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## PERSONAL CARE POLICY

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### 1. Policy Statement

- 1.1 Moonstone Care UK Ltd believes that all service users should be treated with respect and dignity and be offered care services that are appropriate to their social and cultural needs. Some services may require physical support with personal care, which is a key area of an individual's self-image and respect. Service users should have choice and be able to exercise control over the care they receive.
- 1.2 All service users should have an assessment to determine their required level of support in personal care, and the choice of who provides the required support.
- 1.3 It is the policy of Moonstone Care UK Ltd that, wherever reasonably practicable, female service users will receive personal care support from female staff. Male service users will be given the choice of who provides their personal care. Wherever reasonably practicable, same gender support will be provided.

### 2. Definitions

- 2.1 Personal Care as defined by The Health and Social Care Act 2008 (regulated Activities) Regulations 2010 is defined as
- (a) physical assistance given to a person in connection with—
- (i) eating or drinking (including the administration of parenteral nutrition),
  - (ii) toileting (including in relation to the process of menstruation),
  - (iii) washing or bathing,
  - (iv) dressing,
  - (v) oral care, or
  - (vi) the care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist); or
- (b) the prompting, together with supervision, of a person, in relation to the performance of any of the activities listed in paragraph (a), where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision;
- 2.2 To summarise, these include: intimate or personal tasks undertaken with a service user, which relate to their physical, emotional, and social well being. Examples include bathing/showering, bed changing, dressing, hairdressing, hair washing, lifting, nail clipping, toileting, undressing, shaving, skin care, applying external medication, feeding, brushing teeth, applying deodorant, undressing (clothing), washing non-intimate body parts and first aid. Staff will not undertake invasive tasks such as changing internal sanitary towels.

### 3. Assessment and Consent

- 3.1 Personal care should be planned with the involvement of Services users, whenever possible or their representative on their behalf, their relatives and friends and takes into account the service user's wishes and preferences in relation to the way in which the care is provided.
- 3.2 Making an assessment of the needs of a service user can be very intrusive. We are obliged to ask questions about the most intimate areas of a service user's life and it is helpful at the outset, to observe a service user in their own private environment where care will be

delivered. We will do everything possible to limit the embarrassment a service user can experience at this stage and to provide all possible reassurances about the nature of our service generally and particularly the confidentiality of our information systems and the sensitivity of our workforce.

- 3.3 Some potential service users 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 service user has to provide about themselves. If it seems helpful we will arrange for some parts of the interview to take place with the service user alone.
- 3.4 Care workers may pick up some information about a service user's changing care needs during the process of service delivery. The worker should check with the service user whether they have any objection to details being recorded, though they may have to explain that information does have to be shared with colleagues in the agency.
- 3.5 Before giving care, the person's informed consent must be specifically sought. The person should be given information about:
- what the support entails
  - why it is being offered
  - the consequences of it not being received
  - who will be giving the support
  - when and where it will be given
- 3.3 Where a service user is unable to give their consent, a multidisciplinary team approach should be followed which includes consultation with families, advocates, other relevant professionals. The Mental Capacity Act Policies will be followed in these circumstances.

#### **4.0 Handling Information about Service Users within the Agency**

When information about service users has to be passed from a care worker to a manager, or between care workers, 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 service users as possible. (See our policy on confidentiality and procedures on confidentiality of information.)

#### **5.0. Choice**

- 5.1 Service users should be enabled to have control over the care they receive, including choice of person(s) to provide personal care. Therefore where a service user has expressed a strong preference that they receive personal care from a worker of either the same sex as themselves or the opposite sex, then as far as possible this should be honoured. The person needing support must be enabled to express this choice.
- 5.2 If a service user raises any concerns about receiving care from a particular individual, they must be treated seriously and the matter brought to the attention of the Manager as soon as possible. The matter should be investigated and the staff member concerned should no longer provide personal care to the service user who raised the concerns.

#### **6.0. Risk Assessment**

- 6.1 It is important to acknowledge the element of risk inherent in undertaking intimate personal care tasks for vulnerable service users.

- 6.2 There is a potential risk to the service user who may not be able to protect themselves from abusive or exploitative situations.
- 6.3 There is a potential risk to care staff from unfounded or malicious allegations.
- 6.4 To address and minimise these risks Moonstone Care UK Ltd Limited will ensure that service users care plan will include a list personal care tasks to be carried out and an assessment of each of them with reference to risk to individual service users and staff members.
- 6.5 Care Plans and Risk Assessments should then be agreed between the service user and Moonstone Care UK Ltd Limited which addresses the service users' needs and preferences and minimise the risk to all involved.
- 6.6 These risk assessments should address the following
- the type of care needed
  - the environment where the care is given
  - the individual receiving care, their preferences, their social and cultural background and their history.
- 6.7 Should staff ever feel uncomfortable in providing same or cross gender care to any service user they should discuss this with their manager.

## **7.0 Service Users from Minority Groups**

We are aware that issues of privacy and dignity may be specially sensitive when the service user 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 service users to draw to our attention any particular matter of which we should be aware.

## **8. Staff Recruitment**

- 8.1 Moonstone Care UK Ltd Limited will endeavour to recruit appropriately trained staff with the right cultural mix on an ongoing basis in order to get a balance within a staff team which enables the service to offer a meaningful choice to service users regarding the provision of personal care.

## **6. Staff Training**

When providing personal care, staff should be trained to respect among other things the privacy, dignity and choice of the service user at all times, and to ensure the safety of the individual.

- 6.1 Moonstone Care UK Ltd Limited should carry out regular monitoring of good practice in the provision of personal care through:
- service user feedback
  - peer review
  - formal supervision process
  - implementation and updating of Care Plans, Risk Assessments, etc.

## **7.0 Behaviour of Care Workers**

- 7.1 Care workers must follow the GSCC Code of Conduct for employees at all times and are instructed to remember that they are guests in the service user's home.
- 7.2 We know that some service users have forms of address for themselves to which they are particularly attached, or conversely forms they find particularly offensive. Our care workers

will make note of and observe such individual preferences, they'll always address a service user by their chosen name, and know that the acceptable usage may vary between people or over time.

- 7.3 We know that many people receiving domiciliary care find it important that they are helped at a time of day which is convenient for them and we will try to respect service users' preferences in these areas.
- 7.4 Care workers who carry out tasks which relate to service users' personal appearance will provide tactful help to ensure that their service users look as they would wish.
- 7.5 We recognise that the carrying out of some tasks, particularly those relating to intimate bodily functions, may compromise a service user's privacy and dignity. We undertake that our care workers will show great tact in such situations.
- 7.6 Some situations may carry additional sensitivity if the worker is a different sex from the service user, so we will attempt if asked, to provide service users with same sex care staff.
- 7.7 Care workers have been instructed to be alert to the potential invasion of privacy involved in handling a service user's personal possessions or documents, and will always respect boundaries the service user chooses to set.
- 7.8 If a service user is particularly sensitive about their privacy or dignity in any other area of their lifestyle, care workers will be particularly cautious and sensitive to the service users wishes.