

Welcome Independent Living Ltd is aware of the specific guidance which is now available to small businesses via the Equality and Human Rights website.

Under their "Advice and Guidance" heading there are now specific guidance notes which assist small businesses and are example led for different situations. This advice and guidance is aimed at all service providers and includes guidance about ISSP.

If you provide services through a website such as direct marketing or advertising you are known as an Information Society Service Provider (ISSP).

Welcome Independent Living Ltd takes the advice and guidance regarding discriminatory advertising seriously and regularly reviews any marketing or advertising on its website

**Part two** of this policy is intended as an aide memoir for staff who are involved in meeting the needs of any ethnic minority group, it is not an exhaustive list, but guidance on the cultural and ethnic needs of customers should be met in a way which offers privacy, dignity and respect. The attached notes should be seen as the first steps in guiding staff to meet this aim. Further information should be sought where appropriate. The information is set out in such a way that the information can be placed in the customer's file. The Human Rights Act 1998 and its Articles are considered to be part of the basis for the new Equality Act 2010. Please refer to the Safeguarding Adults policy for further clarification and the links between both Acts.

This policy will be reviewed by the registered manager.

Signed:

Date

Review Date

# **EQUALITY AND DIVERSITY POLICY**

## **PART TWO**

## **African-Caribbean Culture**

### **Background**

The term African Caribbean originates from the belief that many Caribbean people regard themselves as Africans. This is due to the fact that their ancestors were forced out of Africa and moved to the West Indies to work as slaves. There are many different cultural influences within African Caribbean people as well as the West Indies. The Caribbean islands have been invaded and controlled by various European Countries such as France, Britain and Spain.

During the 1950's Britain suffered labour shortages and as a result actively encouraged Caribbean people to come to Britain to work. Many of these people have British passports and British citizenship as a result of British colonial governance. Although there are a variety of African communities within Britain the majority are from the Caribbean.

### **Language**

The European influences on the islands resulted in different languages being spoken, as African slaves were not permitted to speak their own language. The three main ones are English, Spanish and French. There are, in addition to these main languages, dialects that have evolved over the years. Patois (pronounced pat-wa) and Creole are two such dialects and are languages in themselves. Patois is believed to have developed through the African slaves wanting to talk without their owners understanding them. Both Patois and Creole are continually developing and are used widely within communities. Most Caribbean people living in Britain who originated from countries that are former British colonies speak English.

### **Religion**

The majority of the Caribbean community within Britain are Christians and many attend traditional mainstream Christian churches. Historically many black people were not welcomed in the traditional places of worship and a preference developed for Evangelical and Pentecostal churches. Other religions include Seventh Day Adventists, Islam and Hinduism.

With the colonization of the Caribbean islands in the 17<sup>th</sup> and 18<sup>th</sup> Centuries came the oppression of the Caribbean people. In an attempt to restore the African Identity, pride and dignity the Rastafarian culture developed. Within Rastafarianism there is a strong emphasis on living in harmony with the natural world. Many Rastafarians abstain from taking alcohol and tobacco. Islam is also a major religion within Africa.

### **Personal Care and Hygiene**

Hair care is particularly important as African hair needs regular specialised care and attention. Washing hair can cause shrinkage and aggressive drying may break hair. Generally time is taken to grease, relax and brush hair in order to maintain it.

Some difficulties may be encountered around shaving due to the thickness of facial hair and there may be particular preferences of shaving methods.

### **Implications for Care**

- Service providers should not assume an African Caribbean's cultural needs and an individual profile should be drawn up.
- Many customers may speak English along with cultural variations, and awareness of this is necessary.
- Preferences of worship need to be respected.
- Extended family and members of the community may play important roles to customers, these contacts should be identified and included if necessary in meetings, celebrations, and gatherings.
- Strict observation and care should be taken over the choice of foods, storing, preparation, and serving of it.
- Personal care and hygiene is very important, and will need specialised products, and additional time allowed.
- Specialised hair products should be available
- Time should be provided for greasing and plaiting hair
- Moisturising and cleanliness are an important part of daily routines for both men and women.
- Hair and beards are not generally cut.
- There may be a preference for same sex carers as dressing and undressing in front of people of the opposite sex may be seen as inappropriate.

## **Buddhism**

Small groups of Buddhists have arrived in Britain throughout the centuries from Sri Lanka, Thailand and Burma. Indian Buddhists and the Hong Kong Chinese came mainly through the new commonwealth migrations on the 1950s and 1960s. Refugees from Tibet and Vietnamese Buddhists arriving in the 1960s and 1970s have further expanded the number of Buddhists in Britain.

Siddhartha Gautama founded Buddhism, he was a prince in India who left the life of luxury when he was 29 and embarked upon a spiritual quest to understand and alleviate suffering. Whilst meditating he reached enlightenment and became Buddha (the enlightened one). He travelled and taught what he had learnt. Buddha rediscovered the dharma (teachings) he is seen as the guide since he did not claim to have written them himself. Buddhist claim to have found those teachings to be valid for themselves. This is achieved through developing qualities of kindness and awareness, which brings about freedom from pain and suffering and the ability to help others do the same.

The Five Precepts are the basic rules of living for Buddhists and include the intention to refrain – from harming living beings, taking what is not given, sexual misconduct and misuse of the senses, harmful speech and drink or drugs.

In Buddhist teachings the Noble Eightfold Path is the way to overcome unsatisfactoriness or *Dunhkha* and each Buddhist aspires to follow it. It includes right understanding, right intention, right speech, right action, right livelihood, right effort, right mindfulness and right concentration.

Meditation plays a central role in the Buddhist practice. There are two main schools of thought, Theravada and Mahayana although there are many Buddhist traditions, influenced by ethnic origins, schools of thought, and traditions.

## **Language**

In Britain the vast majority of Buddhists speak English and a variety of languages that reflect their origins. A Buddhist temple or monastery can take many forms and reflects the diversity of the culture. They range from ornate buildings to stark simplistic rooms; large buildings to a room in the home. Despite this there are common features and each usually contains a statue of Buddha, and a characteristic form of Buddha architecture.

A temple is commonly used for religious observance and meditation.

All schools within Buddhism use candles (symbolising the light that the teachings bring to the world); carry out the offering of food, flowers (symbolising impermanence), incense (symbolic of devotion) and water (representing bathing) along with chanting and meditation. This takes different forms within each group though.

A small shrine to the Buddha is often found within a Buddhists home and contains a statue of Buddha usually centrally placed, incense, flowers and candles.

## **Preferences**

Buddhism emphasises the avoidance of killing intentionally, however, there are a variety of different practices within the traditions of Buddhism. Some observe vegetarianism, others do not. The precept of right livelihood excludes trading in flesh and this is not accepted.

The degree to which dietary requirements are adhered to varies amongst the community.

Buddhists prefer to wash their private areas after using the toilet and usually prefer showers to baths.

A Buddhist may refrain from taking medication including painkillers in an attempt to ensure clarity of mind and ability to meditate. Prayers are said both at the time of death and afterwards.

## **Main Festivals**

The Buddhist festivals are based on the lunar calendars of the countries concerned. Some of the festivals vary according to different schools of thought and national origin. The main festivals include:

**Uposatha Days** – These are observed at full and new moons and on days halfway through the lunar fortnight. Usually observed through a visit to the monastery or temple to pray and study.

**Parinirvana (February)** – Commemorating the passing of Buddha

**Buddha's Birthday** – Celebrating the birth of Buddha, usually consists of a festival of flowers. Water or sweet tea is ceremonially poured over a statue of the infant Buddha.

**Wesak or Buddha Day (May)** – occurs on the full moon in May and commemorates the birth, Enlightenment, and Parinirvana of Buddha. Mahayana Buddhist celebrate these three events on different dates and is also known as Buddha day in the West.

**Poson (June)** – celebrate Emperor Asoka bringing the dharma to Sri Lanka and the conversion to Buddhism.

**The Rains Retreat (June/July – September/October)** – Theravadin Buddhist Monks and Nuns observe this retreat for three months where they remain in one place except for emergencies. Special service days are held to mark the beginning and end.

**Asalha or Dharmachakra Day (July/August)** – Anniversary of the Buddha's first sermon known as the Turning of the Wheel of the Law celebrated by Theravadin and Western Buddhists.

**Kathina Day (October/November)** – Celebrated by Theravadins and follows the Rains Retreat either on its last day or within one month. Monks and nuns are presented with cloth which is made into a monks robe that day.

**Samgha Day (November)** – Celebration of the spiritual community of all Buddhist, usually observed by Western Buddhists by offering flowers, candles and incense.

**Enlightenment Day (December)** – Mahayana Buddhist celebrate the Enlightenments of Buddha.

**New Year** – Not usually a religious celebration however it is a major festival for Buddhists and occurs on different dates depending on the country.

**Padmasambhava Day** – Occurs in every Tibetan month. Tibetan Buddhists celebrate the founder of Buddhism in Tibet.

**Implications for Care**

- Service providers should not assume a Buddhist's cultural needs and an individual profile should be drawn up
- Dietary requirements will vary and individuals will need to be asked their preferences
- Space may need to be made for personal shrines
- An area of calm and quietness may also need to be allocated for meditation
- Medication should not be administered without explicit consent
- Washing facilities will need to be available for use after using the toilet



## **Chinese Culture**

### **Background**

Chinese culture is rich and diverse and includes beliefs, relationships, medicines, language and many other aspects of life.

Across Britain the Chinese community is relatively dispersed and isolated. In the main conurbations there can be significant communities (e.g. Chinatown in London, Manchester etc.). In other towns and cities the Chinese community can be relatively small. A significant percentage of the Chinese community work in the catering and restaurant trades. This means their work involves anti-social working hours, further compounding isolation.

### **Language**

The two most well known Chinese languages are Mandarin (spoken in Northern China) and Cantonese (spoken in Southern China). However there are many other language groups and dialects. All Chinese speakers have the same written language but a Mandarin speaker would not understand the conversation of a Cantonese speaker (but they would understand the conversation if written down).

The written form of Chinese is considered complex and because of China's history it is only in the recent past that literacy levels in China have reached 80%. The Chinese communities in Britain are likely to be literate but like the white British population, there are individuals who cannot read or write.

### **Religion**

Spirituality is a strong feature of Chinese culture. As a result faith continues to be an important aspect of life for many people in the Chinese community in Britain.

### **Confucianism**

Confucius was a philosopher who lived about 2,500 years ago. In many ways Confucianism is an ethical and values framework rather than a religion. It is concerned with relationships and obligations. Confucianism establishes the importance of showing respect to individuals who have higher social status whilst conveying the obligation that fall on those who are socially more senior. Such relationships include those between a mother and child, husband and wife, older brother and younger brother, ruler and subject etc.

### **Taoism**

Taoism seeks to promote inner peace and harmony. The word Tao could be translated as "the way." Taoism has various interpretations or branches. The more philosophical approach encourages individuals to shun earthly ways and to focus on the oneness of life.

Other interpretations of Taoism look to encouraging people to apply good deeds which are rewarded with happiness whilst bad deeds result in punishment (pain and suffering). Both Taoism and Confucianism reinforce the Chinese values of collectivism and community (both family and society).

### **Buddhism**

Buddhism first entered China about 1,900 years ago. The main Buddhist school in China is Mahayana. Aspects of Mahayana Buddhism include belief in repetitive prayers, heaven and deities who can help people gain salvation.

### **Christianity and Islam**

Both of these religions are evangelical and so have extended into China. In the Chinese community in Britain some Chinese people joined Chinese Christian churches to overcome their sense of isolation. About 25% of Chinese people in Britain are Christians.

### **Death and Funerals**

When a person is near death preparations for their funeral may well start, e.g. ordering a coffin. The social status of the person who is dying or has died will influence the funeral arrangements. If an older person has died then the funeral rites must convey respect. This could involve the family going into debt. If a young adult has died then traditionally the parent cannot offer prayers, only children can perform this rite. In line with this, older members of a family will wash them and dress them in their best clothes. Once the corpse is in the coffin it is not sealed until after the wake.

Family members will gather. Traditionally they will dress in black, blue or white depending on their particular relationship to the deceased. Close relatives will express their emotions often by crying and wailing.

Incense is often burned and prayers will be said and verses drawn from Buddhist or Taoist scripture read out if the family are followers of those faiths.

The wake will last at least a day, sometimes longer. At the end of the wake the coffin is sealed and taken to the cemetery for burial. The family members will follow the coffin to the cemetery. Burial is preferred although cremation does occur in the Chinese community in Britain, partly for reasons of cost. Traditionally the period of mourning lasts for a hundred days.

### **Festivals**

China adopted the Gregorian calendar early in the 20<sup>th</sup> Century. However, the Chinese New Year is still calculated using the old lunar calendar.

Chinese New Year – This can fall from late January to Early February. Houses are cleaned and decorated, incense burned. On New Year's Eve families gather and share a meal. At midnight fireworks are let off.

Qing Ming – This falls in Early April. It is a time to show respect for ancestors. Graves of relatives will be visited and tended.

Zhong Qiu – This falls in late September/Early October. Families gather and celebrate with a variety of food traditionally associated with this festival.

Other festivals are also celebrated and these could include festivals associated with faiths e.g. Buddhist festivals.

### **Food and Diet**

The Chinese diet is very different from English food. Rice or noodles are staple aspects of most, if not all, meals. The full range of meats and seafood could be eaten but personal choices based on lifestyle or faith will mean individuals may not eat certain meats. Some Buddhists and Taoists are vegetarian. Nearly all vegetables are cooked, uncooked foods such as salads are western, not Chinese. Many Chinese prefer boiled water that is left to cool rather than cold water. Chopsticks and a spoon (for soup) are still commonly used.

### **Personal Care**

Physical modesty is very important. Cross gender contact is generally avoided except between husband and wife.

An older person who has personal care needs is likely to feel most at ease if their daughter provides the care. For many older people in the Chinese community this is not possible due to family members working long hours or families being dispersed.

Cleanliness is very important to Chinese people. Some Chinese people dislike baths and would prefer body washes or the use of warm running water.

### **Medicine and Health**

Traditional Chinese medicine and health treatments such as acupuncture are well established. Chinese older people may rely almost exclusively on the diagnosis and treatment identified by a Chinese medical practitioner. Family remedies may also be employed.

Younger Chinese adults may blend the use of NHS resources and traditional Chinese medicine.

### **Implications for Care**

- Personal care needs to be provided in a manner that upholds individual dignity.
- Providing an acceptable diet is crucial to the person's sense of health and well-being. This includes drinks provided for them.
- When individuals are ill they may prefer to access Chinese medical practitioners rather than NHS resources.
- Some Chinese customers will have significant support from family and many family members may visit them especially for festivals.
- Some Chinese customers are very isolated and may feel a mix of emotions about relying on services.

## **Christianity**

### **Background**

Within Britain the Christian community is the largest single religion. Missionaries from continental Europe introduced Christianity into Britain during the first centuries of the Common Era. Christianity was adopted by the Roman Empire in the fourth century and with the empire covering large parts of Europe and Africa, Christianity became a widespread community. As it developed, it spread to all interpretations, schools of thought and different practices, although non exhaustive, some of the main traditions within Christianity are; Roman Catholic, Greek and Russian Orthodox and Protestant. Various denominations are counted as protestant, these include; Baptists, Anglican, Methodist, Reformed and Lutheran. Additionally there are significant Pentecostal and Evangelical churches.

### **Languages**

Most Christians in Britain speak English, although other languages may also be spoken as is indicative of the international nature of the religion.

### **Religion**

Christianity is a religion based on the belief that there is one God who created heaven and Earth. The religion is directly and indirectly influenced by the teachings and traditions within Judaism. Christians believe that God came down from heaven to Earth through incarnation and took the form of a living Christ (Messiah), Jesus of Nazareth. Jesus is regarded as fully human and fully divine without sin. There are different names for him and these include "Son of God", "Son of Man", "Christ", "Jesus Christ", "Saviour" and "Word of God".

The Bible is the Christian holy book, and is divided into two main sections known as the old and New Testament (covenants). The Old Testament refers to the period before Christ whilst the New Testament is about the time of Christ, the period after his death and his teachings. These Scriptures are central to the life of all Christians although their interpretation varies within the different practices of Christianity.

The purpose of life is to live according to the pattern of Jesus' life, which is characterised by sacrificial, and self-giving love. Without the power of God it is believed that the human being is enslaved to sin. Those who believe in God and Jesus are saved from their sin (salvation) and will join God in Heaven.

Some Christians believe that their faith in God is continually being tested with temptation and that Jesus was sent to die for them in order to save them from sin, others believe that doing good deeds and helping others is the basis of salvation and passage to heaven, and some believe that good deeds and faith in God will bring salvation.

A person's entry and acceptance of the Christian way of life is marked by their baptism or Christening. This ceremony occurs at different times in a Christian's life depending on the tradition followed. For example within the Anglican, Roman Catholic, and Orthodox churches the baptism of a person occurs when they are babies or infants, within the Baptist and Pentecostal movements baptism takes place when the person is able to make a personal confession of Christian faith.

Within the different traditions a later ceremony takes place when the person is of age to confirm their faith. This ceremony varies within the different traditions but generally

completes initiation into the way of life and the community. Within the Roman Catholic community it is known as confirmation, and within Orthodox practices it is known as chrismation.

Christians worship together or individually at home, school, or community hall. Where groups gather to worship this is called a church and the buildings within which these take place are called churches. Christians worship and pray individually and some will say prayers before sleeping and on waking but it is customary to attend church regularly. The holy day, known as the Sabbath for most Christians is Sunday and many will visit the Church on this day. However, for Seventh Day Adventists the Sabbath begins from sundown on Friday and they go to Church on a Saturday. The cross and the crucifix have become symbols of the suffering of Jesus and some may have these within their homes. Christians may also have images of the Virgin Mary who gave birth to Jesus.

### **Food Preferences**

There are no specific dietary requirements; however, personal choice and preference (i.e. vegetarian) may mean that certain foods may not be acceptable to an individual. Many Christians will eat fish on Friday each week in honour of Christ's death. Wine is used within religious ceremonies and is blessed. This blessed wine is seen to be sacred and different from alcohol for everyday consumption. In some churches any other alcohol is not permitted whilst others are alcohol free environments.

Some Christians will say a brief prayer or give thanks to God for the food before eating.

The period of Lent, which leads up to Easter, is for some Christians a time of fasting to mark the 40 days Jesus spent in the desert on a spiritual journey. During this time abstinence from some foods and/or luxuries may be observed.

### **Personal Care and Hygiene**

Dressing and undressing may be particularly embarrassing and a choice of same sex carers may be preferred. Jewellery is often worn as a symbol of Christian faith.

### **Customs**

There are clear guidelines within the Old Testament about behaviour, these are known as the Ten Commandments. These relate to respecting neighbours and sexual and marital relationships. Women are seen to be equal; however, as in most societies gender roles are clearly defined. There is a strong tradition of social concern within the Christian community emanating from the teachings of Jesus and found within the Bible.

Some Christians may find comfort in being read passages from the Bible prior to dying. As with most religions and cultures the death of a family member is subject to a period of mourning. There is usually a funeral service with prayers and hymns and the body is either cremated or buried. After the service there may be a wake where family, friends and members of the community gather. Refreshments are normally served at this gathering. Family and community members may also visit the bereaved family to offer condolences and pay their respects.

Catholics believe in a final confession before dying and therefore a Priest is called to anoint the dying person, to hear final confession and to pray for the person so that they can make

their peace with God. Similarly for other Christians a Priest or Minister may be called upon for similar reasons.

## **Main Festivals**

The Western Christian churches use the Gregorian Calendar but some festivals are fixed according to the lunar calendar. Most of the main festivals relate to the significant events in the life of Jesus and these can vary within different traditions.

Advent – Celebration of Jesus “coming” into the world and to his “second coming” at the end of time. This four week solemn preparatory season traditionally begins on the fourth Sunday before Christmas. Advent also marks the start of the Christian year.

Immaculate conception of the Blessed Virgin Mary (8<sup>th</sup> December) – Roman Catholics celebrate the belief that Mary, The Mother of Jesus was herself conceived free from original sin in order to bear Jesus.

Christmas (25<sup>th</sup> December) – Celebrating the birth of Jesus. Many visit the church and share a special meal with family and friends exchanging gifts and glad tidings.

Epiphany (6<sup>th</sup> January) – Commemorates the three wise men visiting Jesus when new born, and also known as the Twelfth Night of Christmas. Some traditions believe it marks the end of the Christmas period whilst others believe it is the true date of the birth of Jesus.

Shrove Tuesday (February/March) – Also known as Pancake Day this marks the last day before the start of Lent. There are various traditions and cultural customs attached to this day such as the confession of sins before Lent or the using up of food prior to fasting.

Ash Wednesday (February/March) – The first day of Lent commemorating the forty days spent by Jesus in the wilderness. Christians may go to the church where their forehead is marked with ash as a sign of mortality and penitence before God. Within the Catholic tradition it is a day of fasting and abstinence.

Lent (February – March/April) – This is a period of forty days excluding Sundays between Ash Wednesday and the Saturday before Easter. It is a preparation time before Easter and many will abstain from certain luxuries or foods.

The Annunciation to the Blessed Virgin Mary (25<sup>th</sup> March) – This celebrates the announcement by the Angel Gabriel to Mary that she is to give birth to a son called Jesus.

Mothering Sunday (March) – This is the fourth Sunday of Lent and is also known as Mother’s Day. Originally it was to commemorate the idea of mother Church. It is now a popular occasion upon which to recognise and thank mothers for all that they do. Many spend time with their mothers and special meals are eaten.

Passion Sunday (March) – The fifth Sunday in Lent where Christians begin to concentrate their thoughts on the significance of the passion or suffering of Jesus.

Palm Sunday (March/April) – This is the first day of Holy Week and is one week before Easter. On this day Christians are often given pieces of palm leaf in the form of a cross to commemorate Jesus entering Jerusalem days before his crucifixion.

Holy Week (March/April) – The last week of Lent dedicated to remembering the suffering and death of Jesus

Maundy Thursday (March/April) – the Thursday in Holy Week commemorates the day that Jesus instituted the Holy Communion.

Good Friday (March/April) – The Friday of Holy Week commemorates the day of Jesus' crucifixion and most Christians will attend solemn services recalling how he was betrayed, tried and died for the sins of all people.

Holy Saturday (March/April) – A day of prayerful waiting and preparation for Easter. Some will attend church where the reading of the story of creation and Jesus' resurrection, along with the lighting of a candle and renewing baptismal vows occurs.

Easter (March/April) – Commemorating the resurrection of Jesus three days after his crucifixion. Many will attend church and receive communion (blessed bread and wine). More secular customs include Easter Eggs symbolising new life. It is the central Christian festival and is full of joy.

Ascension Day (May/June) – this is celebrated on the fortieth day after Easter and commemorates Jesus ascending to Heaven. Early morning services are sometimes held on high hills to remember this day.

Pentecost (May/June) – also known as Whit Sunday marks the day when Jesus disciples (followers) were touched by the Holy Spirit in the form of tongues of fire and were inspired to go out and preach the teachings of Jesus to all peoples.

All Saints Day (1<sup>st</sup> November) – Commemorates all the saints known and unknown.

There are many other Saints and Saints Days remembered by the different traditions.

### **Implications for Care**

- Some may wish to pray soon after rising in the morning and before retiring at night, and can be accommodated by allowing additional time.
- Specific dietary requirements will need to be identified.
- Strict observation and care should be taken over the choice of foods, storing, preparation and serving of it.
- There may be a preference for same sex carers as dressing and undressing in front of strangers can be embarrassing.

Christian community life and belief varies within the different traditions. It is always better to ask individuals what their preferred beliefs are and which festivals are observed



## **Hinduism**

### **Background**

The national language of India is Hindi, there are however over 100 different dialects and languages throughout India and most schools teach English as a second language. In Britain many younger Indians speak fluent English although for some it is a second language and the older generations may speak little or no English.

### **Religion**

Hinduism is the main religion in India. The main principles of Hinduism are a belief in God, prayer, rebirth, the law of action (we decide our destiny by our past deeds), and compassion to all living things. Brahman is the supreme spirit of creation and the creator of all Gods. Hindus believe in one eternal God, this God can take any form. They do not worship the images or forms that God takes but God itself. They believe that life is sacred and taking life of any living thing is prohibited. A Hindu's goal is to live a moral and ethical life, and through serving fellow men and creatures man can realise God. If they are not able to realise God in their lifetime they believe they are reborn through incarnation to continue their pilgrimage. A Hindu's path through life is called "Dharma". The life of a Hindu is determined by the actions of the previous life and is known as Karma. It is suggested that bad behaviour in one's life may result in being incarnated in their next life as an insect or as a person with a disability.

Worship can take place within the home or a temple ("Mandir") and prayer is done usually once a day in the morning individually. Special religious gatherings and celebrations are communal affairs. Most Hindu families have a sacred shrine in their house; in this room shoes, alcohol and meat are not permitted. Orthodox Hindus do not let meat or alcohol in their home at all. Hindu society is split into four varnas (castes) each has its own societal roles. This caste system is defined as Brahmins; priests and teachers, Kshatriyas; rules and warriors. Vaishyas; farmers and merchants, and Sudras; labourers.

### **Food Preferences**

Most Hindus are vegetarian and do not eat meat or animal by products including gelatine (often found in sweets). Those that do eat meat may not eat beef as the cow is regarded as a sacred animal. Strict Hindus prefer not to eat food prepared outside of the home as they are unsure as to the true extent to which the food meets their requirements. The preparation and storing of vegetarian foods will be seen as contaminated if near meat. The degree to which these strict dietary requirements are adhered to varies amongst the community. Fasting is a regular occurrence within Hindu culture, and requires abstinence from some or all foods. There are exemptions and pregnant women, older people, people with diabetes or those of ill health are included in this. Some Hindus that eat meat and drink alcohol may wish to abstain from these during some of the fast where discretion is accepted.

## **Personal Care and Hygiene**



Washing hands and rinsing the mouth before and after eating is considered essential. Hindus also prefer to wash their hands in the same room as the toilet and prefer to wash in free flowing water rather than sitting in a bath. Many people use their left hand not their right to clean themselves after using the toilet as they eat with their right. It is seen as unclean to use the left hand at meal times.

### **Customs**

Some Hindus offer food to guests, both invited or not. No visitor should leave hungry. There are traditions as well as religious requirements concerning diets. For example some Indians believe it is unwise to take milk and citrus fruit when suffering from a cough.

If a Hindu is dying, relatives may wish to bring money and clothes for them to touch before they distribute them to the needy. Some relatives may wish to read to them from one of the four Holy books, The Bhagavad-Gita, The Upanishads, The Ramayana, and The Mahabharata. After death the body should remain covered. Relatives may wish to wash the body and put new clothes on; traditionally this ritual is led by the eldest son of the deceased. The mourning period begins immediately on the death of the person and runs for 12 days. During this time family members are not left alone and visitors will visit daily to sit, chat and sing bhajans (hymns). A person is cremated in order to release the soul from the body and allow for its reincarnation unless they have finally realised God. It is traditional for the body to be brought home 1-2 hours before the cremation for family and community to pay their respects and to allow the priest to perform the last rites.

Some Hindus wear sacred threads and jewellery. These can have great religious significance. Traditional women's dress is conservative – either a sari or Punjabi suit (two piece cotton or silk dress worn over baggy trousers). A red dot in the middle of the forehead signifies being married.

Naming systems within the Hindu culture can be complicated and inappropriate use can cause embarrassment and show disrespect.

### **Main Festivals**

There are many festivals within the Hindu culture. The calendar months referred to apply to the Gregorian calendar.

Shivaratri or Mahashivaratri (February/March) – Worship devoted to Lord Shiva. Some may fast. Celebrated by spending a night at the temple chanting, singing, and pouring milk continually over the symbolic form of Lord Shiva.

Holi (February/March) – Festival of colours associated with Vishnu. Celebrated through the lighting of bonfires, attending temple services, throwing coloured water and powders over friends and family.

Yugadi or Guid Parva (March-April) – For many Hindus this festival marks the New Year. Feasting and greetings are common with both bitter and sweet foods eaten symbolising things in life.

Rama Navami/Hari Jayanti (March/April) – Celebrating the birth of Lord Rama, an incarnation of Vishnu. Ramayana is read aloud in the temples and some may fast.

Janmashtami (August/September) – Marks the birth of Lord Krishna. Hindus may decorate their homes, feast and sing hymns.

Navarati (September/October) – Celebrated differently throughout the Hindu culture this festival lasts nine days and celebrates the different goddesses and good over evil. Some may fast followed by feasting, dancing and storytelling.

Diwali or Deepawali (October/November) – Festival of lights when small lanterns are lit, cards and small sweets exchanged. It celebrates Lord Krishna's victory over the demon, light over darkness and knowledge over ignorance. In Britain fireworks are also used to celebrate this festival. For some this signifies the New Year.

Annakuta or Nutan Varsh (October/November) – This occurs the day after Diwali and large amounts of sweets, and other food are taken to the temple and offered to the deities.

### **Implications for Care**

- Provision of a shrine within rooms for individual prayer and worship may be necessary
- Shoes will need to be removed before entering a customer's room if they have a shrine.
- Always ask before touching or moving a customer's shrine, this will include cleaning.
- Strict observation and care should be taken over the choice of foods, storing, preparation, and service of it.
- Separate cooking utensils and equipment should be used in preparing vegetarian food.
- Whenever possible use toilets with sinks for washing hands
- Offer showering rather than a bath if available
- Respecting elders is seen as fundamental to the Hindu culture and should be observed at all times
- Some customers will only eat with their right hand as it is seen as unclean to use the left. This should be observed if assisting.
- Washing hands before and after meals is customary. If you are assisting them to eat using a knife and fork you should also observe the washing of hands
- Remember to present food to guests, this is customary.
- Never remove threads, jewellery or symbolic dots without permission.
- Commodes may not be permitted in bedrooms
- Clarify preferred terms of address with individual

## **Islam**

### **Background**

There has been a significant Muslim culture within Britain since the turn of the nineteenth century that grew during the 1950's and 1960's labour force shortages. Many of the Muslim communities within Britain have ancestral origins in the Indo-Pakistani subcontinent coming over to Britain directly or via migrations to East Africa and the Caribbean. Others have their ethnic and national origins from a variety of countries such as Malaysia, Cyprus, Iran and the Middle East. There are also indigenous Britons who have embraced the Islamic faith.

There are two main Muslim traditions within Islam, Sunni and Shi'a. There are various other Muslim groups although 90% of Muslims follow the Sunni tradition. In order to become a Muslim a person must pronounce that there is no god except God and that Muhammad is his messenger. Shi'a Muslims also include that Ali is the seal on the will of the prophet. Ali is Muhammad's son-in-law and is seen by Shi'a's as his rightful successor.

Muhammad provided the Muslims with the Shari'ah (pathway, as defined by God) and this informs how they conduct their lives. It is concerned with prayer, rituals, and attitudes to economics, family life, values and governance.

Jihad is the trying to protect, promote and live by the messages of the Qur'an (holy book) and is central to Islam. It involves spreading the word of Islam, promoting opportunities to practice freely, self-discipline, and defending Islam.

In Islam, marriage and procreation are important. The traditional role of the man is to protect and financially provide for the females within the family. This includes his wife, children, and, where his father has died, his mother. Muslims believe that it is a duty to marry and although the ideal family is formed around monogamy, Muslim men can take up to four wives. There are strict regulations around this which include that each wife must be treated equally both financially and socially, each should be adequately provided for, and each wife should be in agreement of the man taking another wife. Within Britain a polygamous marriage is not permitted, although where this has been contracted overseas recognition can be accorded.

Modesty is important within the Muslim culture. Men should be covered from the navel to the knees and women are required to cover the whole body.

### **Language**

The British Muslim community is very diverse and there are many languages spoken within the community. In addition to English, Arabic, Bengali, Farsi, Gujarati, Hausa, Malay, Punjabi, Turkish and Urdu are commonly found. The Qur'an is written in Arabic and there needs to be some understanding of Arabic.

### **Religion**

Muslims follow the Islamic faith, which rests on seven basic beliefs. They believe in one God (Allah), the books revealed by God, the prophets, the angels, the Day of Judgement, life after death and that all power belongs to God. It is understood within the Muslim culture that the purpose of human life is to exercise authority and trust to manage the world responsibly and to live in accordance with God's creative will. How each person responds to

God's will and revelation determines their eternal destiny. It is believed that a descendant of the Prophet will come before the end of time to establish justice on the earth.

In order for a Muslim to live a good and responsible life according to Islam there are five obligations they must satisfy. These are called the Five Pillars of Islam and consist of Shahadah: sincerely reciting the Muslim profession of faith, Salat: performing ritual prayers in the correct manner five times a day, Zakat: paying an alms tax to benefit the poor and those in need, Sawm: fasting during the month of Ramadan, and Haji: pilgrimage to Mecca. Following the Five Pillars provides the framework of a Muslim life and weaves their everyday activities and their beliefs together, central to the belief is that one's faith should be evident in daily living.

Muslims pray five times a day, and a Friday is seen as the congregational prayer day where Muslims meet at the mosque to pray. Shoes are removed before prayer and ritual-washing wazu takes place before prayer. Wazu includes washing of the genital area, hands, face, hair, mouth, nose, forearms, and the feet. During prayer, worshippers face Mecca (South East). Women are not required to pray if they are menstruating, or postnatal, and those who are not fully conscious are also exempt. A Muslim can pray in any clean place and use a prayer mat if they cannot find a mosque.

### **Food Preferences**

Muslims do not eat pork or pig products and will only eat Halal meat that is killed in accordance to the Islamic law. Dairy products are acceptable provided it is Halal. No alcohol is permitted. Fish and vegetables are permitted. Food containing animal by-products such as animal rennet is not permitted.

The degree to which these strict dietary requirements are adhered to varies amongst the community.

Muslims do practice self denial. They fast in the month of Ramadan, which occurs once a year. The fasting period begins at sunrise and ends at sun set during this time no food or drink can be consumed. It lasts for 30 days. Pregnant, menstruating and breast-feeding women, people with diabetes, people who are very ill, or older people are not bound to fast.

### **Personal Care and Hygiene**

As well as washing before prayers, Muslims prefer to wash their private parts after using the toilets. Cleanliness is very important within the Muslim culture, as they cannot worship if unclean. The left hand is used for washing after the toilet and the right hand for eating meals.

Muslims may also have no pubic hair and are required to shave to maintain it, as it is seen as being unclean. Modesty is important to the culture and toileting is required to be done in private. Washing is preferred under free running water. Some Muslims are circumcised at a young age to ensure cleanliness. After menstruating, women will wash themselves to cleanse the body.

### **Customs**

Turning your back to the Qur'an is considered disrespectful and walking past someone reading it with your back towards them may cause offence. The Qur'an is kept above head height in most homes and Muslims need to be clean before reading the Qur'an and prayer.

When a Muslim is dying relatives will recite the Qur'anic verses to comfort them and bring peace. At the moment of death they will recite a specific line of the text.

A member of the family usually washes the body after death, and words from the Qur'an are spoken throughout this procedure. After washing the head is turned to face Mecca and traditional preparation of the body is performed. There is no coffin as the body is wrapped in linen. Muslims are buried as soon as possible after death usually within 24-48 hours. Post mortems are forbidden under Islamic law and should be avoided. The mourning period lasts for a month. Usually the family stay at home for three days after the funeral, where family and friends provide food. After this period a ceremony is held. This is repeated 40 days after the funeral and again each year.

### **Main Festivals**

Al Hijrah – The first day of the Muslim year marking the Prophet Muhammad's migration from Mecca which led to the creation of the Muslim community.

'Ashurah – commemorating the martyrdom of Imam Husayn, it is held on the tenth day of the Islamic calendar and is an occasion for "passion plays", and ritual mourning where shi'a Muslims identify with the pain and suffering of Husayn

Milad al-Nabi – The Prophet Muhammad's birthday is celebrated with speeches about his life. It also commemorates his death and can be a subdued affair.

Lailat al-Baraat – Marks the night that the fate of humankind is ordained for the next year. Prayers are said, lamps are lit at graves, and it is a time for fasting and penitence.

Ramadan – Muslims fast from dawn till dusk for the Ramadan month to reflect their devotion to God. It is a time for self-discipline, patience, selflessness and solidarity between Muslims.

Eid al Fitr – This festival marks the end of Ramadan and occurs on the first day of the next month. It is a major festival in the Muslim calendar. Gifts, and charitable donations are made at this time and the festival emphasises unity and togetherness, with often, large gatherings held at mosques.

Eid al-Adha – This is a three day festival and is known as the festival of sacrifice. Muslims traditionally sacrifice an animal, which is then distributed to the poor and shared amongst family and friends.

### **Implication for Care**

- Medicines may need to be checked for contents as strict Muslims may only accept halal food and drink.
- A separate prayer room may need to be provided
- Cleanliness, privacy and modesty are very important. This should be observed during bathing and using the toilet. Pubic hair may need to be removed to maintain cleanliness and promote worship.

- Strict observation and care should be taken over the choice of foods, storing, preparation, and serving of it.
- Whenever possible use toilets with sinks in the same room so the person can wash their hands.
- Offer showers rather than a bath if available.
- Some customers will only eat with their right hand as it is seen as unclean to use the left. This should be observed if assisting.
- Post-mortems are not permitted and can cause deep distress to families, should a post-mortem be performed all organs should be returned to the body before the funeral.

## **Jainism**

### **Background**

Jainism originates from India. Tradition claims that there were twenty four Tirthankara. Tirthankara were born as human beings but they have attained a state of perfection through meditation and self realisation

The Tirthankara we know most about is Mahavir, who was the last of the Tirthankara. Mahavir was born about 2,600 years ago and died at the age of 72. Mahavir's teachings have been very influential in the development of Jainism, although Jains believe that Jainism already existed before Mahavir. Mahavir reformed Jainism, introduced some of his own ideas and was an effective advocate for Jainism, and impressed many people through his teaching and life.

Today Jainism has followers across India. The exact numbers are unknown with various estimates between half a million and 12 million followers.

In Britain there are about 30,000 Jains.

### **Beliefs**

Jainism believes the universe and everything in it to be eternal. The human soul is eternal, but is trapped in the human body. Only through a life that seeks to follow the three key requirements of right faith, right knowledge, and right conduct can the soul attain liberation, and live in total bliss, Siddhasila, at the top of the universe.

At the heart of right conduct are five vows. These being:

- Non-violence – not to cause harm to any living beings
- Truthfulness – to speak the truth only
- Non-stealing – not to take anything not properly given
- Chastity – not to indulge in sensual pleasures
- Non-possession/non-attachment – complete detachment from people, places and material things

Jainism preaches a message of universal love, emphasising that all living beings are equal and should be loved and respected. Hence women and men are equal. Animals and insects must not be killed. Animal welfare, vegetarianism and care of the environment are active expressions of Jain beliefs. Jains practice fasting and self denial of all material and sensual pleasures.

Mahavir organised his followers into a four fold order:

- Monks
- Nuns
- Laymen
- Laywomen

Monks and nuns seek to follow the five vows strictly, whilst lay people try to follow the vows as far as their lifestyles permit.

At present there are no monks or nuns in Britain. They can only travel on foot, and the vast majority of monks and nuns live in India. It is possible that a Jain who lives in Britain will decide to become a monk or nun and so start a community here.

Jainism is known for building beautiful temples. They are built to honour Mahavir and other teachers. Images of the Jainist teachers are adorned with flowers and the faithful recite sacred mantras. However, Jains do not worship God or gods. Jains accept that there are gods but do not see them as creators or protectors. The worship of God or gods to reach salvation is seen as futile. Each individual is responsible for their own destiny. For lay men and women attending the temple is an important aspect of their spiritual life.

The concept of Karma is important within Jainism. The combination of soul and matter produces energy (Karma). When the soul is engaging in anger, deception, lust, greed etc then Karma sticks to the souls, imprisoning them. To be free of the Karma the soul needs to engage in confession, repentance, penance, self-control, austerity and religious deeds. Like many world religions within Jainism there are different branches. The division is mainly noticeable amongst the orders of monks and nuns. One branch of monks and nuns wear white robes. The other branch seeks to apply an austere discipline of nakedness (which Mahavir did for part of his life). However, even this branch of monks tends to limit their nakedness to the time they eat.

### **Food preferences**

Jains take seriously the requirement not to hurt other animals and so vegetarianism is very important. The preparation and storing of the food is also important. Some Jains are Vegans; some Jains avoid root crops e.g.: carrots. Fasting is a regular occurrence within Jain culture. Fasting can take different forms. It may involve giving up favourite foods or eating less than the person needs or giving up food and water completely for a period. Often fasting is done during one of the festivals.

### **Main Festivals**

Mahavir Jayanti – This is observed in March/April. It is the celebration of Mahavir's birthday. Processions are held and Mahavir's message is explained to all.

Akshyatriya – This is observed in April/May. On this day sugarcane juice is ritually offered to those who have observed various types of fasts throughout the year.

Paryusana or Daslasksana Parva – This is held in August/September. It lasts between 8 and 10 days. For part of this time Jains will fast, some will fast for all the days, some alternate days. All will fast on the last day. The last day is marked by asking fellow community members for forgiveness for any wrong done.

Diwali (October/November) – This festival is celebrated by Hindu's as well. In Jainism it marks the day that Mahavir gave his last teaching and attained ultimate liberation. Lamps and candles are lit. Children are often given sweets by parents. Some Jains will fast.

Kartak Purnimu – This follows Diwali (and so can be October/November). In India Jains may go on pilgrimage to sites considered sacred.



Mauna Agyaras – This is held November/December. It is a daylong observance of fasting and silence. Jains also meditate on the five great beings.

**Implications for Care**

- Strict observation and care should be taken over the choice of foods, storing and preparation
- If a person decides to fast this must be respected
- Attending a temple is an important aspect of a believers religious life and should be supported

## **Jehovah's Witnesses**

### **Background**

The origins of Jehovah's Witnesses can be traced back to about 1870 in Pittsburgh, USA where a group of people were studying the Bible, led by Charles Russell. One question they were seeking to answer was when would Christ return. Russell's leadership resulted in the group expanding. Due to its growth it needed to develop an organisational structure. A governing body of twelve men, based in Brooklyn, New York was established and this continues to exercise leadership and final decision making. The organisations formal title is the Watchtower Society. Worldwide there are about 6 million Jehovah Witnesses. In Britain there are about 120,000 witnesses.

### **Beliefs**

Jehovah Witnesses believe that Jehovah alone is God and that he should be called by his name (Jehovah). Jehovah's Witnesses believe that Jehovah created the Earth and placed humans on the earth. All people, living or dead, who will fit in with Jehovah's purpose for a beautiful, inhabited Earth may live on it forever.

Humanity, is fallen (disobeys Jehovah) due to Adam and Eve disobeying Jehovah. Jehovah Witnesses believe Jehovah created Jesus Christ and that his life and death was paid as a ransom for obedient humans. Witnesses believe Jesus is a lesser person than Jehovah, and do not believe in the Holy Spirit, which Christians believe in.

Jehovah witnesses believe Christ died on a stake, not a cross. Christ was raised from the dead as an immortal spirit. Jehovah Witnesses believe that 1914 is a pivotal year. It marks the end of the Gentile Times and the beginning of a transition period from human rule to the Thousand Year Reign of Christ.

In the last day humans will engage in pleasure seeking, pursuing money, have no self control and reject goodness. Then Christ will return to Earth and there will be a great war or battle culminating in Har-Magedon (or Armageddon). Christ will be the victor and his thousand year reign of peace will begin.

Jehovah Witnesses believe that at this point about 144,000 people will join Jehovah in heaven whilst a far larger number of people will live peacefully on Earth. The Earth will be cleansed and beautified and people will live forever.

Jehovah Witnesses believe only active Witnesses doing Jehovah's will, by serving the Watchtower Society, will survive the climactic battle (Har-Magedon).

As a result the commitment of Jehovah Witness to their beliefs is striking. Most will attend up to five devotional meetings each of an hour length, every week. Most Witnesses will spend ten hours a month evangelising from door to door and there will be an expectation that Witnesses will devote time to personal study and family study at home.

Witnesses believe everyone apart from active Witnesses will die and not be resurrected (or recreated). Witnesses believe there is no hell just death for those who are not an active Witness.

The Watchtower Society uses its own translation of the Bible called the New World translation (NWT).

Other aspects of Jehovah Witnesses beliefs include:

- Birthdays should not be celebrated. The Jehovah Witnesses claim that the two explicit references to birthdays in the Bible are both negative and there is not mention of prophets, Jesus or his disciples celebrating Birthdays.
- Christmas is not to be celebrated since really we do not know when Jesus was born (which is true). Also the 25<sup>th</sup> December was originally the festival of a roman god (which is true) and so Witnesses argue that it is a pagan celebration.
- Easter is not to be celebrated, and as mentioned Witnesses argue that Jesus died on a stake, not a cross, therefore the cross is not a visual image that Witnesses use.
- Blood transfusions are viewed as forbidden by Jehovah. Witnesses would argue that there are often medical alternatives. Additionally it is worth bearing in mind that many adults ignore or dismiss doctor's advice about what is good for their health (e.g. smokers).

To individuals who are not religious the differences between Christians and Jehovah's Witnesses must seem minor. It may be surprising, therefore, that there is no real agreement between most Christians and Jehovah's Witnesses who at best view each other with indifference and at worst see each other as following flawed beliefs.

### **Implications for Care**

Whilst an older person who has care needs will not be as active they used to be they may well want to remain as active as they can be.

- Discuss with the customer their aspirations in respect of attending weekly religious meetings and other religious activities (e.g. personal study time).
- Discuss with the customer how they wish to manage days when the service celebrates festivals (e.g. Christmas) or marks someone's birthday.
- There may be a preference for same sex carers as dressing and undressing in front of strangers can be embarrassing.

## **Judaism**

### **Background**

Jews have been present in Britain for centuries with the initial settlement occurring after the Norman Conquest. They were later expelled and then readmitted in the 1650s. There are two main traditions within Britain the Sephardi and Ashkenazi Jews. Sephardi Jews came originally from Spain, Portugal and Arab countries. Ashkenazi from central and East European countries. Ashkenazi Jews migrated to England for economic reasons or fled from persecution in the Russian Empire, Germany and other European countries. In addition small numbers have arrived from India.

Like many religions, Judaism has different branches or denominations. Most practicing Jews are Orthodox, there are smaller numbers of Conservative, Reform and Liberal Jews. In Britain a Jewish person's religious lifestyle is more likely to be influenced by whether they are Orthodox, Conservative, Reform or Liberal rather than whether they are Sephardi or Ashkenazi.

### **Language**

Depending on the origin of a Jewish person and from where they may have migrated they will speak the regional or national language of that country. In Britain, most speak English although some may speak Yiddish. Hebrew is the language of the Bible, prayer and modern Israel. It is the main language of worship and many Jewish people are taught it from an early age.

### **Religion**

Judaism is a religion that has been in existence for about 3,500 years. Jews believe in one God and that God will send a Messiah but do not believe that Jesus Christ was the Messiah. They obey the Ten Commandments and love God through study and prayer. The teachings of the Jewish faith and way of life are contained in the Torah, and the rabbinic interpretations found in the Talmud. The Bible is known as Te Nakh and includes the Torah (the five books of Moses), Nevim (prophets) and Ketuvim (other writings). The Sabbath (holy day) begins at sunset on a Friday and ends at nightfall on a Saturday. There are restrictions to working on the Sabbath. Orthodox Jews may also not turn lights on or off and may use a timer. The Sabbath ends with the lighting of a candle and a blessing for the coming week. Friday evenings and Saturday are times for prayer at the synagogue overseen by the Rabbi.

Many Orthodox men will usually cover their heads. Men, and often women, particularly Orthodox women, cover their heads when entering the synagogue. Three daily prayers are stipulated Shaharit (morning), Minhaha (afternoon) and Maariv (evening). Orthodox male Jews may wear Tephilin (small box worn on forehead, and left arm containing sections of the scriptures on parchment) during their morning prayer and Arba Kanfot (a fringe, worn at all times on a vest under their clothes)

### **Food Preferences**

A Jewish diet has to be kosher (permitted), that is animals humanely slaughtered by a shochet (qualified slaughterer) and according to Jewish law. This involves the drawing of blood from any animal as part of its preparation. Kosher meats are all sources of meat with split hooves and that chew the cud, kosher chicken and eggs from them, fish, which have both fins and scales, such as cod. Treif (forbidden) foods include horses, pigs, rabbits, birds

of prey, and non-kosher fish including all shell fish such as prawns, crabs etc. Fruit and vegetables are kosher provided they are not cooked with non-kosher ingredients.

Jewish law prohibits the mixing of milk foods with meat food and separate utensils and service items should be used for both items and a time lapse observed between eating the two items. Fish can be served with milk. Fish can also be served with meals that contain meat. The degree to which these strict dietary requirements are adhered to varies amongst the community and between individuals.

### **Personal Care and Hygiene**

Hygiene and washing is regarded, as with other cultures, as important. Dress codes are normally of a conservative nature when attending the synagogue. Dressing and undressing can be viewed as embarrassing and same sex carers can be preferred.

### **Customs**

As is commonly found within many cultures family and community are seen as very important social structures. Men and women are seen as equal and gender roles are clearly defined with women being responsible for the care of the family and the home. The door post of a Jewish person's home is often marked with a small prayer box (mezuzah). It is customary for a Rabbi and a relative to be by the bedside of a dying person to recite prayers and provide the opportunity for confession of their sins. Burial arrangements are usually made through the synagogue. A group of people will prepare the body as soon as possible after death, often reading prayers. After death the eyes and mouth of the person are usually closed by a close relative, the body is washed and placed in a shroud or prayer shawl and burial is immediate. There is a mourning period of up to seven days where family and the community pay their respects, bring food and ensure the family are not left alone. There are different stages to the mourning period, firstly the initial seven days, then twenty-three days where life returns to normality followed by a lighter mourning for eleven months.

Coffins are usually plain, and there are no flowers. Mourners will usually fill in the grave before returning to the prayer hall. For many there remains a great kinship with Israel and it has great importance and significance to the Jewish people. Jewish boys are often circumcised on the eighth-day of life. At thirteen male Jews take on a new role within their community and this is celebrated by way of a Barmitzvah. Some Jewish girls have a Barmitzvah at the age of 12 or 13. Some Jewish people wear jewellery such as the Star of David.

### **Main Festivals**

Rosh Hashana (September/October) – The Jewish New Year celebrated by the blowing of a ram's horn in the synagogue to remind people of their sins and their spiritual awareness. No work is permitted on this day. At home, an apple dipped in honey is eaten and an apple cake may also be served. This is a ten-day festival and ends with Yom Kippur.

Yom Kippur – This is a day of atonement. A fast of food and drink is observed for approximately 24/25 hours. The day is devoted to worship and prayer. No work is permitted on this day.

Sukkot – This is the festival of Tabernacles, which commemorates the wandering of Israel's children. Jews celebrate this day by the building of a temporary hut (Sukkot) on the side of houses and synagogues. The festival also commemorates harvest where a palm branch,

citron, willow branches, and three myrtle branches are carried in procession around the synagogue.

Simchat Torah – celebrates the completion and recommencement of the annual cycle of reading from the Torah.

Pesach or Passover (March/April) – An eight-day festival where unleavened bread is eaten symbolising Jews leaving Egypt, the story of Exodus is told and a special meal is taken on the first and second evening.

Shavuot – a two-day festival commemorating the Israelites receiving the Torah, and harvest, olives, dates, grapes and figs are eaten.

### **Implications for Care**

Each house holder or customer should be asked how they want to be supported to apply their faith and culture. Below are some areas to consider. As always there can be variation within a community.

- Strict observation and care should be taken over the choice of foods, storing, preparation, and serving.
- Bereavement traditions and customs should be respected
- Jewellery should not be removed without consent
- The Sabbath is the day of rest and should be respected. The Sabbath and festivals start on the evening of the day before.
- In homes some Jewish people may want to place a Mezuzah (small prayer box) on the door post to their room.
- Same sex carers may be preferred where personal care is required.

## **Rastafarianism**

### **Customs**

Rastafari is a way of life and is guided by a central concept of peace, truth, right and love. It is named after Ras Tafari who became Emperor Haile Selassie I of Ethiopia. Haile Selassie I is recognised as Jah the living manifestation of God. Rastafarians believe that salvation can come to black people only through repatriation to Africa after liberation from the evils of the western world.

Rastafarians often say “I” and “I” instead of “me” and “you” to denote that God (Jah) is within all human beings.

The Bible is seen as the divine word and is interpreted through reasoning: collective drumming, reading, prayer, studying and debate. There are no buildings for worship (reasoning) and each individual or group is autonomous.

Rastafarians believe in reincarnation and that life is eternally moving from one generation to the next through spiritual and genealogical inheritance. There are no special arrangements or ceremonies following death. The extended family and wider community are seen as the support networks to help resolve individual and family crisis. The use of cannabis is understood to be sanctioned in the Bible.

### **Food Preferences**

Many Rastafarians are vegetarian, avoiding meat, fish and poultry; others are vegan and will not consume any animal by-products including fat, milk, and gelatine. Some Rastafarians do choose to eat meat although they may not eat pork as it is regarded as unclean meat.

The degree to which these strict dietary requirements are adhered to varies amongst the community.

Rastafarians do not cut their hair or beards and it needs to be kept clean.

## **Sikhism**

The British Sikh community is the largest outside India. Sikhism originated in Punjab, India, and was founded by Guru Nanak Dev. A number of Sikhs settled in Britain in the 1920s and 1940s although the vast majority arrived in the 1950s and 1960s. The majority of these came from Punjab although some came from East Africa and other former British colonies. Many Sikhs served in the British Indian armies during the First and Second World Wars.

Guru Nanak Dev preached a message of universal love, peace and brotherhood emphasised by the worship of one God. He believed that the worship of God in whatever tradition one practiced should be sincere and honest. He settled in Punjab and founded a community of Sikhs (disciples or learners).

Guru Nanak Dev was the first of ten Gurus (divine teachers who convey the word of God). Sikhism emphasises the worship of the Word of God not object of worship. The tenth Guru, Guru Gobind Singh vested authority in the Guru Granth Sahib (the Sikh scripture) and in Khalsa Panth (path of the pure ones). The Guru Granth Sahib is therefore the eternal Guru embodying the Divine Word.

Guru Gobind Singh introduced Sikhs to “Armit”, a ceremony of initiation similar to Baptism whereby Sikhs adopt their name (Singh for men and Kaur for women) and the five symbols of Sikhism. He provided instructions for prayer and how Sikhs should conduct themselves, completing the spiritual and temporal structure of the Sikh faith. Some Sikhs may carry a small prayer book wrapped in cloth which can only be touched with clean hands.

## **Language**

Most Sikhs in Britain speak Punjabi and English, although, other languages may also be spoken such as Swahili (those from East Africa) and Hindi (the national language of India). The Punjabi language shares similarities in vocabulary and grammar with Urdu and Hindu.

## **Religion**

Sikhs believe in one God and a belief in God underpins every aspect of life. The creation of the world is understood to have originated from God’s will to create, developing from lower to higher forms of life. From air came water; from water came the lower forms of life; plants’ birds animal and the supreme form of created life on earth; the human. The purpose of human life is to seek its creator and merge with God, breaking a cycle of rebirth. Failure to do so will lead to rebirth including lower forms of life than human.

Prayers are normally said early morning and before sleeping at night. This can be done individually, and within the Sikh’s home (some homes may have separate rooms that contain the Guru Granth Sahib) although communal prayer is regarded as particularly important. There is no particular holy day during the week for Sikhs although for convenience the temple is usually visited on a Saturday in Britain.

Gurdwara (Temple) is open to all irrespective of race, religion, or social status. Each has The Guru Granth Sahib, (Sikh holy book) communal kitchen and dining area. It is customary for all that enter the temple to be served food. Shoes are removed and all who enter should cover their heads. Smoking and alcohol are not permitted in temples.

## **Food Preferences**



Many Sikhs refrain from alcohol, tobacco and other intoxicants. Meat should only be consumed if it is Jhatka, where the animal has been instantaneously killed with one stroke. Those that eat meat must not eat halal or kosher meat. Many Sikhs are vegetarians. The degree to which these strict dietary requirements are adhered to varies amongst the community. Sikhs do not practice self denial therefore they do not fast for religious reasons.

### **Personal Care and Hygiene**

Cleanliness is very important to Sikh communities. Long hair requires regular washing and managing, with hair oil being applied for its maintenance. Leaving the hair uncut applies to the whole body not just to the head and face. Beards are not cut and the Khanga is used to comb the hair every day. Orthodox Sikhs will bath daily and pray twice. The steel bracelet, jewellery or threads that are worn should not be removed without permission.

Women may wear Punjabi suits (two piece cotton or silk dress over baggy trousers). Men tend to wear western clothes although more orthodox Sikhs will wear traditional tunics over baggy trousers.

As with many other religions, Sikhs require the use of the left hand and not the right when using the toilet and the right hand for eating.

Modesty is one of the five K's (see below) and both men and women observe conservative dress codes.

### **Customs**

Food is always served to those entering the Sikh temples

There are five symbols of Sikhism (the five K's); Kesh (long hair, symbolising holiness), Kanga (the comb symbolising purity), Kara (steel bracelet worn on right wrist to protect the sword arm and symbolises eternity), Kirpan (a small dagger symbolising willingness to fight oppression), and the Kaccha (shorts worn under clothes to symbolise modesty). In addition to this a turban is worn to protect the Kesh. The wearing of these items identifies the person as a Sikh who has dedicated himself or herself to a life of devotion to Guru.

In Britain the Kirpan is worn by orthodox Sikhs and is exempt from the classification of a dangerous weapon. Sikhs believe in rebirth and after death the body is washed and dressed with cremation happening as soon as possible. In India cremation is usually on the same day and in Britain within two to five days. Post mortem examinations can be viewed as a form of violation of the body, and are likely to cause significant distress to the family. On the day of the cremation of the body it is usually placed in an open cask, relatives and friends come to pay their last respects and a priest reads the last rites. The Guru Granth Sahib is brought home from the temple after the cremation and prayers are read, usually lasting a whole morning.

### **Main Festivals**

Dates provided refer to the Gregorian calendar.

Gurpurbs – Celebrations of a birth or death of a Guru are usually by means of prayer, religious lectures, Karah Prashad (blessed, sweet food made from semolina, sugar, clarified butter and water are served after worship) and Langar (free communal meal) there are four major Gurpurbs celebrated in Britain:

Guru Nanak Dev – Celebration lasting 3 days

Martyrdom of Guru Tegh Bahadur

Guru Gobind Singh

Martyrdom of Guru Arjan Dev

Installation of the Guru Granth Sahib (August – September) – Celebrating the Sikh Scriptures

Vaisakhi (April) – Marking the day when Guru Gobind Singh founded the Sikh brotherhood Khalsa. Sikhs carry a flag down the streets in a procession to the gurdwara and replace the old one with it.

Diwali (October/November) – a celebration in memory of Guru Hargobind's return from imprisonment and the saving of 52 Hindu Kings. It is celebrated with the lighting up of the Gurdwara.

### **Implications for Care**

- Some may not want a commode in their living areas
- Space may need to be dedicated to holding the Guru Granth Sahib and for prayer
- Utmost respect must be observed for the five symbols of faith, and these should not be touched or removed without permission
- Specific dietary requirements will need to be identified
- Strict observation and care should be taken over the choice of foods, storing, preparation and serving.
- Hair and beards are not generally cut. For many this extends to all body hair and care will be needed in dealing with this.
- Personal care and hygiene is very important, and will need specialised products, and additional time allowed.
- Specialised hair products should be available

## **Travellers Culture**

### **Background**

Traveller is an umbrella term that encompasses a variety of groups including Romanies or gypsies, Irish traveller, New age Travellers, and occupational travellers (circus and fairground workers). Whilst it is commonplace for travellers to be nomadic, some may also live in houses. A person is born a traditional traveller and cannot become one by association. It is thought that Romani people arrived in the British Isles around the 16<sup>th</sup> Century travelling to trade, work and entertain. The size of the population is estimated to be 80,000 to 110,000 in Britain. There is no single culture and traveller communities worldwide hold different beliefs, customs and traditions.

### **Language**

Due to the diversity of the population language is not specific and may include Romanies. Within the Irish traveller community Gammon, Shelta, or Cant may be spoken. New Age travellers are a diverse group including people from many different origins and the languages used will vary between them.

### **Religion**

Due to the diversity of this group religious practices or beliefs vary across Britain. Usually the religions and local culture of the country or area in which they settle is adopted. Within Britain, Christian practices are followed although this varies between groups and area of settlement. It should also be noted that for many religious beliefs may be a mix of traditional beliefs and community based practices and traditions.

### **Food Preferences**

Travellers mostly adopt the diet of the area or country they live in although many will not eat horsemeat.

### **Personal Care and Hygiene**

Many prefer to wash under free flowing water and use different bowls for different tasks.

### **Customs**

Although practices vary across different groups there are some general similarities. For example, there may be clear gender defined roles within traveller communities. Within some groups women and men will socialise with other same sex members.

Privacy has a high value within the community. There may not be a defined community leader although age is respected. Men are usually self-employed and rely on traditional trade for income, with women often not working outside of the home.

Literacy levels may be low due to the nomadic way of life. Some families believe it to be disrespectful to say the names of those that have passed away. Gold Jewellery is sometimes worn as a symbol of wealth and prosperity. Dogs are generally not allowed within the living areas of the families as they are seen as unclean.

### **Main Festivals**

This will vary depending on the area and “adopted” beliefs of the community.

### **Implications for Care**

- Literacy may be low and care should be taken to read things if required, or assistance provided in completing written work
- Privacy is valued and should be respected
- Identifying a person's individual specific needs by asking them will be important due to the diversity of the culture
- There may be a preference for same sex carers as dressing and undressing in front of strangers can be embarrassing.
- Modesty may also be important and care should be taken over the choice of the sex of the carer, washing and bathing routines
- Each traveller group has its own culture, traditions, routines, beliefs, and customs. This should be identified and respected.

This policy will be reviewed by the registered manager.

Signed:

Date

Review Date

## **FINANCIAL PROCEDURES POLICY**

### **OUTCOME 26, CQC REGULATION 13 (Financial Position)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living believes that its customers have a right to expect that the organisation will be run on a sound financial basis with robust procedures for dealing with money and accounting.

The organisation adheres fully to outcome 26, regulation 13 of the Care Quality Commission (Registration) Regulations 2010, which relates to the extent to which the continuity of the service provided to customers is safeguarded by the accounting and financial procedures of the company.

#### **Aim of the Policy**

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to the management of finances in the organisation.

#### **Policy on Financial Procedures**

1. This business has a financial plan for the organisation as part of its business plan which is open to inspection and reviewed annually and includes a current cash flow forecast for the business set over a 12-month period.
2. Open, transparent and robust accounting and financial procedures are adopted and annually audited by an independent firm of auditors.
3. Annual accounts are prepared and submitted by a professional independent accountant, and include:
  - a. A profit and loss account
  - b. A balance sheet
  - c. An auditors' report signed by the auditor
  - d. A directors' report signed by a director or the secretary of the company
  - e. Notes to the accounts.
4. Insurance cover is in place against loss or damage to the assets of the business.
5. Insurance cover is in place to cover business interruption costs including loss of earnings.
6. Records are kept of all transactions entered into by the registered person and the organisation.

The accountant for the organisation is **[Insert name]**. The insurance broker for the organisation is **[Insert name]**.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:



## **FIRE SAFETY POLICY**

### **OUTCOME 10, REGULATION 15 (Safety and Suitability of Premises)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living believes that staff and customers should be as safe as possible from the threat of fire or from injury in the case of an outbreak of fire. The organisation believes that the best way to ensure this state of safety exists is to have robust fire policies and procedures in place, to ensure that staff are well trained to cope with an outbreak of fire or an alarm in a customers' home, and to ensure that appointed fire wardens are in place in accordance with the law in the organisation's offices.

Welcome Independent Living adheres fully to Outcome 10, Regulation 15 from the Care Quality Commission's Guidance about Compliance, Essential standards of Quality and Safety, which relates to the degree to which staff and customers are protected by the organisation's policies and procedures.

#### **Aim of the Policy**

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to fire safety. The aim of the organisation is to ensure that, as far as is possible, fires are prevented and that, in the event of a fire, staff know exactly what to do and how to react.

The goals of the organisation are:

- To minimise the risk of workplace fire by the use of adequate fire prevention and risk assessment techniques
- To ensure that all staff understand what to do in the event of a fire
- To ensure that all staff attend fire training at least annually
- To ensure that, in the event of a fire, the organisation premises and customers' homes can be evacuated as quickly, safely and efficiently as possible.

#### **Fire Policy**

In the Organisation's Premises

On the discovery of or suspicion of a fire:

- Staff should remain as calm as possible
- The first person aware of the fire or on the scene should raise the alarm immediately by operating the nearest breakglass fire alarm or by shouting: "Fire"
- If the suspicion is raised by seeing smoke coming from under a door or by seeing smoke in a closed room staff should on no account attempt to open the door but should raise the alarm and summon the fire brigade as quickly as possible
- Small fires can be fought with the appropriate fire extinguisher, but only if safe to do so, you have received training and the alarm has first been raised

In the event of a fire or of the fire alarm sounding staff should:

- Follow organisational policy which may require customers to be evacuated or left in their own room until the fire brigade arrives.
- Remain as calm as possible and help any customers, visitors, disabled persons or contractors on the premises to evacuate

- Where possible and safe to do so, check all rooms (in particular toilets) to ensure nobody remains in them or are trapped
- Close all doors
- Ensure that any person not accounted for is immediately reported to the organisation manager (or deputy), nominated fire warden or directly to a fire brigade officer.

Staff should:

- Never stop to collect valuables or possessions
- Never use lifts
- Never open doors where they can see smoke coming through unless that is the only means of escape
- Never attempt to re-enter the building until told it is safe to do so by the organisation manager (or deputy), by a nominated fire warden or by a fire brigade officer.

The organisation manager (or nominated fire safety warden) is responsible for ensuring that:

- The fire brigade has been called to any fire by dialling 999 and asking for Fire Service
- The fire brigade is met on arrival
- The Staff Nominal Roll and visitor book is removed from the building and used to account for staff and visitors by roll call
- Any person not accounted for is immediately reported to the fire brigade upon arrival.

The appointed Fire Safety Wardens are responsible for:

- Supervising evacuation assembly points
- Carrying out roll calls
- Liaising with the fire brigade on arrival.

It is the organisation's policy that an appointed fire warden should be on duty at all times.

### **Fire Risk Assessment Protocol**

The [Insert Name] is responsible for carrying out Fire Risk Assessments.

Daily Checks (usually at close of day)

- That all fire doors are closed.
- That all fire exits and stairways are free of clutter.
- That all unnecessary electrical equipment and heaters are turned off.
- That store rooms or rubbish areas do not have smouldering fires.
- That areas where contractors have been working are free of fire hazards.

### **Weekly Checks**

- That alarm systems function and can be heard in all parts of the building.
- That all fire fighting equipment is in good repair, are in place and in date.
- That stocks of flammable materials or gases are kept to an absolute minimum and are stored safely away.
- That all goods and boxes are safely stored away to minimize clutter, reduce the fuel available to a fire and to enable people to exit the building safely in the event of an emergency.



- That all *Fire Instruction* and *No Smoking* notices are in place and have not been obscured.
- That individual rooms do not contain obvious fire hazards such as overfull waste baskets or portable heaters placed close to curtains.
- That all electrical equipment is free of obvious defects such as worn cables and exposed leads.
- That organisation security arrangements are all in place discouraging arson.

### Annual checks

- That fire alarm systems, smoke detectors, emergency lighting, sprinkler systems and fire fighting equipment are serviced on an annual basis.
- The alarm system fitted is **[insert name]**.
- The engineers contracted to service the fire alarm systems are **[insert engineers' names and contact telephone numbers]**.
- The organisation contracted to service the fire extinguishers is **[insert organisation's name and telephone number]**.

### Administrative Guidelines

Full records of fire precautions should be kept in the Fire Log. This information should be entered by the fire safety lead or by one of the nominated fire wardens and should include:

- For fire drills: the times and dates of drills and the time between sounding the alarm and the last person leaving the building.
- For fire alarm tests: the times and dates of tests.
- For fire fighting equipment, alarms and fittings such as emergency lighting: the times and dates of inspections, of replacements and of servicing.
- For training: times and dates of training events, who attended and what was covered.
- The office administrator is responsible for ensuring that the staff and customer nominal rolls are kept up to date.

### Personnel

- The fire safety lead is responsible for ensuring that the correct fire procedures and arrangements are in place.
- The fire safety lead for the organisation is the office administrator.
- Fire wardens are responsible for supporting the fire safety lead.
- The nominated fire warden for the organisation is the office administrator.
- Nominated fire warden posts will be reviewed every year.
- The organisation's fire advisor is **[Insert local Fire prevention team number]**

### Training

All new staff should be encouraged to read the policy on fire safety as part of their induction process. All members of staff should be aware of the procedures in case of a fire at the organisation premises.

They should also all be aware of how they must respond in the event of an emergency.

The registered manager is responsible for organising and co-ordinating fire training.

All new and existing staff should know:

- Who is responsible for ensuring the correct fire procedure is carried out
- Who the fire wardens are
- The location and usage of all fire extinguishers and where special extinguishers (eg those suitable for use on electrical equipment) are located
- The location of breakglass fire alarm points
- The emergency fire evacuation procedures
- How to use the internal telephone systems to call for the fire brigade.

In house training sessions for existing staff should be arranged so that all relevant staff can attend a session every year.

Such general fire safety training should include instruction on fire prevention, on what to do in the event of a fire and on fire fighting. Records should be kept in the fire log of who attended each session. Staff who do not attend should be reminded to attend the next session. Additional training should be available for fire safety wardens.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## FIRST AID POLICY

### OUTCOME 9, REGULATION 13 (Management of Medicines)

Name: Welcome Independent Living

#### Policy Statement

Welcome Independent Living recognises its responsibility to ensure that all reasonable precautions are taken to provide and maintain working conditions which are safe, healthy and compliant with all statutory requirements and codes of practice. This includes the provision of Qualified First Aiders in the organisation qualified to cope with minor injuries. The organisation fully complies with the *Health and Safety (First Aid) Regulations 1981* and with Outcome 9, Regulation 13 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which relates to the degree to which staff and customers are protected by the organisation's policies and procedures.

#### Policy Background

This organisation understands First Aid to refer to:

1. The initial and appropriate management of illness or injury which aims to preserve life or minimise the consequences of injury and illness until professional medical help can be obtained; and
2. The treatment of minor injuries that do not require the attention of a medical practitioner or nurse.

The organisation recognises that employers are required to make arrangements for first aid at work, to ensure that illness or injury at work is treated and managed in the most appropriate way.

#### First Aiders

This organisation ensures that a Qualified First Aider is available at all times that there are staff working. They should be contacted via the office where there is a list displayed with their names. In addition to Qualified First Aiders the organisation also supports a number of Appointed Persons to assist the Qualified First Aiders. **[Insert name of first aiders and appointed persons where applicable]**

#### First Aid Container

All employees in this organisation should have access to a First Aid Box whilst at work. The box should contain the following.

- An HSE leaflet giving general guidance on First Aid.
- 20 individually wrapped sterile adhesive dressings (assorted sizes).
- 2 sterile eye pads.
- 4 individually wrapped triangular bandages (preferably sterile).
- 6 safety pins.
- 6 medium sized (approximately 12 cm x 12 cm) individually wrapped sterile non-medicated wound dressings.
- 2 large (approximately 18 cm x 18 cm) sterile individually wrapped non-medicated wound dressings.
- 1 pair of disposable gloves.

Tablets or medicines should never be kept in the First Aid Box in this organisation and items that are out of date should be replaced and disposed of immediately.

### **First Aid Information (Signs and Posters)**

First Aid signs and posters are prominently displayed informing staff, visitors and customers what to do in the event of an emergency and from whom to obtain First Aid assistance. This should include emergency contact telephone numbers. Similar information is included in all staff induction packs.

All staff must familiarise themselves with the First Aid arrangements and with the names and locations of Qualified First Aiders or Appointed Persons and First Aid Boxes.

### **Record Keeping**

In all situations where staff or customers are injured at work and requiring First Aid the accidents procedure should be followed and the appropriate accident forms should be filled in and witnessed. An incident record should also be made in the Accidents Book if required. First Aiders must keep a record of all treatment that they provide by completing a First Aid Treatment Record. This information helps to identify accident trends and can be used for reference in future First Aid needs assessment.

Injuries at work are also covered by RIDDOR (the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995) and may require a report to be made to the Health & Safety Executive (see Accident Reporting Policy).

### **Training**

Any staff member who wishes to become a Qualified First Aider or to become an Appointed Person should contact their line manager or supervisor and register their interest. The organisation will support and sponsor training for Qualified First Aider and Refresher Courses in so far as the organisation requires a sufficient pool of qualified staff to cover shifts. A Qualified First Aider must hold a valid certificate of Competence in First Aid at Work, issued by an organisation whose training and qualifications are recognised by the HSE. Such certificates are valid for three years and refresher training and re-testing must take place before the qualification expires. Employees who wish to do Appointed Person First Aid training will also be sponsored if the training is agreed with their supervisor or manager in their individual training plans.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **FOOD HYGIENE POLICY**

### **OUTCOME 5, REGULATION 14 (Meeting Nutritional Needs)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living believes that, where care provided to customers includes help with the cooking, storing, preparing or serving food, then the organisation has a duty to ensure that all customers are protected from food-related illness, by the adoption of high standards of food hygiene and preparation.

Welcome Independent Living fully complies with Outcome 5, Regulation 14 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which relates to the extent to which the health, safety and welfare of customers and staff is promoted and protected by employers.

#### **Aim of the Policy**

Welcome Independent Living believes that the effective management of food safety relies heavily on having effective operational policies for the safe preparation, storage and handling of food. Therefore, this organisation operates the following procedures.

- All food should be prepared, cooked, stored and presented in accordance with the high standards required by the *Food Safety Act 1990* and the *Food Hygiene (England) Regulations 2006*.
- Staff should keep all food preparation areas, storage areas and serving areas clean while they are using them. All tools and equipment such as knives, utensils and chopping boards must also be cleaned regularly during the cooking process.
- Adequate sanitary and hand-washing facilities should be available within the kitchen, including a supply of soap and paper towels for hand drying. All staff **MUST** wash their hands before and after handling foodstuffs. All foodstuffs should also be washed before use.
- Everyone in a food handling area must maintain a high level of personal cleanliness and food handlers must wear suitable clean and, where appropriate, protective clothing.
- Staff preparing food should take all reasonable, practical steps to avoid the risk of contamination of food or ingredients.
- Food storage areas should protect food against external sources of contamination such as pests.
- Food handlers must receive adequate supervision, instruction and training in food hygiene.
- When serving food, appropriate hygiene standards should be scrupulously observed by all staff.
- Suspected outbreaks of food related illness should be reported immediately to the customer's GP.
- Any member of staff who becomes ill whilst handling food should stop work at once and report to their line manager/supervisor. Staff involved in food handling who are ill should see their GP and should only return to work when their GP states that they are safe to do so.

In addition staff should:

- Always wash their hands after visiting the lavatory
- Ensure that all food stored in the refrigerator is covered and adequately chilled
- Ensure the thorough cooking and re-heating of all meat, especially poultry
- Ensure that deep frozen food is thawed before cooking (especially important when using a microwave oven)
- Be aware of the risk of Salmonella infection associated with foods containing uncooked eggs such as mayonnaise and certain puddings
- Wash hands after handling raw meat or eggs, particularly before handling other foods
- Never re-use utensils with which raw eggs or meat have been prepared without first washing them with hot water and detergent
- Never allow juices from raw meat to come into contact with other foods (cooked food and uncooked food should not be stored together)
- Avoid serving raw eggs (or uncooked foods made from them) to vulnerable people such as the elderly and the sick (all eggs should be cooked until they are hard — both yoke and white).

### **Training**

All staff involved in the provision of food to customers should be appropriately trained and assessed to ensure that their catering skills and infection control techniques are of an acceptable standard.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **GIFTS AND LEGACIES POLICY**

### **OUTCOME 14, REGULATION 23 (Supporting Workers)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living believes that its customers have a right to expect that the organisation will be run on an honest and sound financial basis with robust procedures for dealing with and protecting the financial interests of customers. The organisation fully complies with Outcome 14, Regulation 23 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which relates to the degree to which customers' financial interests are handled and safeguarded.

#### **Aim of the Policy**

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to the giving of gifts to organisation staff by customers or their relatives. It also aims to set out the organisation's policy on legacies. With the Bribery Act currently before Parliament, further clarification will be added to this policy should the impact of the new Act warrant such adjustments. It is due for introduction on July 1<sup>st</sup> 2011.

#### **Policy on Gifts and Legacies**

It is not uncommon for customers who have developed sometimes long and close relationships to individual staff to offer gifts or gratuities or to seek to include a member of staff in their will. However, such activities can lead to accusations of coercion, exploitation and fraud. It is vitally important to the organisation that its staff at all times uphold the highest standards of the organisation and always act in an honest manner with the best interests of customers in mind.

Therefore, in this organisation:

1. Personal gifts should never be accepted by a member of staff if the value of the gift is estimated to be more than £10
2. Organisation staff should never, under any circumstances, accept valuables belonging to a customer or monetary gifts
3. Any gift given to a member of staff must be declared as soon as is reasonably practicable and details recorded in the Gifts Record in the central office; this must include the date that the gift was given and its monetary value and it must be signed by the recipient
4. Organisation staff should never become involved with the making of customers' wills or with soliciting any form of bequest or legacy from a customer, they should never agree to act as a witness or executor of a customer's will nor become involved in any way with any other legal document — if a customer does need help with making a will or requests help from organisation staff then the customer should be referred to an impartial or independent source of legal advice, such as the local citizens advice bureau or local law society which will hold lists of local solicitors
5. Failure to declare a gift, the accepting of a gift in excess of £10.00, the involvement in a will or attempting to solicit money or items through a customer's will or legacy will be considered a disciplinary offence.
6. This policy is cross referenced and linked to the policy on Bribery. Please refer as appropriate.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:



## **HANDLING OF CUSTOMERS' MONEY POLICY**

### **OUTCOME 7, REGULATION 11 (Safeguarding People who use services from Abuse)**

Name: Welcome Independent Living

#### **Policy Statement**

This policy is intended to set out the values, principles and policies underpinning the company's approach to customers who require help with the use of their money or finances as part of their care. Any help it provides in respect of customers' money is based on a sound, open, honest and transparent basis and the highest standards of probity are followed at all times.

Welcome Independent Living Ltd's policy is fully intended to comply with Outcome 7, Regulation 11 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety. This Outcome relates to the means by which customers' financial affairs must be safe from abuse and exploitation.

Welcome Independent Living follows as a general rule that customers with capacity will retain control over their money. The company sees this as customers' right and means of retaining their independence and ability to choose how they live their lives.

Welcome Independent Living also accepts that some of its customers might ask company staff from time to time to handle money on their behalf, for example, in buying an item from a shop. It also accepts that some customers might lack the mental capacity to manage their own money and require some help from staff with their financial arrangements. These situations could place customers at risk from abuse and exploitation from dishonest employees. They also make honest staff vulnerable to misunderstandings and possibly false allegations of misuse, which threaten their sense of probity and integrity.

Note:

There is a separate policy on the handling of money belonging to customers who lack mental capacity, which is based on the requirements of the *Mental Capacity Act 2005*.

#### **Standards Expected of Staff**

Staff working for this organisation are expected to:

- Act with the highest standards of care, probity and honesty at all times
- Respect customers' rights to spend their own money in the way that they wish to spend it and to keep their own financial affairs private
- Uphold a customer's right to confidentiality regarding their financial information
- Only ever spend, use, carry or transport a customer's money according to the customer's explicit instructions
- Never use credit/debit cards belonging to the customer and never to accept or try to find out their pin numbers
- Avoid giving customers financial advice or information other than that which is reasonably required as part of fulfilling their duty of care as set out in the plan of care
- Declare any financial or business arrangements that they have which may cause a conflict with or compromise their ability to handle a customer's money honestly and impartially
- Report to their line manager any discrepancies or problems relating to customers' money or finances immediately, including worries or concerns that a customer may

be being cheated or defrauded by a third party or has otherwise lost or mislaid money or valuables.

### **Procedures to be Followed in the Handling of Customers' Money and Financial Arrangements**

To ensure that any financial transactions involving company staff are completely above board and transparent the following procedures apply.

- Company managers are responsible for ensuring that safeguards are in place at all times to protect customers' financial interests.
- The company expects its staff to work on the basis that customers retain effective control of their own money in all cases except where it is explicitly stated in the care plan that they require help.
- The customers' wishes and mental capacities to manage their money and finances form part of the initial needs assessment.
- Any concerns that a) render the customer vulnerable to abuse and exploitation and that might incriminate company staff or b) make company staff vulnerable, for example, to false allegations are fully discussed with the parties involved.
- The outcomes of the discussions are recorded on the care plan. This will describe any help to be provided by the company's staff and any safeguards that need to be put into place to protect both customer and company staff. These arrangements are regularly reviewed and the arrangements re-assessed if the circumstances or needs have changed.
- Where from any reassessment customers appear to need new or additional help from the company's staff, the company maintains transparency by discussing all relevant issues with the parties involved and ensuring that the outcomes are recorded as revisions to the care plan.
- The company requires staff who do handle customers' money or help with any financial transactions, to check that they have been given receipts and any other written records of the transactions. If necessary staff should seek duplicates (one to be retained by the customer, one by themselves).
- These procedures apply to all instances where staff are involved in handling customers' money or expenditure, for example during accompanied shopping, unaccompanied shopping, collecting pensions or paying bills.
- Customers are encouraged to keep their money in an onsite safe for security and can access it at any time
- When purchases are made for the customer, two staff signatures must be obtained when making the transaction.
- Staff who enter any financial transaction with customers, next of kin or advocates must inform the organisation. (Please refer to gifts and legacies policy)

### **Investigation of Allegations of Financial Irregularities**

Staff employed by this company inevitably work with vulnerable people where trust is of fundamental importance to the relationship. The company views any potential breach of that trust as a very serious matter and investigates thoroughly any allegations or complaints relating to financial irregularities, the mishandling of customers' money or financial affairs, dishonesty, theft or fraud.

We consider all substantiated cases of dishonesty, theft or fraud as Gross Misconduct and the staff members involved will be subject to summary dismissal and possibly criminal proceedings.

Staff are clearly informed that they could be subject to disciplinary procedure or even criminal investigations if they fail in their duty to be open and honest at all times in their involvement in customers' financial arrangements and transactions.

If found guilty of misconduct in relation to these they could be placed on the Protection of Vulnerable Adults (POVA) and Protection of Children (POCA) lists, which could bar them from working in a care role again. Other professional staff who have been found guilty of financial misconduct will similarly be reported to their relevant professional bodies such as the Nursing and Midwifery Council and the General Social Care Council. (See also Financial Irregularities Policy).

### **Training**

Welcome Independent Living considers it extremely important to impress upon staff the requirement of maintaining high standards in dealing with customers' money. All new staff are taken through the policies on handling customers' money and involvement with customers' financial affairs as part of their induction programme. Existing staff are provided with regular training updates.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **HEALTH AND SAFETY POLICY**

### **OUTCOME 10, REGULATION 15 (Safety and Suitability of Premises)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living is engaged in the provision of quality care and support to individuals and recognises its responsibility to ensure that all reasonable precautions are taken to provide and maintain working conditions that are safe, healthy and compliant with all statutory requirements and codes of practice. The organisation adheres fully to Outcome 10, Regulation 15 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which relates to the degree to which staff and customers are protected by the organisation's policies and procedures.

#### **Legal Requirements**

The legal requirement to have a health and safety policy is a direct obligation arising from the Health and Safety at Work Act 1974 et al. It requires that every employer with five or more employees must prepare and revise as often as necessary a written health and safety policy for the workplace and must explain the arrangements for putting that policy into force. This policy and any revision must be brought to the notice of employees. The failure to have a written health and safety policy can result in the issue of an improvement notice ordering the matter to be attended to within a fixed period. Non-compliance can result in prosecution and a fine.

#### **Aim of the Policy**

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to safe working practices.

#### **Health and Safety at Work Policy**

This organisation is committed to ensuring the health, safety and welfare of its staff, so far as is reasonably practicable, and of all other persons who may be affected by our activities including visitors, contractors, customers and their relatives. The organisation will take the following steps to ensure that its statutory duties are met at all times.

1. Each employee should be given such information, instruction and training as is necessary to enable the safe performance of work activities.
2. All processes and systems of work should be designed to take account of health and safety and will be properly supervised at all times.
3. Adequate facilities and arrangements will be maintained to enable employees to raise issues of health and safety.
4. Competent persons should be appointed to assist in meeting statutory duties including, where appropriate, specialists from outside the organisation.
5. This document will be regularly monitored to ensure that its objectives are achieved. It will be reviewed and, if necessary, revised in the light of legislative or organisational changes.

#### **Duties on the organisation**

The organisation recognises its responsibility under the Health and Safety at Work, etc Act 1974 and the Management of Health and Safety at Work Regulations 1999 (MHSWR) to ensure that all reasonable precautions are taken to provide and maintain working conditions

which are safe, healthy and compliant with all statutory requirements and codes of practice. Employees, customers, contractors and visitors are expected to abide by safety rules and to have regard to the safety of others at the organisation.

Welcome Independent Living Ltd's policy will be, so far as is reasonably practicable, to apply the following:

1. Risk assessments to be carried out as part of the initial care plan and regularly reviewed.
2. Negotiate appropriate risk management measures to reduce any identified risks or hazards to an acceptable level
3. Communicate agreed risk management measures to all necessary persons and staff involved and to ensure regular monitoring of risk levels
4. Provide and maintain equipment such that it is safe and appropriate to use
5. Provide any relevant and appropriate protective equipment or clothing required by staff to perform their role safely
6. Arrange for the safe and healthy use, handling, storage and transport of articles and substances
7. Provide the information, instruction, training and supervision required to ensure the health and safety, at work, of employees and others
8. Control and maintain the organisation's offices in a safe condition, with appropriate risk assessments and management as above
9. Provide a safe means of access to and exit from the place of work
10. Maintain a working environment that is safe, healthy and equipped with adequate facilities and arrangements for welfare at work
11. Conduct, record and implement the findings from regular risk assessments performed in accordance with Regulation 3 of the *Management of Health and Safety at Work Regulations 1999*
12. In the event of any accident or incident (such as a near miss) involving injury to anybody to make a full investigation and to comply with statutory requirements relating to the reporting of such incidents
13. Appoint a Health and Safety Manager.

The Health and Safety Manager for the organisation is **[insert name of Health and Safety Manager]**.

### **Duties on employees**

The successful implementation of this policy requires total commitment from all employees. Each individual has a legal obligation to take reasonable care for their own health and safety, and for the safety of other people who may be affected by their acts or omissions.

It is the policy of this organisation that, under s.7 of the *Health and Safety at Work, etc Act 1974*, it is the duty of every employee at work:

1. To take reasonable care of their own health and safety and those of any other person who may be affected by their acts or omissions at work
2. As regards any duty or requirement imposed on their employer by or under any of the relevant statutory provisions, to co-operate with the employer, so far as is necessary, to enable that duty or requirement to be complied with.

In addition, no person employed by the organisation shall intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety and welfare in pursuance

of any statutory provisions. Failure to abide by this policy will be considered a disciplinary offence.

### **Training**

All new staff should be encouraged to read the policy on health and safety as part of their induction process. In addition, all staff will be appropriately trained to perform their duties safely and competently and those staff who need to use specialist equipment will be fully trained and supervised while they are developing their competency.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **HOME RECORDS POLICY**

### **OUTCOME 21, REGULATION 20 (Records)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living believes that all records required for the protection of customers and for the effective and efficient running of the organisation should be maintained accurately and should be up to date, that customers should have access to their records and information about them and that all individual records and organisation records are kept in a confidential and secure fashion.

We adhere fully to Outcome 21, Regulation 20 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which relates to the degree to which customers' rights and best interests are safeguarded by agencies or organisations record keeping policies and procedures. The organisation also adheres fully to the *Data Protection Act 1998*.

#### **Aim of the Policy**

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to record keeping, data protection and access to records.

#### **Record Keeping Policy**

1. With the customer's consent, care or support workers should record, in records kept in the homes of customers, the time and date of every visit of to the home, the service provided and any significant occurrence.
2. Where appropriate, records should include:
  1. Assistance with medication — including time and dosage
  2. Financial transactions undertaken on behalf of the customer
  3. Details of any changes in the customer's or carer's circumstances, health, physical condition or care needs
  4. Any accident, however minor, to the customer and/or care or support worker
  5. Any other untoward incidents
  6. Any other information that would assist the next health or social care worker to ensure consistency in the provision of care.
3. All records required for the protection of customers and for the effective and efficient running of the organisation should be maintained in an up to date and accurate fashion by all staff.
4. Customers should have access to their records and information about them held by the organisation; they should also be given opportunities to help maintain their personal records.
5. Individual records and organisation records should be kept in a secure fashion, should be up to date and in good order; and should be constructed, maintained and used in accordance with the *Data Protection Act 1998* and other statutory requirements.
6. Records should be kept in the home for one month, or until the service is concluded, after which time they should be transferred, with the permission of the customer, to the provider organisation or other suitable body (eg local authority or health trust, or other purchaser of the service), for safe keeping.

In this organisation staff should:

1. Wherever practical or reasonable, fill in all care records and customer notes in the presence of and with the co-operation of the customer concerned
2. Ensure that all care records and notes, including Customer Plans, are signed and dated
3. Ensure that all files or written information of a confidential nature are stored in a secure manner wherever possible.

### **Access to Records Policy**

The organisation believes that access to information and security and privacy of data is an absolute right of every customer and that customers are entitled to see a copy of all personal information held about them and to correct any error or omission in it.

### **Training**

All new staff should be encouraged to read the policies on data protection and on confidentiality as part of their induction process. Training in the correct method for entering information in customers' records should be given to all care staff. The nominated data user/ data controller for the organisation should be trained appropriately in the requirements of the *Data Protection Act 1998*.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:



## **IMPLICATIONS OF THE MENTAL CAPACITY ACT 2005 FOR THE HANDLING OF CUSTOMERS' MONEY POLICY**

### **OUTCOME 2, REGULATION 18 (Consent to Care and Treatment)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living has considered the implications of the *Mental Capacity Act 2005* in respect of any of its customers who might lack capacity to take decisions over their financial transactions and affairs. Some customers might already have handed over powers of attorney to others to act on their behalf and to manage their financial affairs. Other customers whose capacity can be questioned might still retain control over their financial transactions. They might then seek to involve their care and support staff in the taking of the decisions as well. It is this second group who present particular issues for the organisation and its staff. Other people such as family members may or may not be involved in the decision taking so care staff will have to work out their position in relation to them too.

There are occasions when a customer, whose capacity is in doubt, involves an organisation worker and others in a financial decision. For example, the person might ask the worker to help withdraw a large amount of money from their account and to spend it on some item that seems to be unsuitable. Workers must be very careful how they respond. They should always report the issue and seek management advice on how to proceed.

Welcome Independent Living responds to situations where customers of questionable capacity seek to involve its staff with or without others in financial decisions as follows.

Welcome Independent Living follows the five principles of the Mental Capacity Act to govern its response.

1. Individuals must be assumed to have capacity (to take their own financial decisions) unless it is established that they lack capacity.
2. Individuals are not to be treated as unable to make a decision unless all practicable steps have been taken without success to help them take the decision.
3. Individuals must not be treated as unable to make a decision just because they might or have been known to make an unwise decision in the past.
4. When people take a decision on behalf of someone else who lacks capacity they must act in that person's best interests.
5. If anyone takes a decision on behalf of someone lacking capacity at the time, they must act so as to *minimize* any restriction to that person's rights and freedom of action.

#### **Aim of the Policy**

The organisation considers the potential role and responsibilities of the organisation's workers in providing assistance to the customer to take the financial decision.

It ensures that any conflicts of interest over the decision are fully recorded and discussed and the organisation's position is always made clear. Such issues might need to be discussed at a meeting in which the user's views must always be considered (using an advocate if needed).

The organisation ensures that the customer's capacity to take that decision is assessed in accordance with the code of practice issued with the *Mental Capacity Act 2005* so that their best interests are fully considered.

The organisation ensures that any person lacking capacity to take the decision has a plan to secure their best interests in these matters. The plan should offer as much independence and choice as the person is able to make. The organisation will follow the agreed decision-maker's instructions and discharge any agreed plan to the best of its ability as long as the decision is in the person's best interests.

In taking these actions the organisation tries to act fully in accordance with the *Mental Capacity Act 2005* which states that individuals must be regarded as capable to take a decision unless it is proved otherwise.

The organisation's staff are expected to ensure that safeguards are always in place to protect the financial interests of the customer, particularly in respect of any who has been assessed as lacking capacity under the *Mental Capacity Act 2005*.

Welcome Independent Living ensures that it keeps secure written records of all financial transactions in which staff have some part to play. Even if the worker is only indirectly involved, eg in acting as an escort, it insists that the situation is fully recorded. It also ensures that appropriate records and receipts are kept whenever staff spend any money on behalf of customers who lack capacity.

The service offers customers who have difficulties dealing with their finances or with money, whether they have capacity or not, support and help to manage their finances as effectively as possible and in their best interests.

Any such help offered (for example, accompanied shopping) is recorded and exact details of all money spent placed on record.

Signed:

Date:

Review Date:

## INFECTION CONTROL POLICY

### OUTCOME 8, REGULATION 12 (Cleanliness and Infection Control)

Name: Welcome Independent Living

#### Policy Statement

Infection control is the name given to a wide range of policies, procedures and techniques intended to prevent the spread of infectious diseases amongst staff and customers. All of the staff working in the organisation are at risk of infection or of spreading infection, especially if their role brings them into contact with blood or bodily fluids like urine, faeces, vomit or sputum. Such substances may well contain pathogens that can be spread if staff do not take adequate precautions.

This organisation believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both customers and staff. It also believes that good, basic hygiene is the most powerful weapon against infection, particularly with respect to hand washing.

The organisation adheres fully to Outcome 8, Regulation of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which relates to the degree to which staff and customers are protected by the organisation's policies and procedures.

**Please Note** Under the Health and Social Care Act 2008, Outcome 8, Managers are required to comply with the “**Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance.**” There is a designated Infection Prevention and Control Lead (IPC Lead) who is named and takes responsibility for this area of activity within the organisation. The designated lead is Caroline Dougherty.

#### Aim of the Policy

The aim of the organisation is to prevent the spread of infection amongst staff, customers and the local community. Within the code of practice mentioned above, there are now 10 criteria which have to be met in order to comply with the Health and Social Care Act 2008. This organisation adheres fully to the Code of Practice and associated guidance.

#### Goals

The goals of the organisation are to ensure that:

1. Customers, their families and staff are as safe as possible from acquiring infections through work-based activities
2. All staff at the organisation are aware of and put into operation basic principles of infection control.

The organisation will adhere to infection control legislation:

1. The *Health and Safety at Work Act, etc 1974* and the *Public Health Infectious Diseases Regulations 1988*, which place a duty on the organisation to prevent the spread of infection
2. The *Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995*, which place a duty on the organisation to report outbreaks of certain diseases as well as accidents such as needle-stick accidents
3. The *Control of Substances Hazardous to Health Regulations 2002* (COSHH), which place a duty on the organisation to ensure that potentially infectious materials within the organisation are identified as hazards and dealt with accordingly

4. The *Environmental Protection Act 1990*, which makes it the responsibility of the organisation to dispose of clinical waste safely.
5. The *Food Safety Act 1990*.
6. The Health and Social Care Act 2008, and the accompanying Code of Practice mentioned above.

### **Infection Control Procedures**

In this organisation:

- All staff are required to make infection control a key priority and to act at all times in a way that is compatible with safe, modern and effective infection control practice
- The management of the organisation will make every effort to ensure that staff working in the homes of customers have access to sufficient facilities and supplies of appropriate equipment to ensure that they can implement effective infection control procedures and techniques
- Any staff who does not feel that they have access to sufficient facilities and supplies of appropriate equipment to ensure that they can implement effective infection control procedures and techniques have a duty to inform their line manager or supervisor

### **Effective Hand Washing**

This organisation believes that the majority of cross-infection in a care environment is caused by unwashed or poorly washed hands which provide an effective transfer route for micro-organisms. The organisation believes that regular, effective hand washing and drying, when done correctly, is the single most effective way to prevent the spread of communicable diseases. Staff who fail to adequately wash and dry their hands before and after contact with customers may transfer micro-organisms from one customer to another and may expose themselves, customers and the public to infection.

In this organisation:

- All staff should, at all times, observe high standards of hygiene to protect themselves and their customers from the unnecessary spread of infection
- All staff should ensure that their hands are thoroughly washed and dried:
  - Between seeing each and every customer where direct contact is involved, no matter how minor the contact
  - After handling any body fluids or waste or soiled items
  - After handling specimens
  - After using the toilet
  - Before handling foodstuffs
  - Before and after any care or clinical activity
- Hands should be washed thoroughly — liquid soaps and disposable paper towels should be used rather than bar soaps and fabric towels where practicable
- All cuts or abrasions, particularly on the hands, should be covered with waterproof dressings at all times
- Ordinary soap is considered to be effective for routine use in removing dirt and reducing levels of transient micro-organisms on the skin to acceptably safe levels
- The use of antiseptic or antimicrobial preparations is recommended if customers are known to have an infectious disease or are colonised with antibiotic-resistant bacteria, such as Methicillin Resistant Staphylococcus Aureus (MRSA)
- Antiseptic hand washing solutions may also be used in situations where effective hand washing is not possible

- The use of alcoholic products for hand decontamination is not intended to replace washing hands with soap and water but rather to supplement hand washing where extra decontamination is required or to provide an alternative means of hand decontamination in situations where standard facilities are unavailable or unacceptable (for example between customers or in unsanitary conditions)
- To be effective hands should be thoroughly washed before the use of an alcoholic rub and again after the procedure or patient contact has ended.

### **The Handling and Disposal of Clinical and Soiled Waste**

- All clinical waste should be disposed of in sealed yellow plastic sacks.
- Non-clinical waste should be disposed of in normal black plastic bags.
- When no more than three-quarters full, yellow sacks should be sealed and stored safely to await collection by an authorised collector as arranged.
- Staff should alert the appropriate person if they are running out of yellow sacks, disposable wipes or any protective equipment.

### **The Use of Protective Clothing**

- Adequate and suitable personal protective equipment and clothing should be provided by the organisation.
- All staff should who are at risk of coming into direct contact with body fluids or who are performing personal care tasks should use disposable gloves and disposable aprons.
- Sterile gloves are provided for clinical procedures. These should be worn at all times during customer contact and should be changed between customers. On no account should staff attempt to wash and reuse the gloves.
- Non-sterile gloves are provided for non-clinical procedures.
- The responsibility for ordering and ensuring that supplies of gloves and aprons are readily available and accessible lies with Julie Littleboy and Caroline Dougherty..
- Any member of staff who suspects that they or a customer might be suffering from an allergic reaction to the latex gloves provided should stop using them immediately and inform their line manager. They should then consult their GP.

### **Cleaning, and Procedures for the Cleaning of Spillages**

- Staff should treat every spillage of body fluids or body waste as quickly as possible and as potentially infectious.
- When cleaning up a spillage staff should wear disposable protective gloves and aprons and use the disposable wipes provided wherever possible.

### **The Handling and Storage of Specimens**

It is highly unlikely that we will be requested to collect specimens but if so:

- Specimens should only be collected if ordered by a GP.
- All specimens should be treated with equally high levels of caution.
- Specimens should be labelled clearly and packed into self-sealing bags before being taken to the doctors.
- Non-sterile disposable gloves should be worn when handling the specimen containers and hands should be washed afterwards.

### **The Disposal of Sharps (e.g. Used Needles)**

It is highly unlikely that we will be involved in the disposal of Sharps whilst providing Home care but if so:

- Sharps — typically needles or blades — should be disposed of in proper, purpose-built sharps disposal containers complying with BS7320.
- Sharps should never be disposed of in ordinary or clinical waste bags.
- Staff should never re-sheath needles.
- Boxes should never be overfilled.
- When full, boxes should be sealed, marked as hazardous waste and clearly labelled with the customers details.
- Staff should never attempt to force sharps wastes into an over-filled box.
- Used, filled boxes should be sealed and stored securely until collected for incineration according to individual arrangements.

In the event of an injury with a potentially contaminated needle staff should:

- Wash the area immediately and encourage bleeding if the skin is broken
- Report the injury to their line manager immediately and ensure that an incident form is filled in
- Make an urgent appointment to see a GP or, if none are available, Accident and Emergency.

### **Food Hygiene**

- All staff should adhere to the organisation's food hygiene policy and ensure that all food prepared in customer's homes for customers is prepared, cooked, stored and presented in accordance with the high standards required by the *Food Safety Act 1990* and the *Food Hygiene (England) Regulations 2005*.
- Any member of staff who becomes ill while handling food should report at once to his or her line manager or supervisor, or to the organisation office.
- Staff involved in food handling who are ill should see their GP and should only return to work when their GP states that they are safe to do so.

### **Reporting**

The *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (RIDDOR) oblige the organisation to report the outbreak of notifiable diseases to the Local Environmental Health Officer, who will inform the HSE. Notifiable diseases include: cholera, food poisoning, smallpox, typhus, dysentery, measles, meningitis, mumps, rabies, rubella, tetanus, typhoid fever, viral haemorrhagic fever, hepatitis, whooping cough, leptospirosis, tuberculosis and yellow fever.

Records of any such outbreak must be kept specifying dates and times and a completed disease report form must be sent to the HSE.

In the event of an incident, the registered manager is responsible for informing the HSE.

RIDDOR forms are kept in the office.

In the event of the suspected outbreak of an infectious disease at the organisation, the local Consultant in Communicable Disease Control or Communicable Disease Team should be contacted immediately.

### **Public Health**

### **Calderdale MBC**

3rd Floor, Northgate House

Halifax, HX1 1UN, 01422 266 163

### **Training**

All new staff should be encouraged to read the policy on infection control as part of their induction process. Existing staff should be offered training covering basic information about infection control. In-house training sessions should be conducted at least annually and all relevant staff should attend. The registered manager is responsible for organising and co-ordinating training.

This policy will be reviewed by the registered manager.

Signed: Julie Littleboy

Date 01/01/2015

Review Date 01/01/2016



## INVESTIGATION OF FINANCIAL IRREGULARITIES POLICY

### OUTCOME 7, REGULATION 11 (Safeguarding of People who use Services from Abuse)

Name: Welcome Independent Living

#### Policy Statement

Welcome Independent Living is committed to the highest standards of moral and ethical behaviour. Employees of the organisation are expected to report known or suspected financial irregularities. The organisation believes that its customers have a right to expect that the organisation will be run in an honest and sound financial basis with robust procedures for dealing with and protecting the financial interests of customers. Welcome Independent Living fully complies with Outcome 7, Regulation of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which relates to the degree to which customers' financial interests are handled and safeguarded and states that the registered person must ensure that there is a policy and procedure for the investigation of any allegations of financial irregularities and the involvement of police, social services and professional bodies.

#### Aim of the Policy

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to financial irregularities in the management of the organisation and in the management of customers' money and finances. The goal of the organisation is to ensure that customers' financial interests are safeguarded by staff working for the organisation.

#### Policy on Financial Irregularities

In this organisation:

1. Written records of *all* transactions with customers should be maintained and kept securely
2. Open, transparent and robust accounting and financial procedures should be adopted and annually audited by an independent firm of auditors
3. Annual accounts will be prepared and submitted by a professional independent accountant
4. Any member of organisation staff who suspects that a customer may be being cheated, defrauded or robbed or that a customer is no longer capable of managing their own finances should report their suspicions to their line manager or supervisor; any member of organisation staff who suspects financial irregularities or corruption by organisation staff or managers should report their suspicions immediately to the owner of the organisation
5. All organisation staff are encouraged to raise any genuine concerns about any malpractice, suspected crime, breach of legal obligations, miscarriage of justice, danger to health and safety or the environment, financial malpractice, fraud, corruption and breach of regulations, or any cover up of these, that they may come across, which affects the organisation, its customers or other staff — all staff who so disclose information have statutory protection in line with the *Public Interest Disclosure Act 1998* and the organisation whistleblowing policy, provided that concerns are raised in the right way and they are acting in good faith
6. All financial irregularities or suspected financial irregularities will be fully investigated by the owner of the organisation as per the organisation disciplinary policy
7. Any evidence of fraud or criminal activities will be immediately reported to the police



8. All members of organisation staff should co-operate fully with, and make any documents available to, the police and/or their appointed auditors upon investigation of any allegations of financial irregularities
9. The organisation will maintain a register (that is open to inspection) within which the organisation's owners and managers should declare, in writing, any interest or involvement with: any other separate organisation providing care or support services or responsible for commissioning or contracting those services, including where partners or other close family members own or manage at a senior level; other companies providing domiciliary, day, customerial or nursing care
10. Where financial information is held on a computer or in a database then the requirements of the *Data Protection Act 1998* should be followed
11. All parties involved with a financial irregularity, must handle the reporting and investigating with utmost confidentiality and objectivity.

### **Training**

All new staff should be encouraged to read the policies on handling customers' money and involvement with customers' financial affairs as part of their induction process. Existing staff should be provided with regular training updates. It is extremely important for the organisation to impress upon staff the importance of maintaining high standards in dealing with customers' money.

This policy will be reviewed by the registered manager.

Signed:

Date

Review Date

## **JOB DESCRIPTIONS AND PERSON SPECIFICATION POLICY**

### **OUTCOME 12, REGULATION 21 (Requirements Relating to Workers)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living believes that an accurate job description and person specification is an essential requirement for every post and for all recruitment purposes. The organisation believes that the more accurate that job descriptions and person specifications are; the fairer recruitment will be with all candidates being clear prior to interview as to exactly what is required for the job.

#### **Job Description Policy**

In this organisation a job description is understood to be a written document detailing the main duties and responsibilities of a post, describing a role and what is required to do the job. They should always be written with the job in mind and should not be written to describe any existing individual member of staff or how they do their job. Accurate job descriptions act as:

- A tool in recruitment — to assist in the writing of job advertisements
- A tool in selection — to help make decisions about who to employ
- A basis of employment contracts — making it clear what is required of a member of staff
- Part of the organisation's defence in cases of discrimination or unfair dismissal
- A means by which the organisation's expectations, priorities and values are communicated to new members of staff.

#### **Person Specification Policy**

In this organisation a person specification is understood to be a written document which states the knowledge, skills and experience that a post holder would be expected to have in order to competently undertake the duties and responsibilities outlined in the job description. It is used for recruitment purposes.

#### **Creating and Updating Job Descriptions and Person Specifications**

A job description should exist for every role within the organisation and a new job description should be constructed for every new role developed within the organisation. An existing job description should be reviewed whenever a post becomes vacant, or after an appraisal.

Job descriptions should always be clear and concise and contain the following sections:

- Job title
- Hours of work
- Disclosure and Barring Service clearance level required
- Organisational arrangements (i.e. the job title of the person the employee would be accountable to managerially, etc)
- Job purpose (i.e. a summary of the overall purpose of the job)
- Main duties and responsibilities (this section should include a list of the main activities or tasks carried out by the jobholder, phrased wherever possible in terms of what the job holder is expected to achieve; words such as: "plans", "prepares", "produces", "implements", "provides", "completes", "maintains", "liaises with" and "collaborates with" should be used to put tasks into context and any deadlines to

work to should be included where a job task is performed under supervision, this should be clearly stated).

Person specifications should detail the qualifications, knowledge and experience that are required to fit the post. These should be listed as either “essential” to carry out the role in the case of qualities which must be attained for new candidates or as “desirable” in the case of qualities which can be used in recruitment situations where there are two equally suitable candidates.

Person specifications should contain the following sections:

- Education, training and qualifications (here the type and level of qualification should be stated, e.g. NVQ3 or 4; Diploma (QCF) level 3 or 5 additional qualifications a post holder may have which are not needed for the duties and responsibilities of the post should not be included)
- Skills and abilities (this area should list items such as standard or advanced keyboard skills, manipulation of fine tools, etc)
- Experience (this should detail exactly what experience is required and how the experience may be gained, e.g. “three years experience in adult social care organisations”).

### **Training**

All staff involved in the drawing up of job descriptions or person specifications should read this policy. All staff involved in recruitment should receive training in interviewing and the recruitment process.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **MANAGEMENT AND PLANNING POLICY**

### **OUTCOME 26, REGULATION 13 (Financial Position)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living believes that its customers should receive a consistent, well managed and well planned service which is of the highest possible quality. The organisation adheres fully to the above Outcome, which is a requirement under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

#### **Aim**

The aim of the organisation is to ensure that customers receive a consistent, well managed and planned service and that it's staff are supported by a suitable and appropriate management structure and operational infrastructure.

#### **Policy**

In this organisation:

1. The organisation will work according to a robust and properly constructed business plan which will set out the strategic direction of the organisation and set goals and objectives for the organisation's development
2. The premises will be registered with Companies House as the registered address of the organisation
3. The premises will contain equipment and resources necessary for the efficient and effective management of the service; all equipment and fittings must comply with relevant health and safety laws and regulations and fire protection laws
4. There will be a management structure in place which has clear lines of accountability and which enables the company to deliver services effectively on a day to day basis and support its staff working in Welcome Independent Living. This management structure will be explained to all staff on induction, published and a copy distributed to all staff
5. There will be, at all times, adequate management and administration staff to ensure the smooth operation of Welcome Independent Living and to support care/support staff.
6. To ensure support for staff working at nights there is an emergency out of hours contact number.

#### **Training**

The registered manager is responsible for organising and co-ordinating training in the company.

All new company staff should be taught about the management structure of the company on induction. This must include information about management cover as well as contact details

and methods. Staff supervision will be carried out as per the company's separate policy on staff supervision.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **MATERNITY POLICY**

### **OUTCOME 14, REGULATION 23 (Supporting Workers)**

Name: Welcome Independent Living

#### **Aim of the Policy**

It is the policy of this organisation to provide maternity benefits which comply fully with the law on maternity rights. The policy applies to all female members of staff and aims to inform them of their entitlement to contractual and statutory maternity rights, and to ensure that those rights are understood. The policy was written to comply with all relevant employment law regarding maternity, including the Working Time Regulations.

#### **Maternity Leave Entitlement**

In this organisation the following policy applies.

1. Maternity leave for all employees is for a period of 52 weeks regardless of how long they have worked for the organisation.
2. An employee must, wherever possible, give notice in writing of their intended date of starting maternity leave, at least 15 weeks before the expected week of confinement. The member of staff must inform the organisation:
  - a) that she is pregnant
  - b) the week her baby is expected to be born
  - c) when she wants her maternity leave to start.
3. Employees must provide medical evidence of the EWC in the form of a maternity certificate (MATB1) obtained from their GP or midwife.
4. If an employee is absent with a pregnancy related illness during the six weeks prior to the expected week of confinement, maternity leave will start automatically from the date of absence.
5. If the baby is born prematurely, ie before maternity leave has started, maternity leave will commence on the day the baby was born.
6. An employee may not return to work within two weeks of giving birth. This is a requirement of health and safety legislation. Employees returning to work at the end of their maternity leave need give no prior notice of their return.
7. An employee who intends to return to work at the end of her full maternity leave entitlement is not required to give any further notification to the organisation. An employee wishing to return early from maternity leave should give eight weeks' advance notice in writing.
8. During the maternity leave period an employee can agree with her employer to work for up to 10 "keeping in touch" days without losing her right to statutory maternity pay or bringing the maternity leave period to an end. Employers are not, however, obliged to offer such days, nor is the employee obliged to agree to accept such work.

#### **Payments during Maternity Leave**

In this organisation:

1. Maternity pay (SMP) for employees is paid for 39 weeks as follows:
  - Six weeks at 90% of employee's average salary, based on last three months' pay (the Earnings Related Rate)
  - 33 weeks paid at the set Government rate (the Lower Rate SMP)
2. A MatB1 form signed by doctor or midwife giving the expected week of confinement must be given to the employer before any SMP can be paid.

### **Risk Assessments**

In this organisation risk assessments of working environments should be routinely carried out in order to be able to protect the safety of mother and child for any member of staff who may become pregnant. Should her working environment or her duties pose a threat to her health and safety, her duties will be modified or alternative work of a suitable nature will be found for her. Should this not be possible she will be suspended from work on full pay on medical grounds.

### **Antenatal Appointments**

In this organisation a member of staff will be entitled to time off without pay in order to attend antenatal appointments, which may include classes. The relevant authority may require her to produce an appointments card from her clinic.

### **Benefits during Maternity Leave**

In this organisation during the maternity leave period (paid and unpaid) the contract of employment continues in force. All terms and conditions of employment continue with the exception of stipend or salary. Continuity of service is maintained, and any standard incremental progression which may take place during the maternity leave period (paid or unpaid) will be implemented. Employees on ordinary or additional maternity leave are entitled to all non-pay benefits provided as if they are still working, eg accrued holiday entitlement, private health care, Christmas bonus, etc.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **MEDICATION POLICY**

### **OUTCOME 9, REGULATION 13 (Management of Medicines)**

Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living fully complies with Outcome 9, Regulation 13 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which both relate to the degree to which customers are protected within the Management of Medicines. **Please refer in detail to the Outcomes and Regulation requirements.**

This is one of the most complex areas within the social care sector. Welcome Independent Living is aware of the need for clear and practical guidance for staff involved in this area of work.

#### **Legislative Framework**

Medicine Act 1968 and Amendments

Misuse of Drugs Act 1971

Misuse of Drugs (Safe Custody) Regulations 1973

Access to Health Records 1990

COSHH Regulations 1999

Hazardous waste Regulations 2005

Health and Social Care Act 2008

This list is not exhaustive but serves as a reminder of the complexities involved. All medication training will be delivered by a qualified and trained member of staff or health professional. All staff will complete this course within 6 months of commencement of duties. It is the intention of Welcome Independent Living Ltd to build up good community based relationships with local pharmacies whose advice and guidance is invaluable and appreciated.

Any reference to competence assessed training by appropriate person includes the following

- District nurse
- Nurse Practitioner
- McMillan Nurse
- Pharmacist
- General Practitioner
- Physiotherapist
- Occupational Therapist
- Clinical Practice Managers



**“Prescribers”** are individuals who can write (Prescribe) NHS prescriptions.

The process by which medicines are prescribed is determined by statute.

GP, Dentists, Physiotherapists, Chiropodists and radiographers are all **“Prescribers”** in law and are recognised as an appropriate person. The following are **excluded from the NHS list**.

Any complimentary Health Practitioner, Medical Herbalist, Chiropractor, Osteopathic Practitioner, Health Shop Assistant.

### **Note**

Due to the developing roles within the NHS and local Primary Care Trusts there is an ever widening range of health professionals who are permitted to **“Prescribe”**

All references to **observations requested** mean any observations requested and recorded in the Care Plan (these requests must come via a Health Professional e.g. District nurse, GP etc).

### **Consent**

Every Customer must be presumed to have the mental capacity to consent or refuse treatment or medication, unless he or she:

- Is unable to take in and retain information about the medication/treatment provided by staff, particularly as to the likely consequence of refusal
- Is unable to understand the information given about the medication/treatment or condition of which they are suffering
- Is unable to weigh up the information as part of the process of arriving at a decision

This assessment of the Customer is a matter for the Home Manager in conjunction with one or all of the professionals mentioned earlier in this policy. This assessment should be clearly documented, dated, signed and a review date set.

## **General Action**

1. Where Customers are capable of giving or withholding consent to medicate / treat, no medication or treatment should be administered without their agreement.
2. Any staff or Health Care Professionals who fail to respect the views of a Customer with the mental capacity to consent/ refuse medication may be guilty of criminal battery, civil trespass or breaching human rights.
3. When a Customer is suspected/ considered incapable of making an informed decision, it is the responsibility of the Manager to seek guidance and advice from the Customers G.P, Consultant and Social Worker.
4. It is essential to remember that a Customers family or spouse cannot consent for someone else, they should be involved in the assessment and decision process, but will not be permitted to make the decision to covertly medicate without the involvement of the G.P
5. All referrals, discussions and decisions should be clearly dated, documented and signed and filed in the individual notes of the Customer. Should the Manager obtain written consent from any of the relevant Health Care Professionals or the family members, these documents must be filed also.
6. It is the Managers responsibility to complete an individual risk assessment and care plan for each Customer that is covertly medicated.
7. Regular reviews of the decision to Covertly Medicate must take place at appropriate intervals and be recorded in the Customer notes.
8. The method of administration of the medicines should be agreed with the G.P and pharmacist and documented in the Customer notes; all staff should then be made aware of the process.
9. Regular attempts should be made to encourage the Customer to take their medication. This might be best achieved by giving regular information, explanation and encouragement.
10. Even with completed risk assessments, care plans and guidelines, it is imperative that good record keeping should support this decision and our duty of care.

## **Conclusion**

It is the 'Company' policy that all Customers are protected and that their human rights are upheld. To that end, any member of staff found to be covertly medicating our Customers without following this policy will face disciplinary action which may result in their immediate dismissal.

## **Supply and Storage of Medication**

### **Drug Prescription Record**

The Prescription Record allows for a Stock Balance to be maintained for each drug prescribed for a Customer. The Stock Balance box must:

- a) Be maintained to show a continuing running total of the drugs in stock
- b) Be checked regularly by the Home Manager to the actual drugs held.

A rotational approach should be applied to this, for example covering ten Customers' drugs per week. The check can be made during a drugs round, but the person in Charge should initial the Prescription Record in an appropriate spot to indicate that the check has been completed.

### **Stock Levels and Disposal of Drugs and Dressing**

It is unacceptable and unsafe to hold excess stocks of drugs or dressings. As the GP prescribes it is the Matron/Mangers' responsibility to ensure that the appropriate amount is ordered. If the repeat prescription is not checked and amended, the full amount will be delivered eventually leading to overstocking and dangerous levels.

With any pre-packed system, such as Boots or Nomad, up to 28 days stock is held.

If a dressing is discontinued, the stock must be despatched to the pharmacist, this fact also being noted on Nomad "M.A.R" Sheet or Drugs Record Sheet and the Drugs Stock Book.

If drugs are discontinued these should be returned to the pharmacy.

-Customerial Homes (without nursing) can return to a local dispensing pharmacist **or**

- Nursing Homes are to have discontinued drugs collected for destruction by a recognised company dealing with clinical waste and with an appropriate licence to do so

Clear, complete records must be kept, and signed.

Excess drugs will cause problems with the correct storage. It is therefore the responsibility of the Home Manager to ensure adherence to these procedures.

If a Customer dies, the Home must hold the medication/ dressing for a period of seven days before returning to the pharmacy or returning for destruction.

## **Ordering of Drugs**

Drugs required by Customers are normally ordered for a four week period, the drugs being prescribed by the appropriate GP.

The Nurse /Carer in Charge will (in the case of repeat prescriptions) ascertain the amounts of drugs that will be required over the forthcoming four week period.

Drugs that are no longer required or which are already in sufficient quantities will be deleted from the prescription, in consultation with the GP. Overstocking of any drugs is to be discouraged.

The Repeat Prescription Form must be completed to ensure that a record is kept of all drugs ordered and received for a particular Customer.

## **Drugs Fridge**

This small fridge is provided for the purpose of storing drugs which require to be kept at a low temperature. It therefore follows that the fridge should contain nothing other than that for which it was intended.

To ensure correct temperatures (between 2°- 8°) are maintained, the 'fridge should be defrosted regularly, and the temperature of the 'fridge recorded daily using a minimum/maximum thermometer and records kept.

The 'fridge should be cleaned and defrosted regularly. If freezing or defrosting occurs whilst drugs are in situ this can cause denaturing e.g. vaccinations/ insulin's therefore replacement prescriptions would need to be ordered.

## **Receiving of Drugs from the Pharmacist**

On receipt of the drugs, the dose is noted and signed as correct by a Senior Carer/Qualified Nurse on the repeat prescription Form. The drug is then stored in the stock cupboard until required.

When required the drug is added to the current levels of drugs in the medicine trolley and entered on the Customer's prescription record.

## **Self Medication for Customers**

- To promote independence and the right of choice on the part of the Customer, we need to monitor their ability to take medicines regularly and accurately and their ability to do so must be regularly monitored. It is important that medicines are taken regularly and accurately in order to achieve good pain or symptom control and to ensure that the correct medication regime is in place if the customer is discharged from the home.
- To educate the Customer who will need to measure or dilute (titrate) specific medicines according to needs and symptoms.
- To promote autonomy and confidence for the Customer.
- To assure the nursing and medical staff in the Home that the Customer who lives alone is capable and has understanding of administering his/her own prescribed medication at home.

## **Procedure**

Discussions will take place with the Customer on what it is hoped will be achieved. The Trained Nurse/Carer will spend time discussing the prescribed medicines, their actions, and times of administration, dosage and possible side effects in understandable terms with the Customer and at the Customer's individual pace. At medicine rounds the information will be reinforced by identifying the various medicines and by giving the Customer their own chart with both the regular and PRN medicines on it.

All of the Customer's medication will be collected together and kept in the drugs trolley or a locked drawer in the customer's bedroom. Initially the Trained Nurse/Senior Carer will dispense the medication for the Customer in consultation with the Customer and medicine list. As knowledge and confidence permit, the Customer will dispense the medicines under the direct supervision of the Trained Nurse/Senior Carer. This will continue until accuracy has been achieved and the nurse is fully confident of the Customer's competence to perform this procedure. The Customer will be allowed to keep a supply of their prescribed medications in a locked cupboard in their room, according to individual ability. An authorisation will be completed and signed by Customer and Nurse in charge, and a copy given to the customer.

A care plan must be formulated, and evaluated and reviewed at no longer than 4 weekly intervals.

If at any time the customer is considered unable or unsafe to continue to self medicate, the Nurse or competent person will then take over this role.

## **Prescribing Drugs – Verbal Instructions**

When the doctor is not immediately available to prescribe for a clinical situation, a verbal instruction to two nurses/carers can be given in order that they can check calculations and administer safely and where possible supported by a fax message.

The following protocol is used:

- The indication is clearly understood by the doctor
- A delay in waiting for the written prescription would cause distress to the Customer
- The doctor clearly states the drug, dose, route and maximum frequency of administration
- The nurse writes the order in the once only Prescription section of the medicine chart

## **Refusal of Medication**

If a customer refuses the prescribed medication:

- Record on the MAR the customer has refused the medication
- Inform the office or on call at the earliest opportunity

Immediately after assisting the customer with administration of medication:

- Complete and sign the MAR
- Record any comments relating to the medication administered including any observations requested.
- Return the medication to where it is stored

Neither the medication (s) nor the MAR should be removed from the customer's home unless asked to do so by the office.

If the Mar is not available the medication must not be administered and the staff should contact the office or on call immediately and record the reason for not giving the medication in the attendance record in the customer's home.

### **Covert Administration of Medicines**

#### **(Disguising medicines in food and drink)**

The following guidance on the covert administration of medicines to Customers seeks to explain and give an understanding of the deceptive nature of this practice. This should not be confused with the administration of medicines against some-ones will, which in itself may not be deceptive, but may be unlawful.

Disguising medication in the absence of informed consent may be regarded as deception. However, a clear distinction should always be made between those Customers who have the capacity to refuse medication and those who do not. Customers who have the capacity to refuse medication should have their views upheld and respected at all times. Customers who do not have the capacity to accept or refuse medication should be assessed individually by the Home Manager in conjunction with the G.P, Consultant, family and Social Workers. As a general principle, by disguising medicines in food or drink, the Customer is being led to believe that they are not receiving medication when in fact they are; the Home Manager and either or all of the above professionals involved in the decision to covertly medicate a Customer, will need to be sure that what they are doing is in the best interests of the Customer and that they will be held accountable for that decision. To that end, it must be decided and documented that such treatment must be necessary in order to save a life, prevent deterioration or to ensure an improvement in the Customers physical or mental health.

As stated, it may be necessary to covertly medicate a Customer but it should be acknowledged that in some cases, the only proper course of action may be to seek permission from the courts as there are only a few circumstances where disguised medication is recognised in law (i.e. if a person is lawfully detained under the relevant section of the Mental Health Act).

The following points should also be noted:

- a) No tablets must be crushed or given covertly, that is hidden in food/ drink
- b) Medicines once poured must not be returned to the bottle
- c) No drugs must be stored in or issued from unauthorised or illegibly labelled containers
- d) No drugs should be from a shared container
- e) If in doubt concerning legibility or dosage of a prescription do not administer. Report to person in charge who must check with the prescriber



## Medication Errors

### Protection of Employees and customers

From time to time errors can occur in the prescribing dispensing or administration of medicines the majority of these errors do not harm the individual, however on rare occasions they can have serious consequences. It is important that errors are recorded and the cause investigated so that we can learn from the incident and prevent a similar error happening again. **Carers must immediately report any error or incident in the handling or administration of medicines. This report should be made to the manager or person in charge as appropriate in order that senior managers are able to take decisions regarding Outcome 20, Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The error report form is to be completed and include near misses.**

All policies, procedures and training must be implemented in a way that supports Staff in the work place. These are also intended to reduce the risk of medication error and the associated risks to customers or staff.

No member of staff should administer medication until suitably trained to do so.

### Employees have the responsibility to:

- Ensure that medication is presented and administered from clearly labelled appropriate container with pharmacist label.
- Complete the MAR sheet accurately
- Record any instance of non compliance, where this becomes habitual this should be reported to a manager
- Concentrate on the important task at hand of administering medication to the exclusion of all duties and distractions
- Report any instance of a medication error immediately by seeking medical advice via the customers GP or NHS direct.
- Report the error to the office or out of hours immediately and include the advice given by the GP or NHS direct.
- Complete an accident/incident report form and return the form to the office.

An error is a learning exercise and it is important that within a medication management system, errors are reported so that all can learn from the incident. It is imperative that when dealing with medicines you are focussed and concentrating on the task at hand. Near misses are recorded so that they can be used as empirical evidence within medication training sessions.



## **Drug Errors**

Drug errors are regarded as potentially serious events and staff are reminded of the NMC standards of Administration of Medicine Guidelines.

All drug errors will be investigated and the following will be considered:

- a) The experience of staff with regard to any previous incidences/errors
- b) The events which participated the error, with the clinical effect upon the patient/Customer

If any of the following events take place they will be classified as errors:

- a) Drugs are given that are not prescribed
- b) Drugs are given to the wrong person
- c) Drugs are given at a time other than that prescribed
- d) Drugs are given via a route other than prescribed
- e) There is an error or omission in recording
- f) There is an omission of a prescribed drug (other than a specifically recorded omission)

### **Procedure**

- a) The Trained Nurse/Senior Carer informs the Home Manager and the Doctor about the incident and records it on the Daily Review Care form
- b) The Doctor will decide on any medical attention
- c) The Matron/ Manager and Doctor will investigate the incident, and then an appropriate course of action will be decided

### **Management of Errors or Incidents in the Administration of Medicines (Taken from NMC Standards)**

In a number of Annual reports the Council has recorded its concern that practitioners who have made mistakes under pressure of work, and have been honest and open about their mistakes to their senior staff, appear to have been made the subject of disciplinary action in a way which seems likely to discourage the reporting of incidents and therefore to be to the potential detriment of Customers and of standards. When considering allegations of misconduct arising out of errors in the administration of medicines the Council's Professional Conduct Committee takes great care to distinguish between those cases where the error was the result of reckless practice and was concealed, and those which resulted from serious pressure of work and where there was immediate, honest disclosure in the Customer's interest. The Council recognises the prerogative of managers to take local disciplinary action where it is considered appropriate, but urges that they also consider each incident in its particular context and similarly discriminate between the two categories described.

The Council's position is that all errors and incidents require a thorough and careful investigation which takes full account of the circumstances and context of the event and the position of the practitioner involved. Events of this kind call equally for sensitive management and a comprehensive assessment of all the circumstances before a professional and managerial decision is reached on the appropriate way to proceed.

## **Controlled Drugs**

It is essential that a stock balance of all drugs covered by the Controlled Drugs Act be taken at least once in a 24 hours period. If a Customer is receiving CDA drugs regularly, this should occur at each dispensing. If the drugs are given only on a P.R.N. basis, they must still be checked by the person in charge with another member of staff to ensure the correct balance.

Any discrepancy should be reported immediately to the Home Manager.

All controlled drugs must be stored in a cupboard for this use, meeting the requirements of the Misuse of Drugs Act 1973.

In Customerial Homes unused controlled drugs are to be destroyed on the premises by two competent people. Do not return to the pharmacy.

In Nursing Homes unused controlled drugs should be collected by the contracted company chosen by the individual home, in the appropriate containers provided, for destruction.

Concise records of destruction must be made and signed by all parties.

### **Administration of Controlled Drugs**

Note: For storage purposes Temazepam needs to be considered and dealt with as a controlled drug.

The storage and control of controlled drugs is the responsibility of the Home Manager. She/he can hand over the keys to a trained nurse/carer whom she/he considers responsible enough to be left in charge of the home.

Only a Registered Nurse may take controlled drugs from the controlled drug cupboard in a Nursing Home.

In a Customerial Home the carer in charge of the shift carries the key for the drug & controlled drugs cupboard.

The administration of controlled drugs must include the following steps:

- a) The drug is taken from the cupboard by a Registered Nurse (Nursing Home) – Senior Carer (Customerial Home) and checked with the prescription which has been signed by a doctor; at the same time the stock amount of the drug must be checked with the register
- b) Customer's full name
- c) Date of birth
- d) The time of administration of any previous dose
- e) Drug dosage
- f) Date and time of dosage
- g) The drug and its dosage are then checked by the Registered Nurse (Nursing Home) – Senior Carer (Customerial Home) and the carer who is going to administer
- h) The Controlled Drug Register is then completed, except for the checking signature and stock balance
- i) The correct dosage is then prepared. The remaining drugs being returned to the cupboard, which is then re-locked
- j) The Customer is identified and checked with the prescription
- k) A check is again made, i.e. full name, drug, dosage and time

The drug is then administered. The Registered Nurse (Nursing Home) – Senior Carer (Customerial Home) checking must observe the administration.

The Prescription Record is then completed and signed to provide accurate records and meet legal requirements.

Both nurses (Nursing Home) – carers (Customerial Home) then return to the storage point to sign for and witness the administration of the drug in the Controlled Drug Register. This is necessary to meet legal requirements.

Wherever possible controlled drugs should be checked by a Registered Nurse (Nursing Home) – Senior Carer (Customerial Home). If a Registered Nurse (Nursing Home) – Senior Carer (Customerial Home) is not available an Enrolled Nurse (Nursing Home) – Care Assistant (Customerial Home) may administer the drug, providing she/he has the appropriate training.

Welcome Independent Living. is committed to ensuring the safer management of controlled drugs in its services and follows any relevant recommendations of the 2012 annual report on “The Safer Management of Controlled Drugs “published by the CQC in August 2013. The registered manager is the appointed lead to ensure that controlled drug governance arrangements are up to date and any concerns relating to controlled drugs immediately reported to the GP or pharmacist.

## **Administration of Oral Medication**

### **Drug Administration**

The timing of the drug administration may be dictated by the Doctor who prescribes, but most often left to the discretion of the Home Manager and her/his trained staff/carers.

### **Administration of Drugs**

Medicine rounds should always be carried out by a suitably trained member of staff. A check must be made of the prescription, Customer’s identity, as well as all medicines, prior to administration. Controlled drugs are specifically addressed later. A record of all staff considered “competent” in drug administration should be held with the medication administration records, to include specimen signatures.

Proceed as follows:

- a) Check that all Prescription Records are present; that prescriptions are clearly and correctly written and are not out of date. This is a legal requirement.
- b) Check with the Customer that his full name is that shown on the Prescription Record. This ensures correct drug to correct Customer. A photograph of the customer should be made available.
- c) Compare the medicine label with the prescription, checking name of Drug/time/dose. This ensures correct drug to correct Customer at correct time
- d) Each Customer must have their individual tablets/ liquids/ inhalers/ eye drops etc.
- e) Tablets: after checking, shake required dose into cap of bottle; or pop out of blister pack and transfer into a medicine glass/spoon. Offer the Customer a drink and ensure that tablets are swallowed
- f) Liquid medicines: shake the bottle thoroughly and keeping the label uppermost, pour the medicine into the glass/spoon which is held at eye level
- g) Ensure the medicine is swallowed. Offer the Customer a drink of water/fruit juice. Discard the glass/spoon into the bowl of water.
- h) Complete and sign Prescription Record in black ink

- i) Never leave medicines/tablets on locker tops or tables if Customer unable or unwilling to take the medication. Inform the carer/nurse in charge who will destroy them and complete documentation
- j) Oily medicines should be given in a warm, dry spoon/glass. Some Customers may prefer oils sandwiched between layers of fruit juice
- k) Any dropped tablets should be discarded into washing up water and disposed of down the sluice. Noted that this has occurred; stock balance altered.
- l) After completion of round, clear trolley, anchor to security point and lock. Wash glasses, spoons and bowl. Keys to person in charge at all times

### **Application of Creams, Lotions or Ointment**

Following assessment and appropriate recording in the Medication Plan of Care, Staff will assist with the application of creams lotions and ointments. Staff will apply prescribed creams, dusting powders, lotions or ointments when they:

- Have received appropriate training
- Have been assessed as competent to carry out the task by an appropriate professional

If a staff member is in any doubt regarding the products, physical or mental health of the customer they should not apply the product but contact the office or on call immediately.

Staff can apply the products when they are not prescribed:

- As part of the customer's personal hygiene regime e.g. moisturisers face creams etc.
- To assist with the rehydration of skin, for example aqueous cream used to wash and E45 etc.

Staff can apply the prescribed products except when:

- The area of skin to be treated is broken
- The product contains topical corticosteroids, and is not listed as a prescribed item
- There is or appears to be inflammation or infection present, unless the product is being used to treat inflammation or infection.

When the product to be applied is recorded on the medication record, the staff must, from the medication record, check:

- The Customer's name
- Application instructions
- That no other carer or professional has already administered the product

Identify the appropriate container(s), checking that the label(s) match the record including:

- The name on the product is that of the customer
- The product
- The instructions on use

- The time/s to be applied

Prior to administration of a medicine the staff should:

- Explain the procedure to the customer
- Wash their hands
- Put on a pair of gloves

If the instructions on the administration record do not coincide with the label on the product container, it should not be applied until written instructions have been received from the community pharmacist, medical practitioner or the community nurse. Staff should ensure that they give every encouragement and opportunity to customers' who might initially refuse application of the product. Under no circumstances should staff compel a customer to accept any kind of treatment.

If the customer refuses the prescribed product:

- Record on the administration record that the customer has refused the application of the product
- Inform the office or on call at the earliest opportunity.

Immediately after assisting the customer with the administration of product the staff will:

- Remove and dispose of gloves
- Wash their hands thoroughly
- Complete and sign the MAR chart
- Record any comments relating to the product applied, including any observations requested
- Return the product to where it is stored

Neither the product nor the MAR should be removed from the customer's home unless instructed to do so by the office or on call or the community nurse.

If the medication records are unavailable the prescribed product must not be administered and the staff should inform the office or on call immediately and record the reason for the product not being administered in the customer's attendance record.

### **Instillation of Eye Drops and Ointments**

Following from the assessment of need and appropriate recording in the Medication Plan of Care, the staff will assist with the instillation of eye drops and ointments. Wherever possible the eye drops should be administered by the staff using a device or aid. Staff will only administer eye drops or ointments:

- When they have received appropriate training and assessed as competent to carry out the task.
- At the appropriate time according to the prescribers instructions

If a staff member is in any doubt regarding the eye drops or ointments or the physical or mental health of the customer, they should not assist with the instillation of the eye drops or ointment but contact the home care manager, community nurse or the office on call immediately.

From the MAR, check

- The customer's name
- Dosage instructions
- That no other carer/professional has already administered the eye drops or ointment

Identify the appropriate container(s), checking that the label(s) match the recording including:

- The name on the drops or ointment is that of the customer
- The label states clearly which eye the product is to be used for
- The dosage
- The time to be administered

Prior to administration of any eye drops or ointments the staff should:

- Explain the procedure to the customer
- Wash their hands
- If they know they have a strong allergy to any of the medicines they should put on gloves prior to handling the medicine.

If the instructions on the MAR does not coincide with the label on the drops/ointment container, none should be instilled until written instructions have been received from the prescriber.

When the staff has collected the equipment and laid it on a suitable surface near the customer where there is a good light source, they should explain the procedure to the customer.

The staff should then check the following

- Which eye the drops/ointment are prescribed for
- The date the bottle was first opened
- Expiry date on the label

Once the staff member has washed their hands they should:

- Assist the customer into a comfortable position with the head well supported and tilted back
- Remove the lid/s from the drops or ointment

- Hold the customers lower eyelid down by pressing gently with a clean folded paper tissue
- Ask the customer to look up immediately prior to the instillation of the drops/ointment

### **Eye Drops**

- The dropper should be held approximately 2.5cms from the customer's eye if they are being instilled without the use of an aid
- Gently squeeze the bottle
- Ask the customer to close their eye, keeping the tissue in place for one to two minutes. Wipe away any excess from the customer's face.

When two different preparations in the form of eye drops are required at the same time of day. Dilution and overflow may occur when one immediately follows the other e.g. Pilocarpine and Timolol in glaucoma. Therefore an interval of 5 minutes should be left between the instillation of each preparation.

Immediately after completing the instillation of the eye drops the staff should:

- Wash their hands thoroughly
- Complete and sign the MAR
- Record any comments relating to the product applied, including any observations requested
- Return the product to where it is stored

### **Eye Ointment**

- Before applying the ointment , pull down the lower eye lid
- Squeeze approximately 2.5cms of the ointment inside the lower lid from the nasal corner outwards
- Ask the customer to close their eye, remove the excess ointment with the tissue
- Advise the customer that blurring of vision will occur for a few minutes

Immediately after completing the instillation of the eye ointment, the Staff should:

- Wash their hands thoroughly
- Complete and sign the administration record
- Record any comments relating to the product applied including any observations
- Return the product to where it is stored

### **Instillation of Ear Drops**

Following from the assessment of need and appropriate recording in the Medication plan of care, the staff will assist with the instillation of eardrops. Staff will only administer ear drops when they:

- Are appropriately trained and assessed as competent to complete the task

From the MAR, check:

- The customer's name
- Dosage instructions
- That no other carer or professional has already administered the eardrops.

Identify the appropriate container(s), checking that the label(s) match the recording including:

- The name on the drops is that of the customer
- The label states clearly which ear the product is to be used for
- The dosage
- The time to be administered

If staff are in any doubt regarding the ear drops, the physical or mental health of the customer they should not assist with the instillation of the ear drops but contact the office or on call immediately.

Once the staff has explained the procedure to the customer and washed their hands, they should:

- Assist the customer into a lying or seated position and explain the procedure
- Assist the customer to a comfortable position with the head well supported and tilted to one side if possible
- Remove the lid/s from the ear drops
- Gently pull the top of the ear (pinna) outwards and upwards in order to straighten the outer ear canal
- Gently squeeze the bottle instilling the prescribed number of drops into the ear
- Ensuring they are comfortable, leave the customer with head to one side for a few minutes

Immediately after completing the instillation of the eardrops the staff should:

- Wash their hands thoroughly
- Complete and sign the MAR
- Record any comments relating to the product applied, including any observations requested
- Return the product to where it is stored
- Assist the customer to sit up and adopt their choice of position and location

### **Application of Compression Hosiery**



Following the assessment of need and appropriate recording in the Medication plan of care, Staff will assist in the application of compression hosiery. When they have received appropriate training and been assessed as competent by the appropriate professional. Staff must not assist with the application of compression hosiery without the proper instruction from the office.

To ensure maximum effect compression hosiery should be applied before the customer gets out of bed and removed last thing at night. Compression hosiery is prescribed to individuals to:

- Prevent deep vein thrombosis, a complication of mobility
- To prevent occurrence or re occurrence of leg ulcers
- To manage oedema (swelling) as a result of disease or injury e.g. for customers with heart failure whose legs swell or following treatment for burns

Before removal or application of the hosiery the staff should explain the procedure.

The staff should check the medication plan of Care for specific instructions about the times of removal/application and any special instruction related to the type of hosiery used.

### **Hosiery Removal**

- The staff should remove all jewellery they are wearing on their hands to avoid ladders and unintentional injury
- Gently but firmly grip the top edge of the hosiery and pull it away from the body towards the end of the limb
- If at any time the customer complains of pain, the staff should stop and check no skin damage is occurring before they resume the procedure. If skin damage occurs contact the customer's surgery immediately for advice.

When the hosiery has been removed the staff should gently wash and dry the customer's skin using warm water and soap. Skin covered by hosiery can become very dry. If this is the case and a cream has been prescribed then this should be applied. If the skin is very dry but no cream has been prescribed the customers surgery should be contacted to seek advice.

If the hosiery is to be reapplied immediately following skin cleansing it is advisable to apply a light dusting of powder to the skin to aid application. If an application aid has been provided this should be used according to the manufacturer's instruction.

### **Application of Hosiery**

- The staff should ensure the hosiery is clean and wrinkle free with no tears or frays
- The staff should explain the procedure to the customer
- Run your hand inside the stocking down to the heel and pinch the heel with finger and thumb.

- Turn the stocking inside out leaving the foot part tucked in
- Pull the foot part gently over the customer's toes and ease over the foot taking care to check the toes and heel are correctly positioned and wrinkle free
- Gather up remaining stocking and take it over the foot and lower leg. Working in sections from the ankle pull the stocking up the leg in short folds of about 2 inches at a time without forcing and keeping it wrinkle free.
- When the stocking is fully extended on the leg, take the top back down to the calf hold the top stocking up the leg again to ensure it remains in place
- If applying thigh length hosiery secure with a suspender belt.

If the customer experiences pain at any time the staff should cease the application and check if any skin damage has occurred. If this is the case contact the customer's surgery for further advice and remove the hosiery.

Hosiery should be washed at 40 degrees and hung to dry (UNDER NO CIRCUMSTANCES SHOULD THEY BE IRONED)

Customers should always wear hosiery on both legs

Hosiery should be replaced every three months or earlier if they become damaged or worn.

### **Level 1: General Support also called Assisting with Medicine**

General support is given when the person takes responsibility for their own medication and particularly when they contract the support through Direct Payments. In these circumstances the staff will always be working under the direction of the person receiving the care.

The support given may include some of the following:

- Requesting repeat prescriptions from the GP
- Collecting medicines from the community pharmacy/dispensing GP surgery
- Disposing of unwanted medicines safely by return to the supplying pharmacy/dispensing GP practice (when requested by the person)
- An occasional reminder or prompt from the staff to an adult to take their medicines. (A persistent need for reminders may indicate that a person does not have the ability to take responsibility for their own medicines and should prompt review of the person's plan)
- Manipulation of a container, for example opening a bottle of liquid medication or popping tablets out of a blister pack at the request of the person and when the staff has not been required to select the medication.

General support needs should be identified at the care assessment stage and recorded in the person's plan. Ongoing records will also be required in the continuation notes when care needs are reviewed (Reg 14, Sch.4(4)).

Adults can retain independence by using compliance aids. These should be considered if packs and bottles are difficult to open or if the person has difficulty remembering whether he or she has taken medicines.

The compliance aid will normally be filled and labelled by the community pharmacist or dispensing GP. The person may qualify for a free service from a community pharmacist if they meet criteria under the Disability Discrimination Act. If a pharmacist or dispensing GP does not fill the compliance aid, the company should clarify that the arrangements are suitable and minimise the potential for error.

This organisation will not take responsibility for the filling of the compliance aid unless trained and competence-assessed to do so by an appropriate person e.g. District Nurse, Pharmacist. The level 3 criteria applies in these circumstances.

## **Level 2 Administering Medication**

The care assessment stage may identify that the customer is unable to take Responsibility for their medicines and needs assistance. This can be due to impaired cognitive awareness or result from physical disability.

The customer must agree to have the staff administer medication and consent should be documented in the care plan. If the customer is unable to communicate informed consent, the prescriber must formally indicate that the treatment is in the best interest of the individual.

Administration of medication may include some or all of the following:

- When the staff selects and prepares medicines for immediate administration including selection from a monitored dosage system or compliance aid.
- When the staff selects and measures a dose of liquid medication for the customer to take.
- When the staff applies a medicated cream/ointment, inserts drops to ear, nose or eye, and administers inhaled medication.
- When the staff puts out medication for the customer to take themselves at a later (prescribed) time to enable their independence

The need for assistance with medication should be identified at the care assessment stage and recorded in the care plan. With ongoing records in the notes updated when care needs are reviewed. This company will have in place training to ensure that only competent and confident staff are assigned to customers who require assistance. Staff have the right to refuse to administer medication where they themselves feel they have not received adequate training and do not feel competent to do so.

Staff should only administer medication from the original container dispensed and labelled by a pharmacist or dispensing GP, including monitored dosage systems and compliance aids.

Customers discharged from hospital may have medication that differs from those in the home prior to admission. Care must be taken to ensure checks are in place to provide clear instructions as to which medicines are to be administered. Additional support should be in place for Staff when this occurs.

### **Level 3: Administering medication by specialised techniques**

In exceptional circumstances and following an assessment by a healthcare professional, a domiciliary staff may be asked to administer medication by a specialised technique including:

- Rectal administration, e.g. suppositories, diazepam (for epileptic seizure)
- Insulin by injection
- Administration through a Percutaneous Endoscopic Gastronomy (PEG)

If the task is to be delegated to the domiciliary staff, the healthcare professional must train the staff and be satisfied they are competent to carry out the task.

The company's procedures must include that Staff can refuse to assist with the administration of medication by specialist techniques if they do not feel competent to do so.

This organisation will consider the request only in the following circumstances:

- Where an inappropriate admission to care would have to be considered.
- Where the ability to maintain the customer at home is undermined by a lack of appropriate funding which allows community nursing support.
- Where the customer is in the later stages of end of life management and has made clear their wishes to remain at home.

In the above circumstances this company will strive to maintain the customer with true regard to their wishes, whilst seeking to ensure that the customer will be cared for in an appropriate manner by the staff fully trained and competent to do so.

If the decision is taken that the task to be delegated to the staff the HEALTHCARE PROFESSIONAL must train the worker(s) and be satisfied they are competent to carry out the task, this must be recorded on the Level 3 Training Record and signed off by the HEALTHCARE PROFESSIONAL involved in the training. Any additional support appropriate to the circumstances must be available by the Health Services involved.

Staff who feel that they are not competent to assist with the administration of medication by specialised techniques can refuse to assist,

**Any authorisation of Level 3 support must be authorised by the Manager and a level 3 training record must be completed by and in place after training by the appropriate health professional.**

### **Health-Related Activities**

In the interests of the customer, Staff may from time to time be asked to assist in health related activities which can include:

- Massage techniques
- Exercise regimes
- Mobility related assistance
- Monitoring and recording of particular conditions (diabetes, epilepsy etc.)

This area of activity must be clearly assessed and recorded during the care assessment. Specialist training must be undertaken and staff must be competent and confident in their own abilities to undertake the tasks required. The appropriate Health Professional must “sign off” the training and the competency of the staff and the information should be recorded on the level 3 staff training record. Health related activities will be undertaken only with the express agreement of the manager, the appropriate care assessment has been completed and it is recorded in the care plan. Reviews should take place and care plans updated as required.

**All staff should be able to refuse to undertake tasks which they themselves feel they are not competent to do.**

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **MEETING NEEDS PROCEDURES**

### **OUTCOME 1, REGULATION 17 (Respecting and Involving People who use Services)**

Name: Welcome Independent Living

#### **Policy Statement**

These are the procedures which are the most important to our customers. It is core to the delivery of quality care services. Any survey of customers' priorities of quality care places the consistency and reliability of worker(s) as their first priority. These procedures set out how we would deliver good quality services which would meet the needs of our customers.

It should be read in conjunction with the document *Procedures for Care Needs Assessment*.

#### **Aim of the Policy**

##### **Our Workforce**

It is a responsibility of management to ensure that Welcome Independent Living employs staff in sufficient numbers and with appropriate skills to respond effectively to the needs of the customers for whom we provide services. The registered manager therefore should keep under review the size and composition of Welcome Independent Living Ltd's workforce and correlate this with the profile of needs presented by current and predicted customers. Where there is not a good match, necessary action on recruitment or training or in other personnel areas should be initiated.

##### **Skills and Experience of Individual Worker(s)**

Welcome Independent Living wishes to provide as wide a range of skills as possible to meet the needs and preferences of customers. Line managers therefore should keep the capabilities of each of the worker(s) for whom they are responsible under review. The objective should be to add to the worker(s)' skills and experience through balanced and varied workloads, incorporating new sorts of work if possible, and through appropriate training and supervision, so that they are able to make as broad a contribution to the work of the organisation as possible.

##### **Matching Worker(s) to Customers**

When Welcome Independent Living Ltd accepts a referral and agrees to provide a service, the responsible manager needs to take care that the new work is allocated to a worker(s) who has the appropriate skills and experience to meet the needs and preferences of the new customer. This is of course subject to other workload pressures, but for every new case we should seek as good a match between the customer and the worker(s) as is possible.

##### **Meeting the Special Needs of Individual Customers**

The process of matching worker(s) to the specific needs and preferences of a customer becomes even more important where a customer has specific needs arising from dementia, mental health problems, sensory impairment, physical disabilities, learning disabilities or substance misuse problems, or where our service is for intermediate care or respite care. In any of these instances, the manager responsible for case allocation must ensure that the worker(s) allocated to the customer has the appropriate skills and experience and is prepared carefully for the new work. Use might be made of knowledge possessed by other worker(s) for briefing a worker(s) new to such a situation, and managers should use the opportunities of internal training and group supervision sessions to facilitate this sort of sharing.

##### **Meeting the Needs of Customers from Minority Groups**

Similar care must be taken in selecting a worker(s) to take on the care of a new customer from an ethnic, social, cultural or religious minority. Welcome Independent Living cannot and would not wish to guarantee that a customer would invariably be assisted by a worker(s)

from the same group, but we should make use of the personal knowledge gained from a worker's membership of a minority group where this is appropriate. A worker's ability to understand the language of choice of a customer may be particularly helpful. Where a worker(s) is to become responsible for the care of a member of a minority with which he or she has not previously had much experience, the worker(s) should be carefully briefed so as to be able to provide appropriate services with tact. Some matters such as diets, toileting procedures and religious observance may involve areas of particular sensitivity.

### **Intermediate and Respite Care**

When Welcome Independent Living is asked to provide a short term service as, or contributing to, a respite care or intermediate care service, special steps need to be taken to ensure that the allocated worker(s) understands and is capable of responding to the particular demands and pressures of these forms of service.

### **Listening to Customers**

We have a responsibility at all times to ascertain and take into account the wishes and feelings of customers. Worker(s) who pick up any views about the service from a customer with whom they are working should pass these on to their supervisor, who should consider the implications both for that particular customer and for the service in general. All staff should encourage and help customers to make decisions about their care. We will comply with any special local arrangements for self-assessment by customers.

### **Customers' Right to Choice**

We have a responsibility to provide customers with full information about services and offer opportunities for choice wherever possible.

If a customer expresses a wish for a change of worker, this should be similarly reported and explored by the supervisor.

If it appears that Welcome Independent Living is not able to meet the needs or preferences of a newly referred customer due to them having more complex or diverse needs than originally assessed, the manager should give consideration to advising on an alternative source of service, either by referring the customer to the social services department or by directly suggesting another organisation.

If the service we provide is likely to be varied to any significant degree for a customer whose fees are being paid by a social services department, the manager should take steps to consult and obtain authorisation from the responsible social services care manager before implementing any change.

### **Encouraging Customers' Autonomy**

All staff should take steps to ensure that the provision of our service does not undermine a customer's capacity to take decisions about their own care. Worker(s) should take every opportunity to stress to customers with whom they work that they retain the right to organise their own lives and that our task is to meet their requirements as best as possible. Supervisors should take a similar stance when carrying out customer's reviews.

### **Updating Practice**

As an organisation we are obliged to see that all services are demonstrably based on good practice and reflect the relevant clinical and specialist guidance. The manager is responsible for reviewing new publications, government documents and professional guidance as it appears, for considering its relevance to our work, and where necessary for instituting appropriate changes in working practice, instructions to staff and staff training.

This policy will be reviewed by the registered manager

Signed:



Date

Review Date

## MEETING NUTRITIONAL NEEDS POLICY

### OUTCOME 5 REGULATION 14 (Meeting Nutritional Needs)

Name: Welcome Independent Living

#### Policy Statement

This organisation believes that the provision of a healthy, nutritious and balanced diet for its customers is of vital importance. The organisation also believes that, with respect to food provided within the service or brought into the service, we have a duty to ensure that all staff and customers should be kept as safe as possible from food poisoning and related food-associated illness by the adoption of high standards of food hygiene and food preparation. For further information please see our Food Hygiene Policy.

#### AIM OF THE POLICY

This policy is intended to:

- Ensure that customers benefit from having food prepared for them that is of high quality, well presented and prepared and is nutritionally sound
- Ensure that those with special dietary needs are supported
- Protect staff and customers from food related illness.
- Set out the actions that this service will undertake in order to meet the above Regulations and Standards.

This service believes that every customer has the right to a varied and nutritious diet that provides for all of their dietary needs and offers health, choice and pleasure. To accomplish this, each customer will be asked for their individual food preferences as well as their cultural, religious or health needs and customers will always be involved when planning menus and meal alternatives with them or their family.

In this organisation:

- All food will be prepared, cooked, stored and presented in accordance with the high standards required by the Food Safety Act 1990, the Food Safety (General Food Hygiene) Regulations 1995, the Food Safety (Temperature Control) Regulations 1995, and the Food Hygiene Regulations 2006.
- Each customer will be encouraged and supported to eat three full meals each day, at least one of which will be cooked. However if the customer prefers smaller, more frequent snacks this will be catered for in the service provided
- Where ever possible customers will be encouraged and supported to make their own hot drinks either by using facilities provided in their rooms or in a communal kitchen.  
[DELETE OR SPECIFY FACILITIES AVAILABLE IN YOUR ESTABLISHMENT].

- Religious, personal or cultural special needs will be recorded in the care/ support plan and will be fully catered for as required by the customer.  
[Details provided in Welcome Independent Living Ltd Equality and Diversity Policy].
- For customers lacking capacity or with communication difficulties Welcome Independent Living will work hard to ensure that their choices and preferences are respected. Relevant tools such as picture menus, past history of food preferences, and other aids to communication are available [ DELETE OR ADD INFORMATION HERE]
- Menus will be created by catering staff with the customers and their family (if appropriate).
- Menus will be changed regularly to increase variety and nutritional value.
- Special therapeutic diets will be recorded in the care/ support plan after discussion with the specialist nurse and the customer.
- It is important not to rush the mealtimes and create a relaxed atmosphere with customers being given plenty of time to eat and enjoy their food. Customers will be able to choose where they would like to eat their meals and be supported to do so.
- Food will be presented in a manner that is attractive and appealing.
- If a customer does not want or eat their chosen meal an alternative may be offered or a meal replacement offered if appropriate. These changes should be recorded in the care/ support plan
- Staff will support customers to be as independent in feeding themselves as possible and will work to ensure their dignity while doing so. Eating difficulties will be identified within each customer's care/ support plan and a plan of assistance agreed, with the customer or representative.
- The service will make whatever reasonable arrangements are necessary for a customer to be able to feed themselves with dignity and ease, including the provision of special eating aids and special food preparation. Assistance with feeding will be offered in a sensitive and dignified manner. Finger foods will be offered to those who have difficulty in holding eating implements.
- The nutritional model followed will be based around the *Balance of Good Health Model*. A framework developed jointly by the Health Education Authority, the Department of Health and the Ministry of Agriculture, Fisheries and Food, and intended to help people understand and enjoy healthy eating, its eight key principles for a healthy diet are as follows:
  - Food should be enjoyed
  - A variety of different foods should be eaten
  - The right amount should be eaten to maintain a healthy weight
  - Plenty of foods rich in starch and fibre should be included in the diet
  - Foods that contain a lot of fat should be avoided and sugary foods and drinks should not be eaten or drunk too often
  - Vitamins and minerals in food are critical
  - Alcohol consumption should be within sensible limits
- Menus should take into account any ethnic or cultural dietary needs of service users and should be sensitive to religious and cultural beliefs surrounding food.

Where the customer is continually making unhealthy food choices Welcome Independent Living will encourage and provide a format for discussion motivation & encouragement for Healthy eating.

Welcome Independent Living will work with outside professionals such as GP's, Health Living/lifestyle nurse and dietitians to provide a service to meet the needs and choices made by the customer. [INSERT HERE CONTACT DETAILS OF RELEVANT PEOPLE]

### **Nutritional Screening**

Nutritional Screening is undertaken by Welcome Independent Living to identify those at risk of malnutrition and to identify obesity. Screening is undertaken by a member of staff trained to understand the process, liaising closely with other professionals such as dieticians, speech & language therapists or the Healthy Living nurse.

The 5 step Malnutrition Universal Screening Tool (MUST) is used. [DELETE AND ADD IF A DIFFERENT TOOL IS USED]

Records are kept in the customers care/support plan and reviewed regularly.

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### **TRAINING**

All new staff will be required to read this policy as part of their induction process. They should then fill out the appropriate question-and-answer worksheet on nutritional needs.

All staff will then undertake training in nutrition, the provision of a healthy balanced diet, food handling and in aiding service users with eating difficulties

All staff will be appropriately qualified and be given ongoing training to develop their skills and ensure that their infection control techniques are up to date.

### **APPLICABLE PUBLICATIONS**

- Nutrition support in adults (CG 32, NICE, 2006)
- Nutrition Action Plan (DH and Nutrition Summit stakeholders, 2007)
- Relevant evidence-based guidance about nutrition in health and social care settings published by expert and professional bodies
- Advice and training can also be sought from the "Healthy Lifestyle Nurse" attached to GP surgeries.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## MISSING PERSONS POLICY

### OUTCOME 4, REGULATION 9 (Care and welfare of people who use services)

Name: Welcome Independent Living

#### Policy Statement

It is common for some of the customers who this organisation provides care for to be frail, infirm or limited in their mobility. Some may also be confused or easily disoriented and therefore become easily lost. For these reasons, a customer may go “missing” from the home and this would cause concern as to the customer’s safety and should be considered as a potential emergency situation.

This organisation adheres fully to Outcome 4, Regulation 9 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which relates to the degree to which customers are protected from abuse, neglect and self-harm.

#### Aim of the Policy

This policy is intended to set out the values, principles and policies underpinning this organisation’s approach to the discovery that a customer is missing.

#### Preventing Missing Persons Incidents

Staff from this organisation should always remain vigilant, and be aware of exactly where customers are at any given time. Customers who are prone to wandering, or who may be at risk of getting lost by reason of their mental state, should have this identified during risk assessment and a suitable entry made in their plan of care. Such customers should be kept under observation as appropriate to the level of risk identified.

Situations where a missing person’s report should be made include the following:

- Where a customer has not returned from or has got lost during an arranged activity or walk
- Where a customer cannot be found in the house or grounds and no prior arrangements have been made to explain their absence.

If it becomes clear that a customer may be missing, it is vital that all the members of staff in the organisation work as a team and follow a clearly defined procedure.

#### Missing Persons Procedure

As soon as they suspect that a customer may be missing, staff should:

- Initiate an immediate search of the building and its immediate surrounds
- Contact relatives, friends, neighbours or other obvious places where the customer may have gone or has been known to go in the past.

If the customer cannot be found during the initial search, then the member of staff should immediately raise the alarm by informing their line manager. They should pass on all relevant information, such as the full details of the customer (it is very important to correctly identify the customer) and full details of the incident, including when and where the customer was last seen, who by and what the customer was wearing.

Upon receiving a missing person’s report the line manager should do the following.

- Make immediate efforts to contact the customer’s relatives or carers, if not already done, to inform them of the situation, to gather information and to get advice.

- Contact the police and give full details about the customer, including when and where they were last seen, who by, what they were wearing and any special risk factors involved. Contact telephone numbers should be given and the line manager should remain at the office to co-ordinate the organisations response and to maintain communications.
- Co-operate fully with any police search.

Where the police are involved then the organisation's registered owners should be informed as soon as possible, as should members of the missing customer's family if they have not already been contacted. Families should be requested to telephone the office or police if the customer contacts them, and relatives should be kept informed at each stage of the search.

The line manager should, at the earliest opportunity, fill out an incident form and ensure that a full note of events has been made in the customer's notes. Times of actions and decisions should be noted as accurately as possible. On conclusion of the incident, staff involved should be asked to check the incident form for accuracy and to sign it.

Once the customer has been found, it is essential that all the parties who were advised of the emergency are contacted again and informed that the search has been concluded, including the member of staff at the customer's home and the police.

At all stages the line manager should be sensitive to the needs of members of staff involved, who may well be upset by the emergency incident, and should provide or arrange any support required.

If at any stage the duty manager is unsure of what to do then the registered owner should be contacted immediately for advice.

#### Procedure to Follow After a Missing Persons Incident

Upon conclusion of a missing persons incident the organisation should mount a full enquiry and investigate the incident thoroughly. Investigations should be led by the organisation's registered owner who will also be responsible for implementing any improvements that are indicated. This is in order that all staff can learn from any incident any to ensure that the lessons learnt are implemented. Under Outcome 20 of the Essential Standards of Quality and Safety issued by CQC a notification should be completed and submitted on line.

#### **Training**

The registered manager is responsible for organising and co-ordination training. All staff should be trained in the Missing Persons procedure and to know their role in the event of a search.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **MONITORING AND ACCOUNTABILITY**

### **OUTCOME 12, REGULATION 21 (Requirements Relating to Workers)**

Name: Welcome Independent Living

#### **Policy Statement.**

It is incumbent upon all staff to act and practice at a level which protects our customers. The world has changed and now allows impulse reactions to be sent via information technology and almost immediately be seen in the public domain.

Social media is now part of everyday life for a large majority of people and staff must be aware of the issues that can, even without intent be intrusive and damaging for people and relationships within the work setting.

The policy also includes how Welcome Independent Living monitors staff working hours and the actions that it takes if it discovers that staff have been falsifying timesheets or records.

#### **Aim of the Policy**

##### **1. The Use of Time Sheets.**

Time sheets must be completed and handed to your manager on

**The 1<sup>st</sup>** of every month. The information will be cross referenced with staff rotas to ensure that the correct payments are made. If on receipt of wage payments you have any questions please contact Stephanie Thomas the Office Manager as soon as possible. Welcome Independent Living will make every effort to ensure correct and timely payments are made on receipt of the above information.

Welcome Independent Living expect honesty and transparency and will take disciplinary measures if it discovers that there has been deliberate falsifying of time sheets and workers have not been carrying out their agreed working hours. The outcome could result in a worker's dismissal.

#### **Supervisions and appraisals**

Regular supervisions and the annual appraisal system will also be part of staff and workers overall monitoring.

##### **2. Scope of Policy with regards to Social Networking Sites Use**

There are various numbers of these sites including

- Facebook
- Twitter
- Myspace
- Flickr
- YouTube

#### **Policy**

Welcome Independent Living expects all staff to be familiar with the General Social Care Council's Code of Practice, particularly in regards to the upholding of public trust and confidence in social care services. It is important for staff to remember that these are social sites and that anything regarding work should not be on any of these forums. Where staff need to discuss any matter regarding work, this should be kept within the workplace and discussed in the first place with their line manager. If this does not resolve the issue, the



staff grievance procedure is available. It is vital that staff do not involve customers, their families or representatives on these sites as confidentiality and the Data Protection Act could be breached.

Flickr in particular can be easily misused. Pictures or videos of customers must remain private e.g. Birthday Party photos etc. Where any misuse of the above mentioned sites or any other online sites has been brought to the attention of Welcome Independent Living the disciplinary procedures will come into play where appropriate.

**Consent.**

Where any customers are named or photographed consent must be sought where these are taken into the public domain via social networking or any other publicity.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **MOVING AND HANDLING POLICY**

### **OUTCOME 11, REGULATION 16 (Safety, Availability and Suitability of Equipment)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living recognises its responsibility to ensure that all reasonable precautions are taken to provide and maintain working conditions that are safe, healthy and compliant with all statutory requirements and codes of practice. The organisation fully complies with Outcome 11, Regulation 16 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which both relate to the degree to which the registered manager of an organisation ensures that customers and staff are protected from health and safety hazards in the organisation.

Moving and Handling is also covered specifically by the following legislation:

1. The *Health and Safety at Work Act 1974*
2. The *Management of Health and Safety at Work Regulations 1999*
3. The *Manual Handling Operations Regulations 1992*
4. The *Lifting Operations and Lifting Equipment Regulations 1998*.

The *Manual Handling Operations Regulations 1992* were the end result of a European directive, issued in 1990, and are firmly based on a “minimal handling” approach to Moving and Handling. Under the Regulations, employers are required to avoid the need for employees to undertake any Moving and Handling operations which involve a risk of their being injured and where such activities cannot be immediately eliminated a “suitable and sufficient assessment” of all such operations is mandatory. Having carried out this assessment, employers must take appropriate steps to reduce the risk of injury to the lowest level reasonably practicable.

#### **Aim of the Policy**

This policy is intended to set out the values, principles and policies underpinning this organisation’s approach to Moving and Handling.

#### **Moving and Handling at Work Policy**

The organisation recognises its responsibility under the *Health and Safety at Work, etc Act 1974* and the *Management of Health and Safety at Work Regulations 1999* (MHSWR) to ensure that all reasonable precautions are taken to provide and maintain working conditions that are safe, healthy and compliant with all statutory requirements and codes of practice. Employees, customers and contractors are expected to abide by safety rules and to have regard to the safety of others.

The organisation understands Moving and Handling as the transporting or supporting of loads by hand or by bodily force without mechanical help. This includes activities such as lifting, carrying, shoving, pushing, pulling, nudging and sliding heavy objects. It especially covers the lifting or moving of customers by staff.

This organisation is committed to ensuring the health, safety and welfare of its staff, so far as is reasonably practicable, and of all other persons who may be affected by our activities including customers, their visitors and contractors. As all of these Moving and Handling activities obviously carry the risk of injury if they are not performed carefully, the organisation

will take the following steps to ensure that its statutory duties to protect staff and customers are met at all times.

1. Each employee should be given such information, instruction and training as is necessary to enable safe Moving and Handling.
2. All processes and systems of work should be designed to take account of Moving and Handling.
3. All processes and systems of work involving Moving and Handling should be assessed and properly supervised at all times.

### **Risk assessments**

All potential lifts or Moving and Handling tasks should be fully assessed first using the following process.

1. A moving and handling risk assessment should be undertaken, by a member of staff who is trained for the purpose, whenever staff are required to help a customer with any Moving and Handling task, as required under The Manual Handling Operations Regulations 1992. This should be performed in any new care situation and before the care or support worker commences work. The results should be included in the risk management plan.
2. Two people fully trained in safe handling techniques and the equipment to be used should always be involved in the provision of care when the need is identified from the Moving and Handling risk assessment.
3. Company staff should always consider each Moving and Handling task for risk of injury. If the activity involves occasional lifting of small, regular-shaped, lightweight items, the risk can be deemed to be negligible. If however the task involves repeated movement of a heavier item, or one that is an irregular shape, then the risk is increased and should be identified as a potential risk.
4. If a risk is identified, care staff should next consider whether there is a way to eliminate the need for Moving and Handling altogether. For instance, can equipment be used instead?
5. If the Moving and Handling task cannot be eliminated completely, the specific risks involved must next be assessed. This is done in a similar way to any other health and safety risk assessment but the assessment does not need to be recorded provided it is easy to repeat.
6. Where a specific risk of injury is identified and Moving and Handling is unavoidable, then measures to reduce the risk must be introduced. Examples of these are the use of mechanical aids, changing the task to minimise the risk or altering the working environment to make Moving and Handling less awkward.
7. Any measures taken to ensure Moving and Handling safety must be in proportion to the risk and the cost-benefit involved.

#### **Note:**

Staff should never, in any circumstances, attempt to lift a customer or a weight where they believe that there is a significant risk of injury involved.

The organisation's policy will, so far as is reasonably practicable, be to:

1. Check that customers/LA lifting equipment is maintained by them accordingly such that health and safety is not compromised
2. Provide the information, instruction, training and supervision required to ensure the health and safety, at work, of employees and others
3. Work with customers to maintain the home in a safe condition

4. In the event of any accident or incident (such as a near miss) involving injury to anybody on customer's premises to make a full investigation and to comply with statutory requirements relating to the reporting of such incidents.

### **Duties on Company Staff and Employees**

The Manual Handling Operations Regulations 1992 set out an obligation upon employees to make full use of systems of work laid down for their safety in Moving and Handling operations. This is in addition to their obligations under other health and safety legislation including making proper use of equipment provided for their safety. To conform with The Manual Handling Operations Regulations 1992, this organisation requires its staff to adopt the following three-stage model.

1. Staff should avoid hazardous Moving and Handling as far as is reasonably practical.
2. Where hazardous Moving and Handling cannot be avoided, staff should assess the risk first.
3. Depending on the result of the assessment, staff should reduce the risk involved to the lowest level reasonably practicable.

The successful implementation of this policy requires total commitment from all employees. Each individual has a legal obligation to take reasonable care for their own health and safety, and for the safety of other people who may be affected by their acts or omissions.

It is also the policy of this organisation that, under s.7 of the *Health and Safety at Work, etc Act 1974*, it is the duty of every employee at work:

1. To take reasonable care of their own health and safety and those of any other person who may be affected by their acts or omissions at work
2. As regards any duty or requirement imposed on their employer by or under any of the relevant statutory provisions, to co-operate with the employer, so far as is necessary, to enable that duty or requirement to be complied with.

In addition, no person at the organisation shall intentionally or recklessly interfere with or misuse anything provided in the interests of health, safety and welfare in pursuance of any statutory provisions.

### **Staff injured at work**

Moving and Handling accidents are covered by the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* (RIDDOR). According to RIDDOR, all Moving and Handling accidents and injuries should be recorded and also reported to the HSE, especially if they result in staff being off work for three days or more or involve faulty equipment (see Accident Reporting Policy). All staff injured at work will be given appropriate support and any staff who have suffered a Moving and Handling injury should see their GP as soon as possible. Any necessary alterations to a member of staff's job after an accident will be made in line with current *Disability Discrimination Act 1995* guidelines.

### **Lifting equipment**

Any Moving and Handling equipment provided for customers should be maintained in a safe condition to use and be subject to regular visual inspections by the manufacturers. Lifting equipment (people) must be inspected 6 monthly by a suitably qualified person. Records of all such equipment and their maintenance schedules are kept by the customer or LA..

## **Training**

Everyone in the organisation should be given adequate training and information on Moving and Handling risks and how to avoid them. Such training should focus on specific tasks and equipment as well as on the more general information required to carry out safe Moving and Handling. All staff should be trained to assess whether or not a load is too heavy to carry.

All new staff are encouraged to read the policies on health and safety and Moving and Handling as part of their induction process. All staff are expected to attend annual Moving and Handling refresher training. In addition, all staff will be appropriately trained to perform their duties safely and competently and those staff who need to use specialist equipment will be fully trained and supervised while they are developing their competency.

This policy will be reviewed by the registered manager

Signed:

Date:

Review Date:

## **MRSA POLICY**

### **OUTCOME 8, REGULATION 12 (Cleanliness and infection control)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both customers and staff. The organisation adheres fully to Outcome 8, Regulation 12 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which relates to the degree to which staff and customers are protected by the organisation's policies and procedures.

#### **Aim of the Policy**

The aim of the organisation is to prevent the spread of MRSA amongst customers and staff.

#### **Goals**

The goals of the organisation are to ensure that:

- Customers, their families and staff working for the organisation are as safe as possible from MRSA
- All staff in the organisation are aware of the causes of the spread of MRSA and are trained to avoid these
- Customers who are colonised with MRSA receive the highest quality of care and are not discriminated against.

#### **Legal Considerations and Statutory Guidance**

The organisation should adhere to the following infection control legislation:

- The *Health & Safety at Work, etc Act 1974* and the *Public Health Infectious Diseases Regulations 1988* which place a duty on the organisation to prevent the spread of infection
- The *Control of Substances Hazardous to Health Regulations 2002 (COSHH)* which place a duty upon employers to control dangerous substances in the workplace
- The *Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)* which place a duty on the organisation to report outbreaks of certain diseases as well as accidents such as needle-stick accidents.

#### **Policy Background**

MRSA, or *Methicillin Resistant Staphylococcus Aureus*, is a variant of *Staphylococcus Aureus*, a type of bacterium carried normally by about a third of the population. In most people *Staphylococcus Aureus* causes no harm. However, when the skin is broken or where a patient is otherwise unwell the bacteria can cause boils or pneumonia and can prevent

wounds from healing properly. MRSA behaves in much the same way as its more common relative but, while *Staphylococcus Aureus* is readily treatable with modern antibiotics, MRSA has a high resistance to antibiotics which makes MRSA infections much harder to treat.

Many people carry MRSA in the same way that they carry *Staphylococcus Aureus* without it causing any harm to themselves or others. These people are said to be 'colonised' with MRSA rather than 'infected' as they are not ill and there are no visible signs that they are carrying MRSA. However, when MRSA does cause an infection this can be very dangerous, even life threatening, and is especially problematic in elderly, vulnerable patients who are debilitated.

In healthcare settings, MRSA is spread by hand from person to person, unwittingly by healthcare employees who do not wash their hands sufficiently between person contacts. It can also become established in clinical areas, on equipment and in such things as bedding and clothes and extremely vigorous cleaning and infection control techniques are required to eradicate it or halt its growth.

### **Policy on Preventing MRSA**

In healthcare organisations MRSA carriers should not be a hazard to staff and, according to Department of Health guidelines, the implementation of sound infection control techniques, especially rigorous attention to hand washing, are sufficient to control the spread of the bacteria.

Therefore, in this organisation:

- All staff should comply with the organisation's infection control policies and procedures and adhere to best practice in infection control at all times
- All staff should adhere to the organisation's Handwashing Policy at all times, ensuring that their hands are thoroughly washed and dried between each customer where direct contact is involved, after handling any body fluids or waste or soiled items, after handling specimens, after using the toilet and before handling foodstuffs; the organisation believes that, consistent with modern infection control evidence and knowledge, hand washing is the single most important method of preventing the spread of infection whether a customer is a known carrier of MRSA or not
- All staff should adhere to the organisation's Protective Clothing Policy and disposable gloves and aprons should always be worn when attending to dressings, performing aseptic techniques, dealing with blood and body fluids or when assisting with bodily care; gloves and aprons should be changed and disposed of after each procedure or contact and always between contacts with different customers
- Cuts, sores and wounds on staff and customers should be covered with suitable impermeable dressings
- Blood and body fluid spills should be dealt with immediately according to the organisation's Infection Control Policy
- Clinical waste should be disposed of according to the organisation's Infection Control Policy
- Sharps should be disposed of into proper sharps containers
- Equipment (such as commodes) should be cleaned thoroughly with detergent and hot water after use
- Customers and staff should not need routine screening for MRSA unless there is a clinical reason for such screening to be performed (for example, a wound getting worse or new sores appearing) and in such cases screening should be requested by a GP or by the local consultant in communicable disease control



- If a customer's wound gets worse or does not respond to treatment then the customer's GP should be advised immediately
- MRSA risks should be included in COSHH assessments and any appropriate control measures taken to reduce identified risks.

If a customer is identified as colonised with MRSA:

- They should not be isolated (according to Department of Health guidelines the isolation of colonised customers in nursing organisations is not necessary and may adversely affect the customers' quality of life)
- They may receive visitors and go out, for example to see their family or friends, and should not be discouraged from normal social contact
- Friends or family need not take any special precautions when visiting
- Staff with eczema or psoriasis should not perform intimate nursing care on customers with MRSA.

When arranging care for a new customer or when transferring customers to and from hospital:

- The relevant care manager should always ask in the initial assessment of a potential customer if there is any record that the applicant is colonised or infected with MRSA and this should be entered into the plan of care
- Colonisation with MRSA should never be reason for refusing a service to a potential client, for preventing discharge from hospital or for any other form of discrimination
- Staff should always inform a hospital if a customer that they care for who is admitted hospital is known to be infected with or colonised with MRSA
- Customers with MRSA should not normally require special treatment after discharge from hospital but if a specialised course of treatment needs to be completed, the hospital should be asked to provide all the necessary details and agree in advance in the discharge plan and check that the organisation is agreeable
- Staff should seek and follow expert infection control advice from the consultant in communicable disease control and/or community infection control nurse in any case where support is required and for any customer with MRSA who has a post-operative wound or a drip or catheter.

## **Reporting**

MRSA is not a notifiable infection under the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)* which oblige the organisation to report the outbreak of notifiable diseases to the Health and Safety Executive. The presence of MRSA in a customer can only be ascertained by the laboratory investigation of swabs and any positive result will be notified to the customer's GP. Domiciliary care managers should liaise with the relevant GP if a positive result is received and should work with all relevant members of the healthcare team to revise the customer's plan of care and to ensure that everybody involved in the care of the customer is informed.



## Training

All new staff should be encouraged to read the organisation's policies on Infection Control as part of their induction process. In house training sessions covering basic information about infection control should be conducted at least annually and clinical staff and those with special responsibilities for infection control and risk assessment should also be supported in doing additional advanced training on infection control as required.

The registered manager is responsible for organising and co-ordinating training.

## Further Information

Information sources used in the preparation of this policy include:

The Health and Social Care Act 2008 Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance

MRSA — *What nursing and customerial organisations need to know*, Department of Health guidance.

*Hospital Infection Control: Guidance on the Control of Infection in Hospitals*, HSG(95)10 — available free from the Health Publications Unit.

This policy will be reviewed by the registered manager.

Signed:

Date

Review Date

## **NOTIFICATION POLICY**

### **OUTCOME 20, REGULATION 18 (Notification of other incidents)**

Name: Welcome Independent Living

#### **Policy statement**

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to its notification requirements. These requirements are set out in the Health and Social Care Act (2008) Registration Regulations (2009). Although this outcome and regulation do not form part of the Key 16 outcomes it warrants a policy on its own because of the complexity and importance of Outcome 20.

#### **Aim of Policy**

The aim of the policy is to comply with outcome 20 and to ensure that all relevant notifications are completed in the appropriate format and timescale as required by the Care Quality Commission.

#### **Statutory Notifications**

The Care Quality Commission regularly updates and amends the electronic system of notifications. These notifications and their purpose are made clear in the Guidance issued by the Care Quality Commission. See Statutory Notification Guidance for Registered providers and managers of;

Adult Social Care

Independent Health Care

Primary Dental Care

Independent Ambulances

In (Welcome Independent Living) a regular check of the Care Quality Commission website will be undertaken in order to ensure that we are fully compliant and up to date with all Statutory Notification requirements and guidance.

#### **Training**

All staff involved in the completion of the Statutory Notification records will be trained and made aware of the importance of the documents and their timely return to the Care Quality Commission. It should be noted however that Outcome 20 makes clear the responsibilities of the Registered Manager in relation to the Statutory Notification process.

This policy will be reviewed annually by the registered manager

Signed

Date

Date of Review

## OVERSEAS WORKERS POLICY

### OUTCOME 12, REGULATION 21 (Requirements Relating to Workers)

Name: Welcome Independent Living

#### Policy Statement

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to the recruitment of foreign workers. The organisation understands that all foreign nationals, other than European Union (EU) citizens and citizens of certain Commonwealth countries, are subject to immigration control in the UK and will normally require a work permit. Some may also need an entry visa. Citizens of the EU are more or less free to move from one Member State to another and to find work; the restrictions imposed by the national immigration law of individual Member States does not apply to them.

The organisation also understands that employing foreign nationals who are not permitted to work in the UK is a criminal offence under s.8 of the *Asylum and Immigration Act 1996* and can lead to a fine of up to £10,000 per person illegally employed.

#### Policy

This organisation is committed to equality of opportunity in its recruitment, selection and employment practices. To prevent discrimination the organisation treats all applicants in the same way and verifies the eligibility of all new staff to work in the UK in accordance with its recruitment policy.

In order to comply with the *Asylum and Immigration Act 1996* this organisation will:

- Never discriminate against any candidate who may "look or sound" foreign
- Treat all job applicants in the same way and during the recruitment process check documents which prove the individual's entitlement to live and work in the UK, such as:
  - A current passport from the country of citizenship, with a valid visa if the passport is not from one of the exempt countries (eg. EU Member States, Gibraltar, Commonwealth countries with right of abode from a grandparent's birth in the UK)
  - A certificate of registration or naturalisation as a British citizen
  - A birth certificate issued in the UK, the Republic of Ireland, the Channel Islands or the Isle of Man
  - A document issued by a previous employer, the Inland Revenue, the Contributions Organisation, the Employment Service or the Benefits Organisation which states the National Insurance number of the person named
  - A valid work permit
- Accept only original copies of these documents (as photocopies may be tampered with)
- Keep copies of all documents with other recruitment files.

The organisation can obtain up-to-date guidance and application forms from the Immigration & Nationality Directorate of the Home Office or from its website at

[www.ind.homeoffice.gov.uk](http://www.ind.homeoffice.gov.uk)

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **PATERNITY RIGHTS POLICY**

### **OUTCOME 14, REGULATION 23 (Supporting Workers)**

Name: Welcome Independent Living

This policy has been developed to provide you with guidance as to your entitlements and the procedure to follow if requesting paternity leave.

No employee will be treated less favourably, suffer detriment or be dismissed because they request or take paternity leave. However, the misuse of paternity leave — such as the use of leave for reasons other than to care for the child or support the mother, or failure to follow the correct procedure — may result in disciplinary action being taken against you.

#### **Procedure**

- Paternity leave is the right to take paid leave to care for a child or support the mother.
- In order to qualify for paternity leave in birth situations you must:
  - Be the child's biological father, and have, or expect to have, the main responsibility for the child's upbringing
  - Be the spouse or partner of the mother, and have, or expect to have, the main responsibility for the child's upbringing.
- In order to qualify for paternity leave in adoptive situations you must:
  - Be married to, or the partner of the adopter, and have, or expect to have, the main responsibility for the child's upbringing.
- In both birth and adoptive situations you must:
  - Have formally informed your manager of your intention to take statutory paternity leave
  - Have provided documentary evidence supporting your right to take statutory paternity leave, if requested by your manager.
- Paternity leave is for a maximum of two weeks. You may take the leave in a block of one or two consecutive weeks. Leave must be taken within 56 days of the birth of the child or, in the case of adoption, within eight weeks of the placement.
- Additional paternity leave. This will be available only if your partner has unused maternity or adoption leave and it can now be shared between both parents. From 2015 new plans will allow couples to share all their maternity or adoption leave 8 weeks before it starts. Further details will be released by the government.
- In order to take statutory paternity leave after the birth of a child, you must inform your manager of your intention to take leave by the end of the 15th week before the mother's expected week of childbirth (EWC). You must specify:
  - The week in which the baby is expected to be born
  - Whether you intend to take one or two weeks' leave
  - The date on which you intend to start your leave.
- In order to take statutory paternity leave after the adoption of a child, you must notify your manager of your intention to take leave no later than seven days after the date on which you received notification from the adoption organisation of the match with the child. If the child was adopted from abroad you must let your employer know the date on which you received notification of the placement and the date on which the child is expected to enter the UK.
- Statutory paternity leave may not be taken before the birth or adoption of a child.

- If you fall ill before starting your period of paternity leave, you should postpone it. The 56-day period within which you should take your leave is not extended under these circumstances.
- You may be entitled to Statutory Paternity Pay (SPP). Your manager will let you know whether you are. Should you not qualify for SPP you may be able to get Income Support while on paternity leave. Your local Social Security Office will be able to advise.
- You are entitled to return to the same job as before, on the same terms and conditions of employment, unless a redundancy situation arises. It is presumed that you will return to work after a period of paternity leave.
- If you cannot return to work at the end of your paternity leave because of illness, you should follow the normal procedures for sickness absence.
- If you do not wish to return to work you are required to give your manager notice in accordance with your contractual notice period.
- On some occasions it may be necessary for your manager to defer your paternity leave. This may occur if, in discussion with your manager, there is a strong organisational reason for deferral. The reasons may include:
  - A significant number of employees applying for paternity leave at the same time
  - Your role is such that your absence at a particular time may unduly harm the organisation.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **PERSONAL SAFETY POLICY**

### **OUTCOME 10, REGULATION 15 (Safety and Suitability of Premises)**

Name: Welcome Independent Living

#### **Policy Statement**

This organisation believes that its staff should be safe at work and should not be exposed to undue or unreasonable risk. In particular, the organisation is committed to implementing measures that increase the personal safety and security of staff wherever possible, along with safety of their personal property, and which ensure an effective response to personal safety and security incidents. The organisation also seeks to encourage customers, staff and others to have care and concern for the safe keeping of equipment and property and the personal safety of all.

The organisation adheres fully to Outcome 10, Regulation 15 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which relates to the degree to which staff and customers are protected by the organisations policies and procedures.

This policy applies to all organisation staff without exception.

#### **Aim of the Policy**

This policy is intended to set out the values, principles and policies underpinning this organisations approach to ensuring that staff working for the organisation are as safe as is reasonably practical while at work or when travelling to and from work.

#### **Responsibilities of the Organisation**

The organisation will:

- Seek to ensure that it can respond effectively to all personal safety and security incidents, including incidents involving violence or threats of violence to staff, through the preparation of plans, management of incidents and appropriate follow up and recovery actions, as deemed necessary
- Seek to ensure that the personal safety of staff is always considered a factor when planning individual care plans with customers, especially with regard to staff travelling to and from a home care site; and, wherever possible, arrangements that involve staff travelling to and from houses alone during the hours of darkness and in isolated areas or in known high crime areas, should be avoided
- Be responsible for crime prevention/loss reduction measures, including assessing threats to personal safety of staff and investigating and initiating follow up actions in response to any reported incidents
- Provide staff with a personal alarm if requested or deemed necessary, raise awareness of personal safety and security issues by offering training and advice to staff and customers on personal safety and security.

#### **Responsibilities of Staff**

Welcome Independent Living believes that personal security is also the responsibility of every member of staff. The organisation expects every member of staff to accept that responsibility and to:

- Act and behave in a way so as to ensure their own safety and security at all times

- Act and behave in a way so as to ensure the safety and security of customers and property in the areas in which they are working
- Report all personal safety and security incidents, including violence or threats of violence to themselves, and suspicious activities or incidents

### **The Organisation's Building**

The organisation's security lead, should conduct or arrange to conduct regular risk assessment checks around the office specifically designed to pick up on security issues. Checks should be carried out on a regular basis and should include:

- Alarms
- Security lights
- Window and door locks.

Staff should always be aware of who is in the building at all times When staff admit a caller to the office they must ensure they sign the visitors book. If they are uncertain of the identity this should be checked before allowing them access to the office.

Note:

This organisation pursues a zero tolerance policy towards aggression and violence directed against staff (see separate policy on Dealing with Aggressive or Potentially Violent Customers).

### **Training**

The registered manager is responsible for organising and co-ordinating training. All staff should be trained to recognise the early warning signs of potential aggression and in de-escalating potentially violent situations. Office staff, line managers and supervisors should also be trained to know what to do in response to a complaint of violence made by a member of staff. Dealing with Aggressive or Potentially Violent Customers should be included in the induction training for all new staff. In house training sessions should be conducted at least annually and all relevant staff should attend. These sessions should cover the drill of how staff should act in an emergency situation.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:



## **PREMISES ACCESS POLICY – Staff and Visitors**

### **Outcome 10 Regulation 15 (Safety and Suitability of Premises)**

Name. Welcome Independent Living Ltd

#### **Policy statement**

For Welcome Independent Living to provide a safe and secure environment for their customers, relatives, staff, contractors and visitors it is necessary to have in place a robust access premises security policy along with procedures which will enhance security and safety.

#### **Aim of policy**

Welcome Independent Living will take all reasonable measures to maintain the security and safety of all members, staff, visitors and contractors, whilst within or situated on the premises of Welcome Independent Living.

This policy applies to all staff and contractors and other visitors must comply with the instructions issued to visitors below.

All individuals using Welcome Independent Living premises must take responsibility for promoting access to the premise ensuring that security and safety are maintained, through adhering to the principles within this policy and any supporting instructions. Failure to abide by the policy may lead to disciplinary / criminal proceedings being taken against the individual.

#### **Principles**

All staff must:

- Wear the relevant Name identity badges at all times on **Welcome Independent Living** property and when visiting customers.
- On entering the premises sign in
- On leaving the premises all staff must take the appropriate action to secure the premises overnight including signing out.

#### **Personal Security**

Whilst it is the responsibility of Welcome Independent Living to provide a safe and secure environment, it is the responsibility of all staff to take all reasonable measures to ensure their own personal security.

When travelling to or from work, or away from their normal base should make themselves aware of their surroundings and of other people. Try to avoid poorly lit or isolated areas.

Please refer to the Lone Worker policy where appropriate.

#### **Suspicious Behaviour**

If staff notice any suspicious behaviour or criminal activity they must inform their Line Manager or supervisor. Where appropriate the Line Manager will question the individual(s) in a customer friendly and positive manner. The Line Manager will if appropriate, ensure the Police are contacted.

### Visitors

This is deemed to be non professional colleagues e.g. relatives, friends, community volunteers, ex employees

All visitors must

- Report to Reception and complete and sign the Visitors Book on arrival.
- Have a general responsibility to look after **Welcome Independent Living** property whilst on site and to give due consideration to security issues
- Follow security procedures designed to protect Welcome Independent Living property and wear their visitor pass (where issued) at all times and surrender the pass on leaving the property
- Follow any given instructions by any member of staff, following procedures in an emergency situation. They should acquaint themselves with **Welcome Independent Living** floor plan and emergency exits located at the entrance.
- Respect the privacy of others by keeping their personal and/or medical information (verbal, written, or any other form) private and confidential.  
All interactions with customers, staff, other visitors, must be conducted with respect. **Welcome Independent Living** takes a zero tolerance attitude to abusive or harassment of staff or colleagues.

### General

- Visitors will be welcome
- If Welcome Independent Living are experiencing isolated cases of infections such as gastrointestinal or respiratory infections, all visitors will practice infection prevention and control measures as advised by Management.  
All visitors will wash their hands (use alcohol rub provided) upon entering and leaving the facility.
- Visitors who are ill (i.e. cold, flu) should call and speak to the manager before visiting.
- Visitors will identify themselves to staff
- Children accompanying visitors to the office must be supervised by an adult at all times.
- Pets accompanying visitors must be leashed and in control.
- **Welcome Independent Living** is a non-smoking environment for visitors.
- Any injury, hazard, or problem, no matter how minor, must be reported to staff immediately to be recorded in the accident or incident report book.
- Visitors are encouraged to share their concerns, comments, complaints and also their compliments with staff and the manager. A copy of the complaints or comments policy must be available for them to see.
- Visitors who fail to follow these policies may be asked to leave the premises.
- **Welcome Independent Living** shall not be responsible for injuries visitors suffer as a result of violating these rules.

This policy is reviewed by the Registered Manager.

Signed

Date

Review Date.

## **PREPARING A CUSTOMER'S CONTRACT PROCEDURES**

### **OUTCOME 3, REGULATION 19 (Fees) (CQC)**

Name: Welcome Independent Living

#### **Policy Statement**

A contract forms the basis of the services provided and the fees to be charged, we at Welcome Independent Living try to ensure that the contract is written in a way in which the customer can understand clearly. If the customer has any queries regarding the contract we encourage them to seek any clarification before signing. This document summarises the procedures within Welcome Independent Living for preparing and issuing contracts for service delivery whether the fees are paid by the customer or by a local authority.

#### **Aim of the Policy**

#### **Our Obligation**

Under Outcome 3, Regulation 19 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, we are obliged to issue a written contract to each customer. Strictly speaking, this might be said to apply only to self-funding customers but our practice is to give a contract to anyone to whom we provide service, whoever is paying the fees, since the contract includes many details which the customer needs to know.

We have to issue the contract within seven days of starting the service, but we aim to get the contract to the customer as soon as possible to avoid any risk of misunderstandings arising in the initial period of service.

The contract has to be signed on behalf of Welcome Independent Living and by the customer or the customer's representative.

Both the organisation and the customer should retain a copy of the contract.

#### **Initiating a Contract**

The manager who has been responsible for carrying out the assessment of a potential user's care needs and who decides that Welcome Independent Living is competent and able to provide a service should arrange for the relevant details to be incorporated into a contract. When the contract has been prepared in our standard format, 2 copies should be made. The manager then sends two copies to the customer with the request that they should be signed and one copy returned. This should be accompanied by a friendly letter welcoming the customer to the organisation and confirming the names of the worker or workers who are providing service.

#### **Filing Copies of the Contract**

When the customer returns the signed copy of the contract, this should be filed on that individual's record.

#### **Variations to the Contract**

If a worker feels at any time that there is a need for any significant change to the service outlined in the contract or if the customer makes such a request, the manager should institute arrangements for the contract to be changed. This requires a discussion with the customer, and if appropriate their representative, to confirm that the proposed change is acceptable. In the case of customers whose fees are paid by a local authority, the manager should contact the social services care manager and ask for their agreement to the change.

If all of this is satisfactory, the manager should take the steps to prepare, issue and process a new contract.

This procedure will be reviewed by the registered manager.

Signed

Date

Review Date

## **PREVENTION OF PRESSURE SORE POLICY**

### **OUTCOME 4 REGULATION 9 (Care and welfare of people who use services)**

**Name:** Welcome Independent Living Ltd

#### **Policy Statement**

Since the main type of Customers being cared for are elderly, whether with or without mental illness, pressure sore prevention is a continual challenge.

Pressure sores are multi factorial in origin and as such require a thorough assessment prior to and on admission to determine the risks of the Customer developing pressure sores. Should a pressure sore exist on admission to the Home, the GP/District Nurse/Tissue Viability Nurse must be informed and consulted regarding the treatment to be given.

#### **Development of Pressure Sores**

Sometimes, in spite of all efforts to prevent them, pressure sores will occur. The wound will require assessment for grading its severity in order to provide the most effective management and treatment.

Pressure sores are graded according to their severity and have been classified by several people i.e. Torrance and Lothian, Stirling.

#### **Grade 0**

##### **Blanching Hyperaemia**

The skin flushes red and blanches on finger application. The skin is not broken and the redness is resolved at the next inspection.

This is a normal reaction to pressure.

#### **Grade 1**

##### **Non-blanching Hyperaemia**

Persistent redness or discoloration, indicating damage to the microcirculation. The skin appears undamaged but does not blanch on pressure.

This type of sore will recover once the pressure is removed. If it does break down this is usually because the damage has already occurred at a deeper level.

#### **Grade 2**

Area of partial thickness skin loss, involving the epidermis and / or dermis.

The wound presents as graze, abrasion or blister (intact or broken)

People with Oedema are prone to these types of sores as the skin has lost its elasticity and has a reduced blood supply, reduced collagen and reduced nutrients.

Incontinence is often found in people with grade two sores as their skin has become macerated and excoriated. These types of sores may be caused by friction and commonly occur on heels and elbows.

### **Grade 3**

Full thickness skin loss with damage to the subcutaneous tissue, but not the muscle. The wound may be covered with eschar (scab), which after removal may reveal a crater and undermining of the surrounding tissue.

Ischaemic changes occur as a result of poor tissue perfusion caused by stretching of the underlying blood vessels.

Because of the changes in the interstitial fluid damage progresses to surrounding tissues, pressure intensifies due to the build up of metabolic waste as blood supply and lymph drainage are affected.

### **Grade 4**

Full thickness skin loss with extensive destruction of the superficial and subcutaneous tissues, muscle, bone and supporting structures.

Pressure is highest at the point of contact between the soft tissue and the bony prominence. Pressure and shear forces distort and stretch blood capillaries and underlying tissue, resulting in a large area of necrosis and undermining.

The cause of a sore can be recognised by the shape of the wound. A round or oval shaped sore is caused by shearing force.

### **Policy Aim**

The aims of preventative procedures are as follows:

To identify those Customers who are at risk from developing pressure sores

To work with nursing staff outside of the organisation to promote prevention or in treating pressure sores

To compile individualised care/support plans where necessary, incorporating the rationale to prevent the formation of pressure sores

To encourage customer co-operation in the objectives of prevention

To encourage healing where a pressure sore is established

To monitor the incidence of pressure sores

To continually reassess/review customers "at risk"

"Pressure sores should not be seen as an inevitable consequence of ill health or hospitalisation 95% of all pressure sores are preventable (Hibbs 1988)"

### **Pressure Sore Risk Assessment (PSRA)**

All customers could be somewhat "at risk" from developing pressure sores.

It is, therefore, inevitable that the use of a recognised assessment tool is incorporated into the initial and subsequent care planning process of those Customers where this is identified.

The initial calculation and score should be ascertained (if possible) within 24 hours following admission; this reading to be comprehensive and thorough.

There are two assessment tools in current usage within Welcome Independent Living. These are Norton and Waterlow.

#### Predisposing Factors to Pressure Sore Formation

The following may be contributory factors to pressure sore formation:

- Undue or prolonged pressure
- Friction
- Shearing forces e.g. poor fitting shoes
- Repeated forces
- Incontinence
- Poor nourishment/ dehydration
- Chronic illness e.g. vascular disease and diabetes
- Simple moving and/or washing
- Rubbing together of skin surfaces
- Immobility/reduced mobility
- Impaired circulation e.g. related to smoking/ blood disorders i.e. anaemia
- Shock
- Age
- Decreased consciousness/mental awareness
- Reduced sensation e.g. multiple sclerosis
- Medications e.g. steroids sedatives
- Pain

Planning for the prevention of and/or care of pressure sores will include the following:

#### Assessment

As discussed previously, skin inspection and documentation using a recognised scoring system is vital. Report the presence of or potential for a pressure sore in the care plan and advise the Nurse/District Nurse/Tissue Viability Nurse.

**The Nurse/ District Nurse/ Tissue Viability Nurse will determine how the following will be carried out in relation to individual Customers.**

#### Diet



Nutrition is an essential factor in pressure sore prevention and treatment. The following aspects will need consideration:

- a) A good fluid intake unless otherwise indicated.
- b) Sufficient calories to meet energy requirements - increased when wounds present.
- c) Sufficient protein intake, additional vitamins and extra fibre can be useful.
- d) Food supplements/ fortification of food should be used for Customers whose appetite is poor. Consultation with the GP and Chef may be useful in this instance

#### Movement of Customers

Movement is the body's defence against pressure. The Customers position may be changed two hourly with a technique that will avoid friction. Repositioning may be required more frequently depending on the condition of the Customer. This applies to all Customers who spend time in beds and chairs.

All staff must attend annual moving and handling training.

#### Care of the Skin

Skin integrity should be maintained where possible. The skin only needs washing when absolutely necessary. Frequent washing will remove the skin's natural oils which create the skin's own barrier to infection. A mild soap can be used to minimise the change of pH in the skin. The skin must be dried by patting.

Only specific prescribed emollients and creams may be used. These should only be used where necessary, and sparingly, as they can interfere with the effectiveness of incontinence products.

All creams and emollients must be documented on the customers MAR sheet.

#### Continence Planning

It is essential that thorough assessment is undertaken by qualified professionals for the customer who is incontinent to ensure that a comprehensive programme is formulated so that pressure sore formation is kept to a minimum, and that skin integrity is maintained.

#### Aids

Pressure relief aids should:

- a) Provide a surface which conforms to body weight
- b) Reduce frictional sores
- c) Maintain Customer skin at a constant temperature

#### Pressure Relief Equipment.

When a person is identified as being "at risk" of developing pressure sores a care plan should be formulated which includes the provision of support surfaces appropriate to their needs.

There are five main groups:

- 1) Equipment which alternate areas of pressure under the body
- 2) Equipment to reduce and distribute pressure evenly
- 3) Equipment which provides constant low pressure
- 4) Equipment to assist or stimulate normal movement and turning
- 5) Equipment to protect specific areas

These products are available for:

Low to medium risk

Medium to high risk

High to very high risk

Evaluation.

This must be done according to criteria identified within the Plan of Care, and incorporating the same assessment tool used in the initial assessment.

Involving the Nurse, Tissue Viability Nurse/District Nurse at all stages and the GP as required.

CQC Notifications.

When a pressure sore of Grade 3 or above develops **after the person has started to use the service** a Notification must be sent to CQC as required under Outcome 20 Regulation 18

Training.

All staff will be given appropriate training in relation to Prevention of Pressure Sores and associated subjects such as Nutrition and Moving and Handling.

This procedure will be reviewed by the Registered Manager.

Signed:

Date:

Review Date:

## **PRIVACY AND DIGNITY POLICY**

### **OUTCOME 4, REGULATION 9 (Care and Welfare of People who use Services)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living is committed to the delivery of a quality service which maintains the privacy, dignity and respect of customers at all times. It is often complacency which threatens to undermine these principles and staff in particular need to be mindful. Some tasks that are undertaken by the staff are those of a very personal and sensitive nature, it is imperative that boundaries are in place which protect the privacy, dignity and respect of the customer in these circumstances.

This document outlines the policy of Welcome Independent Living in relation to providing services which respect the privacy and dignity of our customers.

#### **Aim of the Policy**

Welcome Independent Living aims at all times to respect the right of its customers to privacy and dignity, recognising that these values can easily be threatened by the processes covering the provision of care.

#### **Assessing Care Needs**

We recognise that making an assessment of the needs of a customer can be very intrusive. We are obliged to ask questions about the most intimate areas of a customer's life and it is helpful at the outset of our contact to observe a customer in their own private environment where care will be delivered. We will do everything possible to limit the embarrassment a customer can experience at this stage and to provide all possible reassurances about the nature of our operations generally and particularly the confidentiality of our information systems and the sensitivity of our workforce.

Some potential customers will wish a carer or representative to be present during the assessment interviews, but we do not assume that they will necessarily be privy to all of the information the customer has to provide about themselves. If it seems helpful we will arrange for some parts of the interview to take place with the customer alone.

During the period when we are providing services, we need from time to time to review the situation to ensure that our services remain appropriate and to make adjustments to respond to changing care needs. If the staff who undertake a review are not already known to the customer, it will require additional sensitivity since, from the customer's point of view, they are confronting a stranger. In a sense, a fresh invader of their private space.

Staff too may pick up some information about a customer's changing care needs during the process of service delivery. The staff should check with the customer whether they have any objection to details being recorded, though they may have to explain that information does indeed have to be shared with colleagues in the company.

#### **Handling Information about Customers within Welcome Independent Living**

When information about customers has to be passed from a staff to a manager, or between staff, it will always be treated with respect. Arrangements for processing, handling and storing data are based on the need to retain as much privacy for our customers as possible. (See Welcome Independent Living Ltd's policy on confidentiality and procedures on confidentiality of information.)

#### **Behaviour of Staff**

We know that some customers have forms of address for themselves to which they are particularly attached, or conversely forms they find particularly offensive. Our staff will make note of and observe such individual preferences, they'll always address a customer by their chosen name, and know that the acceptable usage may vary between people or over time.

Staff who carry out tasks which relate to customers' personal appearance will provide tactful help to ensure that their customers look as they would wish.

We recognise that the carrying out of some tasks, particularly those relating to intimate bodily functions, places a customer's privacy and dignity at severe risk. We undertake that our staff will show great tact in such situations.

Some situations may carry additional sensitivity if the staff member is a different sex from the customer, so we will attempt if asked to provide customers with same sex staff.

Staff have been instructed to be alert to the potential invasion of privacy involved in handling a customer's personal possessions or documents, and will always respect boundaries the customer chooses to set.

If a customer is particularly sensitive about their privacy or dignity in any other area of their lifestyle, staff will tread with particular care.

### **Customers from Minority Groups**

We are aware that issues of privacy and dignity may be specially sensitive when the customer is from a minority group. We seek to make our staff alert to points of cultural difference they may encounter in their work and we encourage our customers to draw to our attention any particular matter of which we should be aware. Eg in certain cultures the men are the head of the household and women cannot be spoken directly to or asked any questions of. During the assessment process care must be taken to ensure that these cultural differences are taken into account.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **PROFESSIONAL BOUNDARIES POLICY**

### **OUTCOME 7, REGULATION 11**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living believes that staff need to observe professional boundaries in their relationships with customers and their relatives, friends, visitors and representatives and that behaviour outside those boundaries should be regarded as abusive and a reason for disciplinary action. We recognise that it is often difficult to draw precise lines defining appropriate behaviour, so we encourage staff to be transparent in their dealings with customers and others and to discuss with managers any ambiguities which arise. The starting point is that the needs of customers should be at the centre of our care practice; any relationship which might threaten that objective should be questioned.

#### **Aim of the Policy**

The aim of this policy is to lay down the principles and values underlying our approach to professional boundaries in relationships with customers and their relatives, friends, visitors and representatives.

#### **The Parties Involved**

##### **Staff**

This policy applies to all staff of the organisation, including temporary staff and volunteers, not only those who have regular contact with customer in a care-giving capacity.

##### **Customers**

The term customer is used in this policy to include current customers, past customers and anyone whose contact with the organisation is concerned with their being or having been a user or potential user of services.

##### **People associated with customers**

This policy includes relationships with people directly associated with customers in a personal capacity — their relatives, friends, visitors and representatives.

#### **Professional Boundaries**

Professional relationships must be distinguished from personal relationships. Although we believe that staff can quite properly gain satisfaction from developing and sustaining relationships with customers, the key consideration should always be the needs of the customer rather than the personal or mutual satisfactions which characterise personal relationships. Staff must therefore on occasions hold back from allowing a relationship to develop to a dimension or to a degree which they personally would find satisfying, in the interests of ensuring that the needs of the customer remain paramount. Any member of staff who feels that a relationship is developing which might be judged inappropriate, should discuss the situation with their manager. The action to be taken may include varying the staff member's duties in order to limit contact with that person, discussing the situation frankly with the person in order to re-establish appropriate boundaries, or in extreme circumstances controlling an individual's contacts with the organisation.

### **Professional Codes of Practice**

All staff should be familiar with and comply with the code of conduct and practice of the General Social Care Council (GSCC), copies of which are supplied to all staff. Nursing and other professional staff should in addition comply with the standards of conduct and practice set by their own regulatory bodies. Breaches of any of these codes by staff will be reported, and the organisation will cooperate with any action taken by a regulatory body.

### **Action Outside the Work Situation**

Although we do not in general seek to regulate the private behaviour of staff, we recognise that on occasions an individual's behaviour away from work may call into question their suitability to work in social care services. It is the responsibility of all staff therefore to behave, both at work and outside, in ways which uphold their own credibility and the organisation's reputation.

### **Training**

All staff will be encouraged to read this policy and related policies as part of their induction process and will be provided with training on professional boundaries.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **PROTECTIVE CLOTHING AND EQUIPMENT POLICY**

### **OUTCOME 11, REGULATION 16 (Safety, Availability and suitability of Equipment)**

Name: Welcome Independent Living

Infection control is the name given to a wide range of policies, procedures and techniques intended to prevent the spread of infectious diseases amongst staff and customers. All of the staff working in the organisation are at risk of infection or of spreading infection, especially if their role brings them into contact with blood or bodily fluids like urine, faeces, vomit or sputum. Such substances may well contain pathogens that can be spread if staff do not take adequate precautions. Disposable gloves and protective clothing such as aprons offer staff some protection from being contaminated with an infection and then passing it on to somebody else.

#### **Policy Statement**

Welcome Independent Living believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both customers and staff. It also believes that good, basic hygiene is the most powerful weapon against infection, particularly with respect to hand washing.

Welcome Independent Living adheres fully to Outcome 11, regulation 16 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which relates to the degree to which staff and customers are protected by the organisation's policies and procedures. This policy is cross referenced to Outcome 8 Regulation 12 Cleanliness and Infection Control and the Code of Practice for Health and Adult Social Care on the Prevention and Control of Infection and Related Guidance

#### **Aim**

The aim of the organisation is to prevent the spread of infection amongst staff, customers and the local community.

#### **Goals**

The goals of the organisation are to ensure that:

1. Customers, their families and staff are as safe as possible from acquiring infections through work-based activities
2. All staff at the organisation are aware of and put into operation basic principles of infection control.

#### **Infection Control Procedures**

In this organisation:

1. All staff should adhere to the organisation's protective clothing policy and use the disposable gloves and disposable aprons which are provided for staff who are at risk of coming into direct contact with body fluids or who are performing personal care tasks
2. Staff should treat every spillage of body fluids or body waste as quickly as possible and as potentially infectious, they should wear protective gloves and aprons and use the disposable wipes provided wherever possible.

#### **Protective Clothing Procedures**

The hands or clothes of staff are likely to be the most common means of transmission of infection unless basic precautions are taken. This involves careful hand washing between

contacts and the correct use of protective clothing such as disposable gloves (sterile and non-sterile) and disposable aprons. It is therefore the policy of this organisation that disposable gloves and disposable aprons are provided for all staff who are at risk of coming into direct contact with body fluids.

Gloves should be worn at all times during personal care or cleaning procedures and disposed of immediately after the procedure or contact is finished. Gloves should always be changed between customers. On no account should staff attempt to wash and reuse gloves.

Plastic disposable aprons are also provided for use by care staff. Aprons should be used in procedures where body fluids may be involved or there is risk to clothing from substances such as bleach. They should be changed between contacts with individual customers.

The responsibility for ordering and ensuring that supplies of gloves and aprons are readily available and accessible lies with the administrator.

### **Latex allergies**

It is known that some people can develop allergic reactions to the latex within disposable gloves. Any member of staff who suspects that they might be suffering from an allergic reaction to the latex gloves provided should stop using them immediately and inform their line manager or supervisor. They should then consult their GP.

### **Training**

All new staff should be encouraged to read the policies on infection control, and protective clothing as part of their induction process. In house training sessions should be conducted at least annually and all relevant staff should attend.

The registered manager is responsible for organising and co-ordinating training.

This policy will be reviewed by the registered manager

Signed:

Date:

Review Date:



## **QUALIFICATIONS POLICY**

### **OUTCOME 12, REGULATION 21 (Requirements Relating to Workers)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living believes in providing the highest quality service possible for all of its customers and in creating a relaxed, supportive and comfortable atmosphere in the customer's home where the customer is treated with respect, dignity and compassion by a well-trained, highly-motivated and professionally-led staff group aware of its legal, ethical and moral duties.

The organisation adheres fully to Outcome 12, Regulation 21, which relates to the degree to which the registered manager of an organisation ensures that customers are supported by the employment of a competent and qualified staff team.

The organisation is committed to staff training and to the ongoing continuing education of its staff, and will support their requests to gain further qualifications wherever those qualifications fit in with the organisation's business plan, and are agreed with staff in appraisal and personal learning plans.

#### **Aim of the Policy**

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to the staffing of the organisation. Welcome Independent Living is under no illusion that the quality of care provided to its customers is determined principally by the quality of the staff that it recruits. Qualified and competent are a prerequisite for a quality service. The qualifications framework is again about to change. NVQ's in the present form will disappear and be replaced by a different set of criteria within the new Qualifications and Credit Framework, which comes into place in December 2010. Welcome Independent Living will update any qualifications as required by the new framework.

#### **Staff Qualifications Policy**

It is the policy of this Welcome Independent Living that:

1. It will recruit and develop a highly-trained and qualified workforce to give as high a standard of care to customers as possible
2. It will support staff training and the ongoing continuing education of its staff at all times, and will support their requests to gain further qualifications wherever those qualifications fit in with the organisation's business plan, and are agreed with staff in appraisal and personal learning plans

Welcome Independent Living is committed to ensuring the following.

1. Adequate numbers of suitably trained and qualified staff are on duty at all times to meet customers' needs.
2. All professional staff should be suitably qualified and fully adhere to the standards of their professional registration.

3. Management and staff should take every reasonable opportunity to maintain and improve their professional knowledge, qualifications and competence.
4. The management should take all reasonable steps to ensure that staff employed by the organisation have no previous history of work inconsistent with a caring profession.
5. The management should ensure that anyone on government-sponsored training schemes should not be used as substitute labour otherwise performed by regular staff. The government has set up the National Apprenticeship Scheme, which all local colleges are participants in. Welcome Independent Living will work with local colleges in order that the apprenticeship scheme is of value to the business. Business and administration apprenticeships, and the new care apprenticeships for 16-18 year olds will form part of the workforce within Welcome Independent Living

### **Staff Qualities Policy**

It is the policy of this organisation that all staff should respect our customers and be accessible, approachable and comfortable with customers, good listeners and communicators, reliable and honest, interested, motivated and committed. In addition, they should have the skills and experience necessary for the tasks they are expected to perform, including:

1. Knowledge of the disabilities and specific conditions of our customers
2. Specialist skills to meet our customers' individual needs, including skills in communication
3. Understanding of physical and verbal aggression and self-harm as a way of our customers communicating their needs, preferences and frustrations
4. Understanding of the cultural and religious heritage of each customer
5. Techniques for rehabilitation including treatment and recovery programmes, the promotion of mobility, continence and self-care
6. Appreciation of, and ability to balance, the particular and fluctuating needs of individuals and the needs of all our customers.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **QUALITY POLICY**

### **OUTCOME 16, REGULATION 10 (Assessing and Monitoring the Quality of Service Provision)**

Name: Welcome Independent Living

#### **Policy Statement**

This policy is intended to set out the values, principles and policies underpinning this care organisation's approach to maintaining and improving quality and high standards.

#### **Aim of the Policy**

This organisation places a strong emphasis on providing the highest quality service possible for all of its customers. It works on the basis that no matter how good its present services, there is always room for improvement.

Welcome Independent Living adheres fully to Outcome 16, Regulation 10 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which relates to the extent to which quality standards are set and maintained and the service is run in the best interests of its customers.

Welcome Independent Living believes that having the highest quality care is the absolute right of all of our customers. The continuing aim of the organisation is to provide a professional and efficient service to meet all of the requirements of its customers and the long term goal is to obtain the highest possible level of satisfaction from customers and relatives.

Customer's views will be sought, collated and used to inform the services we provide.

#### **All Customers of this Organisation Should**

- Expect the highest quality care possible
- Be given a say in how their care is delivered through routine evaluations of each care episode and a larger survey of customer opinion carried out on an annual basis. This survey is confidential but the results are published and distributed to all customers.
- Feedback is also sought from customers' relatives, carers, friends, advocates and other stakeholders
- Be free to complain about any aspect of the running of the services provided and to have their complaints welcomed and acted upon promptly. To this end the organisation operates a robust complaints procedure. (See the organisation's Complaints Policy and Procedures for details on how this works.)

## **Procedures**

All staff including senior managers are expected to demonstrate their commitment, understanding and adherence to delivering the highest standards of quality care services to all of our customers in all aspects of their day to day roles and to discharge their responsibilities accordingly.

In particular:

- The owner and management team bear the responsibility for establishing, maintaining and implementing a quality management system for the organisation. This system helps to set standards and to make changes to achieve the standards and the process is reviewed regularly
- Every employee is responsible for the quality of their work and is trained to perform their duties to our specified quality standards
- Contractors employed for specific functions are required to meet our specified standards
- The organisation has a development plan for quality improvement drawn up as part of its business plan and which is based upon feedback from customers, staff and relatives. The plan is costed, focuses upon specific measurable standards and includes named staff as responsible for each aspect
- The organisation is consistently listening to its customers and stakeholders and conducts annual user satisfaction and feedback surveys using a standardised questionnaire and follow up interviews with a random sample of its customers, representatives and stakeholders. The findings are analysed and incorporated into its development plan
- Welcome Independent Living Ltd's managers monitor closely the quality of its staff's work by regular supervision, which includes direct observation of people's care practice and occasional unannounced visits to customers' homes when staff are expected to be there
- The organisation has a timetable for regularly self assessing its activities against each of the domiciliary care standards, information from which informs its improvement and annual development plans.

## **Personnel**

The registered manager is responsible for quality in the organisation

The Customer Relationship manager is responsible for preparing and distributing the annual questionnaires and collating the results.

## **Audits**

At least one quality audit is conducted on an annual basis. All data collected during the audit is treated as confidential. Regular ongoing surveys are conducted including during the review process. All views are recorded and acted upon.

## **Training**

The owner and management team are committed to the idea that in order to provide a quality service, the organisation requires high quality staff who are suitably trained, supervised and supported. In particular we are committed to ensuring that:

1. All new staff read, understand and become committed to the policy on quality as part of their induction training
2. Each member of staff has a personal development plan in which their training needs are identified and a plan made as to how such needs will be met. (See the organisation's policy on Development and Training.)

The organisation's management undertake to ensure through instruction, practical example and training that quality is the aim of all members of staff and that each employee has a proper understanding of the importance of the quality system and its direct relevance to the success of the business.

### **Additional Guidance**

To encourage customers to participate in any type of customer forum or quality assurance group, the Social Care Institute for Excellence (SCIE) issue a guide to get started. Guide 17 available at:

<http://www.scie.org.uk/publications/guides/guide17/index.asp>

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **RANGE OF ACTIVITIES AND THE LIMITS TO RESPONSIBILITY PROCEDURE**

### **OUTCOME 1, REGULATION 17 (Respecting and Involving People who use Services)**

Name: Welcome Independent Living

#### **Policy Statement**

At Welcome Independent Living our ethos is to try to deliver a range of services which meets the needs of each individual customer. It is, however sometimes not possible to meet all of these needs and when this occurs we will advise where to go for the appropriate service. Set out below is a summary of the range of service which we deliver this is not an exhaustive list. We will always try to accommodate the needs of our customers. It summarises the procedures within Welcome Independent Living for defining the range of services we provide and the limits of our responsibility.

#### **Aim of the Policy**

Management is responsible for keeping under review the range of services we provide and this may change in the light of variations in levels of needs, changes in the practice of local authorities and other social policy developments. Currently our range of services are as set out below.

#### **Customer groups**

We are able to consider providing a service for any member of the following customer groups

- Older people
- People with physical disabilities
- People with sensory loss, including those with dual sensory impairment
- People with mental health problems (including community supervision orders)
- People with dementia
- People with learning disabilities
- Personal or family carers.

#### **Short-term care**

We welcome referrals from or on behalf of people who require short-term care.

#### **Minority groups**

We welcome referrals from or on behalf of people from ethnic, social, cultural or religious minority groups. We will discuss a potential customer's special needs and preferences at the time of our agreeing to provide a service and will seek to meet requirements as closely as possible or to refer on to appropriate sources of help elsewhere.

#### **Timing of services**

We are able to provide services at any time required between 06.30 and 22.30.

#### **Working with an existing carer**

Our workers are happy to work alongside an existing carer, family member or friend. We will explore this issue at the time of making a care needs assessment or Pre Service Assessment and before starting to provide a service so that the position is clear to all concerned.

## **Insurance**

Our staff are covered by Employers' and public liability insurance both of which are to the minimum amount of £10 million.

## **Geographical area covered**

The service is delivered in Calderdale and surrounding districts

## **Local authority funding**

If a customer's home care fees are paid by the local authority, we cannot significantly change the service provided without consultation with the relevant care manager. This will usually result in a review of the service which will be undertaken by Social Services and Welcome Independent Living. ISF funding allows greater flexibility on a day to day basis for customers

## **Services we cannot provide**

We do not currently provide for children.

## **Limits of responsibility**

Welcome Independent Living tries to deliver to its customers a range of services to meet their needs. Any limit to these services will be fully discussed and agreed on the care needs assessment or pre admission visit.

## **Summary**

Welcome Independent Living is in the business of helping people who need care. We are constantly reviewing our services and are always willing to discuss the particular needs of an individual. If at all possible we will try to provide a service which meets their needs and preferences.

This policy will be reviewed by the registered manager

Signed:

Date

Review Date

## **RECORD KEEPING POLICY**

### **OUTCOME 21, REGULATION 20 (Records)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living believes that all records required for the protection of customers and for the effective and efficient running of the organisation should be maintained accurately and should be up to date, that customers should have access to their records and information about them held by the organisation, and that all individual records and organisation records are kept in a confidential and secure fashion.

The organisation adheres fully to Outcome 21, Regulation 20 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which relates to the extent to which the rights and best interests of customers are safeguarded by the organisation keeping accurate and up-to-date records.

The organisation also adheres fully to the Data Protection Act 1998 as described below.

#### **Aim of the Policy**

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to record keeping, data protection and access to records.

#### **Record Keeping Policy**

In this organisation:

1. Records required for the protection of customers and for the effective and efficient running of the organisation should be maintained, up to date and accurate
2. Customers should have access to their records and information about them held by the organisation
3. Individual records and organisational records should be kept in a secure fashion and should be constructed, maintained and used in accordance with the *Data Protection Act 1998* and other statutory requirements.

In this organisation staff should:

1. Wherever practical or reasonable, fill in all care records and customer notes in the presence of and with the co-operation of the customer concerned
2. Ensure that all care records and customers' notes, including Customer Plans, are signed and dated
3. Ensure that all files or written information of a confidential nature are stored in a secure manner in a locked filing cabinet and are only accessed by staff who have a need and a right to access them
4. Ensure that all files or written information of a confidential nature are not left out where they can be read by unauthorised staff or others
5. Check regularly on the accuracy of data being entered into computers
6. Always use the passwords provided to access the computer system and not abuse them by passing them on to people who should not have them
7. Use computer screen blanking to ensure that personal data is not left on screen when not in use.

In this organisation records that should be kept include:



1. All essential records and data relating to clients and customers
2. All essential records and personnel data
3. Interview/recruitment records (records of interviews of applicants for posts who are subsequently employed for three years' and six months for applicants for posts who are not subsequently employed)
4. All paperwork and computer records relating to complaints
5. All paperwork and computer records relating to accounts and financial transactions.

### **Data Protection**

The organisation should be registered under the *Data Protection Act 1998* and all storage and processing of personal data held in manual records and on computers in the organisation should comply with the Act.

Under the *Data Protection Act 1998*, the organisation should have a nominated data user/ data controller.

The data user/data controller for this organisation is the registered manager.

### **Access to Records Policy**

The organisation believes that access to information and security and privacy of data is an absolute right of every customer and that customers are entitled to see a copy of all personal information held about them and to correct any error or omission in it. Any "brown envelope" data should be clearly labelled and include the post holders who have the right to access the information

### **Training**

All new staff should be encouraged to read the policies on data protection and on confidentiality as part of their induction process. Existing staff will be offered training covering basic information about confidentiality, data protection and access to records. Training in the correct method for entering information in customers' records should be given to all care staff. The nominated data user/data controller for the organisation should be trained appropriately in the *Data Protection Act 1998*. All staff who need to use the computer system should be thoroughly trained in its use.

This policy will be reviewed annually by the registered manager.

Signed:

Date:

Review Date:

## **RECRUITMENT AND SELECTION POLICY**

### **OUTCOME 12, REGULATION 21 (Requirements Relating to Workers)**

Name: Welcome Independent Living

#### **Policy Statement**

The aim of the company's recruitment and selection procedure is to ensure that the most suitable candidate is chosen for the job and that all applicants receive fair and equitable treatment both during the recruitment and selection processes. These processes will adhere to relevant employment law practice, guidance issued by the Care Quality Commission and the DoH. We are also mindful of the changes within the Equality Act 2010 and of the guidance issued by "The Equalities Office" in respect of health questionnaires and health questions during the interview process.

#### **Aim of the Policy**

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to recruitment and selection of its staff. All staff involved in the recruitment process must adhere to this policy. Failure to do so could result in disciplinary action.

#### **Job Posting**

The organisation provides employees with an opportunity to indicate their interest in open positions and to advance within the organisation according to their skills and experience. In general, notices of all regular, full and part-time job openings are posted, although the organisation reserves its right not to post a particular opening.

To be eligible to apply for a posted job, an employee must be performing competently in their present position and have held it long enough to make a significant contribution.

The organisation encourages employees to talk with their supervisors about their career plans and supervisors are encouraged to support employees' efforts to gain experience and advance within the organisation.

An applicant's supervisor may be contacted for an account of an employee's performance, skills, and other factors relevant to any application they may make. Any staffing limitations or other circumstances that might affect a prospective transfer may also be discussed.

#### **Job Advert.**

**At the same time of internal posting of any vacancies job adverts run in local newspapers, job centres and other media means. This is to ensure that the company benefits from as wide a pool of prospective employees as possible**

#### **Personnel Selection**

All applicants are sent an application pack which contains the following; the applicants guide, application form, person specification and any other relevant information. Only applications made using the proper form and received by the advertised deadline are considered. No CVs are accepted.

Applicants are short-listed by comparing their application form with the person specification for the job. All short-listed candidates are offered an interview and given details of the organisation, the position for which they have applied and the terms and conditions of employment. Where possible, Welcome Independent Living strives to have a gender balanced panel

### **Equal Opportunities Policy**

The organisation practices an equal opportunities policy and wishes to recruit and employ those people who are best suited for the vacancies for which they have applied, regardless of gender, sexual orientation, religion, ethnic origin, race, disability or union membership (or lack of it). To monitor the equal opportunities' policy all applications (and their ultimate selection or rejection) are thoroughly reviewed.

Welcome Independent Living Ltd requires all employees and applicants to complete an equalities monitoring form. This organisation complies fully with the Equality Act 2010 including the guidance issued by the Government Equalities Office. [www.equalities.gov.uk](http://www.equalities.gov.uk) giving specific exclusions in regard to pre-employment health questions.

### **Checks and References**

These are undertaken by the company and fulfil the requirements of Schedule 3 of the Health and Social Care Act 2008. This includes the following;

- A minimum of 2 references\*\* one of which must be from their current or last previous employer.
- Where verbal references are sought these will be recorded and held on file until receipt of written references. Any discrepancies in information between the two will be investigated and recorded.
- Documentary evidence of relevant qualifications, full employment history and satisfactory information about their ability to work within a Regulated Activity
- A DBS at enhanced level which must include all original identification documentation as set out on the form.
- Any immigration documentation if appropriate where a work permit is in place.
- Verification of why they left their previous employment.

### **Please Note;**

\*\* Where a reference does not give sufficient information as requested Welcome Independent Living will seek a third referee where appropriate.

### **Administrative and Support Staff**

Administrative and other staff who are not in regular direct contact with customers are expected to have a DBS Standard disclosure if deemed appropriate.

### **Employment of Staff from Overseas**

Staff recruited from overseas will, in addition to all the above checks be subject to immigration legislation requirements.

### **Procedures where DBS Checks are not available at Time of Starting**

In cases where it is proving impossible for newly appointed care staff from the home country or overseas to obtain an enhanced DBS disclosure the organisation follows the regulations and CQC guidance by:

- Arranging for new staff to have a three-day structured induction programme in which they carry out their work at all times under supervision
- Closely monitoring the appointee's work settings
- Informing the customers of the position regarding lack of confirming information
- Terminating the employment if the DBS disclosure is unsatisfactory on receipt.

### **Job Interviews**

Job interviews provide an opportunity for the organisation to get the information it needs about applicants to decide who is most suitable for the position in question.

Interviews are conducted after applicants have been shortlisted.

Every attempt is made to ensure that interviews are conducted under conditions which are favourable to interviewees giving their best.

Interviewers ensure that they have all the appropriate documentation before the start of the interview.

The assessments made by interviewers are formally recorded on an interview assessment form

Health questions are asked at interviews where the applicant needs to be fit and mentally able to undertake the tasks and where those tasks are an intrinsic part of the job.

All interviewers are familiar with the guidance issued by "The Equalities Office"

[www.equalities.gov.uk](http://www.equalities.gov.uk).

PLEASE NOTE: where customers form part of the selection process there must be clarity regarding their role. It must be clearly identified from the outset of the process whether their involvement is of a formal or informal nature. Formal means being part of the recruitment process including the recording and consideration of their views. Informal participation in the interview process means that their views do not form part of the consideration of the appointment.

### **Appointed Applicants**

Welcome Independent Living requires all applicants to complete an equalities monitoring form Health questionnaires will be sent to all appointable candidates only

### **Codes of Conduct.**

All staff are employed in accordance with the codes of conduct of the General Social Care Council. These Codes of Conduct have transferred to Skills for Care and are currently under review

### **Offers of Employment**

These are made only on satisfactory completion of all of the above. Welcome Independent Living are aware of the requirements of the Disability Discrimination Act 1995 and due diligence will be exercised where reasonable adjustments are a consideration

### **Training**

Managers receive training in interview methods and are made aware of aspects of employment law relating to discrimination, recruitment and selection.

This policy will be reviewed by the registered manager.

Signed:

Date:                      Review Date

## **RECRUITMENT OF VOLUNTEERS**

### **OUTCOME 14 REGULATION 23 (Supporting workers).**

Name Welcome Independent Living

#### **Policy Statement**

A volunteer is a person who gives freely of his or her time, skills and experience without expectation of financial reward. Volunteering can take many forms. Some tasks require particular skills whereas others require none. Volunteering may be for a limited time to complete a particular project or may be on an ongoing basis.

Welcome Independent Living recognises the immense benefits that volunteers bring to the organisation, and the bridges that they build between the organisation and the local community. In return the organisation hopes to give its volunteers an opportunity to exercise their skills in a chosen environment and to undertake new experiences including appropriate training where required.

Welcome Independent Living tries to offer a range of volunteering opportunities and, in accordance with its equal opportunities and diversity policies, to ensure that the opportunity to volunteer is widely available.

A volunteer is not an employee and will not have a contract of employment with Welcome Independent Living. Welcome Independent Living Ltd will agree a role with the volunteer and there will be an expectation that the volunteer will meet the role's requirements and that Welcome Independent Living will provide tasks for the volunteer. However, the volunteer is free to refuse to fulfill the role and the organisation is not bound to provide the tasks. It is also expected that both Welcome Independent Living and the volunteer will give as much notice as possible if unable to meet these expectations.

#### **Aim of policy**

Roles suitable for volunteers are identified by the relevant Manager, who will draw up a volunteer outline. This will set out the requirements of the role and the skills or experience needed, as well as induction and any training that is required before the volunteering is undertaken. Volunteers will not be used as substitutes for employees.

#### **Recruitment**

A person wishing to become a volunteer will be asked to complete an application form. The selection and recruitment requirements for employed staff will be followed for volunteers to ensure the safeguarding of our service users. References will be required and, depending on the nature of the role, the prospective volunteer may be required to undergo a Disclosure and Barring Service (DBS) check and a health assessment as required by the Care Quality Commission in a Regulated Activity. Equality and diversity will be adhered to in all recruitment and selection.

#### **Volunteering agreement**

The volunteer will be invited to enter into a volunteering agreement with Welcome Independent Living

This agreement will identify:

- the volunteer's role;
- the training that the volunteer is expected to undertake;
- the expenses that Welcome Independent Living will pay to the volunteer;
- the insurance cover that will be provided for the volunteer;
- who will supervise the volunteer; and
- The notice that will be given to a volunteer if his or her role is to come to an end.

## **Training**

Welcome Independent Living will provide an induction and the training required for the role, including safeguarding, health and safety and equal opportunities training. Relevant qualifications will also be encouraged where applicable.

## **Health and safety**

Welcome Independent Living has a responsibility for the health and safety of volunteers. Volunteers should at all times follow health and safety policies and procedures.

Volunteers have a duty to take care of themselves and others who might be affected by their actions. Volunteers should not act outside their authorised area or tasks. Volunteers should report all accidents to their supervisor.

## **Recompense**

Volunteers are unpaid. However, the organisation will reimburse volunteers for additional travel and subsistence expenses.

## **Policies and procedures**

Volunteers are expected to comply with all Welcome Independent Living policies while they are on its premises or undertaking any of their volunteering duties. Their induction will include an explanation of these policies and procedures.

## **Insurance**

Welcome Independent Living will ensure that volunteers are covered for insurance purposes in respect of personal injury. The organisation will also ensure that volunteers are provided with professional and public liability insurance. The insurance will not cover unauthorised actions or actions outside the volunteering agreement.

## **Confidentiality**

Volunteers are likely to become aware of confidential information. Volunteers should not disclose this information or use it for their own or another's benefit without the consent of the party concerned. Welcome Independent Living policies on confidentiality and Data Protection must be adhered to

## **Supervision**

A supervisor will be appointed to support and manage the volunteer. The supervisor will review the arrangements after three months and thereafter on a regular basis. If the

volunteer has any queries or would like to change his or her role this should be discussed with the supervisor.

### **Dealing with problems**

The supervisor will normally try to solve any problems informally, but if this is not possible the volunteer can make a formal complaint formal disciplinary and grievance policy and procedure will come into operation.

If a complaint is made about the volunteer, this will be notified to them in writing and the supervisor will decide whether any action should be taken.

### **Volunteer drivers**

Any volunteers who will be transporting equipment or people using a vehicle provided by Welcome Independent Living must have a current DBS disclosure and a valid clean driving license. They will be covered by Welcome Independent Living insurance policy. Where the volunteer will be using his or her own vehicle, he or she must provide a copy of the vehicle's insurance policy and, if appropriate, the MOT certificate.

The volunteer must report any accidents to the organisation. He or she must also report any motoring offences or police cautions to Welcome Independent Living. Welcome Independent Living will not pay any parking fines accumulated by the volunteer.

### **Volunteer's pack**

On commencing his/her volunteer work, the volunteer will be given a pack containing:

- general information about Welcome Independent Living;
- a copy of this volunteering policy;
- a standard volunteering agreement;
- details of where he or she can access Welcome Independent Living policies and procedures;

This policy will be reviewed by the Registered Manager

Signature

Date

Review Date.

### **Volunteer Agreement**

**Name:**



Welcome Independent Living encourages and welcomes volunteers. This agreement sets out the relationship between a volunteer and Welcome Independent Living

This agreement is binding in honour only. It is not intended by the parties to be a legally binding agreement nor is it intended to create an employment relationship between us.

### **Referees and Checks**

We require you to provide two referees]. We may also require you to be checked by the Disclosure and Barring Service to comply with our statutory requirements with the Care Quality Commission.

### **Wwat you can expect from us**

Welcome Independent Living will provide you with:

- An introduction to this organisation and your volunteering role within it, and an induction and training related to your responsibilities as a volunteer.
- A supervisor who will supervise your volunteering and with whom you can discuss your tasks;
- A review of your volunteering role after three months. This will normally be carried out by your supervisor;
- Personal liability insurance to cover you while you are fulfilling authorised volunteer tasks.
- Reimbursement of your expenses. The organisation does not want you to be disadvantaged financially as a result of your volunteering. It will therefore reimburse you any additional expenses or any additional travel costs outside those normally incurred, to be agreed in advance with your supervisor.

### **Confidentiality**

In the course of your volunteering you will come across confidential information. You must respect this confidentiality and not use the information for your own benefit or disclose the information, except where there is a danger of harm or potential harm to service users, colleagues or self.

### **Policies**

You will follow, Health and Safety, Diversity and Equal Opportunities Policies, Safeguarding and the Code of Conduct for workers in the Health and social care Sector These can be found at [INSERT HERE and add any further policy titles if required].

### **Ideas and problems**

You may have ideas for the better performance of your tasks or of ways in which we can meet our objectives as an organisation. Please discuss these with your supervisor.

You may run into problems when performing your tasks. You should discuss any problems with your supervisor.

Your supervisor will discuss with you any issues that they may have with your tasks.

If you would like to change the arrangements for your volunteering or move to a different kind of volunteering, that too should be raised with your supervisor.

### **Termination**

Either you or the organisation can terminate this agreement with or without notice at any time.

Signed: Signed by Supervisor:

Print Name:

Date

Print Name

Date:

## **RELATIVES, FRIENDS AND REPRESENTATIVES POLICY OUTCOME 1, REGULATION 17 (Respecting and Involving people who use Services)**

Name: Welcome Independent Living

### **Policy Statement**

Welcome Independent Living is committed to involving relatives, friends and representatives as part of the partnership working which is inevitable when putting together a package of care. However it should be noted that no assumption should be made regarding the sharing of information or the involvement of relatives, friends and representatives in the care planning process. Consent to share any written or verbal information must be given expressly by the customer and any deviance to this must be recorded in the care plan,

assessment of need or Pre Service Assessment. This ensures staff know exactly who can be involved in the sensitive discussions around the customer and their needs.

This document outlines the policy of Welcome Independent Living in relation to involving relatives, friends and representatives in our dealings with customers.

### **Aim of the Policy**

Welcome Independent Living recognises that the services it provides to a customer are only one part of the network of care and support on which the customer depends. We will always strive therefore to cooperate with and help any relatives, friends and representatives whom a customer identifies to us. We believe that each customer should be able, in ways and at a level they themselves decide, to maintain relationships with relatives, friends, and representatives, and that those relatives, friends and representatives should be consulted and involved in any aspect of the assessment, care and support of a customer that the customer wishes. We see relatives, friends and representatives as partners in caring for customers and, subject always to the principle that the needs and wishes of the customer remain paramount, we value and seek to encourage their involvement in the life and work of the organisation. We undertake always to deal courteously with the relatives, friends and representatives of customers.

### **Specific procedures**

1. Staff of the organisation will only communicate with a relative, friend or representative of a customer with the customer's express permission. We will always respect the customer's right to privacy in their affairs, in particular in relation to information about them held by or known to the organisation. Subject to those limitations we will attempt to involve named relatives, friends and representatives in all appropriate areas of a customer's assessment and care.
2. Before starting to provide services to a customer, we will provide both full information on the organisation's services and facilities and the contract of service to any relative, friend or representative whom the prospective customer identifies to us, with written material in a relevant language, style and format.
3. In carrying out the needs assessment or Pre Service Assessment of a prospective customer, we will consult any appropriate relative, friend or representative, will take fully into account any information they supply about the customer and about their relationship to the customer, and will respect their privacy and other rights. We will be especially sensitive in situations where our staff visit a prospective customer in a property where a relative, friend or representative also resides.
4. If it is appropriate, we will, in the course of carrying out a needs assessment, seek and take into account information about the needs and wishes of any relative, friend or representatives as indicated by the customer.
5. We will be responsive to information provided by relatives, friends and representatives during any further assessment or re-assessment of a customer's situation carried out during their period of their receiving services.
6. We will take particular care in dealing with the relatives, friends and representatives of customers who come from minority cultures, ensuring that our staff are familiar with and respect practices relating to families, kinship and social relationships.
7. We will involve appropriate relatives, friends and representatives in drawing up, reviewing and implementing the customer plan of the customer to whom they are related or connected.
8. We will involve appropriate relatives, friends and representatives in all aspects of the day to day care which our staff provide for a customer if this is what they and the customer wish, will consult them in advance if possible and involve them in the decision about any change of staff, and will keep them fully informed on issues relating to the care provided.

9. We will record the names and contact details of relatives, friends and representatives with whom the customer wishes us to communicate and establish with them and with the customer the circumstances in which they are to be informed or contacted about any significant development.
10. We will be particularly responsive to the need to involve and cooperate with relatives, friends and representatives at times of the increasing infirmity, terminal illness or death of a customer, will show sensitivity to any special requests made to us regarding rituals, cultural practices or required methods of care associated with dying and death, and will try to respond to the needs of relatives, friends and representatives after the death of a loved one.
11. The relatives, friends and representatives of a customer who have been named by the customer as approved by them will have access to that customer's record whenever they require it.
12. We will encourage, enable and empower customers' relatives, friends and representatives to make complaints and suggestions about the service and ensure that these are promptly investigated and where appropriate acted on.
13. We will systematically seek the views of customers' relatives, friends and representatives on the services the organisation provides, using consultation processes and surveys, and will incorporate this material into our quality assurance procedures.
14. If a customer expresses a wish that the organisation should have no further contact with a relative, friend or representative, that wish will be respected.
15. If a customer expresses a wish to cease to have contact with a relative, friend or representative, we will as far as possible support them in carrying out that decision.
16. If it is apparent or suspected that a customer is suffering any form of abuse from a relative, friend or representative, we will take all necessary steps to protect the customer, to report to the relevant authorities and to collaborate in any further investigation and action.
17. We will respect the right of a customer at any stage to appoint a representative to deal with the organisation on their behalf, and we recognise that this may be someone other than the relatives, friends and representatives with whom we had previously had contact. We will provide information to customers, relatives, friends and representatives about independent advocates who can act on their behalf and about self-advocacy schemes.

This policy will be reviewed by the registered manager

Signed:

Date

Review Date

## **RELIGION AND BELIEF POLICY**

### **OUTCOME 1, REGULATION 17 (Respecting and Involving people who use Services)**

Name: Welcome Independent Living

#### **Policy Statement**

Everyone has a very different value and belief system which is almost always viewed in the light of a religion. Welcome Independent Living believes in the individual's right to their own values faith religion and belief, no matter what form these may take. This is a particularly sensitive area for the individual and the staff. It is core to the delivery of the service that every customer must be free to choose and to follow wherever their value faith religion or belief leads them.

This document outlines the policy of Welcome Independent Living in relation to the religion and beliefs of customers. Welcome Independent Living believes that every customer has the right to freedom of religion and belief and that this includes opportunities and facilities to practice their religion. We will do everything possible to ensure that the way in which our service is delivered does nothing to compromise this right.

#### **Aim of Policy**

1. We will ensure that the information about the service which we provide to prospective customers informs them of their rights in respect of their religion and beliefs and of what help we can provide to further that right. We recognise that for some ethnic minorities, religion is inescapably linked with culture and sometimes with language, so we will make every effort to ensure that this information is accessible, comprehensible and expressed sympathetically for all who need to understand it.
2. In the course of making or considering the assessment of the needs of a prospective customer, we will seek and record information regarding their religious needs so that we can give assurances that our staff will be able to respond appropriately when they provide care.
3. In each customer's plan of care we will in collaboration with the customer set out what involvement if any the organisation expects to have in relation to the customer's religious needs.
4. We will brief all relevant staff on each customer's religious needs and ensure that they understand the undertaking which the organisation has given and take all necessary steps to fulfil these elements of the care plan.
5. Staff who are involved with food preparation they will make every possible effort to observe any dietary requirements which are based on a customer's religious beliefs and take account of any special requirement of the customer in relation to festivals and anniversaries related to their faith.
6. We acknowledge that at the time of dying and death religious belief and practice may assume a particular significance. If our staff are involved at such times we will try to observe any requests for special treatment, ritual, or family and community contacts which are requested, for customers close to death and after and for their friends and relatives.
7. We recognise that for some people the expression of personal and spiritual values takes forms outside a structure of religious belief and practice, and in such instances we will do everything possible to facilitate that expression in ways appropriate to individuals in order to make possible their maximum personal fulfilment.
8. We know that some people with severe disabilities, communication difficulties, mental disorders or terminal illnesses retain a sense of the importance of their personal faith — we will respect and try to respond to this need in any appropriate way.

9. We will take vigorous steps to ensure that no customer is the subject of discrimination because of their religious beliefs or practices. A lack of respect for religious needs on the part of any member of staff will be the subject of disciplinary action.
10. We will seek in the makeup of the staff group to reflect the diversity of faiths and cultures among customers and in the local community as a way of helping our customers to feel accepted and respected. We will not discriminate on grounds of religion against applicants for posts in the organisation, and we will attempt to accommodate staff whose personal religious beliefs require them to be away from work at certain times or on specified days.

### **Training**

All staff members will be given a copy of this policy and encouraged to read it during induction. If any new customer presents religious needs with which staff are not familiar, we will take steps to ensure that the relevant staff receive appropriate briefing and training in order to provide good care in this regard.

This policy will be reviewed by the registered manager

Signed:

Date

Review Date

## CUSTOMER PLANS POLICY

### OUTCOME 2, REGULATION 18 (Consent to Care and Treatment)

Name: Welcome Independent Living

#### Policy Statement

Welcome Independent Living are committed to a person centred approach in care planning therefore wherever possible the full involvement of the customer, their relatives friends or representatives is actively encouraged. There may be exceptions to this, but this will be a very rare situation, so it is hoped that the customer will become involved in the detailing of the care plan in order that the plan can fully reflect their needs, wishes and preferences. The care plan is central to the staff of Welcome Independent Living being able to deliver a quality service.

#### Aim of the Policy

This document outlines the policy of Welcome Independent Living in relation to the process of producing, implementing and reviewing Customer Plans.

#### Principles

The following principles will underlie Welcome Independent Living Ltd's process of planning customer care.

1. *Planning care is user-centred.* A plan of care will never be made without the active participation of the person to whom they relate, or where necessary their representative.
2. *Planning care involves others who are relevant to the customer.* Many customers want their carers or relatives to be involved in planning their care. We will make sure this happens provided that it does not prejudice the principle that the customer must always remain central.
3. *Planning care often needs to be multidisciplinary.* Most customers have needs which span social care and health. We will ensure that the views and contributions of all relevant agencies and professions are drawn into a single plan.
4. *The plan of care has to be based on evidence.* The plan of care for each customer will be based on a formal assessment of their care needs.
5. *The plan of care sets objectives.* As a plan of care is intended to bring about some sort of desired change, we work with the customer to set objectives and to give thought as to how those aims are to be achieved.
6. *The care planned must be realistic.* The plans of care we prepare are not merely expressions of aspirations. They are based on realistic judgements about what can be achieved and include honest estimates of the resources involved.
7. *Plans have to be reviewed.* A plan of care is not made once and for all. Plans must be capable of being adapted if new evidence becomes available or circumstances change. Every plan will be regularly reviewed and revised over time.
8. *Plans have to be actioned.* The planning of care is not a mere paper exercise. We are sincerely committed to putting every plan of care into action, so we set out defined responsibilities and a clear process for monitoring progress.

#### Assessment of Care Needs



Before we enter into an agreement to provide a service, we ensure that a thorough assessment of a prospective customer's needs has been undertaken. For people referred to Welcome Independent Living by a social services department, this assessment will have been carried out as part of the care management process and we will be provided with at least a summary. For people who approach the organisation direct, we are responsible for carrying out a full assessment of care needs under our procedures for care needs assessment. All of the action considered for the Customer Plan must be soundly based on material in the care needs assessment.

### **Who is Involved in Planning?**

The following people are involved in planning the care.

1. *The customer.* The customer is always central. We emphatically do not plan *for* people; we plan *with* them. If a customer is not able to participate meaningfully for themselves, we will always seek an appropriate representative or advocate who can faithfully put forward what they believe the customer would have contributed.
2. *Relatives, friends and carers.* Subject to the customer's agreement we would wish to involve other people in the customer's circle who are likely to be involved in implementing the agreed Customer Plan. We recognise that carers and others sometimes have needs and interests of their own; we will take these into account but will insist always that the needs and preferences of the customer remain pre-eminent.
3. *Staff of Welcome Independent Living* In planning and reviewing the care we provide, we try to involve all of the people who know the customer well. This is likely to mean the staff who carried out the care needs assessment or who dealt with the social services referral, the care staff who are providing the day-to-day service and the person who supervises the workers.
4. *Other agencies and professionals.* As health and social care needs and services relate to each other closely, it is likely that our customers will have been in touch with other agencies. Where appropriate, and with the customer's agreement, we will involve representatives of these bodies in planning care to ensure that the services we provide are as well co-ordinated as possible.

### **Drawing up the Plan**

Before we start to provide a service, or as soon as possible afterwards in urgent cases, we will convene a meeting of all of the appropriate people to draw up the Plan to our regular format. A central task is to identify the objectives of the care we will be providing and then to outline appropriate strategies to meet those objectives. Those involved in the process need to be realistic about what can be achieved, what resources are needed and available, who will undertake the agreed tasks, and the timescales. In all of these discussions, the user's views will be central.

### **Risks**

Any Plan is likely to involve some risks for the customer. This does not mean that no action should be taken, since reasonable and responsible risks are inherent to quality of life. For any situation which might carry any risk which is identified in the drawing up of the plan, a formal risk assessment will be undertaken. This will list and weigh the positive benefits against the possible adverse effects of the proposed action, the precautions that should be taken, and the arrangements for reconsidering the matter when appropriate. These factors and the measured conclusion of the risk assessment will be recorded as part of the Customer Plan.

### **Implementing the Plan**



All of those who participate in the drawing up of the Plan must accept responsibility for contributing to its implementation. We believe a Plan is for action and our staff will be supervised and monitored against the Plan's objectives and time scales.

## **Reviews**

The Plan will be reviewed as circumstances change but not less than annually, with the involvement of those who participated in drawing it up. Decisions taken at review will be incorporated into an updated Plan and actioned.

## **Records**

The initial decisions about the Customer Plan, the risk assessments and any other significant issues will be recorded and should be signed by all parties. Copies of the Plan, as initially drawn up and as subsequently reviewed, will be held by the customer, except where there are clear and recorded reasons against this. The Plan is in a format intended to be accessible to customers and others. If it is appropriate arrangements will be made to translate the Plan into a language the customer can readily understand.

## **Review of this Policy**

This policy will be reviewed by the registered manager.

Signed:

Date

Review Date

## RESUSCITATION POLICY

### OUTCOME 9, REGULATION 13 (Management of Medicines)

Name: Welcome Independent Living

#### Policy Statement

The purpose of this policy is to outline the actions to be taken by the staff of Welcome Independent Living in the event of their having to deal with a situation in which a customer might require some form of resuscitation and further emergency care following sudden collapse or illness.

The policy applies to situations in which resuscitation may be indicated or needed and describes the responsibilities of staff present at the time and the limits to those responsibilities.

The policy needs to be implemented in the contexts of the care of terminally ill people, their palliative care and symptom and pain control and in cases of sudden collapse and medical emergencies. It is consistent with and should reinforce the above Outcome contained within the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety.

The policy also aims to be consistent with the code of practice developed under the *Mental Capacity Act 2005*, since people in need of resuscitation by definition might also be lacking capacity at the time to take key decisions on their subsequent treatment.

#### Policy Details

Welcome Independent Living works on the basis that everyone has the right to make choices and decisions about their treatment in the event of their needing to be resuscitated and these wishes should be respected if the situation arises.

As far as possible people's wishes should be ascertained and recorded as advance decisions (a term used in relation to the *Mental Capacity Act 2005*) on their service plan; taking into account that this process will require sensitive and careful handling.

The person's capacity to have taken an advanced decision for her or himself regarding their possible resuscitation also requires consideration. For example, if there is any doubt about the validity of an advanced decision, it would be incumbent to attempt resuscitation or to seek medical help to do so.

If it is clear that the person has made an advance decision against being resuscitated under certain conditions this needs to be respected as will any associated wish such as keeping the decision confidential from relatives and others.

Welcome Independent Living may need to clarify its ethical and legal position in cases, for example, where there are doubts about a person's mental capacity to make advance decisions or where there are doubts about the authenticity of any representation of the person's views. (In such instances there can be no reasonable belief that the person has taken such an advanced decision and attempts at resuscitation would then follow).

#### Procedures

1. Welcome Independent Living attempts to elicit from all of its customers in relation to its contractual obligations to them and their care planning whether:
  - a) They have made an advance decision regarding their treatment and if so this has been lodged with their medical practitioner

- b) They might wish to make such a decision.
2. Welcome Independent Living ensures such issues are dealt with particularly in situations where there is a clear risk that the customer could require resuscitation at some point.
  3. Welcome Independent Living will also clearly communicate to the customer and their representatives its expectations of what its staff should do under those circumstances. These are recorded on the customer's contract and/or care plan (depending on the particular circumstances).
  4. In incidents of sudden or unexpected collapse, where a person has clearly not made any advanced directive or given any indication of their views on resuscitation, Welcome Independent Living expects its staff to take all necessary steps to seek emergency help as promptly as possible.
  5. In all cases Welcome Independent Living Ltd's staff are instructed to summon medical help and the emergency services without delay.
  6. It is Welcome Independent Living Ltd's policy that resuscitation is only undertaken by trained care or nursing e.g. pending the arrival of the emergency services or medical help.
  7. Further interventions will then be directed by the medical practitioner and/or paramedical practitioners. If Welcome Independent Living staff are aware that the ill person has made an advance decision or there is a reasonable belief that they do not wish to be resuscitated then they should pass this information to the medical team.
  8. All staff receive guidance and learning opportunities to clarify their attitudes and feelings over such issues and to understand their respective roles and responsibilities in such situations.

**Note:**

An advance communicates the sort of treatment a person wants for different levels of illness, such as a critical or terminal illness, permanent unconsciousness or dementia in the event of their losing the capacity to communicate their wishes at the time. An advance directive as a document might include a number of specific advance decisions of which for or against resuscitation might be one.

An advance directive will tell medical doctors and health care professionals that the person does not want certain types of treatment such as to be put on a ventilator if in a coma. But it can also say that the person would like a certain treatment or to receive whatever treatment is available that might keep the person alive.

An advance directive only comes into effect when a person is terminally ill (which generally is held to mean less than six months to live), e.g. with widespread cancer. An advance directive does not let the person choose another person to make decisions for them unless it specifically appoints a proxy.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **REPORTING OF INJURIES, DISEASE AND DANGEROUS OCCURRENCES REGULATIONS POLICY (RIDDOR)**

### **Outcome 4 Regulation 9 (Care and welfare of people who use services)**

## **Welcome Independent Living**

### **Policy Statement**

The aim of this policy is that the workforce understands the procedures for reporting all injuries, diseases and dangerous occurrences.. Some of the above must be reported by Welcome Independent Living to the Health and Safety Executive (HSE) under RIDDOR 1995 (updated 6<sup>th</sup> April 2012). The policy also sets out the values and principles underpinning our approach to accident reporting.

The person responsible for the procedure is [INSERT POST OR NAME].

### **Aim of Policy**

Reporting accidents and ill health at work is a legal requirement. The information reported under RIDDOR enables the HSE and local authorities to identify where and how risks arise, and to investigate serious accidents. Welcome Independent Living require all incidents to be reported. This information is used as an aid to risk assessment, helping to develop solutions to remove hazards wherever possible and reduce risk.

### **What staff need to report.**

#### Accidents / Incidents

- All accidents & incidents particularly those where injuries result in being unable to work(Employees)
- Service User accidents ( Staff need to report even if they didn't witness it)

#### Diseases

- Certain poisonings
- Some skin diseases such as Occupational Dermatitis, Skin Cancer, / Acne
- Lung Diseases including Occupational Asthma, Pneumoconiosis, Asbestosis, Mesothelioma
- Infections such as Leptospirosis, Hepatitis, Tuberculosis, Anthrax, Legionellosis and Tetnus
- Occupational Cancer,
- Certain Musculoskeletal disorders eg. Carpal tunnel, tenosynovitis etc.

### **What must be reported to the Health and Safety Executive (HSE).**

#### **Deaths and injuries as the result of an accident arising out of or in connection with work**

#### **Major injuries**

These include:

- Fractures – other than fingers, thumbs or toes
- Amputation
- Dislocation of the shoulder, hip , knee or spine
- Loss of sight (temporary or permanent)
- Chemical or hot metal burn to the eye or any penetrating injury to the eye
- Injury resulting from electric shock or electric burn leading to unconsciousness or requiring resuscitation or requiring admittance to hospital for more than 24 hours

- Any other injury leading to hypothermia, heat induced illness or unconsciousness , or requiring resuscitation, or requiring admittance to hospital for more than 24 hours
- Unconsciousness caused by asphyxia or exposure to harmful substance or biological agent
- Acute illness requiring medical treatment or loss of consciousness arising from absorption of any substance by inhalation or ingestion

### **Over-seven-day injuries**

Where an employee, or self-employed person, is away from work or unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident). This report must be made within 15 days of the accident or injury.

### **Over-three-day injuries**

There is no requirement to report these, but there is a need to keep a record of them.

### **Occupational diseases**

If a doctor notifies you that your Employee suffers from a reportable work-related disease and the sufferer has been doing the work activity listed for that illness then this must be reported it to the HSE.

### **Dangerous Occurrences**

These are certain, listed near-miss events and include:

- Collapse or overturning of load-bearing parts of lifts and lifting equipment eg. hoist
- Electrical short circuits causing fire or explosion causing suspension of normal work for over 24 hours
- Accidental release of any substance which may damage health
- The accidental release of a biological agent likely to cause severe human illness, (including body fluid exposure of pathogen category 3 or 4 eg HIV & Hepatitis

### **Reporting**

All accidents / incidents, whether serious or not, whilst at work must be reported to the Office Manager and an accident / incident form completed.

Reporting RIDDOR to the HSE

If there is a RIDDOR incident shown above connected with work and a Customer, Worker or visitor it must be reported to the HSE.

On line

Go to [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor) and complete the appropriate online report form.

All fatal and major injury cases can be reported to the ICC (Incident Contact Centre) by

- phone (Mon-Fri 8.30 – 5.00) 0845 300 9923 out of hours details for more serious reporting can be found at [www.hse.gov.uk/contacts/outofhours.htm](http://www.hse.gov.uk/contacts/outofhours.htm)
- fax, 0845 300 9924
- or post. Incident Contact Centre, Caerphilly Business Park, CF83 3GG

It is a requirement to notify incidents / accidents to Care Quality Commission using their online Statutory Notification Forms.

### **Recording**

- Daily records should be completed by Staff.
- Office staff should fill in the Accident Book, record any actions taken including how and when the incident is reported to HSE under RIDDOR.
- Statements should be taken from all witnesses
- Complaints and serious incidents form should be completed by the Office Manager.
- Records must be kept for 3 years after the accident or injury

### **Training.**

All staff will receive training at induction and during their employment to ensure they understand current regulations and requirements.

This policy will be reviewed by the Registered Manager.

Signed

Date

Date of Review

## **RETIREMENT POLICY**

### **Outcome 24 Regulation 21 (Requirements relating to workers)**

#### **Welcome Independent Living**

##### **Policy Statement**

Welcome Independent Living Ltd does not operate a compulsory retirement age for its employees. In line with current legislation;

The Employment Equality (Age) Regulations 2006

The Equality Act 2010

Welcome Independent Living Ltd is committed to equal opportunities for all its employees and recognises the contributions of a diverse workforce, including the skills and experience of older employees. It believes that employees should, wherever possible, be permitted to continue working for as long as they wish to do so. However because Welcome Independent Living Ltd provides a service in a Regulated Activity we have a responsibility to ensure that staff are fit and both physically and mentally able to deliver the service to our Service Users, Outcome 12 Regulation 21 "Requirements relating to Workers", Health and Social Care Act 2008

##### **Aim of policy**

To ensure Welcome Independent Living Ltd is working to current employment legislation, meeting the requirements of the Health and Social Care Act 2008 and safeguarding both Service Users and employees

##### **Supervisions**

At each supervision/ review meeting the line manager will discuss the employee's performance, developmental or training needs, and employee's future plans and expectations in the short, medium and long-term. During those meetings, employees may discuss their future plans or proposals for retirement. A discussion about possible retirement will not result in Welcome Independent Living Ltd making any assumptions about the employee's commitment to the company. These discussions are an informal opportunity for both the company and employees to plan jointly for the future.

##### **Retirement**

Before making any decision about retirement, employees are strongly advised to consult the relevant pension scheme rules and take independent financial advice. If an employee has decided that they wish to retire, they should inform their line manager and HR in writing as far in advance as possible and, in any event, in accordance with their notice period as set out in their contract of employment. This will assist Welcome Independent Living Ltd with its succession planning. Welcome Independent Living Ltd will write to the employee acknowledging the employee's notice to retire. The Finance department can obtain retirement quotes for the employee from the relevant pension scheme if requested by the employee. Once the employee confirms their retirement date, the Finance department will complete the necessary notifications to enable their pension to commence at retirement.

## **Preparation for retirement**

An employee may wish to reduce their working hours leading up to retirement. Requests will be considered by the Human Resources department.

### **Checklist for managing the retirement process fairly and effectively**

- Be fair – treat workers of all ages fairly and with respect, taking into account their individual needs and preferences and the scope to accommodate these and meet business challenges.
- Be informed – make sure managers have the information they need to manage the performance of employees of all ages, including older workers.
- Review the performance of all workers. If you review only one group of workers and exclude others, you risk unlawful age discrimination.
- Encourage a culture of performance management. This can help to avoid unexpected announcements, confrontations or 'loss of dignity'. Be honest, fair and build trust.
- Use regular performance discussions – focus on performance, potential and forward-planning.
- Ask all employees where they see themselves in a year or two – this will give older workers an opportunity to talk about retirement planning.
- Tell workers about their options – use formal or informal discussions at any time to encourage employees to say whether they want to carry on working as they are, or whether they are considering a need for a change.
- Be flexible – offering flexible working options, such as a change in hours or responsibilities, could help employees to carry on working productively and help to retain their valuable skills and experience.
- Refer employees to guidance on working and retirement planning on the Directgov website: [www.direct.gov.uk](http://www.direct.gov.uk)
- Suggest that employees talk to their pension providers, who can help them consider the financial implications for working longer.
- Plan for the transfer of knowledge, skills and experience back into the business when employees want to plan towards their retirement. Phasing retirement through part-time or flexible working can give older employees the opportunity to work longer, while helping to mentor or train their replacement. This will help both parties to plan ahead.
- If an employee is not delivering properly, address this through performance management, whatever their age. Discuss the problem and whether training, reasonable adjustment, or flexible working or a job change could resolve it.
- Use the same fair dismissal procedures for all employees where performance problems cannot be resolved.



- Monitor who is leaving your business and why. If people are retiring because they think they have reached an age when this is expected, consider what you can do to change this perception

#### Training

All relevant managers or HR personnel will be updated with current employment law regarding retirement procedures

This policy will be reviewed by the Registered Manager

Signed

Date

Date of Review

## **RISK ASSESSMENT POLICY**

### **OUTCOME 4, REGULATION 9 (Care and Welfare of People who use Services)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living recognises its responsibility to ensure that all reasonable precautions are taken to provide and maintain working conditions which are safe, healthy and compliant with all statutory requirements and codes of organisation, including the statutory duty on employers to conduct regular health and safety risk assessments.

Welcome Independent Living is committed to ensuring the health, safety and welfare of its staff, so far as is reasonably practicable, and of all other persons who may be affected by our activities including customers, their relatives and visitors.

The organisation fully complies with Outcome 4, Regulation 9 of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which relates to the degree to which the registered manager of an company ensures that the risk of accidents and harm happening to customers and staff in the provision of the personal care is balanced against the promotion of the customer's right to independence and choice. This policy is consistent with the Department of Health guidance *Independence, Choice and Risk: a guide to best practice in supported decision making*.

#### **Aim of the Policy**

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to risk assessment and health and safety.

The following points constitute the policy of this organisation.

1. A risk assessment should be undertaken of the potential risks to customers and staff associated with delivering the service. Where appropriate this should include risks associated with assisting with medication and other health-related activities and should be updated annually or more frequently if necessary
2. The risk assessment should include an assessment of the risks for customers in maintaining their independence and daily living.
3. The manner in which the risk assessment is undertaken should be appropriate to the needs of the individual customer whose views, and those of their relatives or advocates, should be taken into account
4. A separate moving and handling risk assessment should be undertaken, by a member of staff who is trained for the purpose, whenever staff are required to help a customer with any manual handling task, as required under the *Manual Handling Operations Regulations 1992*
5. A comprehensive plan to manage the risks (including manual handling and the risks to customers) should be drawn up, in consultation with the customer, their relatives or representatives; this should be included in the Care Plan for staff to refer to, a copy should also be placed on the personal file kept in the company office; this risk management plan should be implemented and reviewed annually or more frequently if necessary
6. New risks which arise should be reported by staffs to their line managers or supervisors or identified during regular reviews or the Care Plan

7. Only staff who are both trained to undertake risk assessments and competent to provide the care should be assigned to emergency situations and where pressure of time does not allow a risk assessment to be undertaken prior to provision of the care or support
8. Two people fully trained in safe handling techniques and the equipment to be used should always be involved in the provision of care when the need is identified from the manual handling risk assessment
9. The name and contact number of the organisation responsible for providing and maintaining any equipment under the *Manual Handling Operations Regulations 1992* and the *Lifting Operations and Lifting Equipment Regulations 1998* should be recorded on the risk assessment

### Health and Safety Risk Assessments

The organisation recognises that risk assessments are a legal requirement under Regulation 3 of the *Management of Health and Safety at Work Regulations 1999* (MHSWR). The organisation believes that risk assessments should identify hazards and resulting risks to employees and other persons who may be affected by work activities. The organisation understands a hazard to be the potential for harm, and risk is the likelihood of that harm actually occurring and the severity of the harm (e.g. slight injury, major injury, death).

The organisation will fully implement Regulation 3 of MHSWR which requires employers to:

1. Make an assessment of risks to employees
2. Make an assessment of risks to others who might be affected by work activities such as customers, contractors, visitors and the public
3. Clearly identify the measures needed to protect the persons in points 1 and 2 above
4. Review the assessment and make necessary changes if:
  1. There is any significant change which affects risk (eg a new employee, machine or customer)
  2. There is reason to think it is no longer valid
5. Where there are five or more employees, keep records of:
  1. The significant findings of the assessment
  2. Any group of employees identified by it as being particularly vulnerable.

The organisation will include the following as areas of potential hazard or risk:

1. Hazardous substances within the scope of the *Control of Substances Hazardous to Health Regulations 2002* (e.g. chemical hazards, drugs, sharps, body fluids, hazardous waste) and others not currently covered by COSHH (e.g. lead, asbestos and substances which are hazardous for reasons other than their toxicity, i.e. those which are flammable, or which enhance combustion, react violently, etc)
2. Manual handling and the moving of customers
3. Use of display screen equipment (e.g. computers)
4. Electrical hazards
5. Work equipment and machinery
6. Workplace hazards (e.g. space, clutter, lighting, heating, ventilation, tripping hazards, safe access and egress, inadequate sanitary facilities, e.g. toilets, drinking water)
7. Emergencies (e.g. fire, injuries requiring first aid, dangerous spillages, etc)

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **SAFEGUARDING CHILDREN IN AN ADULT SETTING**

### **Outcome 7 Regulation 11 (Safeguarding people who use services from abuse)**

Name Welcome Independent Living Ltd

#### **Policy Statement**

Welcome Independent Living is aware of its obligations under the Health and Social Care Act 2008 Regulated Activities 2010 to protect and safeguard children who while not customers do on occasion accompany customers, their representatives or families and are sometimes present during delivery of the service.

**Please Note** at no time do any staff assume the role of “Loco Parentis” as defined under the Children Act 1989

#### **Aim of the Policy**

The policy sets out the responsibilities of staff in relation to any allegation of abuse involving children that may be witnessed by staff whilst in the employ of Welcome Independent Living.

We are committed to working in partnership with other multi- agencies in order that the protection and safeguarding of children is consistent with current policy and guidance.

#### **What is child abuse?**

Child abuse is a term used to describe ways in which either children or young people are harmed, usually by adults and increasingly by peers. Often these are people they know and trust. It refers to damage done to a child's or young person's physical, mental or emotional health. Children or young people can be abused within or outside their family, at school, at play and within any environment such as extra-curricular activities, participation with youth organisation and the like. Abusive situations arise when adults or peers misuse their power over children or young people.

#### **Types of abuse:**

<b>Physical</b>	where children's bodies are hurt or injured
<b>Emotional</b>	this is where children do not receive love and affection. They may be frightened by threats or taunts or are given responsibilities beyond their capabilities.
<b>Sexual</b>	this is where adults (and sometimes other children) use children to satisfy sexual desires.
<b>Neglect</b>	this is where adults fail to care for children and protect them from danger, seriously impairing health and development.

#### **Signs of Abuse:**

The following **MAY** indicate abuse, but it is important not to jump to conclusions, there could be other explanations:

<b>Physical</b>	unexplained or hidden injuries: lack of medical attention, children may also exhibit a “frozen stare” when they are in the vicinity of the abuser (this also applies to all groups of abused children).
<b>Emotional</b>	often children revert to younger behaviour, nervousness, sudden underachievement, attention – seeking, running away from home, stealing and lying.
<b>Sexual</b>	often children are pre-occupied with sexual matters evident in words, play, drawings, display sexually provocative behaviour with adults, disturbed sleep, nightmares, bed wetting, secretive relationships with adults and children, stomach pains with no apparent cause.
<b>Neglect</b>	looking ill-cared for and unhappy, being withdrawn or aggressive, lingering injuries or health problems.
<b>Self-Harm</b>	Deliberate or systematic abuse of the person, usually covert but signs of a physical nature such as scarring are usually noticed. Alopecia may be present.

## **Bullying**

This is not always easy to define; it can take many forms and is usually repeated over a period of time. The main types are physical (hitting, kicking, theft), verbal (threats, name calling) and emotional (isolating and individual from activities and games). They will include:

- Deliberate hostility and aggression towards a victim
- A victim who is weaker and less powerful than the bully or bullies
- An outcome which is always painful and distressing for the victim

Bullying behaviour may also include:

- Other forms of violence
- Sarcasm, spreading rumours, persistent teasing
- Tormenting, ridiculing, humiliation
- Racial taunts, graffiti, gestures
- Unwanted physical contact or abusive or offensive comments of a sexual nature

Emotional and verbal bullying is more common than physical violence, it can also be difficult to cope with and prove.

## **What to do if you suspect or witness abuse:**

The following action should be taken by someone who has concerns about the welfare of a child or young person.

## **NON ACTION IS NOT AN OPTION.**

Child abuse can and does occur outside the family setting, abuse that takes place within a public setting is rarely an isolated event. It is crucial that people are aware of this possibility and that all allegations are treated seriously and appropriate actions taken.

## **Disclosure**

If a child or young person should engage any member of staff in a disclosure information exchange they should do the following

- React calmly so as not to frighten the child or young person
- Tell the child or young person that he / she is not to blame and is right to tell someone of their problems
- Take what the young child says seriously
- Avoid leading the child or young person and keep any questions to the absolute minimum to ensure a clear understanding of what has been said.
- Re-assure the child or young person but do not make promises of confidentiality or outcome which might not be feasible in the light of further developments.
- Make a full record of what has been seen and heard as soon as possible
- Report concerns to the manager / person in charge of the shift/ night manager immediately
- The manager will then take advice from the Children's Safeguarding Service. They will make the initial referral to the appropriate agency. All managers will be aware of their roles and responsibilities using the guidance issued by the Local Authority. Confidentiality should be maintained on a strictly need to know basis and relevant documents stored in a secure location. Advice will be given to the manager in regards to any actions which are deemed necessary.
- It can be more difficult for some children to disclose abuse than for others. E.g. disabled children and vulnerable adults will have to overcome additional barriers.
- When working with these groups you need to be vigilant and give extra thought of how to respond.

### **Allegations against staff:**

If a member of staff has concerns or receives a complaint or allegation about another member of staff who has:

- Behaved in a way that has harmed, or may have harmed a child.
- Possibly committed a criminal offence against, or related to a child
- Behaved towards a child or children in a way that indicates she/he may be unsuitable to work with children.

You must immediately report to your Manager who will then telephone the Children's Safeguarding Service. The Safeguarding and Allegations Officer will advise you on action to take next.

If a concern is raised at night, and you think a referral to Social Services is required you should contact the Emergency Duty Team and inform either the Children's Safeguarding Service or Local Authority Designated Officer at the first available opportunity during working hours.

### **Recording of information, suspicions or concerns:**

Information passed to the Social Services Department or the Police must be as helpful as possible and it may be used in any subsequent legal action, hence the necessity for making a factual, detailed record.

- The child or young person's name, address and date of birth
- The nature of the allegation
- A description of any visible bruising or other injuries
- The child's or young person's account, in their own words if possible, of what has happened and how any bruising or other injuries occurred.

- Any observation that you have made
- Any times, locations, dates or other relevant information
- A clear distinction between what is fact, opinion or hearsay
- Your knowledge of and relationship to the child or young person

Whenever possible, referrals to Social Services Department should be confirmed in writing within 24 hours and the appropriate notification completed and sent to the Care Quality Commission.

Keep a record of the name and designation of the Social Services member of staff or Police Officer to whom, concerns were passed and record the time and date of the call, in case any follow up is needed.

**Training:**

Employees will be required to attend Safeguarding Awareness training including prevention as a minimum offered by the agency and mandatory annual refresher training will be required or sooner in accordance with Local Authorities

This policy will be reviewed by the Registered Manager and should be read in conjunction with the Adult Safeguarding Policy

Signed:

Date:

Review Date:



## **SAFEGUARDING OF CUSTOMERS FROM ABUSE POLICY**

### **OUTCOME 7, REGULATION 11 (Safeguarding People who use Services from Abuse)**

Name: Welcome Independent Living

#### **Policy Statement**

The "Statement of Government Policy on Adult Safeguarding" issued by the Department of Health in May 2011 and updated in May 2013 identifies the following principles for agencies to benchmark existing adult safeguarding arrangements to see how far they support this aim and to measure future improvements. Welcome Independent Living seeks to use these 6 principles from an individual and organisational perspective.

It is important to place these changes in the context of individuals who have capacity, as defined by the Mental Capacity Act 2005 and the impact of case law decisions since its enactment. Informed consent and capacity are crucial to these new principles. Individual wishes and preferences need to be central to the decision-making process within any safeguarding arrangements which are in place.

#### **Principles**

1. Empowerment – Presumption of person led decisions and informed consent
2. Prevention – It is better to take action before harm occurs
3. Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
4. Protection - support and representation for those in greatest need.
5. Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse
6. Accountability – Accountability and transparency in delivering safeguarding.

In a wider context the Government wishes to empower individuals to take responsibility for their own lives. This includes enabling them to protect themselves from harm and abuse with and without assistance from others. Welcome Independent Living will wherever possible enable its customers to protect themselves from harm and when necessary assist them to do so.

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/197402/Statement\\_of\\_Gov\\_Policy.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197402/Statement_of_Gov_Policy.pdf)

Welcome Independent Living recognises that customers must be safeguarded from any form of abuse wherever and however it might occur. All staff are aware of their role with regard to safeguarding. We take a "to do nothing is not an option" view of reporting and investigating any allegations of abuse led by our multi agency partners. If staff are involved in any allegation of abuse we take separate advice in regard to employment law issues which may arise.

#### **Aim of Policy**

This document outlines the company's policy on safeguarding and protection of customers who use our services.

Protecting adults at risk represents the commitment of organisations to work together to safeguard vulnerable adults at risk. The procedures aim to make sure that:

- The needs and interests of adults at risk are always respected and upheld
- The Human Rights of adults at risk are respected and upheld
- A proportionate, timely, professional and ethical response is made to any adult at risk who may be experiencing abuse
- All decisions and actions are taken in line with the Mental Capacity Act 2005 including the checklist contained within the Act.

The procedures also aim to make sure that each adult at risk maintains:

- Choice and control
- Safety
- Health
- Quality of Life
- Dignity and respect

The above list is not exhaustive but serves to remind us of the Human Rights Act 1998 and the changes that it has made to adult services.

### **Why is it called "Safeguarding Adults?"**

To recognise a shift in service philosophy and practice since the launch of "No Secrets" in 2000. The term "Vulnerable Adults" can be disempowering and can also suggest that the cause of abuse is located with the victim rather than act or omissions of others.

There can be confusion with the definition "Vulnerable Adult (No Secrets)", "Vulnerable Adult (Care Standards Act 2000), Vulnerable Witnesses (Achieving Best Evidence - Youth and Criminal Justice Act 2002).

Adult Protection can imply a paternalistic approach.

It encompasses a range of situations which encourages an holistic approach and one that is not just focused on the definitions of abuse. It also encompasses a preventative approach to safeguarding instead of a reactive approach to abuse.

### **Legislation**

The legal framework for Adult protection is covered within a variety of law:

Criminal Law

Mental Capacity Act 2005

Community Care and House Law

Regulatory Law

Financial protection

Anti Discriminatory and Compensatory Law

Data Protection Act 1998

Human Rights Act 1998

The Convention Rights contained within the Human Rights Act 1998:

Article 2 Right to Life

Article 3 Prohibition of Torture

Article 4 Prohibition of Slavery and Forced Labour

Article 5 Right to Liberty and Security

Article 6 Right to Fair Trial

Article 7 No Punishment without Law

Article 8 Right to Respect for Private and Family Life

Article 9 Freedom of Thought, Conscience and Religion

Article 10 Freedom of expression

Article 11 Freedom of Assembly and Association

Article 12 Right to Marry

Article 14 Prohibition of Discrimination

Article 16 Restrictions on Political Activity of Aliens

Article 17 Prohibition of Abuse of Rights

Article 18 Limitations on Use of Restrictions on Rights

These Convention Rights are more and more becoming embedded into English Law. It is unlawful for public authorities to act incompatibly with a Convention Right unless an Act of Parliament leaves it no choice (HRA Act s6)

Statement of Government Policy on Adult Safeguarding issued by the Department of Health May 2013.

Serious Case Reviews

In the event of a death or serious harm, a serious case review is held to ensure retrospective learning, accountability and transparency by examining what went wrong and addressing identified systems failures.

Welcome Independent Living sees it as good practice to research serious case reviews which are available on line and are a good way of learning and identifying good practice.

### **Procedure for alerting.**

There is specific guidance which covers the procedures and roles and responsibilities issued by and reviewed, amended and updated by local authorities. This guidance is a multi-agency document and only the local authority or its multi-agency partners can issue or rescind it. This guidance forms our procedures for dealing with all allegations of abuse.

### **Principles**

The policy is based on the premise that:

- There is a zero tolerance response to any allegation of suspected abuse
- All staff are aware of their roles in regard to the reporting of any alleged abuse
- We as a provider of care services have a duty of care to all customers
- All staff have a role to play in the safeguarding and protection of customers and to do nothing is not an option.
- Customers, their families or representatives are advised of our Safeguarding policies and procedures and the reasons why they are in place.
- Any allegation of abuse will be properly reported, recorded and in conjunction with the Lead Agency, all assistance will be given to the investigation of the alleged abuse as advised by the Lead Agency.
- We will work together within the agreed policy framework and procedural guidelines issued by the Local Authority to investigate adult abuse and protect vulnerable adults

## **Recognising Abuse**

Staff are expected to be vigilant regarding the welfare of service-users. Consistency and continuity of staffing allows for good observation and monitoring of customers without being intrusive

## **Definition of Vulnerable Adult**

This term refers to any person 18 years and over:

- Who is, or who may be in need of Community Care Services by reason of mental or other disability age or illness

**and**

- Is, or maybe be unable to take care of themselves

**or**

- Is unable to protect themselves against significant harm or serious exploitation.

(Who Decides. Lord Chancellors Office 1997 and No Secrets 2000).

## **"Significant Harm"**

The Law Commission has suggested that:

"Harm" should be taken to include not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health; and the impairment of physical, intellectual, emotional, social or behavioural development."

(Who Decides. Lord Chancellor's Department, 1997)

A zero tolerance approach to adult abuse will be taken. The response to any form of adult abuse, will only be determined after conducting an assessment of the impact of the alleged victim.

## **"Abuse"**

"Abuse is the violation of an individual's human and civil rights by any other person or persons." (No secrets, March 2000)

Consideration needs to be given to a number of factors:

- Anyone may experience abuse
- Abuse may be a single or a repeated act
- Abuse may be physical, verbal or psychological
- Abuse may be a deliberate act or may be the result of a failure to act appropriately
- Abuse may occur within a personal relationship or within a professional relationship where there is an expectation of trust
- Abuse may take place in any setting; for example a person's own home, in a home, in a hospital, day centre or public place

## **Types of Abuse**

### **1. Physical Abuse**

Physical abuse is non-accidental harm to the body. It can range from careless rough handling to direct physical violence.

#### **Physical Abuse Can Include:**

- Hitting, slapping, shaking, pushing, dragging or kicking.
- Medication given inappropriately i.e. without regard for prescription, such as being given medication intended for someone else,, or withholding medication.
- Misuse of restraint or locking vulnerable person in a room or vehicle
- Causing physical discomfort through inappropriate treatment or withholding care

#### **Indicators of Physical Abuse**

The list below are possible indicators of abuse, and should not be taken to automatically conform abuse.

1. A history of unexplained falls or minor injuries
2. Bruising which is often characteristic of non-accidental injury:
  - Hand slap marks
  - Pinch or grip marks bilateral to soft parts of the body; arms, legs and inner thighs
  - Black eye/injuries to face and scalp

- Marks made by implements
  - Bruising to buttocks, lower abdomen, thighs and genital or rectal area could be an indicator of sexual abuse
3. There may be a pattern of bruising, where colouration indicates different stages of healing from repeated incidents.
  4. Burns or scalds
  5. Bite marks
  6. Unexplained ulcers or pressure sores
  7. Person flinches at physical contact
  8. Reluctance to undress or uncover part of the body

### **Sexual Abuse**

1. Sexual abuse is the involvement of people in sexual activities which they have not given consent to or do not fully understand or were pressured into consenting.
2. Consent to a particular activity may not be given because:
  - A person has mental capacity but does not want to give it
  - A person lacks mental capacity and is therefore unable to give consent
  - A person feels coerced into activity because the other person is in a position of trust, power or authority (e.g. a social care or health worker).
  - The other party is a close relative and the action would be incestuous
3. Sexual abuse can include:
  - Vaginal or anal rape
  - Touching or being forced to touch another person in a sexual manner
  - Being forced to watch pornography
  - Being subjected to sexual innuendoes and harassment
  - Not having the choice of a male or female carer for intimate personal care where the personal care is delivered in the service users own home.

### **Indicators of Sexual Abuse**

It is not possible to give a complete list of signs and symptoms of sexual abuse. Different people react in different ways to stress and trauma. Indicators may include:

1. Disclosure: may be direct or by means of hints and veiled comments
2. Partial disclosure: the person uses repeated phrases like "It's a secret" or "shut up" or "I'll hurt you."

3. Physical signs may include:

- Urinary tract infections, vaginal infection or sexually transmitted disease
- Pregnancy in a woman unable to give consent to sexual intercourse
- Difficulty walking or sitting with no apparent explanation
- Torn, stained or bloody underclothes or bedding
- Bleeding, bruising, torn tissue or injury to the rectal and vaginal area
- Bruising to thighs and/or upper arms
- Behavioural changes may be evident
- Uncharacteristic sexually explicit /seductive behaviour which may include promiscuity or use of sexually explicit language
- Self-harm
- Obsession with washing
- Fear of pregnancy that may be exaggerated

4. It is important to recognise that people who have not been informed about, or exercise their sexual rights, are more vulnerable to exploitation.

### **Psychological or Emotional Abuse**

1. Psychological abuse is any action which adversely impacts on an individual's wellbeing, causing distress and affecting their quality of life and ability to function to their full potential
2. Psychological abuse can include:
  - Depriving an individual of the right to choice and privacy
  - Being humiliated or ridiculed or bullied,
  - Denied access to social activities or services,
  - Having opinions disregarded or ignored,
  - Living in a culture of fear or coercion,
  - Disregarding personal history, life experience or ethnicity,
  - Having opinions and behaviour explained solely in terms of a person's age, gender, disability, sexuality, ethnicity or religion.

### **Indicators of Psychological / Emotional Abuse**

1. Psychological abuse may present with other forms of abuse.

2. A person who has been abused or neglected may display uncharacteristic behaviour that may indicate distress.
3. Indicators of psychological abuse may include one or more of the following:
  - Loss of interest, withdrawn, anxious or depressed,
  - Appear to be frightened, fearful or avoiding eye contact,
  - Irritable, aggressive or challenging behaviour, unexplained sleep disturbance,
  - Poor concentration,
  - Self-harm, refusing to eat, deliberate soiling,
  - Eating problems; unusual weight gain or loss.

### **Financial Abuse**

1. Financial abuse is the theft or misuse of any money, personal belongings or property of a vulnerable person.
2. Financial abuse can include:
  - Money and possessions stolen,
  - Denying the right to access personal funds or benefits,
  - Misappropriating money without individual's consent,
  - Money borrowed by staff or volunteers who have responsibility to provide services,
  - Unauthorised disposal of property or possessions,
  - Being asked to part with money on false pretences.

### **Indicators of Financial Abuse**

1. The following situations or observations may indicate financial abuse:
  - Unexplained or sudden inability to pay bills,
  - Power of Attorney obtained when person lacks mental capacity to understand,
  - Unexplained withdrawal of money from accounts with no known subsequent benefits,
  - Person lacking goods or services that they can afford,
  - Extortionate demands for payments for services, e.g. building and repair work.
2. Factors which increase vulnerability to financial abuse:



- Person unable to manage own money,
- Person is dependent on others to handle finances,
- Person isolated within the community,
- Person has no independent advocate.

### **Neglect and Acts of Omission**

1. Neglect and acts of omission include; repeated deprivation of medical or physical care needs; including the failure to intervene in behaviour which is dangerous to the vulnerable adult or to others.
  - Neglect and acts of omission can include:
  - Failure to provide: food, shelter, heating, clothing, hygiene or personal care,
  - Failure to respond to a person's needs, or preventing someone else meet their needs,
  - Withholding medical care or preventing access by medical professionals,
  - Inappropriate use of medication, over-medicating or withholding medication,
  - Being prevented from receiving visitors or interacting with others,
  - Not meeting basic standards of care,
  - Failure to report suspicions that a vulnerable adult is being abused in any care setting,
  - Failing to undertake a reasonable assessment of risk and allowing a person to harm themselves or cause harm to others.
2. Self-neglect on the part of the vulnerable adult will not usually lead to investigation under adult protection procedures; unless there is an act of significant omission by someone with established responsibility for that adult's care. Community Care assessment and review procedures, including risk assessment procedures, may provide a more appropriate intervention in situations of self-neglect.

### **Indicators of Neglect and Acts of Omission**

1. This form of abuse may be identified within a person's accommodation, their physical presentation or in the standard of care provided. Indicators may include:
  - Inadequate heating and lighting,
  - Neglect of accommodation,
  - Poor physical condition e.g. ulcers or untreated bedsores
  - Clothing or bedding in poor condition including being wet or soiled,

- Failure to ensure access to health and social care,
- Weight loss or gain through inadequate or unsuitable food,
- Medication not given as prescribed,
- Failure to ensure appropriate privacy and dignity.

### **Institutional Abuse**

1. Institutional abuse involves the collective failure of an organisation to provide safe, appropriate and acceptable standards of services to vulnerable people.
2. Institutional abuse can occur in routines and systems, attitudes and behaviour that amount to discrimination through prejudice, thoughtlessness, ignorance, stereotyping or malicious intent.
3. Abuse can take place in any agency or organisation including day care, customerial and nursing homes, hospital, sheltered and supported housing or domiciliary care.
4. Institutional abuse includes:
  - Failure to ensure adult protection policy and procedures are in place and complied with,
  - Failure to provide appropriate level of awareness and training on adult protection,
  - Acceptable standards of care not being met.

### **Indicators of Institutional Abuse**

1. The following are some indicators of institutional abuse:
  - Unacceptable practice encouraged, tolerated or left unchanged.
  - Organisational standards not meeting those laid down by regulatory bodies or contracting authorities.
  - Customers not treated with respect and dignity.
  - Diverse needs not recognised and valued in terms of age, gender, disability, ethnic origin, race or sexual orientation.
  - Services not flexible; organisation does not promote choice and individual focus.
  - Communication between vulnerable adult, carers and other family members discouraged.
  - Whistle-blowing policy not in place and accessible.
  - Insufficient staff training and development.

## **Discriminatory Abuse**

1. The principles of discriminatory abuse are provided by legislation including:
  - Race Relations Act 1976 (amended 2000),
  - Disability Discrimination Act 1995,
  - Sex Discrimination Act 1975 (amended Regs 2003),
  - Human Rights Act 1998.
2. Discriminatory abuse exists when the values, beliefs and culture of the majority results in a misuse of power that denies equal opportunities to some minority groups or individuals.
3. Discriminatory abuse includes:
  - Verbal abuse, harassment or similar treatment on the basis of a person's race, gender, religion, disability, ethnic origin, age and sexual orientation,
  - Unequal treatment,
  - Deliberate exclusion from services.

## **Indicators of Discriminatory Abuse**

1. Indicators may include:
  - Lack of respect for an individual's beliefs and cultural background,
  - Unable to eat culturally acceptable foods,
  - Religious observances not encouraged or anticipated,
  - Isolation due to language barriers,
  - Signs of sub-standard service offered to minority groups or individuals,
  - Repeated exclusion from rights afforded to citizens such as health, education, employment and criminal justice.

## **Domestic Violence and Abuse. (As found in multi-agency protocols on safeguarding)**

All County Councils have a Domestic Abuse strategy. This is because all of the above abuse types indicated can be part of a domestic violence situation which only becomes apparent when dealing with other forms of abuse.

This includes a wide range of behaviours which is involved beyond just physical evidence of abuse. Any incident of threatening behaviour, violence and harm and which can include some or all of the types of abuse mentioned above constitutes domestic violence.

## **Indicators of Domestic Violence and Abuse**

1. Victim appears to be afraid of partner or of making own choices.
2. Behaves as though they deserve to be hurt or mistreated.
3. May have low self esteem or appear to be withdrawn.
4. Appears unable or unwilling to leave perpetrator or has a history of "Leave and Return Behaviour"
5. Blames abuse on themselves
6. Perpetrator always with the victim E.g. clinic or GP visits and is not allowed to answer for themselves.
7. Minimises or denies abuse or the seriousness of harm.

Domestic Violence or Abuse can happen to men and women.

### **Reporting Abuse**

All staff are aware of how to report any suspected abuse, including any out of hours situations. If the victim requests that the matter is not reported, staff are aware of their required response and that they must alert the manager to the situation.

The manager will then progress the report as detailed in the current local authority guidance framework.

### **Emergency Situations**

If the situation is an emergency, with a customer in immediate danger, staff are instructed to call for assistance immediately. They should give any necessary first aid and contact appropriate emergency services if necessary. If the abuser remains present and poses a threat to any company staff present as well as the victim, staff are not expected to put themselves at risk of violence or other harm. They should then put into action company procedures on how to respond to abusive, aggressive or violent behaviour, which forms part of the company's policies on health and safety of its staff. (See policy on dealing with violence and aggression).

### **Immediate Action by Manager**

When a manager receives an allegation of abuse they must invoke the reporting procedures as per the multi – agency / local authority guidance. (See alerting procedure)

If the alleged perpetrator is a member of staff, advice must also be taken regarding employment law and the use of the disciplinary procedure where necessary.

The manager will take advice and co-operate fully with the lead agency e.g. Social Services, or Police where a criminal act is alleged.

The Care Quality Commission must be notified of any allegation of abuse where the provider of the service is a "Regulated Activity" as defined by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This is done through "Statutory Notifications" accessed on the CQC website

### **Role of Care Quality Commission**

Any suspicion, concern or allegation of suspected abuse should be reported to the above with the details outlined in Outcome 20 ((20N) (20O) (20P) and 20Q) as appropriate.

**The Care Quality Commission may not attend all strategy meetings but:**

Where one or more customers are involved

OR

A registered provider is implicated either as a victim or a perpetrator

OR

Where the alleged victim is an employee of the registered service

OR

Urgent or complex regulatory action is indicated

OR

Any form of enforcement action is commenced or under consideration

OR

Where an Adult Safeguarding Plan is in place the Care Quality Commission will ensure adherence to the plan that relates to service compliance with the Regulations.

**Training**

All staff are trained in and annually updated on all the requirements of this policy document. A regular check is made to the Contracts Section of the local authority to confirm the guidance of Safeguarding Adults has not altered. This is undertaken prior to annual update training.

(See Whistle-blowing Policy).

**To Raise Concerns Contact:**

The Care Quality Commission  
Citygate  
Gallowgate  
Newcastle Upon Tyne  
NE1 4PA  
Tel. 03000 616161

They will take details of concerns and respond appropriately and proportionately to the information divulged.

**Additional Guidance**

SCIE Report 39 January 2011  
ADSS Safeguarding Adults 2005

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **SELF-FUNDING CUSTOMERS AND PERSONAL BUDGET HOLDERS POLICY**

### **OUTCOME 3, REGULATION 19 (Fees) (CQC)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living provides services under a number of contractual and funding arrangements. This policy describes how the organisation forms its working agreements with people who fund their own care or who are provided by the local authority and other public funding bodies with personal budgets to buy their own services. The organisation recognises that more people are in receipt of personal budgets and these are likely to increase in the future. Personal budgets are now granted as an alternative to the services provided under care management arrangements.

The policy applies to all contracts formed with people receiving the organisation's services under self-funding and personal budgetary arrangements.

1. The organisation operates as a service registered with the Care Quality Commission. As such it must comply with the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety.
2. This means that the organisation must adhere to the regulations and outcomes in respect of everybody who receives the services regardless of how the service is paid for.
3. Self-funders and personal budget holders can therefore expect the organisation will meet all the standards' requirements concerning assessments of their needs, including risk assessments, working to an agreed plan of care, regular reviews and having written contracts.
4. The organisation also expects its staff to work to the same professional standards with all of the people receiving its services and to treat everyone with the same levels of respect, dignity and recognition of their needs for privacy and independence. It also expects its staff to make sure service causers are adequately safeguarded.
5. The main difference in setting up working agreements with self-funders and personal budget holders is that the customer will determine what they want and need from the service as the contract is made with them directly and not through a care manager acting on behalf of the local authority as the funding provider. This of course does not exclude including the outcomes of the organisation's needs assessments into the plan of care — with the agreement of the customer as payee.
6. The organisation will draw up a written contract with a personal budget holder, who decides to buy services from the organisation, as it does with other self-funders, using the criteria described Outcome 3 (Fees) in the Essential Standards of Quality and Safety.
7. Welcome Independent Living understands that personal budget holders will be to a large extent assessing their own needs and arranging their own services but will also be expected to have a Personal Budget Support Plan.
8. The organisation understands that the Personal Budget Support Plan will identify all the support needs and arrangements in a person's life, but not all of them will need to be met by the organisation itself.
9. The organisation therefore expects that a person's Personal Budget Support Plan to detail those parts of the support that it is expected to carry out and be responsible for. It will then build these into the written contract with the customer. The contract will include all aspects of the support to be carried out including any moving and transferring tasks and help with medication.

10. It will include the respective obligations and responsibilities of the customer in relation to personal conduct towards the organisation's staff, who may expect to be treated with courtesy and respect and not subject to any abuse.
11. The written contract will also include detailed information on the charges made for its services and how the self-funder/personal budget holder will pay for the organisation's services.
12. This policy statement should be read in relation to the organisation's policies on Procedures for Preparing a Customer Contract and the Customer Contract *pro forma*.

Signed:

Date

Review Date



## **SENSORY IMPAIRMENT POLICY**

### **OUTCOME 4 REGULATION 9 (Care and welfare of people who use services)**

Name Welcome Independent Living

#### **Policy Statement.**

Sensory Impairment is a general term which encompasses people with deaf or blind impairment or loss and includes dual sensory impairment or loss.

#### **Service Framework.**

Sensory services are specialist, but it is vital that such services should be integrated into the broader health and social care structures including Community Care Services. Local authorities should identify, make contact with and keep a record of people with hearing impairment, visual impairment and dual sensory or loss and keep a record of sensory impaired people in their area. This is to encourage specialist services at the appropriate level, with the required skills and knowledge to promote the following:

- Assessments are carried out by trained and competent staff
- Services are provided which are appropriate to meet the identified needs of deaf, visually impaired and dual sensory impaired users
- Promote the involvement of the individual in the planning of services

#### **Principles.**

- **Dignity:** people should be given the care and support they need in a way which supports their independence and supports their dignity
- **Privacy:** people should be supported to have choice and control over their lives
- **Choice:** care should be based on identified needs and wishes of the individual
- **Safety:** people should be supported to feel safe and secure without being overprotected
- **Realising potential:** people should have the opportunity to achieve all they can and to make full use of available resources
- **Equality and diversity:** people should have equal access to information assessment and services and all such services should work to redress inequalities and where appropriate challenge such discrimination

In accessing our services, individuals will be supported by competent well trained staff who have the above principles embedded in their practice.

#### **Useful Contacts.**

Hearing Link

<http://www.hearinglink.org>

National Association of deafened people

[www.nadp.org.uk](http://www.nadp.org.uk)

Sense

[www.sense.org.uk](http://www.sense.org.uk)

Royal National Institute for the Blind

[www.rnib.org.uk](http://www.rnib.org.uk)

Guides to support and self-help groups for the blind and partially sighted

[www.self-help.org.uk/directory/blindpartially-sighted](http://www.self-help.org.uk/directory/blindpartially-sighted)

### **Training.**

Some of these organisations above offer specific awareness training as do the local specialist team with the Social Services Department.

All staff will undertake appropriate level of training to deliver the required service to the required standard.

This policy will be reviewed annually by the Registered Manager.

Signed

Date

Review Date:

## **SERVICES TO DIRECT PAYMENTS AND SELF FUNDING CUSTOMERS POLICY**

### **OUTCOME 3, REGULATION 19 (Fees) (CQC)**

Name: Welcome Independent Living

#### **Policy Statement**

Direct payments can be used for all community care services such as personal care, practical help, for example, with shopping, house cleaning and preparing meals, help for carers to take a break and to take part in recreational and other social activities. The customer decides what their priorities are and how to obtain the chosen services. The amounts provided are assessed similarly to the financial assessments for equivalent care and support services.

People receiving a direct payment are responsible for arranging their own services such as recruiting, employing, managing and paying their own workers and for keeping financial records. They may be provided with advice and guidance on the best ways of managing their payments, but the ultimate responsibility is theirs. There are some restrictions on what the payments can be used for but they certainly provide greater flexibility in the purchasing and provision of appropriate care and support particularly for people with long term needs.

All care providers should obtain information on how direct payments operate in their local areas as they vary in their extent and scope. There is no reason why they should not market their services to direct payment customers and organise them to meet customers' needs. The following provides a sample policy on how an organisation might respond to direct payments' customers.

#### **Aim of the Policy**

Welcome Independent Living is committed to responding to the needs of the people needing our services in flexible person-centred ways. In addition to meeting the contracts for care services agreed with the local authority and health care trusts the organisation also delivers care and support services to self funders and those arranging their care under the Direct Payments or Individual Budgets scheme.

For both self funders and direct payments' customers the organisation aims to deliver the best service possible in accordance with their requirements and specifications.

Welcome Independent Living adheres to the Outcomes and Regulations in the Essential Standards of Quality and Safety from the Health and Social Care Act 2008 by ensuring that the needs of all self funding or direct payments' applicants are comprehensively assessed, including all necessary risk assessments. Their service plan if this follows is then formed with their full agreement and involvement.

Any service provided will fully reflect the organisation's commitment to equality, diversity and anti-discrimination and customers' individual, cultural and religious needs will always be fully respected.

The organisation then agrees a contract with the customer which complies fully with the Regulations in the Essential Standards of Quality and Safety. This includes the agreed arrangements for:

- Carrying out quality checks on the services to be provided
- Reviews of the service plan
- The respective responsibilities of customer and organisation for the staff being employed, including their general management, supervision and training, and
- Any complaints or grievance procedures that might need to be followed
- Methods of payment and financial administration.

It is expected that each contract will be unique to that customer and their requirements.

Welcome Independent Living will then follow the agreed plan in respect of reviewing the services provided and any revisions deemed necessary as a result of changing needs and circumstances.

The organisation will continue to value the feedback provided by the customer and their representatives and will make regular checks that the organisation is providing a satisfactory service.

This policy will be reviewed by the registered manager.

Signed

Date:

Review Date:

## **SEXUALITY POLICY**

### **OUTCOME 1, REGULATION 17 (Respecting and Involving People who use Services)**

Name: Welcome Independent Living

#### **Policy Statement**

This document should be read in conjunction with the policy on privacy and dignity. The confidential and sensitive nature of this information means that only those with a specific need to know should be able to access any information regarding a customer's sexuality or sexual activities. This information should be recorded separately and held in a file that is accessible only by those who need to know.

This document outlines the policy of Welcome Independent Living in relation to the sexuality and sexual activities of customers.

#### **Aim of the Policy**

Welcome Independent Living believes that customers have the right, which is often denied to older people and to people with disabilities, to develop and maintain intimate personal and sexual relationships, to engage in sexual activity which is within the law and does not cause significant offence to others, and to enjoy pleasurable experiences and take appropriate decisions for themselves in this area of their lives. We believe that our care practice should support the operation of rights associated with sexuality, and that where appropriate we should help to provide the information and guidance to help customers remain safe and healthy,

#### **Care Practice**

##### **Aim of the Policy**

- For a customer who has a marital, civil or sexual partner who resides with them or visits them, our service is provided in ways which respect their wish to be together in private
- Wherever possible, when intimate care is given, customers' wishes as regards the gender of the worker are respected
- We assist customers' who require access to advice or guidance to ensure that any sexual activity in which they engage is safe and pleasurable
- The sexual orientation and preferences of customers are treated with respect
- Gay and lesbian relationships are accorded similar respect to that given to heterosexual activities
- If customers engage in any sexual activity or display which is offensive to a staff member or make a sexual approach to a staff member, the matter is reported to their supervisor who takes prompt and appropriate steps to discuss the matter with the person concerned and to help them contain their behaviour within reasonable limits
- If customers persist in engaging in inappropriate sexual activity or display in the presence of a staff member, the service may be terminated
- All possible efforts are made to protect customers from any forms of sexual abuse
- Any customer who, because of a disability, requires assistance in fulfilling their sexual aspirations has the opportunity to discuss their needs with staff, who where possible as part of our care service will arrange for appropriate help to be provided
- Information about customers' personal and sexual relationships and activities is treated confidentially and sensitively and is passed only to those with a specific need to know

- The opportunity is provided for customers to discuss matters relating to their sexual relationships and activities within the care planning process if they wish to, always with due regard to the need to treat these issues with confidentiality and sensitivity
- Particular care and sensitivity are exercised if it is necessary to pass information between staff or to make a written record relating to any matter concerning a customer's intimate relationships or sexual activity
- Customers' relatives, friends and representatives are fully informed about the contents of this policy and are provided with appropriate support and guidance if they seek it
- A customer requiring advice on sexual matters or personal relationships can raise the matter with any member of the care staff or management with whom they feel comfortable
- Sexual relationships between staff and customers are not allowed

#### **Further advice**

Further advice on matters relating to sexuality is available to customers from general practitioners and from the following organisations:

#### **Training**

All staff members will be given a copy of this policy and encouraged to read it during induction.

This policy will be reviewed by the registered manager

Signed:

Date

Review Date

## **SMOKING/NON-SMOKING POLICY**

### **OUTCOME 14, REGULATION 23 (Supporting Workers)**

Name: Welcome Independent Living

#### **Policy Statement**

**Welcome Independent Living** complies with the Health Act 2006, which now bans smoking in all enclosed public places. The new law requires enclosed public places (including workplaces) to be smoke free. Vehicles used for business purposes are also affected by the law. Outdoor areas are not covered by the legislation. The legislation affects most public premises with only a few exemptions, mainly on humanitarian grounds

This smoking policy applies to all its employees. The policy has been developed after consultation with the people who use our services, stakeholders and company staff.

The company is committed to promoting the health and safety of all the people who uses its services and its employees. There is now a substantial body of research linking smoking to a variety of serious medical conditions, and evidence is increasingly suggesting that these health risks apply equally to passive smokers. There is also evidence to link smoking to greater risk of fire.

#### **Policy Aim**

#### **Staff Smoking**

All home staff, volunteers and contractors are now covered by the Health Act 2006 legislation and are banned from smoking in the office..

All staff should be made aware that the breach of smoking guidelines could lead to disciplinary action. Sanctions against smokers breaking the rules should be included in a misconduct clause in either a contract of employment or a disciplinary policy.

If confronted with a member of staff who fails to comply with the ban on smoking on company premises, managers should:

- Tell them that the company would be breaking the law if it allowed them to smoke, that they are breaking the law by smoking in a smoke-free premises or vehicle, and that both parties could be fined
- Remind them that the new law is to protect employees and the public from the harmful effects of their second hand smoke
- Remind them of the organisation's policy and of the likely repercussions of continuing refusal to comply with the policy
- If necessary, put into practice the disciplinary procedure for non-compliance with the company's smoke-free policy
- Keep a record of where and when incidents took place, the names of those involved and the outcome.
- Staff who continue to refuse to comply should be given a written warning and, where indicated in the disciplinary procedure, may have their employment terminated.
- In addition to the premises, smoking is banned in any vehicles run by the company and in any vehicles used by employees as part of their work. This is particularly relevant when a private vehicle is being used to carry passengers.

There must be no smoking in respect of the following.

- Smoking is forbidden on all premises owned by **Welcome Independent Living**.
- Company employees are not allowed to smoke in or outside the premises owned by **Welcome Independent Living**
- Staff must not smoke in their cars on any occasion that they transport customers or in transport provided by or paid for by the company.
- The company does not provide any breaks or respite for its employees to smoke at any time or in any place. .
- Welcome Independent Living also undertakes to obtain the views of its staff on whether they are prepared to inhale second hand smoke from customers and to accommodate their wishes, e.g. not to be exposed in any way to second hand smoke wherever possible.

### **Support for Stopping Smoking**

Customers who wish to stop smoking can be referred to their GP or put in touch with the local NHS smoking cessation service. Staff wishing to give up smoking should discuss the matter with their supervisor or home manager who may be able to refer the staff member to an occupational health support or smoking cessation service.

### **ADDENDUM TO SMOKING POLICY**

#### **E.CIGARETTE USE**

##### **STATEMENT**

The use of e-cigarettes has been rapid and taken the N.H.S by surprise. In order that the government can be sure if they are effective and safe for use they are to be licensed and regulated as a medicine from 2016.

##### **Are e-cigarettes safe?**

We don't really know until they have been thoroughly assessed and monitored in a large population over time. However, compared with regular cigarettes, they are certainly the lesser of two evils.

First e-cigarettes don't contain any tobacco-only nicotine, which is highly addictive but much less dangerous. For this reason, smoking e-cigarettes (known as 'vaping') is generally regarded a safer alternative to smoking for those unable or unwilling to stop using nicotine.

Also, while the US **Food and Drug Administration (FDA)** **found the liquid and vapour to contain traces of toxins (PDF-273kb)** including cancer-causing chemicals **nitrosamines** and formaldehyde, the level of three toxins is about **one thousandth of that in cigarette smoke**.

We cannot be certain that these traces of toxins are harmless, but **tests on animals** and a **small study of 40 smokers** are reassuring, providing some evidence that e-cigarettes are well tolerated and only associated with mild adverse effects (slight mouth or throat irritation, a dry cough).

Public health charity Action on Smoking and Health (ASH) is cautiously optimistic, concluding in its **January 2013 briefing (PDF-447kb)** that 'there is little evidence of harmful effects from repeated exposure to propylene glycol, the chemical in which nicotine is suspended'.



Others are more wary. **Some health professionals do not recommend them** because they believe the potential for harm is significant. It is worth bearing in mind that nicotine is not altogether harmless-for example, it has been **linked to anxiety**-and research suggests nicotine **plays a direct role in the development of blood vessel disease**.

E-cigarettes are **banned by other countries** and by some UK schools concerned about their influence on adolescents (see '**What are the other concerns?**').

### **Are there any risks to others from e-cigarette vapour?**

It's not clear until more studies are done (see 'Are e-cigarettes safe?'). Research to date has not shown the vapour to be harmful-it largely consists of water.

According to ASH-Any health risks of second-hand exposure to propylene glycol vapour are likely to be limited to irritation of the throat. "To support this, it cites a **1947 study** that exposed animals to propylene glycol for 12-18 months at doses 50 to 700 times the level the animal could absorb through inhalation. Compared to animals living in a normal room atmosphere, no irritation was found, and the kidney, liver, spleen and bone marrow were all found to be normal.

### **What do e-cigarettes contain and how do they work?**

Most e-cigarettes contain a battery, an atomiser and a replaceable cartridge. The cartridge contains nicotine in a solution of either propylene glycol or glycerine and water, and sometimes also flavourings.

When you suck on the device, a sensor detects the air flow and starts a process to heat the liquid inside the cartridge, so it evaporates to form water vapour. Inhaling this vapour delivers a hit of nicotine straight to your lungs.

This is the latest updated information from N.H.S Choices. As a company we are aware of the current discussion around the use of e-cigarettes but are not going to ban their use but would comply with any requirements when they become regulated as medicines in 2016. Where staff, raise concerns we will listen and try to resolve the situation. At, present on balance they are deemed to be very little risk to passive smokers whilst benefiting those who are trying to stop.

This policy will be reviewed by the Registered Manager.

Signed:

Date:

Review Date:



## **SOCIAL INCLUSION POLICY**

### **OUTCOME 1, REGULATION 17 (Respecting and Involving People)**

#### **WELCOME INDEPENDENT LIVING LIMITED**

##### **Policy Statement**

Social inclusion promotes the involvement and participation in everyday activities which are often taken for granted in our day to day lives.

Isolation often comes with ill health, old age and disability, it is important therefore that links to friendships, familial relationships and community based groups are encouraged and pro-actively managed in order to be maintained and enjoyed.

##### **Aim of the Policy**

Welcome Independent Living aims to ensure that through a comprehensive and robust assessment and care planning system customers are enabled to participate and contribute, to their fullest potential in any activity which assists in maintaining their links to the community in which they live.

##### **Service user choice**

No individual can be coerced into being a participating member of society, but often it is the obstacles they have to overcome e.g. transport, access, escort, which are the reasons for exclusion, not their willingness to participate.

A full and comprehensive assessment of need is the first step in identifying their social and emotional well-being and how these can be met. Respecting their right to not be included through their own choice is also important but should be set in the context of everyone being able to change their mind. Timing is the key. It would be natural to withdraw from activities and regular contacts during the first stages of bereavement perhaps, but choices should always be reviewed.

People can often be engaged in different ways and this too should be available as a method of slow inclusion into a social circle e.g. Pets of all or any kind can be the opening up of communication.

There is no “one size fits all”, but rather a slow and gradual trust which builds up that allows participation and inclusion to become part of the relationship at the pace chosen by the individual.

All activities should be reviewed regularly as part of the care plan, and individual choice should be paramount in the maintenance of those activities.

### **TRAINING**

Staff will as part of their Induction be familiar with Inclusion whilst promoting an “enabling” rather than a “doing” ethos.

This policy will be reviewed by the Registered Manager.

Signed

Date

Review Date

## **STAFF GRIEVANCE PROCEDURE**

### **OUTCOME 14, REGULATION 23 (Supporting Workers)**

Name: Welcome Independent Living

#### **Purpose of this Document**

Welcome Independent Living is aware that from time to time, staff may have an issue about their colleagues or management of the organisation. It is important that staff are aware that any grievance brought to Welcome Independent Living will be listened to and acted upon by the management. This document outlines the policy of Welcome Independent Living in relation to staff grievances.

#### **Principles**

A grievance is a complaint by a staff member made under specified procedures to draw management's attention to and to have action taken to investigate and, if necessary, redress the unreasonable actions of the organisation, a manager or another staff member.

The *Employment Rights Act 1996* imposes an obligation on employers to specify in their written statements of terms and conditions of employment the person or position to whom employees can apply for the redress of any grievance relating to their employment and how such applications should be made.

Welcome Independent Living aims to ensure that its staff feel fully involved in the work of the organisation and form a cohesive team in the interest of providing high quality services. We therefore wish to identify and deal with any grievances which a member of staff has relating to the work of colleagues or managers. We believe that this will foster communication between staff and managers, ensure that staff concerns are recognised and dealt with promptly, help managers to identify areas for improvement in the work of the organisation, and give early warning of potential sources of more serious conflict.

Procedures relating to grievances, however, must be clearly distinguished from any action taken under the organisation's disciplinary policy and procedures, and an appeal against disciplinary decisions will not be treated as a grievance.

#### **Informal Resolution of Grievances**

If a member of staff feels that there is an issue relating to the behaviour of a manager or another member of staff about which they feel unhappy or uncomfortable they should mention the matter to their immediate supervisor or line manager as soon as possible. If the issue relates to the supervisor or manager to whom the staff member would normally have reported or the relevant supervisor or line manager is not available, the staff member may approach any other manager.

The person presented with the issue should take steps to investigate and deal with it as quickly as possible in order to resolve the matter before it becomes more serious. They should report back to the employee as quickly as possible on the action they have taken or the reasons for not taking action.

If the staff member is not satisfied that their grievance is being acted on sufficiently seriously or with the manager's decision in relation to the grievance, they have the right to request that their grievance should be dealt with by a more senior manager. In these circumstances the original supervisor or manager should arrange for the staff member to explain their grievance at a higher level. The senior manager should then review whatever investigation and action has been taken already in relation to the grievance, conduct any further

investigation they consider necessary, and report back to both the employee and the original supervisor or manager as quickly as possible on the action they have taken or the reasons for not taking action.

### **Grievance Hearings**

If the staff member is still not satisfied after their grievance has been considered informally by two tiers of management, the matter should be referred to a very senior manager or a manager specifically designated to deal with personnel issues. This manager should then arrange as quickly as possible for a formal grievance hearing at which all of the relevant facts relating to the issue can be heard and considered. The person conducting the hearing should be a manager who has not been involved in the earlier investigations.

At the hearing the staff member should be given the opportunity to present their grievance and their reasons for continuing dissatisfaction. They may produce evidence and witnesses. Any staff or managers who are the subject of the grievance should then be given the opportunity to state their point of view, producing evidence and witnesses as appropriate. Witnesses may be cross-examined on what they say and questioned by the manager conducting the hearing. After the matter has been thoroughly explained the manager conducting the hearing should consider and announce a decision.

### **Appeals**

Any appeals relating to the grievance procedure will be held and conducted by the relevant guidance issued by ACAS. ACAS produce guidance which is updated regularly and is appropriate for employees and employers. Any appeal hearing will be conducted using their guidance.

### **Remedies**

If at any informal or formal stage of the handling of a grievance, the staff member's complaints are found to have substance, the relevant manager should consider what action should be taken to deal with the offending issue. This may take the form of a change of procedure, an apology from another staff member, or in extreme cases the initiation of disciplinary action against the staff member who caused offence. If no action is to be taken the reasons should be explained as fully as possible to the person who initiated the grievance.

### **Representation**

The *Employment Relations Act 1999* gives all employees the right to be accompanied by a fellow employee or trade union representative during any stage of a grievance process. The organisation undertakes to ensure that any employee assisting another employee under these circumstances will not be dismissed or victimised.

### **Anonymity**

If the subject of the grievance is discrimination or harassment and the staff member making the complaints wishes to remain discreet, managers should make every effort to conduct their investigations in such a way as to protect the complainant.

### **Training**

All staff members will be given a copy of this policy and encouraged to read it during induction.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **SUPERVISION POLICY**

### **OUTCOME 14, REGULATION 23 (Supporting Workers)**

Name: Welcome Independent Living

#### **Policy Statement**

Welcome Independent Living believes that staff supervision plays an essential role in protecting both staff and customers, in developing and maintaining high care standards and in supporting and developing individual staff. In this regard the organisation expects all members of staff to be supervised in their work and to have an appointed supervisor.

Welcome Independent Living adheres fully to Outcome 14, Regulation of the Care Quality Commission Guidance about compliance, Essential standards of Quality and Safety, which relates to the degree to which the registered manager of the organisation ensures that customers benefit from being cared for by well-supported and supervised staff.

#### **Aim of the Policy**

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to staff supervision.

#### **Definitions**

This Organisation understands supervision to be a formal arrangement which enables each member of its staff to discuss their work regularly with another more experienced member of staff. The more experienced member of staff, known as the supervisor, facilitates the discussion with the less experienced member of staff, the supervisee. The organisation understands the aim of supervision to be to:

1. Identify solutions to problems
2. Improve practice
3. Increase understanding of work-related issues.

All supervision should have three core functions. It should:

1. Promote quality care.
2. Promote personal and professional development
3. Provide support to staff in their work

#### **Models of Supervision**

##### **Formal Supervision**

A number of models of supervision exist, each having its own merits. The organisation recognises that its staff work in a wide variety of settings and one model of supervision will not suit all staff. Therefore, individual staff should agree with their supervisor the model of supervision which best meets their needs. However, the following guidelines must be followed.

1. All staff must have a nominated supervisor whose name should be entered in their personal development file. The line manager will assume responsibility for the supervision of all staff.
2. All staff should have appropriate levels of supervision dependent upon qualifications, experience and their own identified need



3. Supervision time must be planned, protected and uninterrupted. Sessions should be held in private but should not be considered confidential.
4. Supervision time should be taken while on duty, but at a time that is convenient to other staff on duty and to customers.
5. Where possible the conducting of the supervision will be agreed between supervisor and supervisee.
6. A reflective model of supervision is vital within a social care setting in order that staff can learn from any errors or situations where on reflection they might do things differently. This ability to reflect is very important and contributes to a learning culture

### **Recording Principles.**

Many staff like to make notes during supervision but this should be agreed between supervisor and supervisee beforehand. A written record of supervision should be signed by both supervisor and supervisee. Where there are areas of disagreement these should also be recorded.

It is important to differentiate between privacy and confidentiality. Supervision cannot be confidential because of the very nature of the discussion. In order for the supervisee to oversee and promote safeguarding they must be free to discuss any aspect of formal supervisions where necessary.

Copies of the notes and sessions can be included in their CPD portfolio and, for other staff doing qualifications, the notes can provide evidence for their competencies.

The registered manager will be responsible for the allocation of any delegated supervision tasks.

It is a principle of Welcome Independent Living that the registered manager has responsibility for the supervision and appraisal of all staff unless this task is delegated to a competent and trained member of staff.

### **The Supervision Process**

A preliminary session should be planned between the supervisor and supervisee to formally discuss supervision, how it might take place and what they hope to achieve in supervision. The supervision method of recording will be discussed and agreed. Confidentiality and its boundaries should be written into the contract.

### **Basic Principles**

We are committed to ensuring that:

1. Supervision in principle is available for all staff, though may take the model of coach and mentor for Registered Managers in place of formal supervision.
2. Supervision or any information revealed during supervision will not be used to assess performance or competence but must be dealt with as appropriate using the separate disciplinary mechanism
3. Supervision is distinct from managerial processes.
4. Informal supervision is the day to day advice and guidance shared between all staff. This can also be recorded but in truth this rarely happens. In order to make it happen Welcome Independent Living Ltd makes an agreement with staff at the appropriate levels as to what should be recorded and by whom. This is part of the informal support mechanism available to staff from all tiers of the organisation and good practice in capturing this informal element should be in place. [

### **Evaluation and Review**

At the staff member's annual appraisal the format and frequency of supervision should be discussed, review and amended as necessary as to meet the needs of the individual staff.

### **Training**

Training is required to prepare staff to engage in the process for maximum gain. Training will be provided through an accredited supervision course for supervisors.

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **TERMINATION OF SERVICES**

### **Outcome 14 Regulation 23 (Supporting workers)**

#### **Welcome Independent Living Ltd**

##### **Policy Statement.**

Welcome Independent Living aims to provide services to all of our customers according to their needs. However in some circumstances the safety of our employees or the viability of the company may mean that services have to be terminated. We will always endeavour within reason give notice and resolve risk.

Welcome Independent Living will always aim to do this in a way that does not put the customer or employee at risk.

##### **Policy Aim**

Whilst Welcome Independent Living will endeavour to maintain a professional relationship to all customers the right to terminate services is as follows;

- Where insufficient resources are available to carry out the level of care or support required safely.
- Where there is a threat of violence or abuse from a customer or their representative directed towards the worker. Welcome Independent Living operates a zero tolerance approach towards prejudice or racial behaviour made to or about our workers
- For the health and safety of the Worker and the customer.
- If the management believes that the agreed plan of care or support is inappropriate to the needs of the customer and prejudices their continued health and social wellbeing.
- Non-payment of invoices.

Termination from the Customer must always be in line with the contract.

##### **Procedure:**

The Registered Manager

- Will gain authority from the Senior Management Team to terminate services
- Endeavour to give reasonable written notice.

- Try to resolve the risk by taking practical and reasonable steps.
- Liaise with and report termination of service in writing to the Local Authority, Health Care Professionals and the Police if appropriate.

This policy will be reviewed by the Registered Manager

Signed

Date

Review Date

## USE OF PHYSICAL INTERVENTION POLICY

### OUTCOME 7 REGULATION 11 (Safeguarding people who use services from abuse)

Name Welcome Independent Living Ltd

#### Policy Statement

Welcome Independent Living takes seriously the safeguarding of its customers and staff. This policy clarifies where the use of physical intervention is considered and the steps that all staff need to take in order to comply with current advice and legislation

The book *"Physical Interventions: A Policy Framework"* (British Institute of Learning Difficulties, 1996) underpins this policy and the practice that will be adopted.

There is a common misconception that any restrictive physical contact during the course of your work is in some way unlawful. The reality is that where necessary, reasonable force can be used to control or restrain people at risk or posing a risk to others, in a pre-agreed manner. However the law does forbid a member of staff from using any degree of physical contact which is deliberately intended to punish, or primarily intended to cause pain, injury or humiliation. Members of staff, and customers and their families should know what is acceptable and what is unacceptable.

#### Aims of the Policy

Implementation of this policy will help services to address important outcomes for customers - choice, rights, independence and inclusion and will contribute to joint working with other agencies. The safety of staff during physical interventions is of equal importance to the best interests of customers, and both take priority over the care of property which can be replaced..

#### Defining Physical Intervention

In this document, the term 'Physical Intervention' refers to a range of physical actions used as techniques for responding to challenging behaviour and involving some degree of direct physical force to limit or restrict movement or mobility, which can include removal of an aid to mobility, normally used by that person.

There are three main types of physical intervention:

- Direct physical contact between a member of a staff and a customer. Examples include holding another person by the arm to stop self-harm, using manual guidance to stop a person wandering into the road, or two people each holding a person and guiding him or her to a seat, if agitated.
- The use of barriers to limit freedom of movement, for example placing door catches beyond the reach of customers.
- Materials or equipment which restricts or prevents movement. Examples include using a splint to limit the movement of an arm or leg.

Physical intervention implies restriction of a person's movement which involves resistance. It is therefore different from forms of physical contact such as manual prompting, physical guidance or simply support. Over time, the term 'restraint' has acquired a number of negative connotations. It is also a term that is closely linked with a particular kind of approach to the management of aggressive and violent behaviour, 'Control and Restraint', or 'C and R'. For this reason, this document uses the more neutral term 'physical intervention', to indicate a continuum between touching, holding and restraint, and the link with other

approaches of de-escalation to be used in conjunction with physical interventions at all times.

Hence the use of physical intervention needs to be consistent with the approach that customers:

- Are treated fairly and with courtesy and respect.
- Can lead an independent life and are enabled to do so.
- Are helped to make choices and involved in decisions which affect their lives, consistent with their interests, culture and wellbeing.
- Are entitled to the protection of the law.
- Must have their rights upheld regardless of their ethnic origin, gender, sexuality, impairment, disability or age.
- Are encouraged to develop a proper awareness of their rights and responsibilities, and to respect the rights of others.

#### National Policy and Legal Context

The use of physical interventions involves important legal and ethical considerations, which need to be fully understood by the organisation. Any physical intervention must employ the minimum level of force, for the least amount of time needed. It cannot be used solely to force compliance with staff instructions.

The use of any degree of force is unlawful if the particular circumstances do not warrant such use. Therefore physical force could not be justified to prevent a customer from committing a trivial misdemeanour, or in a situation that clearly could be resolved without force. The degree of force employed must be in proportion to the circumstances of the incident and the seriousness of the behaviour or the consequences it is intended to prevent. The degree of force and the duration of its application should always be the minimum needed to achieve the desired result and often a matter of patience and time; and our job must give that patience and time.

Justification also includes the right of every citizen to 'self defence', which applies for all situations for all staff and customers. The force used in any instance must be appropriate for the circumstances, to be justifiable in court.

It is an offence to lock an adult in a room without a court order (even if they are not aware that they are locked in) except in an emergency when the use of a locked room as a temporary measure while seeking assistance would provide legal justification. However there are instances where an adult could be at risk due to lack of awareness of danger, which could provide a reason for restriction to a room or area. This use needs to be part of a care plan and risk assessment, not an 'ad hoc' solution. To the extent that seclusion involves restricting a person's freedom of movement, it can be considered a form of physical intervention.

Justification (as a legal defence) for using physical interventions needs to address these questions:

- Is there clarity about how the intervention helps the customer concerned?
- Are there any conflicts of interest where staff experience fewer demands or less stress when physical interventions are used?
- What steps have been taken to reduce the likelihood that the physical intervention will be used in the future?
- Is the justification for this customer specifically, or for 'all' in the group?

Under Health and Safety legislation, employers are responsible for the health, safety and welfare of employees and the health and safety of persons not in employment, including customers and visitors. This requires employers to assess risks to both employees and

customers arising from work activities, including the use of physical interventions. Employers need to establish and monitor safe systems of work, and to ensure employees are suitably trained. Use of physical intervention may give rise to an action in civil law for damages if it results in injury, including psychological trauma, to the person concerned, making proper training and use of physical interventions imperative.

Providers of health and social care services owe a duty of care towards customers which requires that reasonable measures to prevent harm are taken. Hence, in some circumstances, it may be appropriate to employ certain kinds of physical intervention to prevent a significant risk of harm. Physical interventions ought only to be used when other strategies have been tried and found to be unsuccessful, or when the risks of not employing an emergency intervention are outweighed by the risks of using one. The physical intervention needs to use the minimum force to prevent injury or to avert serious damage to property, and be applied for the minimum amount of time.

Use of physical interventions needs to be consistent with the Human Rights Act (1998) and its Articles. These are based on the presumption that every person is entitled to:

- Respect for his or her private life.
- The right not to be subjected to inhuman or degrading treatment.
- The right to liberty and security.
- The right not to be discriminated against in his / her enjoyment of those rights.

Physical interventions need to be customer specific, integrated with other less intrusive approaches, and clearly part of a person centred plan of care to reduce risk when needed. They must not become a standard way of coping, as a substitute for training in people related skills.

Other Organisations and Consistency

**Welcome Independent Living** will always take advice and guidance from multi agency partners to ensure a consistent and planned approach in any physical intervention situation,

This policy will be reviewed by the Registered Manager

Signed

Date

Review Date

## VACCINATIONS POLICY

### OUTCOME 14, REGULATION 23 (Supporting Workers)

Name: Welcome Independent Living

#### Purpose and Scope

This policy on vaccination applies to all staff who might contract an infectious illness through the course of their work, which is preventable through immunisation. This outcome is cross referenced to Outcome 8 Cleanliness and Infection Control, Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance.

#### Aims

The aims of the vaccination policy are:

1. To protect the organisation's staff, their families and friends, from infections contracted at work
2. To protect the people receiving the services of the organisation from contracting infections from the organisation's staff, particularly those who do not respond well to their own immunisations
3. To protect other staff who are in contact with infected staff
4. To help the organisation to deliver its services without disruption.

#### Policy Statement

The organisation also accepts that it has a responsibility under the *Control of Substances Hazardous to Health (COSHH) Regulations 2002* to take all possible steps to protect its staff from any infectious illness or hazardous substances to which they are at risk from contracting during the course of their work.

It exercises its responsibilities by ensuring that risk assessments have been or are carried out wherever there is a possibility of an employee contracting any infectious illness from their work.

The organisation does not consider that vaccinations to be a ready substitute for adequate risk assessments and good infection control procedures as described in its infection control policy.

Depending on the outcome of the risk assessment it will then take all necessary steps to protect its staff from contracting the identifiable illness or illnesses.

The first step will be to agree a risk management plan with all concerned and which staff will be expected to implement.

In the case of new customers, the risk assessment and any management plan will be part of the initial assessment and agreed with customers and commissioners or care managers.

Where risks are identified at a later stage, the organisation will discuss how to control any risk by reviewing the situation with customers, commissioners and care managers.

The organisation expects to be fully informed of any risks from infectious illnesses, which have already been identified from the original needs assessment. It will discuss with the service commissioners or case managers in the contractual process how any continuing risks are to be assessed and managed. It will ensure that the risks continue to be monitored through the care plan and are kept under review.



As a general rule the organisation recommends to all of its staff that they are vaccinated against any infections or infectious illnesses they are at risk from within the general population. It then expects its staff to have maintained their vaccinations against such common illnesses as are provided through the NHS.

Routine vaccinations, which all staff should keep up to date through the NHS include tetanus, diphtheria, polio and measles, mumps and rubella (MMR). Department of Health guidance states that the MMR vaccine is especially important where there is a risk of transmitting measles or rubella infections to children or adults.

Vaccines that may be offered on a selective basis following a risk assessment include Hepatitis B and Varicella.

### **Hepatitis B**

In line with Department of Health guidelines the organisation recommends vaccination against Hepatitis B for any of its staffs, who have direct contact with customers' blood or blood-stained body fluids. This includes anyone at risk of injury from blood-contaminated sharp instruments or of being deliberately injured or bitten.

### **Varicella**

The organisation recommends staffs who are proven through screening or testing not to have had chicken pox or herpes zoster to be given the Varicella vaccination.

### **Influenza**

The organisation also follows Department of Health guidance in recommending to its staff that they have annual vaccinations against influenza. The guidance states that influenza immunisation for health and social care staff is likely to reduce the transmission of influenza to vulnerable people, some of whom may have impaired immunity and reduced protection from any influenza vaccine they have received themselves.

### **Employment Procedures**

On appointment each new employee completes a pre-employment health questionnaire, which should give information about previous illnesses and immunisation against relevant infections (or refusal to give consent to immunisation). This enables the organisation to review with the employee any new immunisation needs, which can be identified from the organisation's general health and safety risk assessments.

To protect customers and other staff, staff are also asked to report episodes of possible infectious illness to the organisation particularly if contracted after travel abroad. When necessary, the organisation might need to exclude staff, who have been infected, from work until they have recovered or the results of specimens are available.

Where the risk assessment indicates this, the organisation will support affected staff to have any vaccinations that are recommended and pay for these or reimburse any costs to the employee. Where appropriate and reasonable to do so, the organisation will then negotiate any costs it incurs with the service purchasers or commissioners.

### **Consent**

The organisation asks that staff give their consent to vaccination voluntarily and freely. All staff who are being considered are informed about the process, benefits and risks of immunisation and their decision is recorded.

It also respects the rights of staff to take their own decisions on whether to be vaccinated and recognises that some staff will not wish to be vaccinated for their own reasons. It will then fully discuss the implications with those individuals and the further risks that will need to be managed.

### **Vaccination Procedures**

Where vaccination is the most effective way to protect against an infectious illness the organisation will follow these procedures.

1. The organisation will make clear to all staff affected the reasons for supporting and recommending vaccination, including the extent of the risks involved.
2. The organisation will outline any measures to be taken to protect staff who agree to vaccination during the period before vaccination and between vaccination and the onset of immunity.
3. The organisation will outline any measures to be taken to protect staff who do not give their consent to being vaccinated and who will be exposed to any risks of contracting the illness in consequence.
4. The organisation will need to consider the position of any employee, who refuses not only to be vaccinated but also to work in the at-risk situation(s), as this might create problems of equity and fairness in relation to other staff members. If the staff member has good reasons for withholding consent, eg they are allergic to the vaccination, all measures will be taken to reduce the risks to that person or they might be transferred to other care situations.
5. The organisation will keep a record on the staff' files of any vaccinations carried out in relation to the work situation including monitoring the need for follow ups, boosters etc.

### **Staff Training and Information**

1. The organisation encourages all of its staff to have access to occupational health advice.
2. It seeks information and advice as needed from its local occupational health service and infection control units.
3. It provides staff with up to date information it receives on vaccination guidance.
4. Staff receive information on the organisation's policy on appointment and during their induction programme. They receive further training on selective vaccination issues as required and are encouraged to raise specific concerns in supervision.

### **Further Information**

The Department of Health's (updated 2008) *Immunisation Against Infectious Disease* — "The Green Book" presents latest information on vaccines and vaccination procedures for all the vaccine preventable infectious diseases that may occur in the UK. Relevant chapters can be downloaded from the Department of Health's website [www.dh.gov.uk](http://www.dh.gov.uk).

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:



## **VULNERABLE CUSTOMERS POLICY**

### **OUTCOME 7, REGULATION 11 (Safeguarding People who use Services from Abuse)**

Name: Welcome Independent Living

#### **Policy Statement**

It is a sad but true fact that due to the funding situation in Local Authorities, the eligibility criteria is now applied at such a level that the vast majority of customers can now be viewed as vulnerable in some form or another. It is therefore imperative that the services we provide are able to clearly identify the risks both for the customer and Welcome Independent Living

#### **Aim of the Policy**

This document clarifies our response to vulnerable customers. This document outlines the policy of Welcome Independent Living Ltd in relation to the special arrangements for particularly vulnerable customers.

#### **Principles**

The following principles will underlie Welcome Independent Living Ltd's approach to vulnerable customers.

1. All of the people using our services are likely to be somewhat vulnerable through poor health or disability and may need protection from hazards which would present little problem to people in sound health and without disabilities.
2. A minority of our customers are especially vulnerable in ways which need to be specifically identified and addressed; this vulnerability may be permanent or temporary, and it may involve all or only some of their activities.
3. It is not possible or sensible to aim for a lifestyle for vulnerable customers which is totally free from risk.
4. Many customers find the taking of risks an essential, and sometimes desirable, element in the way they live.
5. Customers, except for those in whom the lack of capacity to take responsible decisions about their own welfare has been specifically identified and agreed, retain the right to take decisions about risks for themselves.
6. Some, but not all customers, wish a carer, family member, friend or representative to be involved in decisions about situations in which they might be especially vulnerable.
7. Our right to intervene to protect vulnerable customers from potentially damaging risks is circumscribed by the fact that we provide services only for specific periods and within contracted areas and that we operate on the private premises of our customers.

#### **Assessment of Care Needs**

Before we enter into an agreement to provide a service, we will always ensure that a thorough assessment of the prospective customer's needs has been undertaken, either by the referring organisation or under our own procedures. The assessment will include the identification of customers who are especially vulnerable in general (through, for example, a permanent physical disability) or who have specific areas or times of special vulnerability (such as a recurrent illness or periods when they are alone). The vulnerability of a customer will be re-assessed when the customer's care plan is reviewed or more frequently if circumstances alter. We will respect the right to the greatest possible degree of independence, which vulnerable customers retain.

#### **Risk Assessment**

For any situation which might carry a significant risk, a formal risk assessment will be undertaken by a trained and qualified person at the time of the drawing up or revision of the care plan. Each risk assessment will list the possible benefits of taking the risk against the possible adverse outcomes, the precautions which should be taken, and the arrangements for reconsidering the matter when appropriate. These factors and the conclusion of the risk assessment will be recorded in the care plan, and the responsibility of the relevant staff in relation to any risk likely to be faced by the customer will be clarified. Risk assessments will be reviewed at regular intervals or whenever circumstances change significantly or a new risk arises.

### **Sources of Danger for Vulnerable Customers**

The assessment of need will take into account all sources of possible danger. These include the customer's own behaviour, illnesses or disabilities, self medicating and risks posed by members of the family or friends. The customer's limited capacity to react to some of these risks will be recognised and taken into account in their care plan.

### **Changes to Agreed Action Following a Risk Assessment**

If a vulnerable customer does not follow the action agreed in relation to the assessment of any risk and therefore puts themselves in unacceptable danger, the staff member will communicate this fact to their supervisor who will consider whether any further action is required, for example, further discussion with family members or other professionals, revision of the risk assessment and care plan, or in extreme circumstances a different service may be required. Any discussion and the action taken will be fully recorded. However, safety of customers and staff will be paramount and no procedure will be carried out unless identified in the risk assessment.

### **Involving Others in Decisions About Vulnerable Customers**

For those whom the lack of capacity to take responsible decisions about their own welfare has been specifically identified and agreed, our customers retain the right to take decisions about the lifestyles and the risks they choose to take. For those with capacity decisions about care or risk-taking we will only involve others — family members, friends, representatives or other professionals — with the specific permission of the customer.

### **Staff**

We will ensure that all staff having contact with vulnerable customers are adequately trained and appropriately experienced to provide the best possible service. Where a prospective customer presents an area of vulnerability outside the experience of the staff allocated to their care, the staff will be given specific briefing or training before starting to provide a service. Staff will be provided with supervision by qualified and experienced senior staff, and will have access at all times when on duty to a responsible and competent person for advice and support.

### **Charging for Services**

If the fact that a customer is especially vulnerable significantly effects the way in which our service needs to be provided or calls for any special training or preparation of the responsible staff, this may be reflected in the agreed fees.

### **Training**

All staff members will be given a copy of this policy and encouraged to read it during induction.

### **Review of this Policy**

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## WASTE MANAGEMENT POLICY

### OUTCOME 10 REGULATION 15 (Safety and suitability of premises)

Name Welcome Independent Living

#### Policy Statement

All organisations produce waste and are increasingly required to ensure that they deal with that waste in an environmentally acceptable way that is compliant with the law. It is therefore the policy of the Welcome Independent Living to minimise and control any risks caused by waste generated by its activities.

Welcome Independent Living understands clinical waste to include:

- human tissue
- body fluids and waste
- disposable surgical equipment, gloves and aprons
- soiled dressings and other contaminated waste
- incontinence pads.

The Environmental Protection Act 1990 makes it the responsibility of the employer to ensure the safe disposal of clinical waste from their premises. Failure to abide by the act can lead to prosecution.

According to the Environmental Protection Act 1990 any organisation which produces clinical or hazardous waste has a "Duty of Care" to:

- keep waste securely contained, and prevent its escape or unauthorised removal
- ensure it is adequately contained and packed for safe transport
- label the waste clearly to identify its contents and point of origin
- transfer the waste only to a licensed contractor authorised to transport that type of waste
- describe the waste (on the appropriate forms) in sufficient detail that subsequent carriers and disposers can deal with it safely
- take reasonable steps to check that those providing or removing waste are acting properly and within the law.

Welcome Independent Living must also comply with a range of waste management regulations and guidance which govern the correct method of disposal of the waste, notifications to the Environment Agency, and the keeping of adequate written records for at least three years after disposal of the waste.

Welcome Independent Living has a safe disposal system of clinical waste to ensure that all clinical waste materials are removed from their point of origin at regular intervals and transported securely to an appropriate point of disposal by incineration

#### Policy Aim

Welcome Independent Living expects all staff to adhere to the following policy on the disposal of waste

1. All clinical waste should be disposed of in sealed yellow plastic sacks.
2. Non-clinical waste can be safely disposed of in normal black plastic bags.
3. On no account should clinical waste be disposed of within standard domestic waste sacks.
4. Welcome Independent Living believes that yellow clinical waste bags are best used in pedal type bins to prevent unnecessary hand contact and provides such bins in all appropriate areas where clinical waste is generated.[Amend as required]
5. Sacks should never be filled more than three-quarters full and should be removed and sealed by staff wearing non-sterile gloves.

6. Sealed sacks should be handled by the tied neck only and should be handled with care. On no account should sacks be thrown or dropped.
7. Each sealed sack should be clearly labelled with the Welcome Independent Living details.
8. Sealed and labelled sacks should be collected by an authorised collector only and, while awaiting collection, full bags should be stored safely and securely away from service users, visitors, the general public, animals and pests.
9. A Waste Transfer Note should be completed and a copy kept in the appropriate records.
10. Full sacks should be stored in the bins provided
11. Sharps (used needles and broken medication glass) should be disposed of in sealed purpose-built sharps containers and collected by authorised sharps collectors.

### **Warning**

On no account should sharps be disposed of within standard clinical waste or within standard domestic waste.

### **The Collection of Clinical Waste**

Under the Environmental Protection Act 1990 it is the responsibility of Welcome Independent Living to ensure that services contracted to collect clinical waste are properly licensed to do so and ensure the safe disposal of its clinical waste. Failure to do this may also lead to prosecution.

The carrier must be registered with the

Environment Agency to carry the waste.

The authorised collector is [Insert Name here]

On no account should another collection service be contracted without the express authority of Welcome Independent Living.

### **Infection Control Training**

All new staff will be expected to read the policy on Infection Control and the Handling and Disposal of Clinical and Soiled waste policy as part of their induction process.

Existing staff should be offered training covering basic information about infection control. In-house training sessions should be conducted at least annually and all relevant staff should attend.

This policy should be read in conjunction with the

Infection Control Policy

COSHH policy

Environmental policy

De contamination policy

This policy is reviewed annually by the Registered Manager

Date

Signature

Review date



## **WAKING NIGHT STAFF POLICY**

### **OUTCOME 12, REGULATION 21 (Requirements Relating to Workers)**

Name: Welcome Independent Living

#### **Policy statement**

This policy is intended to set out the values, principles and policies underpinning this organisation's approach to its waking night staff. All waking night staff must adhere to this policy. Failure to do so could result in disciplinary action.

#### **Aim of Policy**

The aim of the organisation's selection procedure is to ensure that the most suitable candidate is chosen for waking night duties and that all personnel once selected receive the training and support required to carry out their duties. All staff will go through the Welcome Independent Living recruitment, selection and employment procedures to meet legislative and organisational requirements.

#### **Working Hours**

The hours for waking night staff will be (INSERT HOURS HERE). E.g. 10pm – 7am or 11pm to 8pm etc.

Number of nights agreed will take the form of a rolling rota calculated over 21 days (INSERT ROLLING ROTA e.g. 14, 21 28 etc.) in order to comply with the Working Time Directive 1998. A period of 17 consecutive weeks will be used in order to calculate the working time rules. The above hours will also be used for calculating annual leave entitlement

#### **Duties**

A full and comprehensive job description which is updated regularly lays out the duties expected of a waking night duty.

In addition a comprehensive induction which includes contact numbers and managerial support forms a large part of the training of this post.

Duties may include the following;

- Where necessary \*, individual customer checks at regular preset time.
- Medication where necessary
- Domestic tasks such as laundry, ironing and where necessary blitz cleaning e.g. cupboards, pantry and deep cleaning tasks.
- Appropriate regular security checks
- All duties will be within the job description and fully detailed in relation to infection control
- All customers checks where agreed must be explicit in the care plan in relation to frequency, timing and consent of the customer.
- Please note customers with capacity are able to choose whether a night check is relevant. However those without or with partial capacity should be risked assessed as part of the care plan and any appropriate night checks put into place

#### **Safeguarding**

In order to promote the safeguarding and protection of the customers this post is subject to summary dismissal if the post holder is found to be absent or asleep whilst on duty. Absent

is taken to mean without permission. Summarily dismissal will take place after the full employment law requirements are in place.

### **Entry to the establishment**

**As part of their waking night duties staff must ensure that appropriate checks are undertaken before anyone is allowed into the premises. E.g. All visitors should be asked for some form of identification this includes visitors from the Local Authority contracts monitoring service, Care Quality Commission, police and any representative from the utilities sector**

### **Records**

Waking night staff are required to complete all relevant records deemed to be required during their shift. These records form part of the Data Protection Act 1998 and are to be completed and recorded as required throughout the night.

### **Emergencies**

All waking night staff will be made aware of their responsibilities regarding emergencies and the management support available to them during their shift.

### **Training**

All waking night staff will undertake appropriate induction and training before commencing duties. E.g. Fire safety including evacuation procedures, actions to take on the death of a customer and management support systems.

### **Additional Guidance**

[www.acas.co.uk](http://www.acas.co.uk)

[www.direct.gov.uk](http://www.direct.gov.uk)

This policy will be reviewed annually by the registered manager

Signature

Date

Review Date

## WHISTLEBLOWING POLICY

### OUTCOME 12, REGULATION 21 (Requirements Relating to Workers)

Name: Welcome Independent Living

#### Policy Statement

Welcome Independent Living Ltd's policy on "whistle-blowing" sets out to comply in every aspect with the *Public Interest Disclosure Act 1998* in protecting and not victimising staff who seek to report and have investigated genuine and reasonable concerns about any form of malpractice that they encounter in their work.

At the same time, the organisation does seek to create an atmosphere of open communication and commitment to high standards of work, within which criticisms can be frankly made and thoroughly investigated.

Welcome Independent Living also recommends that its staff make arrangements to have access to independent legal advice in the event of their being involved in allegations as whistleblowers or as people against whom allegations are made. They are encouraged to do this through membership of a trades union or professional organisation that includes legal advice as part of its services.

#### Aim of Policy

This document outlines the organisation's policy on its response to allegations or reporting of abuse of customers and other forms of misconduct made by one or more members of staff against other staff. These actions are known as "whistle-blowing".

The requirement to have such a policy arises because in the past, the management of organisations have often treated people as trouble-makers who have reported or alleged malpractice by colleagues. It is now legally recognised that staff in a position to observe and report bad practice should be enabled to do so without fear of repercussions on their conduct and career prospects. Indeed, if they should fail to report malpractice they could be accused of colluding in it and therefore guilty of misconduct.

#### Obligations on Staff to Report Abuse

The organisation requires all staff to observe the organisation's work, carefully and report diligently on anything that causes them concern. We believe that teamwork and loyalty to colleagues should not be allowed to deter staff from reporting suspected abuse, criminal acts, neglect of customers or bad practice that is against the **GSCC Code of Conduct for Social Care Workers**[ **The code of conduct is now the responsibility of Skills for Care and during 2013 a new code of conduct will be available**] and follows the guidelines issued by CQC. Any member of staff who witnesses or suspects abuse by another member of staff should report on it as soon as possible to their line manager. The manager will accept responsibility for the actions that follow and will assure the "whistleblower" that they have acted correctly by reporting the matter and will not be victimised.

Despite the assurances the organisation gives to its staff, the organisation accepts that there may be incidents that the staff member does not feel confident or able to report in the first instance to the manager. Where this is not appropriate or considered too sensitive the worker should report to any director of the company. The organisation then accepts the right and obligation of the staff member to report their concerns to an outside authority such as the police, the Local Authority Safeguarding unit or to the Care Quality Commission to initiate an investigation. The organisation provides every staff member with the contact

details, which are included in this policy, of these agencies in the staff handbook. The organisation will not penalise or victimise any staff member who responsibly reports their concerns in these ways.

### **Investigating and Dealing with Allegations**

The manager to whom abuse by a staff member is reported should take the necessary steps under the organisation's policy on safeguarding. In addition, they should if possible protect the source of the information. If a manager fails to act promptly, suppresses evidence or is involved in any action to discourage whistle-blowing, they may render themselves liable to disciplinary action.

### **Dealing with Interference with or Victimisation of Staff who have Reported Abuse**

Any member of staff who attempts to prevent a staff member from reporting their concerns to a manager or who bullies, attempts to intimidate or discriminates against a colleague in these circumstances will be dealt with under disciplinary proceedings. A whistleblower who feels themselves to be subject to hostile action from colleagues should inform their manager, who should if necessary take steps to alter the staff member's duties so as to protect them from the hostile action. The organisation includes in its staff handbook information on how to make contact with the Public Concern at Work organisation that has been established to protect whistleblowers from victimisation and bullying as a result of their actions.

### **Unjustified Reporting**

Welcome Independent Living Ltd's managers take reports from whistleblowers seriously and investigate all allegations thoroughly. Any allegations against colleagues, however, which are found to be merely flippant or malicious, may render the person who made them liable to disciplinary action and criminal proceedings..

### **Training**

All new staff receive training in this policy on whistle-blowing as part of the induction training. Staff receive updated training as needed as policies change.

In addition the government has set up a whistle blowing helpline for NHS and Social care. This is available to both managers for advice and staff for reporting purposes. This telephone number is **08000 724 725**.

[www.dh.gov.uk/health/2011/12/whistleblowing-helpline](http://www.dh.gov.uk/health/2011/12/whistleblowing-helpline)

### **Contact Details**

#### **Care Quality Commission**

Citygate  
Gallowgate  
Newcastle Upon Tyne  
NE1 4PA

#### **Local Authority Safeguarding (Protection of Vulnerable Adults) Unit**

**[Insert Address]**

#### **Local Police**

**[Insert Address]**

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date:

## **WORKING WITH CUSTOMERS WHO MIGHT LACK MENTAL CAPACITY POLICY OUTCOME 2, REGULATION 18 (Consent to Care and Treatment)**

Name: Welcome Independent Living

### **Policy Statement**

Welcome Independent Living complies with the principles of the *Mental Capacity Act 2005* by first treating all of the people who use our services and prospective customers on the basis that they are able to take their own decisions.

There might be some occasions when Welcome Independent Living staff in the course of their care work become involved or find it necessary to enter into some decision making process on behalf of someone who cannot take a decision at the time that it needs to be taken. In respect of the involvement of a domiciliary care service this is most likely to be related to a care matter.

### **Aim of the Policy**

1. Welcome Independent Living will take decisions on behalf of a customer only if there is evidence that they cannot take the decision (at the time it needs to be made) because of mental incapacity. It will co-operate with relatives and others involved with the customer in decision making on behalf of a person on the same basis.
2. It will not take or collude in taking decisions for a customer where, from its point of view, there is insufficient evidence and it does not appear to be in that person's best interests.
3. Welcome Independent Living will only take a decision for one of its customers after it has exhausted every means of enabling the person to take it of their own accord. It will also show its actions in taking the decision are reasonable and in the person's best interests.

Where Welcome Independent Living has information that suggests the person might be unable to take some decisions at some times it will carry out or contribute to an assessment of that person's mental capacity. It recognises that the assessment procedure should follow the two step assessment process recommended in the Mental Capacity Act's Code of Practice.

4. Welcome Independent Living ensures that it complies with the all aspects of the law in the cases of customers who are subject to guardianship proceedings or who need legal protection on account of their lack of mental capacity. It includes here customers, who have assigned powers of attorney or who are subject to Court of Protection proceedings.
5. Welcome Independent Living familiarises and acts upon any advance directives or advance decisions that its customers have chosen to make in contingency situations where they might lose the ability to take a decision. Welcome Independent Living also attempts to find out about any end-of-life plans so that a customer's wishes are known in the event of their death.

### **Assessment of Mental Capacity**

1. Welcome Independent Living ensures that a person's needs assessment and customer plan of care contain all the information needed relating to a person's decision taking capacity and the decisions over which they might need help on account of their possible lack of capacity.

2. The information included indicates a) which decisions the person is able to take at all/most times, b) those that the person has difficulty in taking and c) those that the person is unable to take.
3. In respect of each area of decision taking where there are difficulties or an inability to take decisions, the customer plan of care records the actions to be taken for the person that are deemed in their best interests.
4. The individual is always as fully involved as possible. Decisions are only taken on the basis of the best information available and the agreement of those concerned in the person's care and future. All decisions taken for that person are fully recorded and made subject to regular review.
5. Customers who lack mental capacity as any others, are only subject to any form of restraint when by not doing so would result in injury or harm to them or to other people. All incidents where restraint has been used follow Welcome Independent Living Ltd's procedures for reporting and recording.

### **Staff Involvement**

1. Welcome Independent Living Ltd expects its staff to implement the agreements and decisions that are identified on an individual's plan of care.
2. Welcome Independent Living also expects its staff to involve customers in all day to day decisions that need to be taken by seeking their consent and checking that the actions to be taken are consistent with their plan of care if the individual customer lacks capacity at the time.

Where the customer needs to take a decision that lies outside of their ability at the time staff must do everything to help the person decide for herself or himself.

3. Welcome Independent Living expects its staff to avoid taking decisions on behalf of a customer unless they can show that it is necessary and the customer at the time is unable to take that decision her or himself. Any such incident must be fully recorded.
4. Welcome Independent Living expects its staff to take decisions for customers lacking capacity only because they have reasonable beliefs that they are necessary and in the person's best interests. When in doubt that they can proceed in this way they must seek advice from their line manager.

We know that choice has become increasingly important for customers and we will attempt to advance this principle throughout our operations. We will ensure that every customer who receives our service has positively opted to use Welcome Independent Living

This policy will be reviewed by the registered manager.

Signed:

Date

Review Date

## **YOUNG PEOPLE AND EMPLOYMENT POLICY**

### **OUTCOME 12, REGULATION 21 (Requirements Relating to Workers)**

Name: Welcome Independent Living

#### **Policy Statement**

This policy reflects the current government guidance on employing young people. This does not include apprentices as the National Apprentice Scheme has its own employer guidance which is issued at commencement of the apprenticeship

Welcome Independent Living adheres fully to the policy set out below and are fully aware of their obligations as an employer in respect of employing younger people.

#### **Policy Aim**

This policy raises awareness of the issues involved in employing younger people. Managers involved in the recruitment and selection of this group of workers will be familiar with the policy and will implement it in its entirety.

When necessary further advice can be sought from the Registered Manager.

#### **Definitions of general rules on employment**

For the purposes of this policy the following definitions apply;

- Child means someone aged under 14 years
- Young person means someone aged 14 years or over but under 18 years.
- Young people over school leaving age but under 18 are known as young workers.  
(Young people can leave school on the last Friday of June of the school year in which they are 16)

There are special laws to protect the employment rights of young workers. These include their health and safety, what jobs they can do, when they can work and how many hours they can work.

The laws concerning young workers are very strict and Welcome Independent Living can be prosecuted for breaking them.

If you are over school leaving age and an employee you will have other rights in addition to the rights of young workers, these are mentioned below.

E.g. it is against the law to discriminate against you because of your age.

#### **Health and safety at work**



When our employees are under 18 years Welcome Independent Living will do an assessment of possible risks of their health and safety before commencement of employment. We will pay particular attention to their age, lack of experience and take into account other factors that could be a risk to their health and safety while at work.

If they are under school leaving age (see general rules of employment) we will also tell their parents or guardians the result of their assessment. This will include any risks identified and measures put in place to minimise and manage those risks to help protect their health and safety when at work.

### **What work can they do?**

#### **16 – 18 year olds.**

If you are over school leaving age (see definition above) and under 18 years, there are special restrictions on doing certain types of work. These are;

- Work which you are not physically or mentally capable of doing
- Work which brings you into contact with chemical agents, toxic material or radiation
- Work which involves a health risk because of extreme cold, heat or vibration,

You are only allowed to do the work above under the following circumstances.

- Where it is necessary for your training, and
- Where an experienced person is supervising you and
- Where any risk is reduced to the lowest level that is reasonable

### **Children and young people under school leaving age - (England and Wales only).**

(see definitions under general rules on employment)

No one under school leaving age can be employed and work other than light work. They are not allowed to do work that is likely to be harmful to their safety, health or development. This includes work that affects their attendance at school or participation in work experience. They are not allowed to work

- In a factory or construction work
- In transport
- In a mine
- On a registered merchant ship.

Please note Local Authorities may also have some extra rules called bye-laws about the employment of children and young people in their area E.g. Street trading. Where these are in play they state the days, hours and places.

### **Employment of children under 14years.**

They are not allowed to work at all except in the following types of work

- To take part in sport, advertising, modelling, plays, films, television or other entertainment. The employer must apply for a license from the Local Authority.
- To do odd jobs for a parent, relative or neighbour

The bye-laws may say that children of 13 and above can do a paper round.

### **Hours of work and rest breaks.**

#### **16 – 18 year olds.**

If an employee is over school leaving age (see definitions above) and under 18 years Welcome Independent Living adheres to the law which says;

- They must not work more than 8 hours a day
- They must not exceed more than 40 hours in a week
- They must have a minimum of 12 hours rest between each working day
- They must have 2 rest days per working week
- For every four and a half hours worked they must take a thirty minute rest break.
- There are special limits on the hours worked at night.

There are some exceptions for young people that work in hospital, agriculture, retail hotel and catering, bakeries, post/newspaper deliveries or in connection with cultural, artistic, sporting or advertising activities. These exceptions do not apply within Welcome Independent Living

#### **Children and Young people under school leaving age.** (see under general definitions)

There are strict limits to the number of hours these children and young people can work. They must not work;

- During school hours on any school day
- For more than 2 hours on any school day or more than 12 hours in any week that they are required to go to school
- For more than 2 hours on a Sunday
- For more than 8 hours ( 5 hours if under 15years) on any day that is not a school day or a Sunday
- Before 7am or after 7 pm

- For more than 35 hours (25 if under the age of 15 years) in any week in which they are not required to go to school.
- For more than 4 hours in any day without a break of 1 hour.

**Paid holidays from work.**

If they are under school leaving age they are not legally entitled to paid holiday from work

If over school leaving age they are entitled to paid leave in line with other paid workers  
They are entitled to 5.6 weeks of paid holiday per year, pro-rata

**Wages.**

If 16 years or over the national minimum pay rate applies

If under 16 they are not entitled to the national minimum wage.

**Time off for study or training.**

If they are an employee aged 16 or 17 years and not yet achieved a certain standard of education or training they are entitled to reasonable time off for study or training.

Welcome Independent Living will ensure that all staff to whom this policy applies will be treated fairly during the interview and recruitment process and after selection will ensure that all elements of this policy will be incorporated into their induction. All staff involved in recruitment and selection will be made aware of this policy in conjunction with all other relevant recruitment and selection policies.

[SEE WELCOME INDEPENDENT LIVING LTD RECRUITMENT AND SELECTION POLICY]

This policy will be reviewed by the registered manager.

Signed:

Date:

Review Date: