**HEALTH CARE POLICY**

**INTRODUCTION**

Care Stream is committed to the provision of person-centred care and support. This involves putting the resident at the centre of the service they receive, ensuring every action taken is based on what is important to that person from their own perspective.

As such, we will:

* recognise each person as an individual, valuing their uniqueness and diversity
* treat carers and residents with respect and ensure no-one receiving a service receives less favourable treatment because of their race, gender, marital status / civil partnership, sexual orientation, gender reassignment, age, ethnic origin, disability, religion or belief, status as a carer, or any other personal characteristic or circumstance
* uphold each person’s right to privacy, dignity, and confidentiality
* support people wherever possible in making their own choices and decisions about the care they receive in order for them to retain as much independence as possible
* seek to maximise each individual’s skills and abilities
* strive to involve the person’s carer(s), family and friends in their care and support, in line with the residents’ wishes and with their consent, where possible, to ensure everything is done to maintain the resident in a safe environment

Personal Care

The definition of personal care for the purpose of registration is in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010:

* A. Physical assistance given to a person in connection with:

\*eating or drinking (including the administration of parenteral nutrition)

\*toileting (including in relation to the process of menstruation)

\*washing or bathing, dressing, oral care, or

\*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.”

Please note: the definition of personal care is wider than under the Care Standards Act 2000, as it now includes prompting.

The policy applies to the care of residents who require support of an intimate nature, including bathing, intimate hygiene and intimate intervention and treatments. Intimate and personal care is an important area of an individual’s self-image and respect. The apparent nature of many care interventions, if not practiced in a sensitive and respectful manner, can lead to misinterpretation and occasionally allegations of abuse.

Not understanding an individual’s specific needs can lead to confusion and misunderstanding. It is therefore important that care workers are sensitive to these issues and aware of the potential for individuals within ‘at risk’ groups to become the victims of abuse.

A relationship of trust is required to ensure that all residents receive the same degree of care and support. A relationship of trust can be described as one in which one party is in a position of power or influence over the other by virtue of their work or the nature of their activity. Relationships developed by professions such as health and social care are all founded on trust.

Intimate Personal Care

Intimate personal care is defined as any procedure involving physical care or treatment that is an invasion of bodily privacy and that may be a potential source of exposure or embarrassment to the individual receiving the care.

The understanding of what constitutes intimate care may vary within diverse cultures. It can include:

* feeding
* oral and dental care
* washing
* dressing / undressing
* toileting
* menstrual care
* treatments such as enemas, suppositories, enteral feeds
* administration of medication
* catheter and stoma care
* supervision of a person involved in intimate self-care.

The following principles for good practice should assist in this matter:

* Allow the individual to care for him/herself as far as possible;
* Allow an individual wherever possible to express a preference for his/her carer;
* Where the individual is unable to give consent, discussions must take place with themselves, their carer or other legally appointed representative as to their preferences;
* Ensure the privacy and dignity of the individual;
* Be aware of and responsive to the individual’s reactions;

Best Practice Guidance for Personal Care:

* If personal care is to be given by a member of the opposite sex, the individual’s consent must be obtained;
* In situations where an individual requires care from more than one member of staff, the member of staff leading on the care should be of the same gender as the resident;
* During washing, toileting and dressing, staff should take steps to ensure that the resident’s body, especially intimate regions are not left exposed and should ensure that the person is covered with towels or clothing during administration of intimate care;
* If staff of same gender or a chaperone is not available and the individual has not consented to receiving care from someone of the opposite sex, and if the care is not urgent, this must be explained to the individual and/or their representative to ascertain if they would prefer to proceed without a chaperone, or offer to delay the care until such time as a chaperone is available;
* In services where intimate personal care may be given on occasion by members of the opposite sex, information must be given to residents in advance of such a situation potentially arising. Discussion and agreement should take place with the resident, their carer/ representative. This information must be recorded in the resident’s care plan highlighting that consent has been obtained (or not);
* It is the responsibility of staff, through record keeping to monitor the frequency of same gender staff not being available for intimate personal care needs;
* Religious views of residents and their families must be taken into account. It may be the case that males can only have intimate care provided by another male, therefore involvement of the family in the care of the individual is important;
* Apart from in emergency situations, staff must get to know the resident before being involved in any intimate or personal care;
* Residents who require support with intimate care must have an up-to-date care plan that covers key aspects of care and highlights preferences, wishes and consent.

Consent for Personal Care

As part of the initial core assessment and transitions in place prior to the commencement of the placement, Care Stream requires the written consent, wherever possible, of the resident for the care and support to be provided. Care Stream would have an agreement with the placing authority in relation to the needs of the individuals and document what level of support the individual requires. However, we recognise that in some cases the resident may be unable to give written consent and we will follow the requirements of the Mental Capacity Act 2005 in relation to best interests in these cases as well as work in partnership with the local authority.

If there is any doubt about the ability of the resident to make decisions about and consent to their package of care and support, the provisions of the Mental Capacity Act 2005 and associated Code of Practice will be taken into account.

Service Planning and Review

A designated staff member trained in risk assessment and care will carry out a suitable risk assessment in consultation with the resident and / or their carer as appropriate before the service begins.

The resident and / or their carer (as appropriate) will be invited to participate in determining the content of the care plan. This will record the person’s care needs, preferences and desired outcomes for the service to be provided. Care plans and risk assessments will be reviewed, updated and, where necessary, amended annually or when there is a significant change in needs or circumstances, whichever is sooner, to ensure they remain valid.

Care planners will ensure that care plans and risk assessments are made available to all staff providing care and that staff receive all necessary additional training before support commences.

**Bathing Guidance for staff**

* Each residents’ support plan should state whether they need assistance with bathing/showering.
* Where it is deemed that the resident is vulnerable and unable to take safety precautions, their risk assessment must make it clear that they require staff supervision when bathing or showering, and the temperature of the water must be taken and recorded on every occasion.
* Where it is deemed necessary for a staff member to be present, staff must be of the same gender whenever possible.
* Staff must provide sensitive, flexible personal support to maximise respect

for the residents’ privacy and dignity.

* The risk assessment must detail the extent of support required i.e. do they require supervision or support throughout the process, and is it appropriate and safe to allow them time alone whilst using the shower or bath?
* Where it is deemed that the resident requires support throughout the procedure, supporting staff must not leave the resident unattended in the bathroom area under any circumstances.

**Training**

Care Stream will provide trained care workers to provide support in peoples’ homes to deliver personal care, social and domestic support. All care workers will be trained to deliver this care and support. Staff providing support should be aware of all individuals needs in order to be able to provide care and support in a person-centred way ensuring that it meets the needs of the individuals.

When asked to provide a specialised task, we will conduct a risk assessment prior to deciding whether the care involving that task can be delivered safely. Specialised tasks will be carried out by care workers specifically trained to deliver them.

**GUIDE TO SEXUAL HEALTH SERVICES**

Sexual health services are free and available to everyone, regardless of sex, age, ethnic origin and sexual orientation.

If people being supported have a disability, considered to be vulnerable and have special requirements, or if English is not their first language, the individual should be supported to give permission to the support staff in order for the staff to make contact with the local clinic before visiting. Additional information could be obtained on the UK GOV website.

**FOOD AND NUTRITION**

Eating a healthy balanced diet can help to prevent diet-related illness and will give you all the energy and nutrients you need to keep active and maintain a healthy weight. Individuals should be supported to have access and information to healthy nutritious meals including time allocated to having a freshly prepared meal. Where possible support staff should look to encourage individuals to eat healthy meals and drinks. Find out how much of the different food groups you should eat and how they can benefit your health. Information can be found on the NHS website: nhsinform.org.uk.

**HEALTHCARE SERVICES ACCESS**

Each individual has a right to healthcare provisions in their local area and should be supported to have access to register with different healthcare services. This would include registration with a GP, opticians, dental surgery as standard and to look into additional services that the individual may have identified. As part of setting up an individual’s support plan, there is an expectation that the service would look to register the individual with a number of different health care services and ensure that this has been documented on the individual's support plan.

**DRUGS AND ALCOHOL**

We would look to engage local Drug and Alcohol consultants to do assessments for people we provide support to who have gone against the Care Stream Drug and Alcohol Policy. The expectation would be for staff to provide support to the individual by attending appointments and to share recommendations in order to support individuals to manage in difficult circumstances.

Some behaviours that may cause concern as a result of not having access to services. Staff should always think in terms of seeking medical advice in the first instance:

∙ Attention seeking behavior ∙ Defiance of rules ∙ Blaming, denying ∙ Outbursts of anger ∙ Extreme negativity ∙ Change in friends ∙ Withdrawn/avoidance behavior ∙ Talks freely about drug/alcohol abuse ∙ Sudden popularity or unpopularity ∙ Fatigue or listlessness ∙ Deteriorating appearance ∙ Verbal expression of depression ∙ Written notes about suicide ∙ Self-harm.

Please note that this policy is to be used in conjunction with the individuals support plan.

**Reviewed March 2023**