## 

## B01c

## Adults’ personal care guidance for care workers

This document is provided to Carers Trust Crossroads West Wales (now referred to as ‘the organisation’) as a Network Partner of Carers Trust.

Table of Contents

[SCOPE 1](#_Toc114143753)

[SERVICE PLANNING AND REVIEW 2](#_Toc114143754)

[PERSON-CENTRED CARE AND SUPPORT 2](#_Toc114143755)

[LEVELS OF CARE AND SUPPORT 4](#_Toc114143756)

[INTIMATE PERSONAL CARE 4](#_Toc114143757)

[EATING AND DRINKING 5](#_Toc114143758)

[ADVERSE WEATHER CONDITIONS 6](#_Toc114143759)

[RECORD KEEPING 6](#_Toc114143760)

[REPORTING 8](#_Toc114143761)

[LATE OR MISSED VISITS 8](#_Toc114143762)

[LEARNING AND DEVELOPMENT 9](#_Toc114143763)

[ACCEPTANCE 9](#_Toc114143764)

[APPENDIX 1 Levels of care and support 10](#_Toc114143765)

[APPENDIX 2 Definitions 12](#_Toc114143769)

[APPENDIX 3 Oral hygiene 13](#_Toc114143773)

# 1.0 SCOPE

1.1 This guidance concerns adults with care needs aged 18 and over. Its aim is to ensure they receive kind, compassionate care and support that meets their individual needs, helps them achieve their desired outcomes and reflects their personal priorities and preferences. There is separate guidance (C02c) for children and young people aged 17 and under.

1.2 Other related documents include:

* autonomy and independence (D04)
* equality and diversity (organisation’s own)
* infection prevention and control (D01c)
* safeguarding adults (B05c)
* confidentiality and disclosure (D05c)
* data protection and subject access (A03d)
* adults’ resuscitation (B03c)
* positive behaviour (D03)
* mobility assistance (F02c)
* health and safety (F01c).

# 2.0 SERVICE PLANNING AND REVIEW

2.1 As a care worker, you play an important role in the lives of the people you care for and support, helping and encouraging them to achieve their goals and desired outcomes through the person-centred services you provide.

2.2 A care planner / assessor will visit each person in their own home, carry out a risk assessment and draw up a care and support / personal plan before services begin.

The person receiving care and /or their carer will be fully involved in deciding the content of the care and support / personal plan. It will set out details of the services they need and what they hope to achieve when you visit.

* Make sure you are familiar with the content of each person’s plan.
* Provide only the care and support and do only the tasks contained in the plan.
* If you have ANY concerns, speak to your line manager.

**If it isn’t written in the care and support / personal plan, don’t do it.**

The only exception is if the person requires first aid in an emergency, precise details of which will not be recorded in the care and support / personal plan.

2.3 You will be given the training you need before you start working with the person concerned. Never carry out a task:

* that you have not been trained to do
* that you do not feel confident and competent to do
* if you think the level of risk identified in the risk assessment has increased.

Contact your line manager to discuss any of the above. Remember, you can ask for further training at any time.

2.4 If you think a person’s care and support / personal plan is out of date or there are things missing, let your line manager know so that it can be reviewed.

# 3.0 PERSON-CENTRED CARE AND SUPPORT

3.1 Person-centred care and support:

* means putting the person at the centre of the care and support they receive so that, wherever possible, they get the help they want, as and when they want it
* is based on the principles of rights, independence, choice, control and inclusion.

3.2 In your role as care worker you are expected to:

* recognise each person as an individual, valuing their uniqueness and diversity
* make sure no one gets less favourable treatment for any reason or circumstance
* be courteous and polite in all your dealings with the people you care for, their carers, representatives, relatives and friends
* uphold each person’s dignity and their right to privacy and confidentiality
* support each person where possible to make their own choices and decisions
* help each person to make the most of their strengths, skills and abilities
* ensure each person is treated with kindness, sensitivity and compassion
* involve the person’s carer/s, family and friends in their care and support, if that is what the person wants you to do, and your line manager has agreed it
* do everything you can to ensure a safe environment for the person you support.

**3.3 Practical examples of person-centred care**

**3.3.1 Dignity and respect**

People may feel frustrated and embarrassed at having to receive help with personal care, which is why it is so important to provide it in a tactful, sensitive way that maintains and respects their privacy, dignity and lifestyle. Small things make all the difference. For example:

* knock on doors before entering when you are working in a person’s home
* introduce yourself by offering your name (visit: “[Hello my name is ………](http://hellomynameis.org.uk/)”)
* adhere where possible to the person’s preferred daily routines
* avoid unnecessary exposure, for example by keeping the person covered when helping them to wash / shower / bathe.

**3.3.2 Communication**

Good communication helps put people at ease and makes them feel valued.

* Speak to the person receiving care and support in an age-appropriate way.
* Call each person by their preferred name, avoiding the use of patronising or demeaning terms and names.
* Make every effort to communicate with them in the way they can best understand, as set out in their care and support / personal plan. This could include use of such things as sign language, picture cards, electronic aids
* If the person wears glasses, make sure they are clean and accessible; if they use a hearing aid, make sure it is working and fitted correctly.
* Routinely explain what you are doing each time you provide care and support and check that the person concerned is comfortable with it.
* Talk to them respectfully, listen to them, let them know you value their opinion, take their views into account and will respect their wishes wherever possible.
* Actively seek to engage in meaningful interaction with them.
* Don’t talk over the person’s head when you are working with someone else and make every effort to involve them in any conversation you are having.
* Make sure you know how they will let you know what they want or don’t want, like or don’t like, whether they are happy, unhappy in pain or distressed.

**3.3.3 Independence**

As a care worker it is important that you help people to remain as independent as possible for as long as possible and encourage their self-caring abilities.

* Support them to make their own decisions.
* Encourage and support them to carry out their own care where possible rather than doing everything for them.
* Support and encourage them when they want to try to do something themselves.
* Give them plenty of time - don’t rush them or take over to speed things up.

Where appropriate (and if it is in line with the content of their care and support / personal plan), you could for example, encourage and support a person with care needs to:

* wash and dry themselves as much as they are able
* brush their own teeth (see also Appendix 3)
* choose what clothes they want to wear
* decide what they want to do and where they want to go
* choose what and when they would like to eat and drink (see 6.0 below).

**3.3.4 Decision-making**

Some people may not be able to make a decision about their day-to-day care and support at the required time and you may need to make it for them.

* Make sure the decision you take on their behalf is in their best interests. This might involve checking with their carer, relatives or friends what they think as well.
* If you are unsure, get in touch with your line manager / the person on call for advice.
* For more information about ‘mental capacity’ and ‘best interest’ decisions, see the autonomy and independence policy (D04).

# 4.0 LEVELS OF CARE AND SUPPORT

4.1 Care tasks fall into three categories:

* basic
* specialised
* prohibited

Appendix 1 gives a full list of the tasks in each category.

**4.2 Basic tasks**

4.2.1 You will be trained at induction to deliver basic personal and social care and support

to meet the needs of the individuals to whom you provide services.

4.2.2 You may be asked to provide care and support to people with complex needs (Appendix 2) and will be given further training to do this. If you are interested in developing further skills in any of the topics listed, let your line manager know.

**4.3 Specialised tasks**

4.3.1 The care planner / assessor will decide whether a specialised task can be provided safely, and you will be given extra training from a suitable professional before you are asked to do it. You cannot carry out a specialised task without the additional training, as it would put both you and the person with care needs at risk.

4.3.2 You do not have to carry out specialised tasks if you don’t want to. If this is the case, speak to your line manager - you will not be penalised for it.

**4.4 Prohibited tasks**

4.4.1 There are certain tasks that are prohibited (see list in Appendix 1). Under no circumstances are you allowed to carry out a prohibited task.

# 5.0 INTIMATE PERSONAL CARE

5.1 Intimate personal care can mean different things to different people, depending on their upbringing and background. It can include any of the following:

* feeding
* oral hygiene (see Appendix 3)
* washing
* dressing / undressing
* toileting
* menstrual care
* treatments such as enemas, suppositories, enteral feeds
* administration of medication
* catheter and stoma care
* supervision of a person whilst they are carrying out their own intimate care tasks.

The list is not exhaustive.

5.2 If a person needs help with intimate personal care, it can make them more vulnerable to abuse. Make sure you read and understand the safeguarding adults guidance (B05c). If you have questions or concerns, speak to your line manager.

5.3 The care and support / personal plan will include details of:

* what tasks you are expected to do
* where and how you are expected to do them
* how the person with care needs communicates, which may include use of words, sign language, symbols, body movements, eye pointing.

5.4 The care planner / assessor will assess whether you can carry out the intimate care task/s alone or whether there needs to be two of you to do the job safely.

# 6.0 EATING AND DRINKING

6.1 A healthy diet is essential to a person’s health and well-being. Some of the people you support may want you to help them prepare their own meals, or, depending on their illness or condition, may need help with eating and drinking.

6.2 The care planner / assessor will assess what help the person needs and details will be in their care and support / personal plan. This could include:

* whether they are able / want to plan and prepare their own meals and the help they need
* how to support them with eating or drinking, including ways to help maintain their independence
* how to encourage them to eat or drink if they are reluctant/refuse to do so
* their food preferences
* special dietary requirements (for example, liquidised or ‘soft’ food, food supplements), including preparation details
* cultural or religious requirements relating to food and drink
* special dietary requirements relating to moral / ethical beliefs (for example vegetarianism)
* dietary intolerances or allergies
* medical contraindications
* details of when, where and how the person likes to take their meals
* details of any snacks and drinks you can provide while you are with them
* whether you need to record the person’s food and fluid intake
* whether they have difficulty swallowing or are at risk of choking and the action needed to minimise the risk.

6.3 Always follow the directions set out in the care and support / personal plan. If you have concerns or are unsure about anything, contact your line manager to discuss.

6.4 Mealtimes may well be the highlight of the person’s day, so do your best to make them as relaxed and enjoyable as possible. This could include, for example:

* helping them, where necessary, into a position that allows them to eat and drink safely
* giving them plenty of time to have their meal without being rushed
* acting sensitively, in a way that preserves their dignity, especially when helping them to eat and drink
* encouraging and supporting them to do as much as they can for themselves.

# 7.0 ADVERSE WEATHER CONDITIONS

7.1 ‘Adverse weather conditions’ refers to any weather that could have a negative impact on the health and wellbeing of the people receiving care and support services. It can include extended periods of extreme heat as well as cold, icy and / or stormy weather.

7.2You will be trained to recognise the negative effects[[1]](#footnote-1) that extreme weather can have on vulnerable people and to report any concerns to your line manager / person on call straight away, so that they can look into the matter, take any action required and inform the relevant authorities as necessary.

# 8.0 RECORD KEEPING

8.1 Each time you visit a person with care needs, make a record of what you have done and what has happened on the person’s day-to-day record, including:

* date and length of time of visit, using 24-hour clock (for example 13:00 - 15:30)
* care and support provided (for example, help showering, provision of meal)
* any activities you have done together
* specialised tasks
* trips outside the home
* domestic tasks
* tasks you were not able to and reason why
* changes to person’s health, physical condition or circumstances
* help with medication – see adults’ medication guidance (B02c)
* financial transactions carried out with or on behalf of person with care needs
* any accident / incident / near miss, however minor, involving you, the person with care needs or others, while at work
* any errors, mishaps or mistakes in provision of care and support
* other information that would be of help to the next care worker
* recording requests, for example, fluid intake.

8.2 Make sure you record only the facts of what took place on your visit. Do **not** include:

* personal comments
* your own opinions
* abbreviations.

8.3 Only record information about people other than the person with care needs (for example their carer, family members, friends) if it is directly relevant to the service provided.

8.4 If you are providing a service to more than one person in the same home, they will each have their own care and support / personal plan and you will be required to keep separate records for them, with cross-references if necessary.

8.5 Depending on whether your organisation operates an electronic recording system or one that is paper based, you will be trained either to make a digital record of your visit using an electronic device or a handwritten record on a paper report form.

**8.6 Paper-based day-to-day records**

8.6.1 Use the paper-based report form provided by your manager. Always use black ink and make sure your handwriting is readable.

8.6.2 If you make a mistake or write something you want to change:

* draw a line through it so that what you first wrote can still be seen
* do not scribble out the change or use Tippex to remove it
* date and initial the changes you have made.

8.6.3 If your report finishes partway along a line, draw a line to the end so that nothing can be added.

8.6.4 Once you have completed your report, sign / initial your entry and ask the person with care needs and / or their carer to sign it as well, to verify that the content is accurate.

8.6.5 Return completed forms to the organisation’s office at the end of each month or as directed by your line manager.

8.6.6 All handwritten care records and notes must be signed or initialled, dated and include the person’s name. If you see any incomplete records or notes, inform your line manager.

**8.7 Digital day-to-day records**

You will be trained in all aspects of the electronic care recording requirements and security processes relevant to the system being used in your organisation so that you have the skills, knowledge and confidence you need to operate them effectively.

# 9.0 REPORTING

9.1 Report promptly to your line manager / the person on call:

* all accidents / incidents / near misses, however minor, involving you, the person with care needs or others while at work
* any change in the person’s circumstances or condition, including if you were unable to complete any tasks detailed on the care and support / personal plan.

**9.2 When things go wrong**

9.2.1 Be honest and open about any mistakes you make or notice someone else making (such as colleagues, staff from another agency or other professionals) while providing care and support – this is referred to as your ‘duty of candour’.

9.2.2 If something goes wrong:

* let your line manager / the person on call know straight away
* discuss with your line manager / the person on call what the person with care needs and / or their carer need to be told and who is going to tell them
* record the incident as set out in 8.0 above.

9.2.3 Your line manager / person on call, will discuss with the person with care needs and / or their carer what follow up action (if any) is required, (for example consulting the person’s doctor or nurse) and may ask you to complete an incident report form.

9.2.4 If you do not report something going wrong or try to cover it up or make false entries on records, it may be dealt with under your organisation’s disciplinary policy.

9.2.5 All incidents will be investigated to establish what happened and what can be learnt from them. If you were directly involved, it may be decided that you would benefit from extra training. If the matter is serious, it may be reported to the appropriate authorities.

# 10.0 LATE OR MISSED VISITS

10.0 Late or missed visits can have serious implications for the people you visit and for their carers and must be avoided wherever possible. They may be particularly serious for people who:

* live alone
* have problems with their memory
* rely on getting their care and support at a set time
* are not able to let anyone else know if their visit is late or gets missed.

10.2 When setting up a service, the care planner / assessor will discuss with the person and / or their carer how best to handle a late or missed call to ensure that should it happen, the person with care needs would remain safe. Where necessary, they will sort out a back-up plan and include details in the person’s care and support / personal plan, including for example:

* arrangements for someone else to visit, such as a family member or neighbour
* emergency contact numbers.

10.3 Make sure you know what action you need to take if you are going to be late or miss a call. As soon as you become aware this might be the case:

* let your line manager / person on call know
* follow the instructions relevant to you in the person’s back-up plan.

# 11.0 LEARNING AND DEVELOPMENT

11.1 See learning and development guidance E13c

# 12.0 ACCEPTANCE

12.1 You are required to indicate that you have received, read and understood the content of this guidance as directed by your line manager.

12.2 If there is anything in the content that you do not understand or have questions about, let your line manager know. You will be given opportunity to discuss your concerns and, where appropriate, provided with additional training as necessary.

12.3 On completion of training, it is then your responsibility to comply with the guidance. Failure to do so may result in disciplinary proceedings.

# APPENDIX 1 - LEVELS OF CARE AND SUPPORT

## Basic tasks

You will be trained and assessed as competent to provide the basic tasks listed below before being expected to carry them out**.**

1. Assistance with all aspects of personal hygiene including:

* bathing / showering / washing, including checking water temperature and identifying risks from hot water
* use of bath-aids, including bath thermometers
* care of skin and hair
* shaving (including wet shaves)

1. oral hygiene, including care of mouth, teeth and dentures.
2. Assistance with management of continence of bladder and bowel, including:

* promotion of continence
* use of continence aids such as pads, convenes / sheaths.

1. Management of indwelling urinary catheters, including emptying / changing day and night bags, monitoring urinary output. **Please note: removal / replacement of indwelling urinary catheter is prohibited.**
2. Care of pressure areas and prevention of pressure sores.
3. Assistance with dressing, undressing, choice of clothes, personal appearance.
4. Hand care and manicuring (including filing and trimming of fingernails).
5. Assistance with mobility and transfers, including:

* use of equipment such as walking aids, wheelchairs, hoists, stair lifts
* getting in and out of bed.

1. Food preparation, handling and storage (including use of thickeners, food supplements).
2. Assistance with oral feeding, monitoring of food / fluid intake.
3. General support with and administration of medication, including:

* taking tablets, capsules, oral mixtures
* applying a medicated cream / ointment / lotion
* applying a transdermal patch
* inserting drops to ear, nose or eye
* sub-lingual medication
* administering inhaled medication via inhalers and spacers.

1. Ensuring a safe environment.
2. Supporting people with care needs outside their home.
3. Assistance with appliances (for example hearing aids, spectacles, artificial limbs).
4. Basic first aid (including basic life support) and summoning emergency services.
5. Emergency treatment of anaphylactic shock using auto-injector (such as EpiPen).
6. Assistance with exercise programmes for the rehabilitation and development,as agreed with relevant physiotherapist, occupational therapist or speech therapist.
7. Use of a digital thermometer (axillary, oral, tympanic).
8. Use of bed rails - see [Safe Use of Bed Rails](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/422784/Safe_use_of_bed_rails.pdf) for details.

## Specialised tasks

1. Administration of medication by specialised techniques, including percutaneous endoscopic gastrostomy (PEG) / rectal / buccal medication.
2. Administration of insulin via auto-injector / jet injector.
3. Administration of apomorphine via auto-injector (for example APO-go pen) for people with Parkinson’s Disease.
4. Assistance with oxygen therapy. Where this involves use of an ambubag or ventilator.
5. Assistance with nebulisers.
6. Assistance with peritoneal dialysis.
7. Insertion of suppositories and micro-enemas (for example microlax).
8. Insertion of vaginal pessaries.
9. Insertion and removal of tampons.
10. Monitoring infusion pumps (such as syringe drivers) for volume and battery life.

**Please note: connection or removal of pump is prohibited.**

1. Simple sterile dressing technique, including application to pressure sores.
2. Assisting with artificial feeding, including, for example use of:

* PEG
* nasogastric tube.

1. Capillary blood glucose monitoring.
2. Testing urine using a test strip.
3. Suctioning / routine care of tracheostomy (including cleaning / changing inner tube).
4. Replacement of single lumen / outer tracheostomy tube **in emergency only**.
5. Oro-pharyngeal and nasal suction.
6. Stoma care including colostomies, ileostomies and urostomies.
7. Intermittent urethral catheterisation.
8. Toenail care.
9. Hand and foot massage.
10. Application of compression stockings.
11. Bladder washouts.
12. Taking / recording / monitoring pulse and blood pressure.

## Prohibited tasks

You are not permitted to carry out the tasks listed below. To do so would invalidate the organisation’s insurance cover.

1. Ear syringing.
2. Manual bowel evacuation, including assistance with anal irrigation.
3. Injections with **the exception of** administration of**:**
   * insulin
   * apomorphine for Parkinson’s Disease
   * adrenaline for treatment of anaphylactic shock.
4. Haemodialysis.
5. Removal / replacement of indwelling urinary catheters.
6. **Routine** replacement of single lumen or outer tracheostomy tubes.
7. Liftingan individualfrom the floor unaided.
8. Setting up or removal of infusion pumps such as syringe drivers.
9. Changing administration rates or dosage on infusion pumps such as syringe drivers.

# APPENDIX 2 – DEFINITIONS

## 

## Personal care

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 health care
* the care of skin, hair or 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 above, where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision.

## 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.

## Complex care

Additional training would normally be expected when working with, for example:

* people from ethnic minority communities and / or religious groups
* children and their families, including child protection and prevention / detection of abuse
* people with special communication needs
* people with sensory loss
* people with dual sensory impairment
* older people with complex health care needs
* people with a terminal illness
* people who have had a stroke
* people who have learning disabilities
* people with mental health problems, including people subject to Guardian and Supervision Orders under the Mental Health Act
* people with infectious or contagious diseases
* people with dementia
* people requiring positive behaviour management.

This training does not need to be specific to a particular person with care needs and can be delivered to groups of care workers.

# 

# APPENDIX 3 - ORAL HYGIENE

Oral health care will be aligned with advice in [Delivering better oral health](http://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention) toolkit including:

* brushing natural teeth at least twice a day with fluoride toothpaste
* providing daily oral care for full or partial dentures (such as brushing, removing food debris and removing dentures overnight)
* using the person’s choice of cleaning products for dentures if possible
* using the person’s choice of toothbrush, either manual or electric / battery powered
* daily use of mouth care products prescribed by dental clinicians
* daily use of the person’s preferred over-the-counter products, such as mouth rinses or toothpastes.

1. Examples of negative effects of extreme weather include (but are not limited to) sunburn, dehydration, heatstroke, heat exhaustion, exacerbation of cardiac and respiratory conditions, hypothermia, influenza, pneumonia, slips, trips and falls, the consequences of fuel poverty [↑](#footnote-ref-1)