Operational policy matters
August 2023

This communication will be of interest primarily to CEOs, registered managers, care managers and chairs of trustee boards.

1.0 RESPONSIBILITIES

1.1   Adoption of each policy by the organisation's board of trustees is an insurance requirement for those organisations whose insurance is brokered through Gallaghers Insurance.

1.2   Trustees are personally responsible for ensuring managers have systems in place to implement the content of policy documents in their organisation

1.3   Managers will ensure that changes to policy, procedure and guidance documents resulting from the review process are brought to the attention of relevant staff.

2.0 REVIEWED POLICY DOCUMENTS

2.1   The following policies, procedures and guidance have been reviewed:
- Health and safety (F01)
- Model health and safety documents (FT01a, FT01b)
- Mobility assistance (F02)
- Lone working (F03)
- Positive behaviour (D03)

3.0 HEALTH AND SAFETY (F01 and FT01)

Organisational health and safety guidelines for trustees (F01a)

Overview: this document sets out the requirement for each organisation to produce its own bespoke health and safety policy and provides guidelines on how to do so.

3.1   It is a legal requirement that organisations display their health and safety policy statement of intent in the workplace (guidelines 2.2).

Model health and safety policy (FT01a)

Overview: This model document works in tandem with the guidelines above (F01a). Its purpose is to provide a template policy for network partners to work from if they so choose, when drawing up their own health and safety policy. It requires extensive input and adaptation so that it accurately reflects the health and safety systems in operation

*within each organisation. It is **not** fit for purpose as a health and safety policy unless it has been appropriately modified and completed.*

3.2   Staff have a responsibility to report all work-related accidents, incidents, near misses and ill health as soon as reasonably practicable (model policy 3.1).

3.3   It has been established with the (Health and Safety (H&S) Specialist that organisations are not obliged to use the Accident Book (B1 510) available from the Health and Safety Executive (HSE) to record workplace accidents, incidents and near misses. Such events may instead be recorded using an alternative recording system, (for example, electronic database), providing any system used contains all necessary information which can be readily accessed and analysed for patterns and trends (model policy footnote 6.5.2).

3.4   All personal details recorded in relation to workplace accidents / incidents / near misses will remain confidential and be protected in line with the General Data Protection Regulation (GDPR) (model policy 6.5.3).

3.5   The H&S Specialist has added that, should any significant trends be identified from analysis of accident/incident/near miss data, the respective organisational policy or procedure shall be reviewed to ensure it remains accurate and valid (model policy 6.6.1).

3.6   At induction, office staff will be given details of how to report a work-related incident, how it will be recorded and the person with overall responsibility of the process (model policy, Appendix 1)

Model health and safety responsibilities checklist (FT01b)

3.7   The person/s with final, overall responsibility for health and safety in the organisation is responsible for ensuring its organisational policy of intent is displayed in the workplace (model checklist – Table 1).

3.8   The identified competent person (fire) has a responsibility to identify staff members with disabilities and to ensure they have a personal emergency evacuation plan (PEEP) in place as necessary (model checklist -Table 2).

Operational health and safety procedure for managers (F01b)

3.9   Manager's will ensure that staff are trained to understand the importance of reporting 'near miss' incidents as the information can be used to inform proactive planning (procedure 3.1.1)

3.10   Details concerning the reporting and recording of work-related accidents, incidents near misses and illness now includes the following additions.

- Managers will report to the organisation's board of trustees all work-related accidents, incidents, near misses and illness, the findings of

investigations and any trends / patterns identified from analysis of all such recorded data (procedure 3.1.5).

- Records of all such work-related occurrences will be retained for a minimum of three years from date of last entry (procedure 3.2.1).

- Records can be kept in various formats, including paper copies of completed report forms, accident books, appropriately designed electronic software (procedure 3.2.2)

- Managers will ensure that the recording system used (whether paper or electronic) complies with GDPR and allows information to be readily accessed and analysed for patterns or trends (procedure 3.2.3).

- The list of information to be recorded has been extended to include details of the person entering the information, the date the record was completed, a brief description of the circumstances and the nature of any injury or condition (procedure 3.2.5)

- Managers will record the findings of investigations carried out, including any action required / taken to prevent a recurrence (procedure 3.2.6).

- The corresponding accident / incident / near miss reporting flowchart has been updated to reflect the above additions as relevant (procedure – Appendix 3).

3.11   The list of examples of significant work environments requiring risk assessment has been expanded to include facilities hired for group activities and community locations used by staff supporting service users outside their home ((procedure 4.5).

3.12   Control of Substances Hazardous to Health (COSHH)
- In service users' homes, the risk assessment is used to eliminate/ substitute / prevent the use of harmful substances falling within the scope of COSHH, wherever possible. If use of a particular substance is required but it cannot be handled safely, the assessor will decline the task (procedure 5.8.1)

- Staff will be trained to only use substances from clearly marked and labelled containers and never to use products from unmarked containers (procedure 5.8.1).

3.13   Driving
- Drivers are only permitted to drive vehicles carrying service users as passengers if they have no more than 6 points on their licence. Readers are signposted to the escort and transport procedure for full details (procedure 8.2.3 footnote).

3.14 Fire safety in offices
The organisation's nominated responsible person (fire) will ensure that:

- all necessary fire safety signage (link provided) is in place, clearly and effectively marking escape routes and exits, fire assembly points and information appropriate to the building (how to report a fire, location of firefighting equipment, use of fire doors and lifts, action required in event of a fire etc) (procedure 10.6.2)

- staff understand the importance of not using lifts in the event of a fire (procedure 10.6.7)

- staff or visitors to their premises who would be unable to exit the building unaided in event of an emergency, have a personal emergency evacuation plan (PEEP) in place (procedure 10.6.11).

3.15 Fire safety in service users' homes

- Where a service user lives in premises such as a residential self-contained unit with warden, multi-occupancy or high-rise residential building, the care planner / assessor will ensure staff attending are familiar with the fire signs displayed and understand the fire safety / evacuation plans in operation in event of a fire in the building.

- It is now a legal requirement in England that high-rise and multi-occupancy buildings also have wayfinding signage displaying flat and door numbers to make exit routes clear in low light or smoky conditions (procedure 10.8.3).

3.16 First aid facilities

- Managers are required to carry out a first aid needs assessment (HSE link provided) of their workplace to determine the level of first aid facilities, personnel and equipment required (procedure 11.2).

- The appointed person will have a robust system in place to keep a comprehensive record of all workplace incidents that required use of first aid. Records may be held in paper format or electronically and where appropriate / practicable could be combined with the organisation's system for recording work-related accidents, incidents, near misses and illness (procedure 11.6.1).

- It is good practice for staff who provide regulated care and support services to carry an emergency first aid kit, content of which will be needs assessed to reflect the circumstances in which it may be required (procedure 11.7.2).

3.17   No smoking policy
        On occasion, exceptional circumstances may apply whereby a person with
        care needs does not understand the request not to smoke while staff are
        visiting their home because of their condition (for example, brain damage,
        dementia). In such circumstances, the care planner / assessor will
        conduct a risk assessment and seek to identify ways in which staff
        exposure to smoke can be reduced to 'low' in consultation with the staff
        members involved (procedure 15.4.4).

**Operational health and safety guidance for staff. guidance for
volunteers (F01c, F01d)**

3.18   Managers are required to keep a record of all work-related accidents,
        incidents, near misses and illness and will ask staff who were involved to
        enter details into the organisation's record keeping system (guidance for
        staff, guidance for volunteers 3.2).

3.19   Staff visiting service users in high rise or multi occupancy buildings, are
        directed to familiarise themselves with the building's fire safety
        arrangements, fire safety signage and the location of exit routes, exits and
        assembly points, referring any questions to their manager (guidance for
        staff, guidance for volunteers 9.2.3).

3.20   Fire safety training will include the importance of not using a lift in the
        event of a fire (guidance for staff, guidance for volunteers 9.3.2)

3.21   There may be exceptional circumstances when a smoke / vapour free
        environment cannot be guaranteed in a home as the person with care
        needs does not understand the request not to smoke / vape because of
        their illness or condition. Such situations will be risk-assessed on an
        individual basis to find out if the matter can be safely addressed and the
        service allowed to continue (guidance for staff, guidance for volunteers
        12.2.3).

4.0   MOBILITY ASSISTANCE (F02)

Policy for trustees (F02a)

4.1   All reasonable precautions will be taken to prevent staff from having to
        carry out mobility assistance tasks that put themselves or those with care
        needs at unreasonable risk of harm (policy 2.1)

4.2   The H&S Specialist has stated that the list of legislation provided is not
        exhaustive and that additional legislation may apply (policy 3.1).

4.3   Trustees will ensure managers have systems in place to ensure staff are
        provided with necessary lifting equipment / handling aids that are fit for
        purpose and safe to use (policy 4.2).

Procedure for managers (F02b)

4.4   Mangers will consult relevant healthcare professionals and specialists for advice and guidance where necessary, (for example, regarding mobility aids / lifting equipment, adaptations / modifications to the environment, the most appropriate mobility assistance techniques) to ensure safe systems of work (procedure 3.2).

4.5   The care planner / assessor will consider ways in which a persons' dignity might be maintained, for example by encouraging them to assist with their own mobility / transfers where reasonably practicable (procedure 3.4).

4.6   The following questions have bee added to the suggested mobility assistance risk assessment process.

- Is the task within the capabilities / capacity of the staff being considered to carry it out?
- Are allocated staff familiar with / trained to carry out the required mobility assistance techniques?
- Is the necessary equipment suitably maintained?
- Are allocated staff trained and assessed as competent to use required equipment?
- How many staff are needed to operate the equipment safely?
Procedure 3.6)

4.7   if a member of staff reports that a person with care needs has sustained a fall, the manager will ensure that:
- the incident has been reported to the relevant authorities as appropriate (for example, social services)
- if the fall raises safeguarding concerns, these are reported in line with the safeguarding adults and child protection policy documents
- the fall is promptly investigated to establish the immediate or underlying cause.
Procedure 4.4.

Guidance for care workers, guidance for volunteers (F02c and F02d)

4.8   Lifting equipment will be maintained in line with manufacturer's recommendations (guidance for care workers, guidance for volunteers 5.2.1).

5.0   LONE WORKING (F03)

Policy for trustees (F03a)

5.1   Trustees will ensure there are robust systems in place to ensure the health, safety and welfare of lone workers. This includes discontinuing any lone working activity where the risk posed by an identified hazard cannot be reduced to an acceptable level (policy 1.4).

5.2   Trustees will ensure their organisation provides lone workers with training in personal safety that includes how best to avoid having panic reactions in unusual situations (policy 2.2).

5.3   The lone working policy documents are written with reference to the HSE March 2020 edition of 'Protecting lone workers: how to manage the risks of working alone' (policy 3.2).

5.4   In addition to the existing list, review of lone working risk assessments will be brought forward if a new hazard has been identified (policy 4.3).

5.5   Managers will ensure lone working staff recognise the importance of control measures put in place to protect themselves and others (policy 5.1).

Procedure for managers (F03b)

5.6   Managers will have systems in place to ensure that:
- lone working / personal security training includes instruction in how best to avoid panic reactions in unusual situations
- lone workers always have access to effective two-way communication with a responsible, competent person in the organisation available to provide advice, guidance and support as required.

Procedure 2.2.

5.7   A care planner / assessor's initial lone working risk assessment will include the following additional considerations.
- Have there been any previous issues with the proposed work location?
- Are lone working staff especially at risk in relation to any of the protected characteristics identified in the Equality Act 2010 (link provided)?
- Is there a risk of abusive behaviour from a service user, for example because of their medical condition / disability?
- Does the service user have memory issues that may cause them to accuse staff of malpractice, such as stealing?

Procedure 3.5 – 3.9)

5.8   Where there is a history of violence, aggression or hostility from a service user or their family:
- has information been shared between partner agencies?
- is there need for a multi-agency meeting?
- has consideration been given to deploying staff in pairs?
Procedure 3.10

5.9   Lone working risk assessments will be regularly reviewed to ensure that identified risks are adequately covered and the review brought forward if a new hazard has been identified (procedure 3.17).

5.10   Those in charge of lone worker rotas and those who provide the on-call service require:

- the contact details of each lone worker
- details of how best to contact them on any particular visit
- contact details for their work location.

Procedure 4.2

5.11   Managers will establish a robust action plan for use should a lone worker not arrive at a scheduled visit, not return or not report in as expected. They will ensure that office / on-call staff know how to swiftly take action to contact / locate the lone worker involved and what to do if they cannot do so (procedure 4.3).

5.12   Upon notification of a lone working incident, the manager / person on call will decide what action needs to be taken, with the immediate aim of ensuring the safety of those involved. They will then notify the appropriate authorities (such as social services, police) as appropriate (procedure 7.2)

5.13   Following an adverse lone worker incident, it is important that the manager treats the staff member involved with sensitivity and recognises that they may need time off work and support when returning (procedure 7.5.1).

5.14   Lone workers will be trained to appreciate the importance of any work equipment (such as digital technology) provided for their safety and personal security and trained / assessed as competent in how to use it effectively. They will also be trained how to correctly apply any precautionary / control measures relevant to their role, as appropriate (procedure 8.5).

5.15   The standard risk matrix recommended by the H&S Specialist has been added (procedure – Appendix 1).

Guidance for staff, guidance for volunteers (F03c and F03d)

5.16   The aim of the lone working guidance documents is to safeguard, as far as is reasonably practicable, the health, safety and welfare of its lone workers and to make sure they are aware of the systems and safety measures in place to protect them (guidance for staff, guidance for volunteers 1.2).

5.17   Volunteers whose role involves lone working have a responsibility to take reasonable care of themselves and other people who may be affected by their volunteering activities, and to co-operate with their volunteers' co-ordinator in all matters to do with their health and safety (guidance for volunteers 2.1).

5.18   All lone workers have a responsibility to comply with the precautionary and safety measures contained in the lone worker guidance and to follow the associated lone worker training. This includes using any equipment provided for their safety correctly, as instructed, not ignoring or misusing it (guidance for staff, guidance for volunteers 2.2).

5.19   The care planner / assessor will consult with lone workers to identify hazards in their work environment and will discuss with them the safety measures needed to address them (guidance for staff, guidance for volunteers 3.1).

5.20   Staff are advised to be aware of their surroundings when working alone, to identify possible threats to their personal safety (guidance for staff, guidance for volunteers 4.1.1).

5.21   A new section (6.0) has been added, dedicated to staff reporting requirements. Lone workers are directed to report the following to their manager / person on call.
- Any incidents arising from lone working activities that have put themselves and / or others at risk of harm or that have resulted in harm.
- Additional risks to their safety that were previously unidentified.
- Any safety measures that have been put in place that they consider to be inadequate.

        Guidance for staff, guidance for volunteers 6.1, 6.3, 6.4

5.22   Staff who develop a medical condition that may affect their ability to safely work alone are encouraged to inform their manager so that they can consider what action to take to ensure their ongoing health and wellbeing (guidance for staff, guidance for volunteers 6.5).

5.23   The questions staff are recommended to consider when lone working has been expanded to include whether those with protected characteristics (list provided as footnote) are especially at risk. If any of the questions posed prompt concerns about lone working, staff are advised to discuss the matter with their manager as soon as possible (guidance for staff, guidance for volunteers – Appendix 2).

6.0   POSITIVE BEHAVIOUR (D03)
Please note: throughout this suite of documents the term 'restraint / restrictive practice' has been replaced by 'restrictive intervention'.

Policy for trustees (D03a)

6.1   Each organisation will operate zero tolerance of abuse regarding their positive behaviour support services (policy 2.1).

6.2   Organisations will seek to ensure that their expectations are realistic in relation to behaviours exhibited by people with care and support needs (policy 2.2).

6.3   Trustees have a responsibility to ensure that where restrictive intervention is being applied, managers have restrictive intervention reduction programmes in place that aim to minimise its use where possible and seek alternative interventions (policy 4.3).

6.4   Staff whose role involves use of restrictive intervention will be trained and assessed as competent in how to apply it safely and ethically (policy 6.2).

6.5   It is recognised that, in an emergency, staff may need to place limitations on the behaviour or movement of a person receiving care and support without their consent. Examples are given of doing so to stop a child running into a busy road or to prevent a violent act against another person (policy 6.4).

6.6   Trustees will ensure robust systems are in place whereby behavioural support incidents are suitably audited in line with safeguarding requirements and in conjunction with other agencies / professionals as appropriate (policy 7.2).

6.7   Failure to recognise danger has been added as an example of a behaviour of concern (policy – Appendix 1)

Procedure for managers (D03b)

6.8   Managers will have systems in place to ensure staff receive suitable training, information, supervision and support in relation to use of restrictive intervention and are trained / assessed as competent to take a person-centred approach to behavioural support (procedure 2.1).

6.9   Managers will only deploy volunteers alongside care workers in situations where there is a foreseeable likelihood of behaviours of concern requiring use of restrictive intervention following a suitable risk assessment as set out in the accompanying policy D03a – Appendix 2 (procedure 3.1).

6.10   Further details have been added concerning the investigation process of behaviour support incidents, namely to establish the views of the person involved, consulting with relevant others as appropriate, and to liaise with other professionals and agencies as necessary (procedure 4.3.1).

6.11   Following the investigation, managers will ensure that a suitable staff member is allocated to take responsibility for the follow-up process, including checking that remedial action is put in place, documented, monitored and reviewed (procedure 4.3.2).

6.12   Behavioural support incidents across the organisation will be regularly analysed to highlight trends and identify any necessary organisational changes (procedure 4.3.3).

6.13   All staff who have contact with autistic people and with those who have a learning disability require training in how to act appropriately with them as relevant to their particular role within the organisation (procedure 5.3 footnote).

6.14   The suggested mechanism for investigation, review and analysis of behaviour support incidents has been relocated into the procedure for managers (procedure - Appendix 1)

Guidance for care planners / assessors (D03c)

6.15   It is recommended as a useful addition to a person's care and support plan, that care planners / assessors consider completing either:
   •   A one-page personal profile
   •   'This is me. My care passport'.
   Guidance for care planners / assessors 3.5 – links provided.

6.16   To avoid repetition, care planners / assessors are directed to the accompanying documents D03b and D03f to access details of staff training needs (guidance for care planners / assessors 5.1).

6.17   Failure to recognise danger has been added as an example of a behaviour of concern (guidance for care planners / assessors – Appendix 1)

6.18   Textures, sounds and crowds or closeness to other people have been added to the list of environmental factors that may trigger a person's stress or anxiety (guidance for care planners / assessors - Appendix 3).

Guidance for care workers, guidance for volunteers (D03d, D03e)

6.19   Volunteers will never be asked or expected to single-handedly support a person who is known to display behaviours of concern that may require use of restrictive intervention (guidance for volunteers 1.2).

6.20   A footnote had been added stating that restrictive intervention includes all forms of restraint, including physical, mechanical and chemical means (guidance for care workers 6.7, guidance for volunteers 1.2).

6.21   Failure to recognise danger has been added as an example of a behaviour of concern (guidance for care workers, guidance for volunteers – Appendix 1)

6.22   Textures, sounds and crowds or closeness to other people have been added to the list of environmental factors that may trigger a person's stress or anxiety (guidance for care workers, guidance for volunteers - Appendix 2).

Guidelines on use of restraint and restrictive practices (D03f)

6.23   Readers are directed to the accompanying policy, Appendix 2, for the full text regarding deployment of volunteers in situations where restrictive intervention may be necessary (guidelines 1.2.1).

6.24   Services in which restrictive intervention may be required will have programmes in place to reduce reliance on it where possible. The organisation is committed to exploring other options and promoting alternative interventions that focus on prevention, de-escalation and reflective practice to achieve positive outcomes (guidelines 2.3).

6.25   Restrictive interventions should never be used to punish or for the sole intention of inflicting deliberate pain, suffering or humiliation (guidelines 3.1).

6.26   Staff will be trained and assessed as competent to understand / recognise the importance of the Department of Health principles of restrictive intervention and receive suitable supervision and support to apply them (guidelines 4.1).

6.27   Care and support plans featuring restrictive intervention will be reviewed / re-assessed at regular intervals (at least annually), the frequency of the review being determined by the degree of intervention used. However, review of such a plan will be brought forward when a person's condition or circumstances change or if behaviours of concern are becoming more frequent (guidelines 4.2.4).

6.28   Staff will be made aware that if they use any form of illegitimate, inappropriate or excessive restraint, they may face disciplinary and / or criminal proceedings. If it is proved they have committed an act of misconduct causing harm to a vulnerable person, a referral may be made to the Disclosure and Barring Service (guidelines 6.6).

6.29   All incidents involving unplanned, inappropriate of excessive restrictive intervention will be investigated guidelines 7.1).

7.0   SUMMARY OF CHANGES TO REVISED POLICY DOCUMENTS

KEY	
✓	Changes HAVE been made
-	No changes
NA	Not applicable

Title	Ref	Policy: trustees	Procedure: managers	Guidance: staff	Guidance: volunteers	Care planners
Health and Safety	F01	✓	✓	✓	✓	NA

Lone working	F03	✔	✔	✔	✔	NA
Mobility assistance	F02	✔	✔	✔	✔	NA
Positive behaviour	D03	✔	✔	✔	✔	✔

8.0 TOOLS

8.1 The following documents and forms have been revised and updated for Network Partners to adopt / adapt as appropriate.

8.2 Risk assessments:

- approach to risk assessment (FT20)
- behaviour management risk assessment – adults (FT04a)
- behaviour management risk assessment – children (FT04b)
- COSHH risk assessment (FT17)
- DSE risk assessment (FT16)
- factors relating to falls (FT11)
- fire risk assessment in service users' homes (FT18)
- general risk assessment – adults (FT02a)
- general risk assessment - children (FT02b)
- guidelines on manual handling risk assessment (FT10a)
- manual handling risk assessment (FT10b)
- manual handling weight guidelines (FT10c)
- model fire safety documents:
  - fire risk assessment for offices (FT14a)
  - fire risk assessment guidelines (FT14b)
  - worked fire risk assessment (FT14c)
  - fire evacuation plan (F14d)
  - fire precautions logbook (F14e)
- model lone worker risk assessment (FT15)
- model office risk assessment (FT13)
- risk assessment summary - adults (FT05a)
- risk assessment summary – children (FT05b)
- safe handling risk assessment – adults (FT03a)
- safe handling risk assessment – children (FT03b)
- social outings risk assessment – (FT09)
- use of restraint form – adults (BT06)
- use of restraint form – children (CT06)

8.3 Other:

- asbestos and legionella factsheet (FT12)
- changing lightbulb in an office (F06b)
- changing lightbulb in service user's home (FT06a)
- guidelines on the safe use of portable electrical appliances (FT07)

- guidelines on the safe use of step ladders (FT08)
- model quality assurance policy (AT19)
- smoke free policy explained for service users (FT19)

If you have any queries relating to documents referred to above, please send them to the dedicated helpline at CareOPFhelpline@carers.org where they will be addressed on a weekly basis.

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