

# STAFF HANDBOOK

Specific to Community Reablement

## Reablement Officer

May 2020

Delivering for Croydon

**CROYDON**  
[www.croydon.gov.uk](http://www.croydon.gov.uk)

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# STATEMENT OF PURPOSE

# OFFICE LOCATION AND CONTACT DETAILS

**Community Reablement Team  
Colby Court,  
34-36 Morland Road,  
Croydon,  
Surrey.  
CR0 6AZ**

**Operates daily between 08:00 – 20:00**

Office Opening between 09:00 – 17:00 Monday to Sunday  
**Telephone: 0208 726 6000 ext. 15901**

Out of hours On-call: **0208 604 7785**

Emergency backup phone number for use in the event of failure of the above:  
**07927 569 215** (Assigned to Carola Costagliola – Manager)

## **Main LIFE team Office**

**LIFE Team  
12-18 Lennard Road  
West Croydon  
CR9 2RS**

Telephone: 0208 274 6399/6974

# ROLE PROFILE

## Role Purpose

The role of the Reablement Officer is to deliver front line care support services to the Council's service users to help reablement them to live an independent life.

It is expected that the Reablement Officer will fulfil their responsibilities in accordance with the Council's policies and procedures and service aims.

## Personal Care

Tasks of personal care may include but is not limited to the list below:

- Bathing
- Washing the body
- Washing and styling the hair
- Shaving and personal grooming
- Brushing teeth or care of dentures
- Meal preparation/assistance
- Assistance to dress
- Toileting assistance
- Assisting with continence management
- Pressure sore and other skin condition monitoring
- Use of aids for daily living and rehabilitation

All tasks will be person centred and agreed in the support plan.

## Increasing their mobility

Tasks related to increasing their mobility may include but is not limited to the list below:

- Home exercise programmes
- Practising transfers from chair and bed
- Safe use of Sarastedy and/or Mackworth
- Educating use of mobility aids

## Practical support

Tasks of practical support may include but is not limited to the list below

- Making up or changing bedding
- Shopping
- Rubbish removal
- Escorting on activities or trips
- Laundry
- Domestic task – cleaning etc
- Completing application forms
- Signposting to community centres

All tasks will be person centred and agreed in the support plan.

## Other

In fulfilling all duties the worker will:

- Practice and promote effective, timely communication both within and outside the Council
- Promote anti-discriminatory practice
- Protect the confidentiality of service users

- Have due regard for their own safety and that of others, with reference to the Council's health and safety arrangements
- Participate in staff development
- Participate in meetings as required.

### Confidentiality

Treating all information acquired through employment, both formally and informally, in confidence. There are strict rules and protocols defining employee access to and use of the council's databases. Any breach of these rules and protocols will be subject to disciplinary investigation. There are internal procedures in place for employees to raise matters of concern regarding such issues as bad practice or mismanagement.

### Data Protection

- Being aware of the council's legal obligations under the Data Protection Act 2018 (the "2018 Act") and the EU General Data Protection Regulation ("GDPR") for the security, accuracy and relevance of personal data held, ensuring that all administrative and financial processes also comply.
- Maintaining customer records and archive systems in accordance with departmental procedures and policies as well as statutory requirements.
- Treating all information acquired through employment, both formally and informally, in accordance with the **Workforce Data Protection Policy**.
- There are strict rules and protocols defining employee access to and use of the council's databases. Any breach of these rules and protocols will be subject to disciplinary investigation. There are internal procedures in place for employees to raise matters of concern regarding such issues as bad practice or mismanagement.

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### Equalities and Diversity

The council has a strong commitment to achieving equality of opportunity in its services to the community and in the employment of people. It expects all employees to understand, comply with and promote its policies in their own work, undertake any appropriate training to help them to challenge prejudice or discrimination.

### Contribute as an effective and collaborative team member

Participating in training to demonstrate competence.

- Undertaking training as required for the role.
- Participating in the development, implementation and monitoring of service plans.
- Championing the professional integrity of the service.

# CODE OF CONDUCT

## General Principles

Croydon Council provides services that have an impact on the lives of those working and living in the borough and handles millions of pounds of public money every year. Our dedicated workforce is our greatest strength and the public trusts us to work for it in a professional, fair, inclusive and honest way.

So it is important that you are clear about what the Council expects from you in terms of how you carry out your work, behave, respect and treat your colleagues and members of the public. The code of conduct sets out these expectations and together with our values it reflects our culture and the sort of organisation that we want to be.

These values are:-

**One team:** Crossing boundaries to work together towards shared goals with colleagues, partners and communities.

**Proud to serve:** Striving to always do our best for the community. Getting the most from limited resources and using taxpayers money wisely.

**Honest and open:-**Working hard to build trust by treating everyone with honesty and integrity.

**Taking responsibility:-** Encouraging and supporting each other to take responsibility and show what we can do, learning together and recognising all of our contributions.

**Valuing Diversity:-** We make the most of the many perspectives that make Croydon distinctive.

It is important that you read, understand and follow the code and doing so will ensure that we are all working to the standards that the public expects and will help make the Council a good place to work.

If you are at all uncertain, you should be guided by the key principle that even if your actions, decisions or behaviour are proper, you need to ensure that you are above suspicion and there is no appearance of improper conduct.

Everyone who works at Croydon Council has a responsibility to our residents and those who use our services. That is why it is so important we ensure that we are "doing the right thing" and adhering to the high standards of governance at the Council. We are accountable to the people who use our services and live within the borough, and so it is vital that we conduct our business with honesty, transparency and accountability.

There are other codes that are important for you to understand and which you should read alongside this one. You can also find lots of other useful guidance on the 'Good Governance - doing the right thing' section of the Intranet. This covers information on your authority to act as an officer of the Council, how the Council governs, how its processes work and the standards you have to consider and adhere to as an employee.

E-learning is available and all employees should undertake this.

# DRESS CODE

Reablement officers will be provided with 3 polo shirts and are required to wear neutral coloured lower body garments (trousers, leggings, below the knee skirt). All staff, when on duty, must wear the service uniform. The uniform provided must be worn and maintained in a clean condition and in good repair. All clothing should allow sufficient hip and shoulder movement for the safe moving and handling requirements of the job.

Staff may be entitled to tax rebate from the HMRC for laundering their uniforms and should seek guidance from them.

## **Personal hygiene**

All staff must maintain a high standard of personal hygiene and must present themselves in a professional manor at all times.

## **Footwear**

Footwear must be well fitting and flat soled. Open toe shoes or sandals and mules must not be worn as these constitute a hazard (manual Handling Operations Regulations, 1992). If alternative footwear is required for medical purposes, the individual will be required to provide medical evidence and discuss this with their line manager.

## **Identification Badges**

All staff must carry their identification badge on them at all times, when on duty. Identification badges must be presented to the service user, upon visit to their service address. Identity badges remain the property of Croydon Council and must be returned to the service manager when employment ends.

## **Nails**

All staff must maintain high standards of hand hygiene to include regular hand washing and sanitation in line with infection control guidance.

Finger nails should be kept short and clean. Care staff must not wear nail varnish, nail art or false nails whilst on duty. The wearing of such items is strictly forbidden as they pose an infection prevention and control risk and a health and safety hazard to residents.

## **Hair**

Hair must be clean and well-groomed with hair longer than shoulder length being tied back while on duty.

Where hair grips are worn, they must not have the potential to cause injury to others, and must comply with health and safety and infection control standards.

## **Jewellery**

Employees should ensure that their permitted jewellery is minimal, following the bare below the elbows principle so that it does not pose a risk to themselves or to others and promotes a professional image. Facial piercings should remain discreet and facial jewellery should be plain and flat. This is to avoid potential harm and also to present a professional image. Any piercings or jewellery which may cause an infection prevention and control hazard must therefore be covered or removed. Employees who are required to wear jewellery for religious reasons may do so provided that they do not impact on health and safety or infection prevention and control principles of effective hand washing.



# Sickness Absence

Employee attendance is important to the delivery of our business and we want to maximise attendance and contribution to work. We recognise that there will be occasions when employees may be absent as a result of illness. Persistent or long term sickness absence can however be disruptive and may on occasion result in an adverse effect on the quality of services we provide. We consider it essential therefore to provide all possible help and support to our employees to assist in swift recovery and return to work.

The point at which a manager will need to look further into an employee's absence level is based on individual circumstances. The return to work meeting is seen as an essential part of the managing attendance process and must be held after each period of absence.

Managers will regularly review absence levels and the effect it has on their teams. It is important that during any period of absence the manager is not only looking for means to support the individual concerned but also the team members who are coping with the absence.

In the event of either of the following scenarios, further investigation may be required:

- 7 days sickness absence in the previous 12 months; OR
- 5 occasions of sickness absence in the previous 12 months

**It is essential that in the event of sickness / absence from work, other than that of an authorised annual leave booking, that the service manager or the member of staff on-call (if out of office hours) is informed verbally, and that details of any scheduled work is handed over, a minimum of 1 hour before the start of the shift.**

## Lone Working

### **SERVICE GUIDANCE STATEMENT**

This guidance is underpinned by Health and Safety legislation and places a duty on the organisation to provide and maintain a safe working environment.

It is recognised that, by the nature of staff job roles, individuals will be required to work alone. This includes most domiciliary care staff who visit and provide a service to service users in their own homes.

Lone working can be described as '*work that is specifically intended to be carried out by an unaccompanied person, without direct supervision or immediate access to another person for assistance*'.

Lone working may expose staff members to additional health and safety risks, such as challenging behaviour from the service user, family members or the general public, and environmental hazards. It is the duty of both the organisation and individual care workers to carry out risk assessments and to put control measures in place to reduce/eliminate the risk and ensure safe systems of work. It is recognised that lone working staff will be relying on their own judgement and may be at higher risk of making mistakes.

### **AIM**

The aim of this guidance is to ensure that the Lone worker is given as much information, as is available, regarding the environment and personal circumstance of the service user they will be visiting, to include any hazards or risks to which they will be exposed to.

The Lone worker is equipped with knowledge of what to do in circumstances where something goes wrong and that training and supervisions are conducted to support this.

The organisation is kept aware of the Lone workers whereabouts, their planned duties and durations of visits and that an agreed emergency process is in place and adhered to.

### **LONE WORKING PROCEDURES:**

- All staff will complete induction training and relevant mandatory training, to include health and safety, and must be deemed competent by the course facilitator
- Staff must be briefed with relevant information prior to attending a visit to a new service user.
- Supervisions must be completed, at regular intervals, to ensure that employees understand the risks associated with their work and that the necessary safety precautions are carried out.
- Lone workers should make regular contact, throughout a shift and at the end of each shift, with their Line Manager, to confirm their safety and wellbeing.

- Staff must take reasonable care of their own health and safety and that of others who may be affected by their acts or omissions at work.
- Lone workers should be equipped with personal panic alarms and mobile phones in order to summon help should it be required. Access to an out of hours emergency line, will be available.
- Staff must report all incidents of violence, aggression, or concerns about working alone or faulty equipment, as soon as it safe to do so, and must co-operate fully in any subsequent investigation of an incident
- Support must be provided to colleagues who have been the victim of a violent incident or a witness to it.

**In the event that a member of staff finds themselves in a compromised situation, the agreed message will be telephoned through to the organisation office/on-call:**

**'Can you cancel my appointment with Dr Bailey'.**

**The Staff member should provide as much information as possible, to confirm their whereabouts, and who they are currently with.**

It is the responsibility of the Line manager / supervisor on duty, to respond to this alert and ensure the staff member's safety. Police will be contacted where appropriate.

## **NO RESPONSE SERVICE GUIDANCE**

### **June 2019**

#### **SERVICE GUIDANCE STATEMENT**

It is recognised that, failure to gain entry to a service users address, or to make any form of contact with the service user, at the time of a scheduled visit, may be an indicator of an incident or cause for concern.

All staff will approach these situations with urgency and will consider there to be a possible emergency incident requiring immediate action to ensure the safety and well-being of the service user.

#### **AIM**

The aim of this guidance is to ensure that all staff recognise their responsibility for the safety and well-being of all service users.

Staff must be aware of the procedures that are to be followed in the event of a '*No Response*' occurring and understand that such situations will take priority over routine day-to-day activities. Staff will ensure that the efforts to make communication with/establish the whereabouts of a service user, will not be ceased until contact has been made, or control of the situation is taken over by the police.

Staff must consider the circumstances surrounding a no response alert:

- The visit is scheduled and within reasonable time of the planned arrival.
- Key possibilities have been explored:
  1. The Service User is home but has not heard the doorbell / knocks.  
This may be due to hearing impairment, a television or radio being on, the service user may be outside in the garden or may be asleep.
  2. The Service User has gone out and forgotten to cancel the carer visit
  3. The Service User has fallen or become unwell and is unable to respond.

#### **NO RESPONSE PROCEDURE:**

- Basic checks are completed such as looking through windows, looking through the letterbox and calling out, attempting to gain access to the back of the property (where appropriate) to ensure the Service user is not outside.
- Contact service user on telephone and if no answer after a few attempts, the office staff should contact the listed next of kin to check whether they are aware of the service user's whereabouts.
- Neighbours should be approached to establish if the service user had been seen going out.
- Attempt to contact a key holder who can gain entry to the property to ensure the service user is not inside and unwell or injured. This may be a neighbour, a warden, NOK or a friend.  
If entry can be gained safely, check the property thoroughly, to include any outside space.
- Contact local hospitals, GP surgeries and community services such as day centres, to check that the service user is not there.

- Communication must be maintained between the officer and the office staff, who will liaise with the family/NOK as appropriate.
- If contact has still not been made with the service user, after following the above steps, it will be necessary to contact the Police who may deem it necessary to force entry.
- It is important that family / NOK are kept informed and that clear reports are completed in relation to a 'No Response'.

## HEALTH AND SAFETY SERVICE GUIDANCE

### June 2019

#### **SERVICE GUIDANCE STATEMENT**

The purpose of this guidance is to secure the health, safety and welfare of people at work and to protect, other than those at work, against risks to their health and safety arising from work activities, as far as is reasonably possible.

This guidance is compliant with the 'Health and Safety at work act 1974', encompassing 'The Management of Health and Safety at work Regulations 1999' (MHSAW) and 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013' (RIDDOR).

This policy considers key legislation and regulations to also include:

Manual Handling Operations Regulations 1992 (MHOR)

Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)

Control of Substances Hazardous to Health 2002 (COSHH)

Provision and Use of Work Equipment Regulations 1998 (PUWER)

Croydon Care Services recognises the duty to:

- Promote and enforce current legislation by providing training and information to all staff
- Provide and maintain equipment and safe systems of work
- Provide adequate Personal protective equipment
- Provide training and guidance relating to manual handling
- Provide training and guidance relating to safe medication management
- Provide training and guidance relating to risk assessments (to include COSHH)
- Ensure the use, handling, storage and transport of items and substances is carried out safely and that risks to health are controlled.
- Conduct regular supervision and competency checks on all staff
- Provide adequate control measures of the health and safety risks arising from work based activities
- Consult with all staff regarding matters affecting their health and safety.
- provide, manage and maintain our workplaces, grounds, properties and working conditions so that they are, so far as reasonably practicable, safe and that risks to health are controlled

#### **AIM**

The aim of this guidance is to set out the values and principles underpinning Croydon Care Services' approach to safe working practices, and the responsibilities for staff to adhere to them.

#### **Risk Assessments:**

Croydon Care Services will ensure that suitable and sufficient risk assessments are completed to identify the risks to health and safety of all staff, to which they are exposed while they are at work, and the risks to the health and safety of those individuals arising out of or in connection with the conduct of work activity.

All those affected should be made aware of the risks and the appropriate measures in place to reduce these risks.

#### **Principles of Prevention:**

When faced with hazardous workplace activities, Croydon Care Services will implement preventative and protective measures which may include:

- avoiding risks – wherever reasonably practicable to do so
- evaluating risks that cannot be avoided by –
  1. Considering a mechanical process to undertake the activity
  2. Adapting the activity to the person
  3. Providing training, instruction and supervision.

### **Training:**

Croydon Care Services will provide adequate health and safety training to ensure that staff are competent to complete their work.

Training will be delivered upon commencement of employment and will include induction training, to encompass all mandatory training topics and the opportunity for all staff to familiarise themselves with basic procedures and guidance.

Subsequent refresher training will be completed and any additional specific training will be explored and discussed during supervision / appraisal as part of a training plan.

### **Equipment:**

Croydon Care Services understands its responsibility to ensure that all equipment is safe to use and appropriately maintained and serviced.

Staff will be provided with manual handling training, to include the use of mechanical equipment, and will ensure that safe practice is adhered to.

In the event that a piece of equipment is found to be defective, the member of staff will report this immediately to the office and will refrain from using this equipment until the issue has been resolved by a qualified individual. In this instance, it may be necessary to adapt working regimes to ensure the health and safety of the staff and all others affected, is maintained.

### **Accidents at work:**

Croydon Care Services understands the need to ensure that all accidents and incidents are reported and that records are kept and reviewed to identify any trends.

Identified trends and patterns will be investigated and action carried out as appropriate.

In line with RIDDOR legislation, all over 3 day injuries will be recorded and all over 7 day injuries, Death or specified Injury, Disease or Dangerous occurrence will be reported to the HSE.

These can be defined as:

**Death or Serious Injury** – An injury connected with work and a member of staff is killed or suffers a specified injury to include; fractures (other than to fingers, thumbs or toes), amputation, an injury leading to permanent reduction/loss of sight, a crush injury leading to damage of the brain or one or more organs, serious burns, scalping injuries requiring hospital treatment, a loss of consciousness, has required resuscitation or hospital admission for over 24hours.

**Disease** – A reportable work related disease as notified by a Doctor.

These may include; Poisoning, some skin diseases (occupational dermatitis, scabies), Some lung diseases (occupational asthma, asbestosis), Infections such as tuberculosis and legionellosis.

**Dangerous Occurrences** – If an occurrence does not result in a reportable injury, but had the potential to have done. This may include; collapse, overturning or failure of load bearing parts of lifts and lifting equipment (patient hoists and other manual handling equipment).

# INFECTION CONTROL SERVICE GUIDANCE

## June 2019

### SERVICE GUIDANCE STATEMENT

This guidance is aimed at preventing the spread of infectious diseases amongst staff and service users, as a result of contact with blood and bodily fluids, such as urine, faeces, vomit or sputum. Individuals receiving health and social care are at risk of developing infection as a result of their underlying medical conditions and contact with health care interventions. In addition, there is the risk of transference of micro-organisms and pathogens, between those who receive and provide the care.

The service demonstrates compliance with '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*.

### AIM

The aim of this guidance is to prevent the spread of infection among staff, Service Users and the wider community, by means of maintaining clean and safe environments and ensuring that all staff understand the key principles of infection control.

The key principles of Infection prevention and control are:

- Hand Hygiene
- Correct use of Personal protective equipment (PPE)
- Safe handling and disposal of waste
- Spillage management.

### GOALS

The goals of the service are:

1. Ensure that Service users, their families and staff are protected (as far as is reasonably possible), from acquiring infections through work related activities.
2. All staff are provided with adequate training and demonstrate a good understanding of the basic principles of infection control.
3. Service users are encouraged to make decisions about their care provision, which will protect them from unnecessary infection risks.
4. Legislation such as *The Health and Safety at work Act 1974*, and *Public Health Infectious Diseases Regulation 1988*, are adhered to, to include the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
5. The Control of Substances Hazardous to Health Regulations 2002 (COSHH), are followed ensuring that potentially infectious and hazardous materials are identified and dealt with accordingly, in line with service risk assessments.

### INFECTION CONTROL PROCEDURES:

- All staff will complete health and safety training, to include Infection Control, and must be deemed as competent by the course facilitator.
- All staff will make Infection control a key priority and must adhere to agreed ways of working and best practice.



- The Service Manager will ensure that training is maintained and current with relating legislation.
- The Service Manager will make sure that every effort is made to ensure that staff have access to sufficient facilities and equipment.
- All staff will maintain efficient and effective communication and documentation of concerns in relation to insufficient facilities or equipment, when dealing with an infection control risk.

### **Effective Hand Washing**

Regular and effective handwashing is key to the prevention of the spread of infectious diseases. All staff should maintain high levels of hand hygiene to protect themselves and their Service users from the unnecessary spread of infection.

- All staff should ensure that their hands are washed and dried
  1. Between seeing individual service users, regardless of how minimal the contact.
  2. After use of the toilet
  3. Before and after any care activity
  4. After handling any bodily fluids, waste or soiled items
  5. Before handling foodstuffs
  4. After Handling any specimens.
- Liquid soaps and disposable paper towels should be used when possible.
- Finger nails should be kept short and clean
- Any cuts or abrasions should be covered with a waterproof dressing
- Alcohol based hand sanitizer should not replace hand washing.
- Additional hand washing precautions may be required, such as the use of antiseptic solutions, in instances where an Infectious disease has been identified and extra measures are in place.

### **Use of personal protective equipment (PPE)**

Staff at risk of coming into contact with bodily fluids or who are performing personal care tasks, should use disposable gloves and aprons. Staff should ensure that gloves and aprons are changed between tasks and disposed of appropriately.

The Service Manager is responsible for ensuring that supplies of PPE are readily available.

### **Handling and Disposal of Clinical and Soiled waste**

All clinical waste handling and disposal should be compliant with the key principles of clinical waste regulations, relating to the correct segregation and storage of such items.

Staff should wear apron, gloves and face mask for handling soiled linen and place them in a secure container before taking them to the washing machine. Service users should be advised to purchase red dissolvable bags for this purpose.

### **Handling of Specimens**

Specimens should only be collected if ordered by a GP or District Nurse, and should be done so in the appropriate reciprocal.

Specimens should be collected with the use of disposable gloves and should be clearly labelled and sealed.

### **Cleaning of Spillages**

Any spillage of bodily fluid or body waste should be dealt with as quickly as possible and treated as potentially infectious in every case. Staff should wear disposable gloves and disposable aprons and should use disposable wipes wherever possible.

### **Handling of foodstuffs**

All staff should adhere to their food hygiene training and comply with 'The Food Safety Act 1990' and 'The Food Hygiene Regulations 2013', controlling the preparation, cooking and storage of all foodstuffs.

### **Handling of Sharps**

The use of sharps, such as needles or blades, is not permitted unless by a trained, certificated member of staff.

All such sharps should be disposed of in a purpose built sharps disposal container (complying with BS 7320) which must not be tampered with and must be collected for disposal according to the individual arrangements in place.

If a needlestick injury has occurred, staff should encourage the site to bleed, wash with soap and water, report immediately to a Senior and go to A&E for testing.

### **Vaccinations**

A staff member is recommended to have vaccinations against Hepatitis B, MMR and TB. Where a staff member has missed vaccinations, advice should be sought from their own GP and Occupational Health. See Council Covid Guidance for current direction on Covid Vaccinations.

# MANUAL HANDLING SERVICE GUIDANCE

## June 2019

### SERVICE GUIDANCE STATEMENT

Croydon Care Services recognises the requirement to work in line with statutory requirements and codes of practice, by way of ensuring that all reasonable precautions are taken to provide and maintain safe and healthy working conditions.

This is reflected in the Croydon Council Health and safety Policy & Procedure, and supported by the following key legislation.

- The Health and Safety at Work, etc Act 1974
- The Management of Health and Safety at Work Regulations 1999
- The Manual Handling Operations Regulations 1992
- The Lifting Operations and Lifting Equipment Regulations 1998.

Under the Manual Handling Operations Regulations 1992 Croydon Care Services recognise the 'Minimal Handling' approach. The requirement to avoid the need for employees to undertake any manual handling operations which involve a risk of injury and where such activities cannot be immediately eliminated, a robust process will be followed, involving a "suitable and sufficient assessment" of all operations. Appropriate measures will be taken to reduce/eliminate the risk so far as is reasonably possible.

### AIM

The aim of this guidance is to set out the values, principles and policies leading Croydon Care Services' approach to safe manual handling.

Croydon Care Services understand '*Manual handling*' to be 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 service users by staff.

### MANUAL HANDLING PROCEDURES:

Croydon Care Services is committed to ensuring the health, safety and welfare of all staff and of those who come into contact with working activities, as far as is reasonably practicable. All manual handling activities carry a risk when not performed appropriately. Croydon Care Services will enforce and monitor safe systems of work by:

- All staff should be provided with the appropriate training and information required to enable safe manual handling.
- All processes and systems of work should be designed to take account of manual handling
- Appropriate equipment should be used as part of an agreed care plan
- Risk assessments to be completed thoroughly and to offer remedial actions.
- Competency and quality checks are completed on a regular basis

### Risk Assessments:

Any manual handling task or lift, should be assessed for risks and required remedial actions. This is achieved by the following:

- Upon the commencement of a new care service and at regular intervals for review, risk assessments should be carried out for any manual handling activity
- 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.
- The risk assessment must be carried out by a suitably trained member of staff and must be recorded as an official document linking with the agreed care plan.
- In circumstances whereby a requirement for equipment is raised, the provision of care and number of carers may be adapted while equipment or actions are being arranged.
- Where a specific risk to injury is identified and manual handling is unavoidable, then measures to reduce the risk must be taken. Examples would be the introduction of mechanical aids such as a hoist, changing the task, or adapting the working environment.
- Staff should consider every manual handling task for its potential risk of injury and ensure that the use of equipment is done so in compliance with certified training and guidance.

Any measures taken to ensure manual handling safety must be proportionate to the risk and the cost benefit involved.

Staff should take reasonable care of their own health and safety and that of any other person affected by their work or acts of omission. If there is any doubt as to the confidence or competency of a member of staff, any remaining risks or the physical ability of those involved, the task should not be completed. In this instance, an action plan is required.

### **Reporting of accidents and incidents**

All accidents or incidents involving moving and handling operations should be reported, including “near-misses” (where an accident could have occurred but was narrowly avoided). Staff must complete an incident form following any accident or incident and statements should be taken from witnesses to the incident whenever appropriate.

All incidents should be investigated and accident statistics and reports regularly reviewed by senior management to identify any trends or patterns.

### **Staff injured at work**

Manual handling accidents are covered by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Also reflected in the Health and Safety Policy, an accident or injury will be reported to the HSE. Any necessary alterations to a member of staff’s job, after an accident, will be made in line with current Equality Act 2010 guidelines.

**SAFE HANDLING OF MEDICATION  
SERVICE GUIDANCE  
June 2019**

**SERVICE GUIDANCE STATEMENT**

The purpose of this guidance is to outline key points and responsibilities, relating to medication management, as part of support provided to service users to optimise their wellbeing.

The guidance will describe ways in which the service user can be supported with their medication, safely and by means of promoting choice, dignity, independence and respect.

Croydon Care Services will comply will statutory, regulative and legislative requirements, best practice recommendations and code of practice covered by:

- The Care Act 2014
- CQC Regulations 2009
- Control of Substances Hazardous to Health Regulations 2002
- The controlled Drug Regulations 2013
- The Hazardous Waste Regulations 2005
- Health & Safety at work etc Act 1974
- Medicines act 1968
- Misuse of drugs Act 1971
- Safeguarding of Vulnerable Adults

**AIM**

The aim of this guidance is to maintain the health and safety and independence of a service user, by providing support with the correct management of medication, to encompass a person centred approach. For example, to consider the correct time, and requirements around having to of eaten prior to or following a dose.

The guidance is also committed to providing a safe framework to which staff will work alongside, in order to reduce the risk of medication errors and incidents.

Community reablement is committed to:

- Providing safe and reliable support with relation to medication management
- Respecting the individual wishes and choices of a service user
- Ensuring that all staff are trained to an adequate level of 'Safe Medication Management' and are deemed competent by the course facilitator.
- Enforcing that all medicines remain the property of the individual to which they are prescribed. Medicines should not be shared or transferred.
- Ensuring that all staff adhere to the '6 Rights' with relation to medication handling:
  1. *The Right Person*
  2. *The Right Medication*
  3. *The Right Dose*
  4. *The Right Time*
  5. *The Right Route*
  6. *The Right Documentation*

**Levels of Support:**

**Covert administration of medication:**

Officers will not administer medication covertly without a formal best interests' decision agreed by a multi-disciplinary team and clearly documented.

(Covert administration is defined as the process of disguising medicines in food or drink so that the service user is unknowingly taking it).

## **MEDICATION HANDLING PROCEDURES:**

- Staff who are involved in the medication management of a service user must have completed, and have been deemed competent in the relevant training.
- Consent must be obtained from the service user, prior to the attempt to supporting with the medication.
- Staff must follow the Six R's and ensure that all safety checks are completed prior to handling medication.
- Staff must only offer support using medication taken directly from the box or blister pack. Medication must not be secondary dispensed – potted up in advance of the dose or for someone else to administer.
- Clear records and the use of MAR charts must be completed by all staff, detailing any refusals and instances where medication is not administered.
- Any error relating to medication administration must be reported to the line manager immediately, and guidance will be provided as to action to take and the involvement of emergency services if necessary.

### **Refusal of Medication:**

Service users have the right to refuse to take their medication and cannot be forced to do so. In this instance, the following actions should be taken:

- Use reasonable persuasion to encourage the service user to take their medication
- Explain the concerns regarding the refusal of medication and make the service user aware that the line manager will have to be informed.
- Inform the line manager
- Clearly document the refusal on the record sheets / MAR chart and provide details about action taken.
- Ongoing refusals should be monitored and medical aid sought if necessary
- With the permission of the service user, report the refusal to the GP or Pharmacy.
- If circumstances change or there becomes a concern for capacity, then a review of the support plan may be urgently required.

### **Controlled Drugs:**

It is possible for a service user to be prescribed medication classified as a 'Controlled Drug', defined by their addictive characteristics and potential to cause harm.

Unlike in establishments such as hospitals and nursing homes, controlled drugs are not required to be locked away separately, when being used and stored by an individual in their own home.

Staff are particularly vulnerable when being asked to support a service user with the management of controlled drugs. All staff will be provided with medication management training to cover the topic of controlled drugs and risk assessments will be completed.

Staff are not permitted to collect or transport supplies of controlled drugs.

### **Liquid Medication:**

In some instances, a service user is prescribed liquid medication, normally due to swallowing difficulties or individual preference.

Staff are only permitted to support with the administration of liquid medicine when there are clear accompanying guidelines and dose measurements.

### **Injections:**

Staff are not to administer medications via injection and should ensure referral made to District Nurses if needed. This only exception to this is the administration of a prescribed auto-injector adrenaline pen for anaphylaxis where an ambulance should be sought. This is allowed under the Medicines Act 1968.

**Nebulised medications:**

Staff are able to administer nebulised medication as prescribed.

**Enemas/Suppositories**

Staff are not allowed to administer these forms and should ensure referral made to District Nurses.

**Safe Handling:**

All medicines must be handled with care in order to prevent cross contamination, cross infection or injury.

As such staff should:

- Wash hands with soap and dry thoroughly before handling medicines. This is regardless of whether gloves had been worn
- Ensure all utensils used are clean and dry
- Wear clean protective gloves if needed (creams/active infection/drugs such as steroids)
- Handle the medication as little as possible
- Replace all lids and packaging and return the medication to the safe storage place
- Wash hands and any utensils used.

**Disposal of medication:**

Staff should monitor the supply of medication within a service user's home and raise concerns when there is old, out of date medication or surplus supplies.

Disposal of unwanted or out of date medication must be via a pharmacy. Clear documentation, evidence of consent and evidence of receipt by the pharmacy must be obtained.

**Dressings:**

In the event that a medical dressing becomes detached, the District Nurse Team should be contacted for advice and guidance and the officer may apply a dressing if guided by District Nurses until they can see the patient. This does not cover dressings applied in the course of first aid, where emergency help is being given.

**Use of Over-the-counter (OTC) medication:**

Over-the-counter medicines are medications that can be obtained without a prescription. These might include paracetamol or cough syrup which could be purchased from a supermarket or local shop.

While it is the choice of the service user to purchase and make use of such medications, staff are not permitted to offer any support regarding OTC medications and must not purchase any such medicines or treatments on their behalf without confirmation from the pharmacist/GP that it is safe.

**SAFE HANDLING OF SERVICE USERS MONEY**  
**SERVICE GUIDANCE**  
**June 2019**

**SERVICE GUIDANCE STATEMENT**

This guidance is intended to set out the values, principles and policies underpinning Croydon Care Services' approach to service users who require help with the use of their money or finances as part of their care.

Croydon Care Services will support each service user to retain control of their own money and will only become involved in exceptional circumstances and in accordance to agreed procedures. This is further to, and in support of the Croydon Council Safeguarding of Vulnerable Adults policy.

**AIM**

Community Reablement accepts that on occasion, care staff may be asked to handle a service user's money for reasons such as picking up a newspaper or some essential groceries.

It also accepts that some service users may lack the mental capacity to make safe and informed financial decisions and as such, may require a carer to support with their financial arrangements.

These situations carry the following risks:

- The service user is subjected to abuse and exploitation by a dishonest member of staff
- The member of staff is falsely accused of mis-handling the money or at risk of making a mistake.

**MONEY HANDLING PROCEDURES:**

- Service manager must ensure that appropriate safeguards are in place
- Staff are supported to work on the basis that each service user retains full control of their money and finances unless formally agreed otherwise, and as part of the care plan.

If support is deemed necessary:

- Staff will respect a service user's choice of how they spend their own money and will ensure to keep their financial affairs private.
- Staff will uphold confidentiality at all times
- Staff will only ever manage a service user's money in accordance to the explicit instruction of the service user.
- A maximum of £50 can be taken from a service user at any one time
- Staff will never use a form of debit or credit card belonging to a service user and will avoid knowledge of associated PIN numbers.
- Staff will avoid giving any form of financial advice.
- Staff will communicate any discrepancies immediately, with regards to a service users money. This may include an error made by the member of staff, suspected financial abuse by a 3<sup>rd</sup> party or concerns that money or valuables had been mislaid or lost.
- In all circumstances, the member of staff must complete a record of the financial transaction to detail the value of money provided by the service user, the value of money spent and the value of change returned to the service user. This record must be signed by the member of staff, and the service user, if able, and receipts obtained for backing evidence.  
The cash log can also be used to record valuable items taking for photocopying, such as passports.



**Investigation allegations or irregularities:**

Community Reablement views any potential breach of trust as a very serious matter and any allegations relating to financial irregularities, the mishandling of service users' money or financial affairs, dishonesty, theft or fraud will be rigorously investigated by the Service Management and HR according to its complaints or disciplinary procedure, the police being involved wherever indicated.

All substantiated cases of dishonesty, theft or fraud will be considered by the organisation as Gross Misconduct and subject to summary dismissal. Professional staff involved in any criminal act will be reported to their relevant professional bodies.

Where financial information is held on a computer or database, the requirements of the Data Protection act 1998 and GDPR will be adhered to.

# SAFEGUARDING OF VULNERABLE ADULTS SERVICE GUIDANCE

## June 2019

### SERVICE GUIDANCE STATEMENT

Croydon Care Services is committed to empowering and protecting adults, who are at risk of abuse and neglect, in line with the statutory guidance for the Care Act 2014 (Chapter 14: Safeguarding), which describes the duties and responsibilities of local authorities and its partner organisations to protect adults with care and support needs from abuse, neglect and other sources of harm.

Croydon Care Services will work to the key principles:

- empowerment — supporting people to make decisions and have a say in their care
- protection — support and representation for those in greatest need
- prevention — it is better to take action before harm occurs
- proportionality — safeguarding must be built on proportionality and a consideration of people's human rights
- partnership — local solutions through services working with their communities
- accountability — safeguarding practice and arrangements should be accountable and transparent.

### AIM

This guidance is designed to define abuse, identify risk factors and establish a standard procedure that should be followed if abuse is suspected.

All staff will be recruited safely (undergoing referencing and DBS checks), inducted and provided with training and guidance to include safeguarding of Vulnerable Adults.

### Defining Abuse;

Physical Abuse,  
Domestic Violence or Abuse,  
Sexual Abuse,  
Psychological or Emotional Abuse,  
Financial or Material Abuse,  
Discrimination,  
Organisational or Institutional Abuse,  
Neglect or acts of Omission,  
Self Neglect,  
Modern Day Slavery,  
Female Genital Mutilation.  
Cuckooing

### SAFEGUARDING PROCEDURES:

In the event that abuse is suspected or witnessed the following action must be taken:

- Stop the abuse and ensure the immediate safety of the individual.  
**It is important that no further danger, nor danger to ones-self is caused and as such, it may be appropriate to involve the Police and await their assistance.**
- Reassure the individual
- Report what you have seen to the Line Manger – providing a factual account

- Do not touch or move anything which may interfere with the collection of evidence.
- Do not confront the perpetrator or discuss what you have seen with them
- Do not discuss what you have seen with anyone else, other than as part of a formal investigation.
- Keep a detailed record of the events, to include names, times, places and what was actually seen (facts only).

### **Identifying Abusers:**

Croydon Care Services understands that abuse can be committed by a range of people and will work to protect the service user from possible abuse, from all sources, to include:

- The staff and management of the organisation
- Visiting health and social care staff and other official visitors
- Relatives and Friends
- Neighbours and people in the community
- Anyone who may have contact with the Service User

### **Identifying Indicators of Abuse:**

Croydon Care Services acknowledges that every incident of abuse is unique and will affect the vulnerable adult in different ways. However, it is important that all staff remain vigilant as to the key indicators which can be observed:

- Bruising, cuts
- Bleeding to include bleeding from the genitals
- A change in personality (perhaps becomes withdrawn)
- Increased anxiety
- Appearing on edge/uneasy/ scared
- Disparity between living conditions and money
- Concerns regarding finances
- The Service User is not given the opportunity to speak out, but is spoken for by someone else

### **Accountability:**

All staff have a responsibility to:

- Provide service users with the best possible care
- Participate in training relating to abuse and protection from harm
- Abstain from any abusive/harmful action
- Report anything that is witnessed or brought to the attention of, which might be abusive/harmful
- Cooperate fully in any investigations regarding alleged abuse.

## Emergency Procedures

### Incidents and Accidents

All incidents, near misses and accidents should be recorded on the Council Intranet system.

The on call should be contacted as soon as possible to give support as needed.

The Manager should review all incidents to see if learning can be taken to prevent future occurrences

### Falls

There are many causes of falls which could include:

- Medication side-effects
- Poor eyesight
- Poor mobility
- Incorrect use of mobility aids
- Poor footwear
- Trip hazards
- Rushing to toilet
- Medical reasons: Blood pressure dropping, breathlessness, stroke, cardiac events
- Infection
- Malnutrition/dehydration

It is important to follow the below procedure:

Reassure client, give them some time to orient themselves

#### No injury/very minor injury

- Check moving and handling risk assessment
- Assist client onto front and use furniture for client to get up



- Once up, make comfortable and document. If unable to get up, follow 'Serious Injury' flow-chart

#### Serious injury

e.g. acute confusion, severe pain, limb deformity, head injury (especially when on anticoagulants, like warfarin), unconsciousness

- Call 999
- Administer first aid
- Make client comfortable

- Record everything in the client file.
- Call on-call.
- Add to LAS.
- Analyse causes of falls and how to prevent future falls

## Calling ambulance

There are times when an ambulance needs to be called for the client. The staff member should stay with the client until the ambulance arrives, unless there is a family member present AND the on-call Senior believes the client will be stable to wait with the family member.

- Have client's file to hand when calling an ambulance
- Call their next of kin to update them
- Call on-call to advise of situation
- Ensure the ambulance can get in and move anything blocking their route, including pets
- Make the client comfortable, following instructions given over the phone/first aid
- Gather their prescriptions, overnight-bag and house keys
- Ensure the client is appropriately clothed

If there are any pets in the household, try to establish who can look after the pet from the client or neighbour. If there is no-one suitable to look after the pet, Senior will need to contact an animal charity to support temporarily. This may mean waiting at the property for the animal to be taken into care if no other keys are available to let them in.

Leave sufficient food and water for the animal until arrangements made.

## Fire

If a staff member notices any fire risks within a household, they should raise this with the Senior/Manager. All vulnerable clients are eligible for a Free Fire Safety visit which should be encouraged.

If, during the course of a visit, a fire is detected, the officer should:

- Sound the alarm to everyone in the house
- See if the fire can be safely put out without putting themselves at risk
- Ring the fire brigade and Senior on call
- If the fire cannot be safely put out, the officer should encourage everyone to leave the building. If the client cannot leave the building, attempts should be made to minimise the risks by, for example:
  - Encouraging them to move to another room further away from the fire
  - Closing doors to minimise the spread of fire
  - Lowering the hospital bed as much as possible (where smoke is less)

This may mean undertaking moving and handling procedures that would not be best practice but where the risks from the fire are greater. For example, a Sarastedy may be the only method of safely getting the person quickly out of the house, despite the fact Sarastedy's should not be used outdoors on uneven ground.

- When the fire brigade arrives, tell them who is left in the building and where they are located, as well as the location of the fire.

## Use of key safes

Service users may have a key safe installed at the property. Where possible, service users should be encouraged to open the door, however, permission should be sought to use the keysafe in emergencies and, if needed, routinely.

Key safe numbers should never be shared with unauthorised persons and not without the service users consent. Staff should never ask for keysafe numbers over the phone as this encourages the service user to potential abuse.

The keysafe should be used at pre-arranged visits and staff should knock the door/ring the doorbell before entering using the keysafe and make identify themselves immediately. The key should not be taken into the property and returned to the keysafe prior to entering the house.

If the keysafe number has been compromised, Staying Put can be contacted to change the number.

## **Driving**

Staff should ensure their car is roadworthy before driving and ensure they have sufficient fuel.

When parking, staff should be aware to park close to the service user's house where possible and to not leave valuables on show.

Staff do need the service user's permission to park on their driveway.

Where weather conditions mean that access is difficult, inform the Senior to look at alternative arrangements and inform other staff members.

## **Expenses**

Staff will be reimbursed for expenses as per the Expense Management Policy.

Mileages should be recorded on the mileage form and placed in the folder for the manager to sign off prior to putting through on One Oracle.

For expenses such as 'flu vaccinations, receipts must be shown.

For staff members using public transport, receipts should be shown, such as a bank statement or Oyster account.

## **Issue of equipment**

All equipment issued is owned by Croydon Council and must be returned upon leaving the role. All defects should be reported and any lost equipment must be reported.

## **Communication**

Staff must communicate confidential material in writing using their Council email address or work phone.

Staff should communicate immediately any concerns about a client, accidents, incidents or health and safety concerns to the Senior on call.

Staff should record on Liquid Logic a minimum of weekly for each service user they support and must record all incidents, such as fall or medication errors, on Liquid Logic as soon as able.

These records can be used in a court of law and as guidance is given below:

**General Guidelines of Good Record Keeping are:**

- Distinguish fact from opinion.
- Remember to be accurate, relevant and concise while still providing a complete record.
- Write legibly.
- Sign and date each piece of recorded information.
- Be aware of confidentiality.
- Indicate who or where the information has come from.
- Check the accuracy of the record with the client if appropriate.

**Written records should be:**

- Legible and written in permanent, black ink
- Signed, dated and timed at the end of each entry
- Amendments should be dated, timed, signed and the original entry still clearly visible.
- Check your grammar and punctuation.
- Make sure you read it through and that professions/customers and you can understand it.
- No abbreviation's unless the whole team use it.
- No use of tipex
- Blank areas crossed through to ensure no amendments at a later date





# Policies and Procedures

The Policies and Procedures covered in this staff handbook are specific to the Domiciliary Care Service and agreed role profile.

For additional generic policies and procedures, relevant to all employees of Croydon Council, please refer to the HR Handbook which can be located via the Croydon Council Intranet and are supported by mandatory training.

Key policies directly relating to the Croydon care service are:

- Mandatory Training Policy (2019)
- Workforce Data Protection Policy
- General Data Protection Regulations (GDPR)
- Whistle Blowing Policy and Procedure
- Disciplinary Procedure
- Employee Complaints Procedure
- Gifts and Hospitality Guidance
- Safeguarding of Vulnerable Adults