

## G.4.1

# PERSONAL CARE POLICY

## INTRODUCTION

It is important to remember that CROSSROADS provides a package of care that enables a carer to have a break. If it is felt that certain tasks cannot be undertaken consideration should be given as to whether support can still be provided for the family in question, with the relevant health professional being asked to provide assistance with the specific tasks.

## 1. AIMS AND OBJECTIVES

### 1.1 Aims

To provide guidelines for the provision of personal care, which enable CROSSROADS schemes to replace the carer in the home and meet the individual's care needs.

### 1.2 Objectives

- 1 To recognise carers' expertise and to provide the service in a safe manner acceptable to the family, maintaining the dignity of the person with care needs and treating the individual with respect
- 2 To ensure schemes are providing personal care through competent staff as agreed with the carer and the person with care needs. This will minimise risk to the person with care needs, carers, staff and trustees
- 3 To achieve a consistent quality of service throughout the organisation through recruitment, induction, training, support and supervision
- 4 To set agreed boundaries in relation to the level of care that can be provided

- 5 To meet the individual's changing needs and the changing support needs of carers by developing staff competence.
- 6 To ensure insurance cover is appropriate to the care given.
- 7 To protect staff from harm and litigation.
- 8 To protect managers and trustees from litigation.
- 9 To protect the person with care needs from care being provided by inexperienced, untrained staff.

## **2. POLICY STATEMENT**

CROSSROADS recognises and respects carers and people with care needs as individuals and does not discriminate in relation to age, gender, physical disability, mental or sensory impairment, race, culture, class, economic factors, sexual orientation, marital status, political beliefs, religion or any other specific factor.

CROSSROADS respects the individuality of carers and people with care needs and seeks to foster their choice, independence, dignity and safety.

## **3. DEFINITION OF PERSONAL CARE**

“Care given to an individual to maintain their physical, psychological and emotional well-being”.

## **4. RISK MANAGEMENT**

The management of personal care benefits from the “risk management” approach. Staff and trustees need to be able to demonstrate that policies and training are in place that ensure that every area of risk is assessed and managed.

### **4.1 Recruitment**

(See also Equal Opportunities Policy)

Schemes must take **all reasonable steps** to ensure that staff sent into individuals' homes are appropriately trained. The recruitment process should identify whether applicants have the skills and abilities to be able to undertake the relevant tasks, after appropriate training.

Individuals are employed to undertake a specific role i.e. **Senior Staff Member** or **Carer Support Worker**, and must always work in accordance with their job description.

#### 4.2 Induction / Training / Demonstration of Tasks

All staff must receive induction and on-going training. The content of the induction/demonstration of tasks/any further training should be recorded. The qualifications of any trainers used should also be noted - see Specialised Tasks form.

If staff are appointed who have undertaken previous training which is considered to be relevant, this should only be acknowledged if there is clear evidence in terms of content, dates, competency demonstrated and trainers qualifications. It will still be necessary to establish further induction training needs.

Some training/demonstration of tasks can be provided on a general basis for example, training on moving and handling. It is particularly important that moving and handling training is provided by a recognised, qualified trainer. Regional staff can advise on possible trainers.

#### 4.3 Health & Safety

Risks to staff health and safety must be assessed and recorded.

It is strongly recommended that all care staff are vaccinated against Hepatitis B. Staff should be made fully aware of the risks and consequences of contracting Hepatitis B. (See also CROSSROADS Health & Safety Policy<sup>1</sup> and Hepatitis Guidance Notes<sup>2</sup>).

Immunisation against Tuberculosis, Tetanus and Poliomyelitis may also be appropriate. **Carer Support Workers must** be encouraged to talk to their own GP about the need for them to have these inoculations, **using their Job Description for their G.P'S information.**

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<sup>1</sup> [..SECTIONHH&S.DOC](#)

<sup>2</sup> [HEP.DOC](#)

Immunisations should be provided free of charge. If a scheme is having difficulty in getting a GP to give these at no cost, the local occupational health department of the community health trust or Social Services should be approached for advice. If this does not resolve the situation the local public health department should be asked to take up the issue from a purchasing perspective.

**All staff should have a copy of the Health & Safety Policy.**

#### **4.4 Documentation of Care Given**

Keeping records is an essential and integral part of care and not a distraction from its provision. Clear and accurate records help to ensure that there is effective communication between care providers, eliminating the risk of medication or other treatment being duplicated or omitted, and ensures that any concerns about the person's condition are focused on.

All care staff should have a written copy of a Care Plan for the person with care needs they are attending which has been signed by the person with care needs (if possible) and their carer. This should detail what tasks should be undertaken. (See Section F 1.3 for a suggested format for a care plan<sup>1</sup>).

It is not intended that care staff produce detailed or lengthy records on each visit but they should record the following:

- Time of visit - on the time sheet.
- Significant changes in the situation and well-being of the person with care needs.
- Medication given.
- Specialised Tasks undertaken.

(all above to be signed by the *Carer Support Worker*)

It may be easier to number each of the specialised tasks on the care plan then record on the report form (See Section F for a suggested format<sup>1</sup>) the numbers that were undertaken.

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<sup>1</sup> [..\TWO\SECTIONF\CAREPLAN.DOC](#)

Records should be in black ink (this photocopies better and fades less than blue ink - biro is sufficient), signed and dated. They should be factual (no opinion) and legible. (Up to 40% of medical negligence cases are lost because of poor records.)

These records should be kept in the carer's/person with care needs' home until either the sheets are filled or the care provided comes to an end.

Time sheets (or individual staff diaries) and care plans and records should be retained by the scheme for a minimum of eight years. (See Confidentiality Policy for details in relation to each client group). This is necessary because of the length of time following an incident that legal proceedings can be initiated.

#### **4.5 Consent**

The Care Plan should be signed by the carer and the person with care needs if it is possible for them to give a signature. If it is not possible for the individual to give their signature, this should be recorded. If the person with care needs is under 16 or is unable to give their consent their carer should be asked to sign, however, unless they legally have the power of attorney this would have little standing in a court of law.

### **5. BASIC TASKS**

ALL *Carer Support Workers* must be able to undertake these tasks competently, following induction. It is recognised that induction may take place over a specified period of time. (See Training Induction Pack)

- 1 Bathing in bed / bathroom / chair to include aspects of personal hygiene.
- 2 Assistance with management of continence of bladder and bowel
- 3 Assistance with dressing and undressing
- 4 Assistance with mobility and transfers
- 5 Assistance with feeding.

- 6 Administration of medication orally and topically, ***following the Medication Policy guidelines.***
- 7 ***Assistance with exercise programmes for rehabilitation and development as agreed with the relevant physiotherapist or occupational therapist.***
- 8 Ensuring a safe environment in accordance with CROSSROADS Health & Safety Policy
- 9 Supporting the person with a disability outside their home
- 10 Assistance with getting out of bed and going back to bed
- 11 Assistance with appliances (hearing aids, spectacles, artificial limbs, leg callipers )
- 12 Care of skin and hair, including assistance with shaving.
- 13 Care of pressure areas and prevention of sores.
- 14 Care of mouth and teeth, including dentures.
- 15 Summoning emergency services if necessary.

## **6. SPECIALISED TASKS**

Schemes need to decide the level of care they wish to undertake. They may wish to consider undertaking specific tasks that are not included in the above basic tasks list. It may be appropriate for schemes to undertake certain nursing-type tasks which would be delegated to the carer, depending on the stability of the individual's condition and the level of support that can be provided by local nursing staff to enable scheme staff to develop the appropriate skills.

The carer will play a vital role in advising on the particular needs of the person with care needs as they clearly will know the individual better than any professional will, but they should not be expected to demonstrate how 'nursing-type tasks' should be undertaken. A nursing type task delegated by a nurse to a carer can then not be passed on by the carer to a ***Carer Support Worker*** without involving the nursing service in that transfer of responsibility.

In considering the circumstances when it may be appropriate to undertake particular tasks the following issues need to be considered by the nursing manager and the scheme manager:

- the stability of the individual's condition
- the need for supervision / support by a health professional
- the risks of not recognising the need for medical intervention.
- the risk of causing significant harm to the individual if the task is not undertaken appropriately.
- the availability of direct access to nursing support.

*Carer Support Workers* should only undertake tasks other than those listed under BASIC TASKS if they feel capable and competent to do so and have demonstrated to the relevant health professional that they have acquired the necessary skills.

### ***Special Task Protocol***

- 1. Contact the relevant authority, which will provide specialist training, and ensure specific training will be available.***
- 2. Agree task specification with the purchasing/referral authority.***
- 3. Ensure that the Carer Support Worker(s) identified for task training have the competence and willingness to undergo training.***
- 4. Arrange training, and sign off after completion in conjunction with the Specialised Task Consent Form.***
- 5. Notify insurers of details.***

## **7. PROHIBITED TASKS**

The following tasks are considered to be inappropriate for CROSSROADS care staff to undertake and consequently a scheme's insurance cover would be invalidated if they were to do any of these tasks.

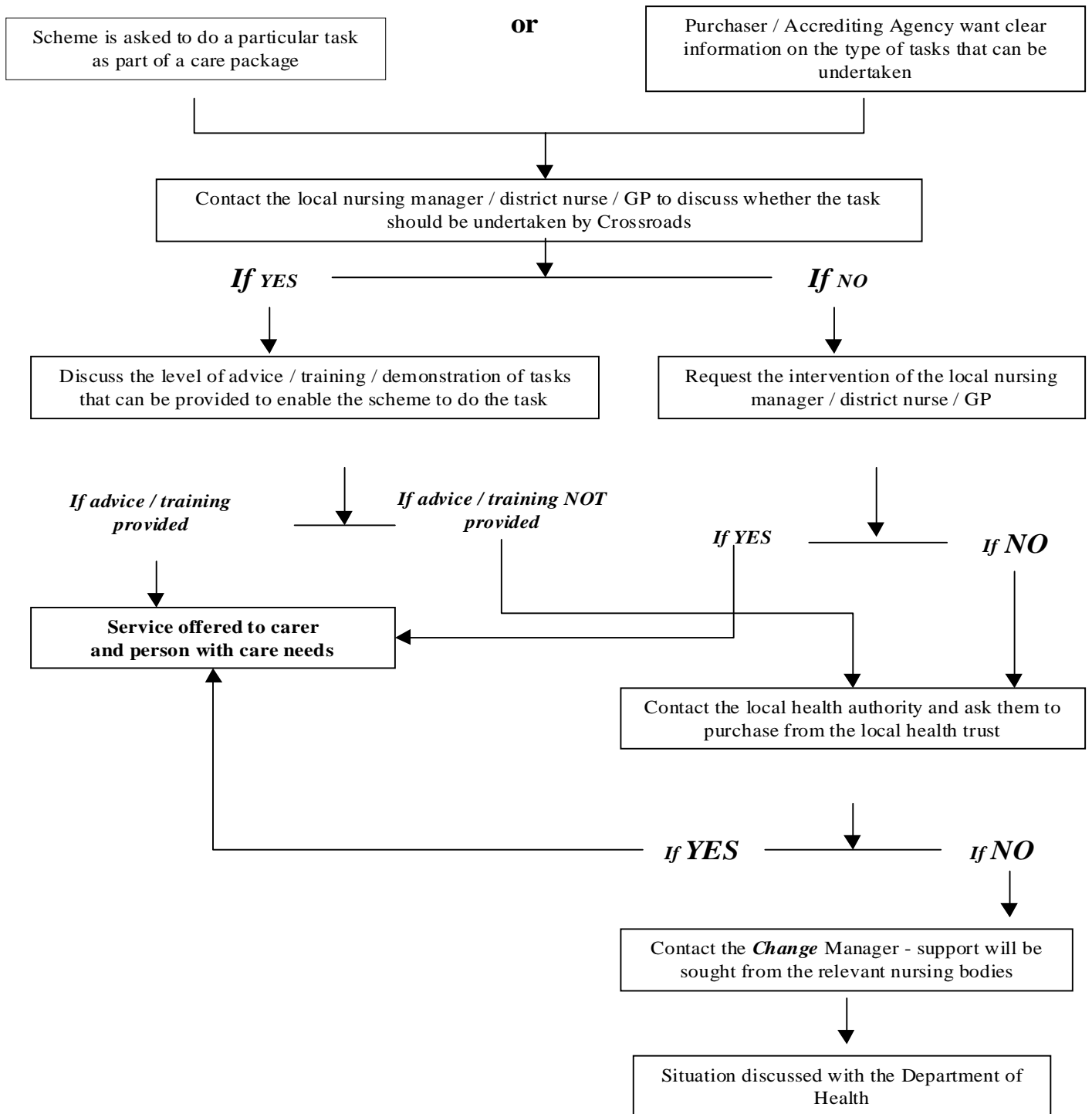
- 1 Ear syringing
- 2 Bowel evacuation (other than suppositories and use of microlax)
- 3 Bladder washouts
- 4 Injections (*in the event of anaphylactic shock, an emergency epipen injection must be given*)

- 5 Haemodialysis
- 6 *All* Toe-nail cutting and chiropody, *and finger-nail cutting for diagnosed diabetics*
- 7 Removal/replacement of urinary catheters
- 8 Tracheotomy *tube changing/replacement*
- 9 Lifting *individual* from the floor unaided
- 10 Filling/decanting of oxygen cylinders

If this Policy conflicts with local Health or Social Services Policies, further discussion may be necessary with the Change Manager and the insurers *of the Association*. *If a task is considered necessary, such as tracheotomy care on a limited basis, then the task MUST be referred to the Specialist Task protocol outline above.*

## WHAT TO DO IF A CARER NEEDS SUPPORT WITH A PARTICULAR TASK

- Each stage of this process should only be taken if agreed with the person with care needs and their carer



## **10 RESPONSIBILITIES OF CROSSROADS TRUSTEES**

- 1 To be familiar with the Job Descriptions of *Senior Staff Members* and *Carer Support Workers*.
- 2 To ensure the scheme adheres to CROSSROADS policies.
- 3 To appreciate the range of disabilities and personal care tasks experienced by people with care needs
- 4 To support the scheme *Senior Staff Member*, help and seek professional advice as required.
- 5 To ensure liaison with statutory bodies for help and advice.
- 6 To ensure training is available to staff and trustees as appropriate.
- 7 To ensure risk is managed and insurance not invalidated.
- 8 To ensure that an appraisal system is in place for all members of staff.
- 9 To agree the nature of tasks that scheme staff will be able to undertake (if the relevant training / advice can be provided).
- 10 To ensure that the scheme notifies the Association of any difficulties in implementing the Policy.

## **11 RESPONSIBILITIES OF CO-ORDINATORS/MANAGERS**

- 1 To be familiar with Job Descriptions of *Senior Staff Members* and *Carer Support Workers*.
- 2 To adhere to CROSSROADS policies and ensure staff are familiar with policies relevant to their work.
- 3 To understand the needs of carers and the range of disabilities experienced by the person with care needs.

- 4 To establish and regularly review the personal care needs of individuals and negotiate CROSSROADS' involvement in their care plan.
- 5 To assess and review the skills and knowledge of each *Carer Support Worker*, identify training needs and plan to meet them.
- 6 To supervise and support *Carer Support Workers*.
- 7 To inform Trustees and the Association about current care issues, concerns and training needs.
- 8 To understand the responsibilities and liabilities of Trustees.
- 9 To liaise with purchasers, the accrediting agency and the local health trust on the issue of the tasks that will be undertaken and the training/advice that can be provided.
- 10 To ensure a system is in place to notify changes in care practice including equipment.
- 11 To ensure risk is managed and insurance not invalidated.

## **12 RESPONSIBILITIES OF CARER SUPPORT WORKERS**

- 1 To be familiar with their Job Description.
- 2 To adhere to CROSSROADS' policies and procedures.
- 3 To understand the needs of carers, the range of disabilities and the care tasks appropriate to each person with care needs they are working with.
- 4 To acknowledge the boundaries of their role as *Carer Support Workers* and level of expertise.
- 5 To inform the *Senior Staff Member* of change in the person with care needs' condition promptly.

- 6 To observe, record and report care given, including the administration of medication.
- 7 To be aware of the support structure within the scheme and use it to share concerns about limitations in relation to personal care tasks and to identify training needs.
- 8 To attend staff meetings and training as directed by the *Senior Staff Member*.
- 9 To co-operate as part of a multi-disciplinary care team.
- 11 To provide care in a manner that shows respect to the person with care needs, and maintains their dignity.

**ALL STAFF AND TRUSTEES ARE RESPONSIBLE FOR EFFECTIVE COMMUNICATION AT ALL TIMES**

**References:**

Community and District Nursing Association.      St Paul's Insurance Company