Immensity HealthCare

Domiciliary Care Policies and Procedures

POLICIES AND PROCEDURES

Immensity HealthCare

Telephone : +44 1280 853348

Website : Immensityhealthcare.co.uk

Email Address : Info@immensityhealthcare.co.uk

INDEX -Domiciliary Care Policies and Procedures

Service User Care and Care Planning

Complaints and Compliments

Data Protection and Confidentiality

DBS + Disclosure

Data Protection

Grievance

Medication

Mental Capacity Act 2005

Equality and Diversity

Gifts, Client Wills and Bequest

Moving and Handling

Manual Handling

Behaviours that Challenge

Anti - Bullying and Harassment

Quality Assurance and Management

Recruitment and Selection

Staff Handbook

Safeguarding and Local Authority

Health and Safety

Lone Working

Fire Safety

First Aid

Good Governance

Training

Immensity HealthCare

Domiciliary Care Policies and Procedures

Access to Information

Staff Rota and Management of Rota

Missing Service User

Alcohol and Drug Misuse

Accident and Incident Reporting

Accessing and Reducing Risk – Covid - 19 `

Duty of Candour

First Aid

Food and Hygiene

Risk Assessment

Infection Control

Financial Administration

Choice

Restraint

Continuity of Care/Care

Professional Boundaries

Religion and Belief

Dress Code

Business Continuity

Dignity and Respect

Mobile Phone Use

Consent

Disciplinary

Whistleblowing

Carers and Training

GDPR

Modern Day Slavery

Immensity HealthCare

Service User Care and Care Planning Policy and Procedure

1.Purpose

1.1 To set out the framework, standards, and values of IMMENSITY HEALTHCARE LIMITED for planning individualised Care.

1.2 To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
RESPONSIVE :	How do people receive personalised care that is responsive to their needs?
SAFE :	How does the service make sure that there are sufficient numbers of suitable staff to care people to stay safe and meet their needs?

1.3 To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Care Act 2014
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Mental Capacity Act 2005
- General Data Protection Regulation 2016
- Data Protection Act 2018
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

2.Scope

2.1 The following roles may be affected by this policy:

- Registered Manager

Other management

- Care staff

2.2 The following Service Users may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

To have an ordered, auditable way of managing Service User's care and create a usable framework which incorporates the views and consent of Service Users and their representatives.

For authorised staff of IMMENSITY HEALTHCARE LIMITED to understand their responsibilities and roles in relation to Care Planning.

4.**Policy**

Person-Centred Care

IMMENSITY HEALTHCARE LIMITED believes that person-centred Care Planning is the only way to achieve a quality service for each individual Service User. IMMENSITY HEALTHCARE LIMITED will act holistically to develop and deliver Service User Care Planning.

- In Partnership with the Service User to Meet Their Needs and Wishes
- The Care Planning process will work in complete partnership with Service Users and/or their legal representatives in planning and reviewing their care and care to:

- Represent the wishes and aspirations of the Service User, including activities, relationships and end of life wishes
- Maintain and care improvement in mental, psychological, physical wellbeing - including personal and oral hygiene
- Represent the equality, diversity, and human rights of the Service User
- Promote choice, self-care, and independence wherever possible
- Ensure safety from avoidable harm

IMMENSITY HEALTHCARE LIMITED will always ensure that Service Users or their legal representatives have the right information and will care their need to give informed consent to Care Planning.

Options for care and information around them will be shared to ensure informed choice.

- IMMENSITY HEALTHCARE LIMITED sees Care Planning as an ongoing process which begins with assessment. Care Planning will be systematically reviewed and IMMENSITY HEALTHCARE LIMITED will respond to changes in the needs and wishes of Service Users and changes in best practice and or legislation.
- IMMENSITY HEALTHCARE LIMITED will ensure that Care Plans are created and updated when end of life care is needed to give the right Care for Service Users to live and die well.
- Only authorised persons will plan, view, review, and audit Care Plans in line with data protection. Care Planning will be undertaken in a space which respects the privacy and dignity of Service Users and will be treated as confidential.
- All Care Plans will be legible, complete, and easy to understand, detailed and practical, easy to follow and reflecting fact.
- Service Users will have their choice to involve family and friends in the process.
- IMMENSITY HEALTHCARE LIMITED will care Service Users to be involved as much as possible where the Service User does not have capacity to give consent.

- IMMENSITY HEALTHCARE LIMITED recognises capacity can change and will keep decisions under review.
- IMMENSITY HEALTHCARE LIMITED will ensure that Care Plans reflect work with other professionals, to ensure continuity of Care where services are joined up and where transition between services or providers takes place.
- IMMENSITY HEALTHCARE LIMITED will work within data protection laws and ensure that Service Users are made aware of how their personal data will be used, stored, and shared.
- IMMENSITY HEALTHCARE LIMITED will audit and evaluate the Care Planning process to ensure its design and delivery is the best it can be, is easy to use and fulfils its intended purpose.
- Measures will always be taken when identified issues are found and improvement needs identified.

5.Procedure

Responsibilities

IMMENSITY HEALTHCARE LIMITED is responsible for the oversight of this policy and Dorothy Botha for its management.

All staff at IMMENSITY HEALTHCARE LIMITED will receive the training necessary for their role in Care Planning and will receive regular updates when required.

Consent

All IMMENSITY HEALTHCARE LIMITED staff must make sure that the organisation takes into account people's ability to consent, and either the Service User, or a person lawfully acting on their behalf (if they are unable to consent for themselves), must be involved in the planning, management and review of their care and care.

The Registered Manager/Deputy Manager/Team Leaders/Keyworker must make sure that decisions are made by those with the legal authority or responsibility to do so, but they must work within the requirements of the Mental Capacity Act 2005, which includes the duty to consult others such as carers, families and/or advocates where appropriate.

IMMENSITY HEALTHCARE LIMITED must comply with the Data Protection Act 2018 and General Data Protection Regulation 2016 and they should review how personal and special categories of data is managed in relation to Care Plans in line with their GDPR policies.

Supporting the Service User to be Involved

Every Service User has the right to be involved in their Care Planning, and where a Service User is unable due to capacity, they will have people act in their best interest

The Registered Manager/Deputy Manager/Team Leaders/Keyworker must ensure that any care or aid required to enable Service User participation is in place

Care Planning will take place in a confidential setting in which the Service User feels comfortable and supported. This will usually take place in the Service User's own home

Service Commencement

Through an initial assessment of the information provided, IMMENSITY HEALTHCARE LIMITED will first identify whether it will be able to provide care, treatment and care for the Service User which meets their care, personal, social and safety needs

This assessment will identify any specialist equipment and environmental requirements to meet the Service User's personal and safety needs, which should be available for use at the point of service commencement

Any risks identified will be formally and individually assessed as part of the Care Planning process and an appropriate written risk management plan created for each risk

Next Steps

The result of the assessment will be reviewed by management and staff in order to determine the ability of IMMENSITY HEALTHCARE LIMITED to meet the Service User's needs and preferences

If a Service User's needs and preferences cannot be met, IMMENSITY HEALTHCARE LIMITED must explore the impact of this to them and explore alternatives, so that the Service User can make informed decisions about their Care

The decision to offer or decline the service will be formally notified in writing to the Service User and any purchasing body as soon as possible. IMMENSITY HEALTHCARE LIMITED will need to take into account any contractual requirements

Information about the care, treatment, and care services available from IMMENSITY HEALTHCARE LIMITED and the associated costs, if applicable, will be provided to the Service User during the assessment in order to enable them to make an informed decision about the service

Care Plan

Service User Involvement

Service Users will have the Care Planning purpose and processes explained to them, and will be informed that they have the right to ask for a Care Plan review meeting at any time

All Service Users will have an individual and personalised set of Care Plans which are designed to care their expressed requirements and desired outcomes from Care provided by IMMENSITY HEALTHCARE LIMITED

The Care Plan must be written and designed to meet the health, psychological and social needs of the individual Service User

Service Users or their personal representative will be encouraged and supported to be fully involved in the design of their Care Plan, being given at each stage (where possible) choices of action from which they can choose their preferred option

Agency Involvement

IMMENSITY HEALTHCARE LIMITED has the responsibility to ensure that all the relevant agencies are invited to have an input into the Care Plan process to care the effective management of the Service User's physical, psychological, social, and personal health and safety needs

Care Plans should reflect the recommendations of any external specialist service providers who have a relevant input to the Service Users' physical, psychological, or social health and wellbeing

Equality and Diversity

Care Plans must include any elements of Care to meet the equality and diversity needs of the individual Service User and must within itself be designed not to constrain choices offered to the Service User because of their

personal values, ethnicity, age, gender, gender orientation, disability, nationality, or religious beliefs Informed Consent

The Care Plan must be clear and understandable for the Service User, and their signature should be held on the Care Plan documents as evidence of their understanding of an agreement with its contents

When Service Users do not wish to sign the Care Plan, this decision must be recorded in the Care Plan by the Registered Manager/Deputy Manager/Team Leaders/Keyworker and a carer witness signature

Service User consent to Care detailed in the Care Plan must be formally obtained before the Care Plan is implemented

Responsibilities

Care Plans are to be developed by staff who are competent in Care Planning and who have the knowledge to inform and involve Service Users in all stages of the Care Planning process

The Registered Manager/Deputy Manager/Team Leaders/Keyworker is responsible for the completion of the Care Plan document in full and signs all documents where indicated. This signature demonstrates the accountability for the planning of Care to meet the Service User's needs

Completion

All sections of the Care Plan documents will be completed. If a section is not deemed appropriate to that individual Service User, the words "not applicable" must be entered on the document and signed and dated to indicate that this area is not applicable, stating reasons where possible

Individual Care Plans will state in clear and factual language the detailed Care requirements needed to instruct staff to meet the individual Service User's needs identified by the individual assessment procedures

Care Plans will be designed to manage Service Users' environmental, physical, psychological, and social health needs in addition to the prevention or minimisation of potential personal health and safety risks to Service Users

The involvement of the Service User in the process, the choices offered, and the responses must all be recorded

All Care Plan instructions carried out by staff must be recorded by those staff, reasonably simultaneously. Other actions and matters which may provide useful information for a subsequent review must also be recorded

Review and Reassessment Process

Care Plan reviews should look at the records generated by staff in order to judge the success of the Care Plan in achievement of the planned outcomes. It should also identify changes to the Care Plan which are required to meet existing, changed, or new needs.

Service User Decisions and Consent

There must be a review of Service Users' consent and any decision making they have been involved in related to their care, treatment, and care.

Service User Review Involvement

The review is an ongoing process and Service Users should be actively involved in the review of their desired outcomes. They will have the opportunity to alter their desired outcomes or Care Plan implementation at any time.

Risk Review

The assessment of individual risks will be reviewed on an individual basis when there are any indications of altered risks. This includes both positive changes and a reduction in risk, or negative changes and an increased risk.

Time Scales for Review

Routine reviews will be carried out within 6 weeks from the start of the service and then at least annually or at any more frequent intervals specified. Reassessments may vary in their review period according to individual Service User risks and needs

Any change in need for the Service User will require a Care Plan review

Routine reviews will include a review of visit records since the previous review date. This will allow IMMENSITY HEALTHCARE LIMITED to identify any Service User concerns which may indicate a need for a particular assessment review, and to gather additional information regarding the Service User's perception of their daily wellbeing Reviews

All relevant staff will be involved in the Care Plan and review.

Individual elements of the overall Care Plan can have different scheduled review periods

Following Care Plan reviews, the staff skill mix and designated staff linked to the Service User will be reassessed to ensure that the changed Service User requirements can be met

The involvement of the Service User in the process, the choices offered, and the responses must all be recorded

Changing Needs

The review of the Service User needs may indicate changed needs which require a full in-depth review of elements of assessment or a comprehensive assessment of needs

Any change to the Service User's needs, as identified during a review, will be subject to a reassessment and the Care Plan changed and redesigned in order to meet the changed needs

Reassessment

The Service User must be involved in the reassessment processes wherever possible

The assessment of Service User requirements, or any professional assessment of needs, will be reviewed when there are changes in the Service User requirements or changes in their accommodation or physical, psychological, or social wellbeing

Any changes in assessment outcomes will immediately result in a new Care Plan to meet the changed needs

End of Life Care

It is important to recognise and implement efficiently and smoothly changes in Care required for end of life. This will help ensure the correct agencies are involved and the Service User receives Care which enables changing needs with dignity and respect.

Signatures

All reviewed assessments must be dated and signed by the person completing the assessment documents in order to care plan tracking and accountability

All reviewed assessments must be signed by the Service User or their representative in order to indicate their involvement in the process

Audit

Care Plans will be regularly audited by the Nominated Person or a delegated individual to ensure competencies are being met against the competence standards of IMMENSITY HEALTHCARE LIMITED

Where issues are identified, the Nominated Person will address issues with suitable actions

The analysis of the Care Plan audits will be reported to the Management Meeting and where improvements can be made, an action plan will be put in place to track completion of them

6. Definitions

Care Planning

An audited way of planning person-centred Care which should be completed, and reviewed in partnership with the Service User wherever capacity allows

Care Planning is only delivered with the consent of the Service User or their legal representative where the Service User is unable due to lack of capacity

It forms the way Care is to be carried out

Care Planning is a living document, and should be changed after review to represent the changing life of the Service User

Care Planning is individual and owned by the Service User who can see, or have it reviewed when they wish

Care Planning should be joined up to any other care or treatment the Service User is receiving to ensure a seamless service

Immensity HealthCare

End of Life Care

End of life care is care for people who are in the last months or years of their life

End of life care should help Service Users to live as well as possible until they die, and to die with dignity

The people providing care should ask about the Service User's wishes and preferences and take these into account as they work to plan their care. They should also care family, carers or other people who are important to the Service User

Risk Assessment

A process to look at any risks to safety that an action may cause the Service User or aspects of the wider service

Where risks are identified, a mitigation to the risk should be decided upon, or an alternative action

Risk assessments should be reviewed, and changes in Care may have an effect on the risk assessment

Assessment
A process to identify what a person's Care needs are against agreed criteria

Review

Checking that the assessed needs and the care put in place to address those needs are right and working for the Service User.

A review may trigger a 'reassessment' if a review finds it is not working or changes need to be made

Person-Centred Care

Care Planned around an individual - not a standard set of actions or 'one size fits all' solution

This takes into consideration the diverse needs and wishes of individuals in a service tailored for them

General Data Protection Regulation

The General Data Protection Regulation 'GDPR' (EU) 2016/679 is a regulation in EU law on data protection and privacy for all individuals within the European Union

7.Professionals - Key facts

- Professionals providing this service should be aware of the following:
- Care Planning will always be undertaken by trained and competent staff
- Only Service Users or their legal representatives can consent to Care Planning
- Service User Care Planning is the road map for care and care for IMMENSITY HEALTHCARE LIMITED
- IMMENSITY HEALTHCARE LIMITED will work in partnership with other professionals when required and share information when appropriate and in line with data protection principals

8.People affected by service - Key facts

People affected by this service should be aware of the following:

- Care Planning is an ongoing process to write down what you need and how care will happen within the service you will receive from IMMENSITY HEALTHCARE LIMITED

- You will always be involved in making decisions about your care and given the information you need to understand the decisions you need to make

- IMMENSITY HEALTHCARE LIMITED will always ask if you agree with what has been written by asking for your consent. This is not a one-off thing, it is ongoing, when changes are made to your care and care you should be able to consent to it

- Care Planning will start before you start at the service, it will be updated when things change for you and looked at regularly to see if there is anything that can be improved

- Care Planning will look at a range of information about your life to help plan for you, including your health and care needs, what you like and do not like, your ethnic, cultural, religious, sexual and disability needs and what your wishes are for end of life care as part of your Care

- You may want other people like family members or close friends to be a part of this process, and if this is what you want, they can be
- Other professionals may be involved in your Care Planning, this will be discussed with you

9.Reading/Reference

There is no further reading for this policy, but we recommend the 'underpinning knowledge' section of the review sheet to increase your knowledge and understanding.

10.Outstanding service

To be ‘ outstanding ’ in this policy area you could provide evidence that:

Staff levels reflect the needs of Service Users set out in their Care Plan

Strong evidence of Service Users given the right care to contribute to their Care Plan to their full ability

Evidence that Service Users and their legal representatives know and have the care to ask for a review of their Care Plan at any time

Clearly identifiable correlation between identified risks and imaginative solutions to enabling Service User choice in managing risk

Immensity HealthCare

Complaints and Compliments Policy and Procedure

1.Purpose

To ensure that IMMENSITY HEALTHCARE LIMITED has an effective system in place to manage complaints, suggestions, and compliments.
To ensure that IMMENSITY HEALTHCARE LIMITED complies with any legal requirements, regulations, guidelines, and best practice.
To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
CARING	How does the service care people to express their views and be actively involved in making decisions about their care, care, and treatment as far as possible?
RESPONSIVE	How are people's concerns and complaints listened and responded to and used to improve the quality of Care?
SAFE	How do systems, processes and practices keep people safe and safeguarded from abuse?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- Compensations Act 2006
- The Care Act 2014
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Data Protection Act 2018

2. Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service User

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS

Objectives

To improve the quality of the Service User's experience.

To ensure that all complaints and suggestions are promptly addressed, resolved, and shared within the agreed timescales to ensure that lessons are learned and that the learning improves service quality and delivery.

3. Policy

Complaints

- IMMENSITY HEALTHCARE LIMITED understands complaints to be an expression of dissatisfaction requiring a response, communicated verbally, electronically, or in writing. Complaints may be made by any Service Users, their family or advocate acting on their behalf, with their consent or in their best interests

- IMMENSITY HEALTHCARE LIMITED takes complaints seriously. We will aim to put things right that have gone wrong and learn lessons to avoid the problem happening again. This policy sets out the framework for how IMMENSITY HEALTHCARE LIMITED will achieve this. The detail of how IMMENSITY HEALTHCARE LIMITED this will do will be found in the associated procedures

- IMMENSITY HEALTHCARE LIMITED will comply with legislation, national guidelines, regulation, and best practice when managing complaints and suggestions. A systematic approach will be taken with all aspects of complaints and suggestions

- Complaints or concerns by staff will be addressed via the grievance process if the complaint or concerns relates to them individually or the Whistleblowing procedure where a protected disclosure is made

- IMMENSITY HEALTHCARE LIMITED understands our statutory obligations in respect of the Duty of Candour and will ensure we follow the agreed policy and procedure

IMMENSITY HEALTHCARE LIMITED will ensure that the complaints and compliments process at IMMENSITY HEALTHCARE LIMITED is fair and transparent and does not discriminate directly or indirectly because of the following:

- Age
- Being or becoming a transsexual/transgender person

- Being married or in a civil partnership
- Being pregnant or on maternity leave
- Disability
- Race including colour, nationality, ethnic or national origin
- Religion, belief, or lack of religion/belief
- Sex
- Sexual orientation

The complainant will feel free to complain without fear of reprisals and will be treated with courtesy, respect, and compassion. IMMENSITY HEALTHCARE LIMITED will ensure that the process of how to make a complaint and the feedback is provided in a way that meets the Accessible Information Standards and is in a format that the Service User can understand.

Seeking Views and Engaging with Service Users
IMMENSITY HEALTHCARE LIMITED will seek out opportunities to obtain feedback from Service Users and stakeholders. IMMENSITY HEALTHCARE LIMITED will act with sensitivity, integrity, and professionalism by treating individuals who do complain or raise a suggestion with compassion, courtesy, and respect. The service will protect the Service User's right to confidentiality. IMMENSITY HEALTHCARE LIMITED will ensure that alternative methods of communication are available so that the complaints and suggestions procedures are accessible for Service Users who experience difficulties with communication or whose first language is not English.

Staff will undertake training on how to manage complaints in line with their role and responsibilities.

IMMENSITY HEALTHCARE LIMITED understands that it can be difficult to separate a complaint from a concern, therefore, IMMENSITY HEALTHCARE LIMITED will follow this policy when any dissatisfaction arises with the service.

A full record will be held of all complaints received regardless of the level of seriousness and means of communication. This approach allows an open and transparent culture around raising concerns in the earliest stage to allow resolution. A record of the complaint will also be held in the Service User's Care file and reported in line with contractual or regulatory requirements.

Safeguarding Concerns
Where a complaint or concern is raised that relates to a Service User being harmed or likely to be harmed, IMMENSITY HEALTHCARE LIMITED will follow its Safeguarding Policy and Procedures in addition to the complaints procedures, seeking advice and guidance from the Buckinghamshire County Council Safeguarding Adults team and escalating concerns in line with Buckinghamshire County Council procedure. IMMENSITY HEALTHCARE LIMITED will also notify CQC in line with our statutory duty.

Roles and Responsibilities

All Staff
It is acknowledged that all staff working within IMMENSITY HEALTHCARE LIMITED may be presented with an individual wishing to raise a concern or complaint at any time, therefore staff need to be able to manage this in a sensitive, structured, and timely manner. In order to do this staff will:

- Be trained on induction and as a routine measure to ensure knowledge is embedded and refreshed around the complaints procedure
- Have access to the complaints procedure
- Be provided with the opportunity to reflect and learn from complaints as a means of developing and driving quality Care
- Appreciate that any feedback from Service Users or their representatives that is of concern needs immediate resolution, where possible, to their satisfaction. Care Plans will be updated to reflect the planned changes to Care and the Registered Manager informed of the feedback. Failing to do this may result in a complaint
- Be clearly advised that on presentation of a complaint, swift escalation to management is necessary and purposefully withholding or concealing of concerns expressed by Service Users or their representatives may lead to disciplinary action

IMMENSITY HEALTHCARE LIMITED Management Team

- The management team at IMMENSITY HEALTHCARE LIMITED is responsible for ensuring compliance with this policy, regulations, improvement planning and having arrangements in place to provide relevant reports and information regarding complaints
- Dorothy Botha is the main point of contact for the receipt, investigation, and management of complaints within IMMENSITY HEALTHCARE LIMITED. However, this may be delegated to a senior member of staff within IMMENSITY HEALTHCARE LIMITED who holds the experience, knowledge, and competence to investigate and manage complaints
- IMMENSITY HEALTHCARE LIMITED will ensure the procedure for raising a complaint is accessible and displayed prominently in IMMENSITY HEALTHCARE LIMITED on the website of IMMENSITY HEALTHCARE LIMITED and within the Service User information and guides. Alternative languages and formats will be available on request

Compliments and Suggestions

IMMENSITY HEALTHCARE LIMITED welcomes compliments and suggestions and recognises their importance in celebrating and recognising the success of our service and opportunities for improvement. We will engage with a wide range of stakeholders in addition to Service Users to care service development and improvement. We will share feedback with our staff.

One Complaint, One Response

IMMENSITY HEALTHCARE LIMITED will follow the Local Government and Social Care Ombudsman best practice and where Service Users are receiving services for more than one organisation, we will ensure they can make a complaint to anyone and be provided with a single response following a joint investigation.

5.Procedure

Raising Complaints

A complaint can be received by IMMENSITY HEALTHCARE LIMITED either verbally or in writing and can be made by:

- Service Users
- Someone acting on behalf of a Service User and with their written consent, e.g. an advocate, relative, Member of Parliament
- Someone acting on behalf of a Service User who is unable to represent his or her own interests, provided this does not conflict with the Service User's right to confidentiality or a previously expressed wish of the Service User

IMMENSITY HEALTHCARE LIMITED will ensure that Service Users are given information on how to make a complaint and the process once a complaint has been made, including any agreed timescales.

Time Limits for Submitting a Complaint

Complaints should be submitted within 12 months of the incident or concern arising. The time limit, however, can and should be waived, if:

- It is still practical and possible to investigate the complaint (the records still exist, and the individuals concerned are still available to be questioned, etc.) and
- The complainant can demonstrate reasonable cause for delay in making the complaint It is at the discretion of the manager of the service if the time limit can be set aside.

Complaints Procedure:

Step 1

When a complaint is raised to staff, staff will make an effort to resolve it immediately to the satisfaction of the complainant.

Step 2

Staff will apologise for the fact that there was the need to complain in the first instance and explain the complaints process as described in the procedure steps.

Step 3

Staff will report the complaint to the most senior member of staff on duty and the complaint will be logged.

Step 4

Formal acknowledgement of all complaints received (whether verbal or written) will be sent within 3 working days to the complainant. This could be via letter or email. IMMENSITY HEALTHCARE LIMITED will have a local system in place to manage out-of-hours and weekend complaints received.

The acknowledgement will include:

- An invitation to meet and discuss the complaint
- Who will be investigating the complaint?
- How the investigation will be handled - the response should state what the investigation will be focussed on
- A time limit for the investigation to be concluded. This should be 28 days; however, some cases may take longer, and the complainant will be made aware of this
- The complaints procedure and contact details of bodies that can be accessed in the event of dissatisfaction with the outcome of the investigation

Step 5

Following a full investigation, a response letter will be sent, and this will include the following:

- A summary of the issue from the complainant's point of view
- Details of the evidence and sources consulted in order to investigate the issue fully and fairly
- A presentation of the findings for each issue clearly and concisely described
- A conclusion, stating clearly whether the issue is "upheld," "partially upheld" or "not upheld"; unless it is ineligible, in which case the reason for this will be given, e.g. out of time or out of jurisdiction
- An explanation of the outcome and whether any remedial action or learning points arise from the investigation of that issue
- An apology where the issue is upheld, and shortcomings or failings have been found
- The complainant's rights if not satisfied with the outcome to refer to The Local Government and Social Care Ombudsman
- A signature from the responsible individual or sent by email in their name

Step 6

The complaint will be closed once confirmation has been received that there is satisfaction with the outcome. In the event of dissatisfaction, IMMENSITY HEALTHCARE LIMITED will care the complainant to access further care (refer to section 5.6)

The Complaints Log

A record will be held of all complaints raised and contain the following information:

- Each complaint received

- Subject matter and outcome
- Details of any reason for delay where investigations took longer than the agreed response period
- The date the report of outcome was sent to the complainant

Where complaints relate to a Service User, a copy of the complaint will be held in their Care records so that the Service User can reflect on the recommendations.

Where complaints are raised by telephone, the log will include the date and time of the call and this will be followed up with written confirmation of the areas discussed.

Where a complaint indicates the potential abuse of Service Users, safeguarding policies will be followed as per local authority expectation and necessary notifications made to the regulatory body. Where care is commissioned by Buckinghamshire County Council their reporting procedure for notifying them of complaints will be followed. Where complaints are to be shared as part of learning, the complaint will be anonymised so there is no identifiable Service User information.

Investigations

All investigations will be managed by using the following approach:

- Investigating the fact
- Assessing evidence
- Review of records and Interviewing those involved

Where necessary, advice and care will be sourced via senior managers within the organisation. The complaint must be investigated by a member of staff with the knowledge, experience, and seniority to undertake the investigation robustly.

Confidentiality of information will be considered at all times and staff will adhere to the confidentiality policies and relevant codes of practice.

If an investigation of a complaint results in disciplinary action of staff within IMMENSITY HEALTHCARE LIMITED, the complaint will continue to its conclusion. The complainant will be informed that the investigation has led to disciplinary process, but the details of the outcome or ongoing investigation will remain confidential.

Unresolved Complaints

There are many bodies that can care or will need to be informed of unresolved complaints:

1. Care Quality Commission Individuals can escalate their complaint to the Care Quality Commission via:

- Website www.cqc.org.uk Email enquiries@cqc.org.uk
- Address: Care Quality Commission, National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA, Tel: 03000 616161,

  Fax: 03000 616171

2. The Local Government and Social Care Ombudsman (for those Service Users that are funded by local authority-funded social services Care or self-funded)

Individuals have the right to raise their complaint to the Local Government and Social Care Ombudsman. This is a free service and individuals can contact their Local Government and Social Care Ombudsman via:

The Local Government and Social Care **Telephone:** 0300 061 0614

Email: enquiries@ombudsman.org.uk Website: https://www.lgo.org.uk/ Complaint form: https://www.lgo.org.uk/complaint-form

Individuals must be advised that the Local Government and Social Care Ombudsman will not investigate the complaint until the provider has had the opportunity to respond and resolve the matter in the first instance.

3. Parliamentary and Health Service Ombudsman (For Service User that are NHS funded)

Individuals have the right to raise a concern about a service that is NHS funded. This is a free service and individuals can contact via:

- Telephone 0345 0154033
- Email phso.enquiries@ombudsman.org.uk
- Website www.ombudsman.org.uk
- Address Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London, SW1P 4QP.

Dorothy Botha can also signpost individuals to Healthwatch and the local independent complaints advocacy services (ICAS).

Clinical Commissioning Groups

Individuals can make a complaint about a health service they are receiving or have received and can discuss this with the commissioner of the service.

4. Local Authority Complaints Teams

Individuals have the right to raise concerns and complaints about adult social Care regardless of whether or not they pay for their own Care or if the Council funds it. Individuals can make a complaint about organisations who provide services on the Council's behalf. The contact details for the Local Authority Complaints Team are:

Adult Care complaints administrator

Buckinghamshire County Council

Walton Street Offices

Walton Street

Aylesbury

HP20 1UA

Opening Times :	Monday to Friday: 8.30am – 5.30 pm
	Closed on Saturday and Sunday and bank holidays
Local Authority Complaints Team :	complimentsandcomplaints@buckinghamshire.gov.uk
Telephone:	0300 131 6000

Professional Bodies

If a complaint involves the serious misconduct of a health Care professional, their relevant professional body can be informed, and this is determined on an individual case basis in discussion with the Registered Manager.

For any external bodies managing complaints IMMENSITY HEALTHCARE LIMITED will work with the external body providing information as requested within any agreed timescales expected.

Compliments

Receiving compliments is an opportunity to celebrate and recognise success. IMMENSITY HEALTHCARE LIMITED will ensure that:

- All compliments are shared with staff and displayed in a public area to highlight good practice
- Compliments are anonymised or permission sought before displaying
- Numbers of compliments received are logged as part of a quality assurance programme
- Verbal positive feedback from Service Users and relatives is also deemed as compliments and will be recorded and shared with colleagues
- Compliments form a core agenda item at staff, Service User, and relative meetings

Suggestions

Suggestions can be made verbally or in writing and generally are in response to seeking a means of changing practice for the better.

- Suggestions are not complaints, but in some circumstances, if they are not considered or actioned they could lead to a complaint
- When suggestions are raised in meeting or as part of a conversation, these will be documented and then outcomes of such suggestion recorded to show consideration
- Staff will be encouraged to share their suggestions or suggestions received by relatives and Service Users to the Registered Manager

- Dorothy Botha at IMMENSITY HEALTHCARE LIMITED will consider implementing a suggestions system to encourage comments from Service Users, staff, and visitors

Audit and Evaluation

IMMENSITY HEALTHCARE LIMITED will monitor, review, and analyse all information received about the service as a means of continuously reviewing performance, quality, and safety.

IMMENSITY HEALTHCARE LIMITED will also:

- Share themes and trends with Carers working for IMMENSITY HEALTHCARE LIMITED
- Ensure that staff are trained to deal with complaints and understand the procedure for managing complaints

Anonymous Complaints
Anonymous complaints will be investigated in the same way as named complaints. They will be logged and any corrective action necessary will be taken and also logged.

One Complaint, One Response
Where more than one organisation is involved in the Service User's Care they, or their representative, will be able to complain to any of them and IMMENSITY HEALTHCARE LIMITED will contact the other organisations, carry out a joint investigation and provide a single joint response. Service Users must not have to contact each organisation separately.

If someone complains and IMMENSITY HEALTHCARE LIMITED is not responsible for the Care or service complained about, rather than turning them away, IMMENSITY HEALTHCARE LIMITED will share the concerns with the correct organisation(s). You will need the individual's permission to do this. If the person prefers that their complaint is not shared with another organisation (or organisations), IMMENSITY HEALTHCARE LIMITED will signpost them to the right organisation instead and provide the person with their contact details.

IMMENSITY HEALTHCARE LIMITED will follow LGO guidance for managing this. All efforts will be made by Dorothy Botha to resolve all complaints within IMMENSITY HEALTHCARE LIMITED. If a Service User does not wish to raise a complaint directly to management within IMMENSITY HEALTHCARE LIMITED, in the first instance, staff will try and sensitively establish their reasons why and aim to resolve and address any concerns that present. Decisions to raise complaints outside of IMMENSITY HEALTHCARE LIMITED will be fully respected and the Service User will be supported to raise their complaint to the commissioner of the service or to seek the care of an independent advocate or representative. Staff can also refer to section 5.6 for a further list of organisations that can be accessed.

Service Users can also be signposted to the Citizens advice guidance.

6. Definitions

Compliment

- A compliment is an expression of satisfaction about a service the Service User has received

- Compliments are positive feedback that can be received verbally or in writing and can include expressions of praise, admiration, congratulation, and encouragement

Complaint

- A complaint is an expression of dissatisfaction, disappointment, or discontent. This could be in response to an act of omission, decision, or act
- Complaints can be made in various ways and include:
  ○ Verbally ○ Electronically

Self-Funded Care

- Self-funded Care is defined as Care that is paid for entirely by the person receiving it

Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Receipt of complaints, suggestions and compliments is everyone's responsibility and therefore you will know what to say and how to respond. You need to be able to promote an open, honest, and transparent service to encourage people to feel able to feedback and raise concerns
- You will be involved in quality improvement planning in response to themes from both compliments and complaints received by the service. Compliments will be recognised and celebrated, and staff will be supported during any complaints investigations
- Any feedback received from Service Users or their representatives can influence positive change and quality delivery of Care and must be discussed with your manager

Key facts – People affected by service

People affected by this service should be aware of the following:

- You have the right to feel confident to raise a concern, make a suggestion or give a compliment
- The process for you to raise a concern, make a suggestion or give a compliment will be simple and you will feel listened to and understood
- Your concerns, suggestions and compliments will make a positive difference to future Care at IMMENSITY HEALTHCARE LIMITED

Further Reading/References

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

LGO Resources for Letter Templates, etc: https://www.lgo.org.uk/information-centre/news/2018/jul/adult-social-Care-guides-launched-to-help-providers-deal-with-complaintshttps://www.lgo.org.uk/information-centre/news/2018/jul/adult-social-care-guides-launched-to-help-providers-deal-with-complaints-betterbetter

Parliamentary and health service ombudsman: Principles of good complaint handling, 2009. https://www.ombudsman.org.uk/about-us/our-principles/principles-good-complaint-handling

Care Quality Commission: Complaints Matter Report 2014.

Local Government and Social Care Ombudsman (2019) Caring about complaints:

lessons from our independent Care provider investigations: https://www.lgo.org.uk/informationhttps://www.lgo.org.uk/information-centre/news/2019/mar/ombudsman-issues-good-practice-guide-for-care-centre/news/2019/mar/ombudsman-issues-good-practice-guide-for-Care- providers

Outstanding Practice

To be ' outstanding ' in this policy area we will provide evidence that:

- All complaints are logged, investigated and the outcomes are fed back to the complainant within the agreed timescales
- Trends in complaints are identified and tracked to improve service delivery
- There is evidence of annual reporting as a means of commitment to transparency and quality. Prepare and publish an annual report detailing numbers of complaints, compliments and suggestions and actions taken as a result
- Service Users are involved in the complaints handling process and future design of procedures. Their views influence future management decisions

Complaints Forms

Complaint Investigation Template

Complaint Reference:			
Name (who does the complaint relate to):		**Date of Birth:**	
Address:			
Date of Complaint:		**Date Complaint Acknowledged:**	
Name of Complainant:		**Date Response Required by:**	
If the complainant is not the Service User, what evidence was provided of the Service User's consent to complain on their behalf?			
Overview of Complaint (append complaint letter or notes of verbal complaint to this form):			

Complaint Investigation Template

Investigation Plan (outline the planned activities to investigate the complaint):
Findings of Investigation (append interview notes to this form):

Immensity HealthCare

Complaint Investigation Template

Proposed Response:	
Approved by:	
Response Provided by:	
Method (attach any written communication to this form)**:**	
Date:	

Immensity HealthCare

Complaint Procedure for Service Users

1. Introduction

We always aim to provide a high standard of care in all our services.

Our Service Users' views are important to us and help to ensure our services are consistently meeting people's needs. If you are unhappy with any of our services, it is important that you let us know.

If a complaint alerts us to possible abuse or neglect, we will tell the Council's Adult Safeguarding Team. The Safeguarding Team will decide how to investigate and monitor outcomes.

2. Making a Suggestion

Often people feel more comfortable suggesting improvements than complaining formally. Suggestions can be made by anyone receiving services, or their friends/family. To make a suggestion you can:

- Speak to the Manager or their Deputy
- Utilise available comments or suggestion boxes if you would rather make your suggestion that way
- If the suggestion is something that IMMENSITY HEALTHCARE LIMITED as a company needs to consider you can send it to:

Registered Manager

IMMENSITY HEALTHCARE LIMITED

3. Making a Complaint

We aim to handle complaints quickly, effectively and in a fair and honest way. We take all complaints seriously and use valuable information from investigating to help us improve the service we provide. We treat all complaints in confidence.

IMMENSITY HEALTHCARE LIMITED assures Service Users and their families that it will not withdraw or reduce services because someone makes a complaint in good faith.

4. Who Can Complain?

Anyone affected by the way IMMENSITY HEALTHCARE LIMITED provides services can make a complaint.

A representative can make a complaint for the affected person if they:

- Have died
- Cannot make a complaint themselves, or

- Have given consent for the representative to act on their behalf

Complaint Procedure for Service Users

If you are not happy about making a complaint yourself and you do not know someone who can talk or write to us on your behalf, we will be happy to find someone from an independent organisation to act as an advocate for you.

5. How You Can Make a Complaint

You can complain:

- In person
- By telephone
- Through a member of our staff
- Through an advocate or representative

Where someone complains verbally, we will make a written record and provide a copy of it within 3 working days

- By letter
- By email

6. Anonymous Complaints

We deal with anonymous complaints under the same procedure. However, it should be noted, if you provide contact details, we can update you on the outcome of our investigation.

7. Responsibility

The Registered Manager has overall responsibility for dealing with all complaints made about their service.

Immensity HealthCare

We will provide as far as is reasonably practical:

- Any help you need to understand the complaints procedure
- Advice on where you may get that help
- Information about making a complaint in a way you can understand

8. How We Handle Complaints

The Registered Manager or IMMENSITY HEALTHCARE LIMITED may ask one of the management team to investigate the complaint. That person will have enough seniority and experience to deal with the issues raised by the complaint.

We will formally acknowledge a complaint within **3** working days and give you the name and contact details of the person investigating it.

We will keep you informed about the progress of the investigation. We aim to have all complaints finished within **28 working days** unless we agree a different time scale with you.

When we have finished investigating, we will arrange to meet with you to discuss the outcome, and write to you with:

- Details of the findings
- Any action we have taken and Our proposals to resolve your complaint

9. Time Limits

You should complain as soon as you can after the date on which the event occurred or came to your notice. If you complain more than twelve months later, we may not be able to investigate properly. However, we will consider whether you had a good reason for not making the complaint sooner and whether, despite the delay, it is still possible to investigate the complaint effectively and fairly.

10. Further Steps

1. At any stage during the process, if you are not happy with the way the service is dealing with your complaint you can contact the Registered Manager at:

IMMENSITY HEALTHCARE LIMITED : 14 Melbourne Close, Aylesbury, England, HP21 8DAYou can also contact your Local Authority Complaints Team to complain.

You can contact the Local Authority Complaints Team at:

Adult Care complaints administrator

Buckinghamshire County Council

Walton Street Offices, Walton Street

Aylesbury, HP20 1UA

Opening Times : Monday to Friday: 8.30am – 5.30 pm

Closed on Saturday and Sunday and bank holidays

Local Authority Complaints Team : complimentsandcomplaints@buckinghamshire.gov.uk

Telephone: 0300 131 6000

Once we have dealt with your complaint, if you are not happy with the outcome you can refer your complaint to the Local Government and Social Care Ombudsman and

ask for it to be reviewed. The Local Government and Social Care Ombudsman provides a free independent service.

You can also contact them at:

The Local Government and LGO Ombudsman
enquiries@ombudsman.org.uk

Complaint form: https://www.lgo.org.uk/complaint-form

NB: The Ombudsman will not normally investigate a complaint until the provider has had an opportunity to respond and resolve matters.

IMMENSITY HEALTHCARE LIMITED services are registered with and regulated by the Care Quality Commission. The CQC cannot get involved in individual complaints about providers but is happy to receive information about services at any time.

You can contact the CQC at:

Care Quality Commission National Correspondence

Care Quality Commission, National Correspondence, Citygate, Gallowgate, Newcastle upon Tyne NE1 4PA, Tel: 03000 616161, Fax: 03000 616171

Website: www.cqc.org.uk

Immensity HealthCare

Complaints and Compliments Register

Date	Name of person making complaint/compliment	Summary of complaint/compliment	Action taken

Immensity HealthCare

Complaint Acknowledgement Letter Template

[Insert date]

[Insert name]

[Insert address]

Our ref: [Insert reference]

Your ref: [Insert reference]

Our contact details: [Insert name, email address and phone of person managing this complaint]

Dear [Insert title and name]

[Insert heading. For example, Complaint about....]

Thank you for bringing to our attention your concerns in [your letter/your email/our conversation] of [date]. I am sorry that you are not happy with the service provided by IMMENSITY HEALTHCARE LIMITED.

As I understand it, you are concerned that [Insert your understanding of the issues of concern, using a bulleted or numbered list if there is more than one point]. Please contact me straight away if I have misunderstood your concerns.

I would be happy to meet you to discuss the issues you have raised and our investigation procedures if that would be helpful. [Suggest a date and/or ask them to contact you to arrange].

I am looking into the points you have made as a matter of urgency and shall be in touch with you with a full response by [insert anticipated response time – not longer than 28 working days].

Please do contact me again in the meantime if I can be of further assistance. My email and phone number are provided above.

Yours Sincerely,

Immensity HealthCare

Data Protection and Confidentiality Policy and Procedure

Summary: Policy reviewed and updated. Increased emphasis placed on data protection and confidentiality as well as consideration for company data confidentiality. This title of this policy has been changed to 'Data Protection and Confidentiality Policy and Procedure' to reflect these changes. Previously it was 'Confidentiality Policy and Procedure'.

Relevant legislation:

- The Health and Social Care (Safety and Quality) Act 2015
- The Care Act 2014
- Freedom of Information Act 2000
- Human Rights Act 1998
- Data Protection Act 2018

1.Purpose

To detail the rights of Service Users relating to confidentiality and data protection and issues that staff need to be aware of when processing confidential information within IMMENSITY HEALTHCARE LIMITED

This is one of a suite of policies that relates to Data Protection, Information Governance, Data Quality and Security and the Human Rights of Service Users and dovetails to form a framework that ensures full legal compliance and best practice.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
SAFE	How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?
WELL-LED	Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Health and Social Care (Safety and Quality) Act 2015
- The Care Act 2014
- Freedom of Information Act 2000
- Human Rights Act 1998 , Data Protection Act 2018

2. Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objective

To outline the principles related to confidentiality and to care staff in applying these principles.

To establish the approach of IMMENSITY HEALTHCARE LIMITED to ensuring the confidentiality of personally identifiable information.

To inform Service Users, their families, stakeholders, and carers about the confidentiality obligations of IMMENSITY HEALTHCARE LIMITED and how we intend to meet them.

To inform staff working for, or on behalf of IMMENSITY HEALTHCARE LIMITED of their responsibilities with regards to confidentiality and personally identifiable information and how IMMENSITY HEALTHCARE LIMITED will enable these to be met.

4. Policy

IMMENSITY HEALTHCARE LIMITED recognises that we have a duty of confidentiality to our Service Users and staff. We believe that respecting an individual's right to a private life, which includes confidentiality, is important in ensuring a trusting, caring environment where both Service Users and staff are confident that information about them will be protected safely and not shared inappropriately or unnecessarily.

It is the policy of IMMENSITY HEALTHCARE LIMITED that we will only share information that is in the best interest of the Service Users and with their consent. We aim to comply with the relevant legislation and include the 7 Caldicott Principles.

Core Principles of Confidentiality

- All staff will ensure that all Service User information remains confidential. Service Users have the right to expect that personal information held about them is not accessed, used, or disclosed improperly
- The same duty of confidentiality applies to personal information about staff with the exception of names and job titles. Information about Directors, which is published, and therefore is a matter of public record, is also excepted

- All staff have the individual responsibility for ensuring that they conform to the Caldicott principles, Data Protection Act (DPA) 2018 and Article 8 Human Rights Act (HRA) 1998
- Staff must not inappropriately access, misuse or share any information or allow others to do so. Staff are personally liable for deliberate or reckless breaches of the DPA 2018 and may be liable to disciplinary action and/or prosecution
- Any personal information given or received in confidence for one purpose may not generally be used for a different purpose, or passed to anyone else without the consent of the provider of the information

The Position of IMMENSITY HEALTHCARE LIMITED on Confidentiality

We will share with Service Users, their families, and their careers, as far as the law allows, the information they want or need to know about their health, care, and ongoing treatment, sensitively and in a way that they can understand

Confidential information will not be used for a different purpose or passed on to anyone else without the consent of the information provider

There may be occasions when it could be detrimental to the Service User or to another individual if this principle is strictly adhered to

There is a recognition that breaches of confidence are often unintentional. They are often caused by staff conversations being overheard, by files being left unattended, or by poor computer security. However, the consequences could be equally serious for all concerned

IMMENSITY HEALTHCARE LIMITED will ensure that personally identifiable information will always be held securely and, when used, treated with respect. This rule will apply regardless of where the information is held

We respect that a Service User's right to privacy and confidentiality continues after they have died

All information regarding the Service Users we care will be treated with respect and integrity

We will be transparent in our approach to ensure that anyone associated with IMMENSITY HEALTHCARE LIMITED (whether Service User or staff or visitor) is fully aware of how, what, when, who and why we share any information about them and source their agreement before doing so.

All relevant staff will be bound by their professional code of ethics issued by their relevant licensing body, such as the General Medical Council, The Nursing and Midwifery Council and the Royal Pharmaceutical Society. Carers will follow the Skills for Care Code of Conduct for Healthcare Carers and Adult Social Care Workers in England.

All staff must sign a confidentiality agreement as part of their contract of employment (a template can be found within the forms section of this policy). The confidentiality agreement also extends to agency and contract workers.

Responsibilities - Registered Manager

Ensuring that systems and processes are in place for the security of records and they are reviewed to ensure that they remain fit for purpose

Ensuring that all staff understand this policy at the start of employment and that its importance is reiterated during supervision or team meetings

Ensuring that staff have received the appropriate training and are competent in their role

Reviewing, monitoring, and auditing practice within IMMENSITY HEALTHCARE LIMITED to ensure that staff remain knowledgeable

Acting on any breaches in confidentiality in a timely manner and notifying the appropriate bodies

Ensuring that confidentiality rules are never used as a barrier to sharing appropriate information and fulfilling Duty of Candour obligations

Responsibilities - All staff will ensure the following:

That information received is effectively protected against improper disclosure when it is received, stored, transmitted, and disposed of

That confidential information is only accessed if it is appropriate to the job you undertake

That every effort is made to ensure that Service Users understand how information about them will be used before they supply any confidential information

That when Service Users give consent to the disclosure of information about them, they understand what will be disclosed, the reasons for disclosure and the likely consequence/s

That Service Users understand when information about them is likely to be disclosed to others, and that they have the opportunity to withhold their permission

If disclosing information outside the team that could have personal consequences for Service User, that consent is obtained from the Service User

If the Service User withholds consent, or if consent cannot be obtained for whatever reason, disclosures may be made only where:

They can be justified in the public interest (usually where disclosure is essential to protect the Service User or someone else from the risk of significant harm)

They are required by law or by order of a court

If required to disclose confidential information, staff will only release as much information as is necessary for the purpose

That the person(s) to whom information is disclosed understands that it is given to them in confidence which they must respect

When disclosing confidential information, staff must be prepared to explain and justify the decision. Where there are doubts, they will discuss them with Dorothy Botha

Queries concerning this policy will be brought to the attention of Dorothy Botha

During the induction period for new staff, they will be made aware of this policy and their individual responsibilities

5. Procedure

IMMENSITY HEALTHCARE LIMITED will detail with transparency how confidentiality is managed with Service Users, employees and others at the earliest opportunity and seek their agreement e.g. through existing systems such as recruitment and the pre-assessment process.

Staff should refer to the Fair Processing Notice Templates and the Fair Processing Notice Policy and Procedure for further information that details how information is processed within IMMENSITY HEALTHCARE LIMITED

Sharing Information with other Health and Social Care Professionals

Information sharing between partners directly involved in a Service User's care, and for the purpose of providing that Care, is essential to good practice.

Consent from the Service User for information sharing must be recorded following a discussion with the Service User or, in the absence of capacity to consent, their designated other.

The principles of sharing information are:

- Only information that needs to be shared
- Only with those who have a clear need to know, and
- There is a lawful basis for sharing information

General Principles of Confidentiality - Staff will:

Understand and follow the Caldicott Principles as detailed within the Forms section of this policy

Be aware that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately

Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared and will seek their agreement unless it is unsafe or inappropriate to do so

Seek advice from Dorothy Botha if they are in any doubt, without disclosing the identity of the person where possible

Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. Staff may still share information without consent if, in their judgment, that lack of consent can be overridden in the public interest

Consider safety and wellbeing: Staff must base information sharing decisions on considerations of the safety and wellbeing of the person and others who may be affected by their actions

Necessary, proportionate, relevant, accurate, timely and secure:

Ensure that the information shared is necessary for the purpose for which it is being shared, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely

Staff must keep a record of any decision and the reasons for it (to include what has been shared, with whom and for what purpose), and for a decision not to share

Maintaining Confidentiality
All information regarding the people we care will be treated with respect and integrity

In general, no information may be disclosed either verbally or in writing to other persons without the Service User's consent. This includes family, friends and private carers, and other professionals

If in doubt, staff will consult the Line Manager or Dorothy Botha, Registered Manager

Conversations relating to confidential matters affecting Service Users will not take place anywhere that they may be overheard by others, i.e. in public places - such as supermarkets, corridors, or communal areas, etc.

Written records and correspondence must be kept securely at all times when not being used by a member of staff. Timesheets, rotas, etc. must not be left in unattended vehicles

Staff must not disclose any information that is confidential or that, if it were made public, may lead to a breakdown in the trust and confidence that the Service User and their families have in IMMENSITY HEALTHCARE LIMITED

Safeguarding, The Care Act and Confidentiality

Where safeguarding issues arise and in order to fully understand what has gone wrong, Safeguarding Adult Boards may ask for information to be shared. Decisions about who needs to know and what needs to be known should be taken on a case by case basis, within locally agreed policies and the constraints of the legal framework.

However:

Staff must verify the identity of the person requesting the information whilst establishing if it can be anonymised (refer to 5.8)

Information will only be shared on a ‘need to know’ basis when it is in the interests of the adult

Confidentiality must not be confused with secrecy

Informed consent should be obtained but, if this is not possible and other adults are at risk of abuse or neglect, it may be necessary to override the requirement

It is inappropriate for IMMENSITY HEALTHCARE LIMITED to give assurances of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other adults may be at risk

Rights of all Service Users

All Service Users may view personal information we hold about them. Local and health authorities are not required to give access to information that is 'hurtful' or 'that would breach the confidentiality of another Service User'. The policy of IMMENSITY HEALTHCARE LIMITED is to record information in a way that, as far as possible, avoids a need for this exclusion. If a Service User believes their right to confidentiality is either being breached or undermined, they must have access to the complaint's procedure at IMMENSITY HEALTHCARE LIMITED

Staff should refer to the Subject Access Requests Policy and Procedure for further details.

Rights of all Staff

All staff may view personal information held by IMMENSITY HEALTHCARE LIMITED that relates to them, by applying in writing to their Line Manager or Registered Manager, Dorothy Botha.

Data Security and Quality

Any record that contains information about an individual must remain confidential unless it is in the public domain. All records must be factual and not include the personal opinions of the person writing the records. Staff should refer to the Record Keeping Policy and Procedure for further details

Reproduction of information relating to a Service User (for example photocopying documents) will only be done with the consent of the Service User

Confidential information to be posted must be marked 'Private & Confidential, for the attention of the addressee only', and sent by recorded/special delivery

Staff should refer to the guidance contained in the Forms section of this policy for best practice and requirements for data security.

However, as a minimum:

Information held within IMMENSITY HEALTHCARE LIMITED will not be shown to unauthorised individuals or be left where authorised personnel may access it. All records must be kept in a lockable cabinet in a lockable office, with restricted access

All written records must be kept securely and only disposed of by shredding, after appropriate timescales. Staff must take care when recording personal identifiable information into personal notebooks or paper during shift handover and ensure the safekeeping and destruction of the information

Any employee who breaches this policy may be subject to disciplinary procedures

Social Media

Staff are not permitted to discuss the people who use our services, other employees past or present, or IMMENSITY HEALTHCARE LIMITED on any social networking site as this may breach confidentiality and bring IMMENSITY HEALTHCARE LIMITED into disrepute. Staff must also be aware that this applies to taking and posting photographs of Service Users.

Mental Capacity and Confidentiality

The Mental Capacity Act 2005 applies to adults without capacity, and further details about the disclosure of confidential information about a Service User lacking capacity can be found in the Mental Capacity Act Code of Practice.

Anonymisation and Pseudonymisation Considerations Anonymisation

Anonymised information (i.e. where personal information is removed, and both the giver and the receiver are unable to identify the Service User) is not confidential and may be used outside of data protection legislation. However, staff should be aware that information which contains small numbers of person identifiable information may lead to identification. For this reason, all disclosure of anonymised information should be reviewed on a case by case basis. IMMENSITY HEALTHCARE LIMITED will seek to anonymise collective data about individuals within IMMENSITY HEALTHCARE LIMITED

Pseudonymisation

Pseudonymisation is the practice of removing and replacing actual data with a coded reference (a 'key'). IMMENSITY HEALTHCARE LIMITED will consider this practice where the use of the data needs to relate to individual records, but also needs to retain security and privacy for that individual. There is a higher privacy risk and security risk of the key system as the data will not truly be anonymised.

Personal data that has been pseudonymised can fall within the scope of data protection legislation depending on how difficult it is to assign it to a particular individual.

Further information can be found within the ICO Anonymisation Code of Practice.

IMMENSITY HEALTHCARE LIMITED Confidentiality Suppliers

Staff must extend the principles of confidentiality when considering IMMENSITY HEALTHCARE LIMITED sensitive information and the protection of any commercial data.

Staff and/or external suppliers will ensure that information such as suppliers' prices, performance and costs are not disclosed to other suppliers or unauthorised persons. IMMENSITY HEALTHCARE LIMITED could consider requesting that suppliers sign a confidentiality agreement in order to protect the data of IMMENSITY HEALTHCARE LIMITED

If there are any queries about how to care commercially sensitive information, these should be discussed with Dorothy Botha.

Meetings

IMMENSITY HEALTHCARE LIMITED has a right to have confidential meetings where information is discussed and then held securely and confidentially. Information held will be in line with the Freedom of Information Act (FOIA) 2000 and the Data Protection Act 2018.

Complaints and Investigations

Complaints and investigations are treated confidentially and remain so unless there is a legal requirement to release information.

Media

Staff must not pass on any information, or make comment, to the press or other media. Media enquiries should be referred to the person responsible for handling any media enquiries.

Confidentiality Breach

Unauthorised access use or disclosure may be in breach of the DPA 2018, the Human Rights Act, and/or breach the policies of IMMENSITY HEALTHCARE LIMITED and may lead to disciplinary action.

Where there has been a breach in confidentiality, this will be recorded on an incident form at IMMENSITY HEALTHCARE LIMITED and reported to Dorothy Botha.

Significant breaches will be reported to the Deputy Manager so that reporting to the relevant regulatory, professional bodies and the ICO is considered.

Breaches will be monitored by Dorothy Botha, reflected on with lessons learned and will form part of the quality assurance programme for IMMENSITY HEALTHCARE LIMITED

Staff will refer people to the Complaints, Suggestions and Compliments Policy and Procedure at IMMENSITY HEALTHCARE LIMITED

6. Definitions

Data Protection Act 2018

The Data Protection Act 2018 is a United Kingdom Act of Parliament that updates data protection laws in the UK. It sits alongside the General Data Protection Regulation and implements the EU's Law Enforcement Directive

The Caldicott Report 1997

Provides guidance to the NHS and adult social care records on the use and protection of personal, confidential data and emphasises the need for controls over the availability of such information and access to it

It makes a series of recommendations which led to the requirement for all NHS organisations (and adult social care records from the year 2000) to appoint a Caldicott Guardian who is responsible for compliance with the 6 (original) Caldicott confidentiality principles

Common Law Duty of Confidentiality

Prohibits the use and disclosure of information provided in confidence unless there is a statutory requirement or court order to do so

Such information may be disclosed only for purposes that the subject has been informed about and has consented to, provided also that there are no statutory restrictions on disclosure

This duty is not absolute, but should only be overridden if the holder of the information can justify disclosure as being in the public interest, for example, to protect the vital interests of the data subjects or another person, or for the prevention or detection of a serious crime

Safe Haven

A Safe Haven is a term used to explain an agreed set of arrangements that are in place in an organisation to ensure that confidential identifiable information (e.g. patient and staff information) can be communicated safely and securely

It is a recognised phrase within the NHS but has relevant underlying principles for all community-based services

Personal Information

Personal information is information that can identify a person, in which the person is the focus of the information and which links that individual to details which would be regarded as private, for example, name and private address, name and home telephone number, etc.

Sensitive Personal Information

Sensitive personal information is where the personal information contains details of that person's:

Health or physical condition

Sexual life

Ethnic origin

Religious beliefs

Political views

Criminal convictions

Immensity HealthCare

Business Sensitive information

Information that, if disclosed, could harm, or damage the reputation or image of an

organisation

Public Interest

Exceptional circumstances that justify overruling the right of an individual to confidentiality in order to serve a broader societal interest

Decisions about the public interest are complex and must take account of both the potential harm that disclosure may cause and the interest of society in the continued provision of confidential services

The Public Interest Disclosure Act (Whistleblowing) has more information about this

Consistent Identifier

The Health and Social Care (Safety and Quality) Act 2015 includes a requirement for health and adult social care organisations to use a consistent identifier (the NHS Number) for all data sharing associated with or facilitating care for an individual

The NHS Number is the national, unique identifier that makes it possible to share patient and Service User information across the NHS and social care safely, efficiently, and accurately

Confidentiality

Confidentiality means that professionals should not tell other people personal things about a Service User unless the Service User says they can, or if it is absolutely necessary

Statutory Duty to Disclose

There are Acts of Parliament which require the production of confidential information

Prevention of Terrorism Acts

Road Traffic Act

Public Health Acts

Police and Criminal Evidence Act 1984

Misuse of Drugs Act 1971

It is essential that there is good justification to disclose confidential information when relying upon an Act of Parliament. Public Health legislation requires the reporting of notifiable diseases

Immensity HealthCare

Key facts - Professionals

Professionals providing this service should be aware of the following:

Professionals can only tell other people your personal information if the Service User says they can or if they have to

Professionals can share information without a Service User's consent if there is a risk of serious harm to a Service User or other or there is a risk of a serious crime

When someone dies, confidentiality still applies

Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up to date, is shared in a timely fashion, and is shared securely

Key facts – People affected by service

People affected by this service should be aware of the following:

Every person has a right to confidentiality. However, staff may have to share information about you in your best interests

Where possible, staff will obtain your consent to share information about you

If you are unable to consent to share information because you lack mental capacity, staff will need to follow the Mental Capacity Act Code of Practice

Further Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Information: To Share or not to Share - The Information Governance Review. - Fiona Caldicott - Department of Health:

https://www.gov.uk/government/publications/the-information-governance-

review Care Quality Commission - Using surveillance in your care service:

https://www.cqc.org.uk/guidance-providers/all-services/using-surveillance-your-care-

service Durham University - Provides a useful introduction to Anonymisation and

Pseudonymisation:

https://www.dur.ac.uk/ig/dp/anonymisation/

Related Policies

- CCTV and Use of Hidden Cameras Policy and Procedure
- Professional Relationships Policy and Procedure
- Obtaining Medical Reports Policy and Procedure
- Access to Information Policy and Procedure
- Breach Notification Policy and Procedure
- Data Security and Data Retention Policy and Procedure
- Data Security and Protection Policy and Procedure
- Staff Handbook
- Whistleblowing Policy and Procedure
- Social Networking Policy and Procedure
- Child Protection Policy and Procedure
- Safeguarding Policy and Procedure

Outstanding Practice

To be ' outstanding ' in this policy area you could provide evidence that:

Staff treat Service Users with kindness and respect and maintain Service User and information confidentiality

Each person's privacy needs and expectations should be identified, recorded, and met as far as is reasonably possible

Staff are registered as Dignity Champions and can evidence that they follow the 'Dignity Dos'

Robust systems and governance processes ensure that staff and Service User confidentiality is maintained at all times

Forms – refer to forms file.

Staff Confidentiality Agreement - This agreement is provided to clarify the responsibilities of those employed at this service in respect of maintaining confidential information gathered by the service in the course of its work.

Caldicott Principles - To offer guidance to staff around the 7 principles.

Data Security Guidance - To detail the requirements for safe and secure records management.

This agreement is provided to clarify the responsibilities of those employed at IMMENSITY HEALTHCARE LIMITED in respect of maintaining confidential information gathered by the service in the course of its work.

Queries and questions relating to this duty should be addressed to either the:

Registered Manager Data Protection Officer

Staff Agreement Form

All information given by Service Users to staff is given on the understanding that it will be used solely for providing them with Care most suited to their needs. It is the duty of IMMENSITY HEALTHCARE LIMITED to ensure that the confidentiality of that information is maintained within the boundaries of the law and professional standards and is not divulged without the consent of the Service User.

In the course of your work at IMMENSITY HEALTHCARE LIMITED, you will have access to person identifiable, confidential data concerning the medical or personal affairs of:

- Service Users and their families/significant others
- Staff of IMMENSITY HEALTHCARE LIMITED
- Associated health and social care professionals

Unless acting on practice policy or following the direct instructions of IMMENSITY HEALTHCARE LIMITED, or the Registered Manager, such information must not be divulged or discussed except in the performance of your normal duties. Breach of confidence, including the improper passing of computer data, may result in disciplinary action, your dismissal, and civil action against you for damages.

In observation of the suite of Data Protection Policies at IMMENSITY HEALTHCARE LIMITED, you must ensure that all records, including computer screens and computer printouts of Service User information are never left where unauthorised persons can view them.

Computer screens must always be cleared when left unattended and you must ensure that you log out of computer systems, removing your password. All passwords to the systems of IMMENSITY HEALTHCARE LIMITED must be kept confidential.

No unauthorised use of the Internet or email is allowed.

Information concerning Service Users or team members is strictly confidential and must not be disclosed to unauthorised persons. This obligation continues without end, during and after your employment at IMMENSITY HEALTHCARE LIMITED Disclosures of confidential information or disclosures of any data of a personal nature can result in prosecution for an offence under the Data Protection Act 2018.

I have read, understand, and agree to the terms and conditions set out above:

Signature: Date:

Name:

Immensity HealthCare

The Caldicott Principles revised 2013 are:

Principle 1 - Justify the purpose(s) for using confidential information

Every proposed use or transfer of personal confidential data within or from an organisation should be clearly defined, scrutinised, and documented, with continuing uses regularly reviewed by an appropriate guardian.

Principle 2 - Don't use personal confidential data unless it is absolutely necessary

Personal confidential data items should not be included unless it is essential for the specified purpose(s) of that flow. The need for patients to be identified should be considered at each stage of satisfying the purpose(s).

Principle 3 - Use the minimum necessary personal confidential data

Where use of personal confidential data is considered to be essential, the inclusion of each individual item of data should be considered and justified so that the minimum amount of personal confidential data is transferred or accessible as is necessary for a given function to be carried out.

Principle 4 - Access to personal confidential data should be on a strict need-to-know basis Only those individuals who need access to personal confidential data should have access to it, and they should only have access to the data items that they need to see. This may mean introducing access controls or splitting data flows where one data flow is used for several purposes.

Principle 5 - Everyone with access to personal confidential data should be aware of their responsibilities

Action should be taken to ensure that those handling personal confidential data - both clinical and non-clinical staff - are made fully aware of their responsibilities and obligations to respect patient confidentiality.

Principle 6 - Comply with the law

Every use of personal confidential data must be lawful. Someone in each organisation handling personal confidential data should be responsible for ensuring that the organisation complies with legal requirements.

In April 2013, Dame Fiona Caldicott reported on her second review of information governance, her report "Information: To Share or Not to Share? The Information Governance Review", informally known as the "Caldicott2 Review", introduced a new 7th Caldicott Principle.

Principle 7 - The duty to share information can be as important as the duty to protect patient confidentiality Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators, and professional bodies.

Physical Location and Security

- Unauthorised staff or members of the public must not be able to gain access to person identifiable information
- Person identifiable information will be held in rooms that conform to health and safety standards in terms of fire safety and safety from flood, theft, or environmental damage • Paper records containing person identifiable information must be stored in locked filing cabinets
- Computers must not be left on view or be accessible by unauthorised staff. Computers must have a secure screen saver function and be switched off when not in use
- Equipment such as fax machines must have a password and be switched off outside office hours if situated in a non-secure area

Fax Machines

Fax machines must only be used to transfer personal information where it is absolutely necessary to do so. The following rules must apply:

- Ensure it is sited in an area that is restricted to those who need to access the information
- The fax is sent to a safe location where only staff who have a legitimate right to view the information can access it
- The sender is certain that the correct person will receive it and that the fax number is correct
- Notify the recipient when you are sending the fax and ask them to acknowledge receipt
- The confirmation of receipt should be checked to ensure the fax has been transmitted to the intended recipient. Where possible, this should be attached to the original document
- Where possible, the NHS number should be used for identification in preference to the Service User's name and address
- Care is taken in dialling the correct number
- Confidential faxes are not left lying around for unauthorised staff to see
- Only the minimum amount of personal information should be sent
- Use a fax cover sheet that contains a confidentiality statement (example - "This fax is confidential and is intended only for the person to whom it is addressed. If you have received this fax in error, please immediately notify us by telephone on the number above and return the message to us by post. If the reader of this fax is not the intended recipient, you are hereby notified that any distribution or copying of the message is strictly prohibited")
- Frequently used numbers should be programmed into the fax machine 'memory dial' facility. This will minimise the risk of dialling incorrect numbers
- If you receive a call requesting that confidential information be sent via fax, always call the requestor back to confirm the caller's identity using an independent number source

- Always seek advice from your line manager if you are unsure whether or not to send any information via fax
- If it is highly sensitive, ensure that someone is at the receiving end waiting for it
- Ensure that only authorised staff handle confidential information
- If you receive faxes that contain personal information, store them in a secure environment
- Fax machines should be turned off out of hours

Post and Paper Documents

- Incoming mail should be opened away from public areas
- Outgoing mail (both internal and external) should be sealed securely and marked 'Private and Confidential' if it contains person identifiable information. Where possible, send post to a named person
- When sending documents by external post or courier, use a “signed for" delivery service. Use appropriate stationery, such as reinforced envelopes or document wallets when necessary. Check that the address is typed or written clearly in indelible ink
- Send documents only to known, named, authorised personnel marked “Confidential" and use a "signed for" or "recorded delivery" service
- Confidential information must not be left unattended at any time
- Information should be shredded when it is no longer required (e.g. post-it notes, messages)
- Staff should ensure that they comply with the guidance on the retention of confidential information

PCs, Laptops and Memory Sticks

- Do not share log-ins and passwords with anyone
- Computer screens must not be left on view so that members of the general public or staff who do not have a justified need to view the information can see personal data
- PCs or laptops should be locked using the "control, alt, delete" function or switched off when you are away from your desk for any length of time
- Information should be held on the network servers of IMMENSITY HEALTHCARE LIMITED, not stored on local hard drives or removable media
- Any information must not be saved or copied into any PC or media that is “outside IMMENSITY HEALTHCARE LIMITED”
- The number of staff with access privileges should be kept to a minimum (e.g. administrator access to the system)

Emails

- The email system of IMMENSITY HEALTHCARE LIMITED should not be used to transfer commercially sensitive or personal identifiable information outside of IMMENSITY HEALTHCARE LIMITED unless this information is encrypted
- All person identifiable information sent by email must be sent securely
- Email disclaimers should be used appropriately. Remember, adding a disclaimer routinely to all emails may make them meaningless through overuse (example - "Privileged and/or confidential information may be contained in this message. If you are not the original addressee indicated in this message (or responsible for delivery of the message to such person) you may not copy or deliver this message to anyone. In such cases please delete this message and notify us immediately. Opinions, conclusions and other information expressed in this message are not given or endorsed by my employer unless otherwise indicated by an authorised representative independently of this message")

Telephone Calls

- Do not make confidential telephone calls where you can be overheard (e.g. Reception)
- When you receive a call check to ensure that you are speaking to the correct person, ring back (where possible) to confirm someone's identity

Remote Working

- There may be times when staff need to work from another location or whilst travelling. This may mean that staff carry confidential information either on a laptop or in paper form
- Taking home or removing paper records that contain person identifiable or confidential information from the premises is discouraged
- Where there is no choice, staff must minimise the amount of person identifiable information that is taken away and ensure the following: information is carried in a sealed non-transparent container e.g. a windowless envelope, bag etc. and it is kept out of sight whilst being transported
- To ensure safety, staff must keep such records on their person at all times when travelling and ensure that they are kept in a secure place if they take them to another location
- Confidential information must be safeguarded at all times and kept in lockable locations
- When away from the premises, all policies and procedures remain relevant
- Staff must not use or store person identifiable or confidential information on a privately owned computer or device

To summarise, Confidentiality Dos and Don'ts Dos

Dos'

- Do safeguard the confidentiality of all persons identifiable or confidential information that you come into contact with. This is a statutory obligation on everyone working on or behalf of IMMENSITY HEALTHCARE LIMITED

- Do clear your desk at the end of each day, keeping all non-digital records containing person identifiable or confidential information in recognised filing and storage places that are locked at times when access is not directly controlled or supervised
- Do switch off computers with access to person identifiable or business confidential information, or put them into a password-protected mode if you leave your desk for any length of time
- Do ensure that you cannot be overheard when discussing confidential matters
- Do challenge and verify, where necessary, the identity of any person who is making a request for person identifiable or confidential information and ensure that they have a need to know
- Do share only the minimum information necessary
- Do transfer person identifiable or confidential information securely
- Do seek advice if you need to share Service User/person identifiable information without the consent of the Service User's/identifiable person's consent, and record the decision and any action taken
- Do report any actual or suspected breaches of confidentiality
- Do participate in induction, training and awareness raising sessions on confidentiality issues

Don'ts

- Do not share passwords or leave them lying around for others to see
- Do not share information without the consent of the person to which the information relates, unless there are statutory grounds to do so
- Do not use person identifiable information unless absolutely necessary, anonymise the information where possible
- Do not collect, hold

Immensity HealthCare

DBS + Disclosure Policy and Procedure

Relevant legislation:

- The Police Act 1997
- Rehabilitation of Offenders Act 1974 (Exceptions) Order
- The Care Act 2014
- Safeguarding Vulnerable Groups Act 2006
- General Data Protection Regulation 2016
- Data Protection Act 2018

1. Policy

To ensure that all employees, paid and unpaid, including volunteers, bank staff, staff on honorary contracts and others not covered by the term 'employee' are aware that this policy applies to them.

To ensure that those members of staff who are engaged in a regulated activity with vulnerable adults and/or children are subject to a DBS check of the appropriate level.

To ensure that IMMENSITY HEALTHCARE LIMITED complies with its duties under the Rehabilitation of Offenders Act 1974 (Exceptions) Order.

To ensure that IMMENSITY HEALTHCARE LIMITED only employs people who are safe to work with Service Users.

To ensure compliance with the CQC guidelines.

This policy should be read alongside the Recruitment of Ex-Offenders Policy and Procedure and the Recruitment Policy and Procedure.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
SAFE	How does the service make sure that there are sufficient numbers of suitable staff to care people to stay safe and meet their needs?

WELL-LED Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Police Act 1997
- Rehabilitation of Offenders Act 1974 (Exceptions) Order
- The Care Act 2014
- Safeguarding Vulnerable Groups Act 2006
- General Data Protection Regulation 2016

- Data Protection Act 2018

2. Scope

The following roles may be affected by this policy:

- All staff
- Volunteers
- Student placements
- Work placements
- Agency staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

To ensure that IMMENSITY HEALTHCARE LIMITED has a clear, straightforward policy outlining when a DBS check will be required, at what level and how this will be maintained on an ongoing basis.

To ensure that those individuals carrying out regulated activities are aware of the requirement to hold a valid and current DBS check.

4. Policy

IMMENSITY HEALTHCARE LIMITED uses the DBS service to help assess the suitability of applicants for positions of trust.

IMMENSITY HEALTHCARE LIMITED complies fully with the DBS Code of Practice regarding the correct handling, use, storage, retention and disposal of disclosures and information.

IMMENSITY HEALTHCARE LIMITED complies fully with its obligations under the Data Protection Act 2018 and other relevant legislation pertaining to the safe handling, use, storage, retention, and disposal of disclosure information.

IMMENSITY HEALTHCARE LIMITED considers that the roles below will fall within the groups requiring DBS checks and that are Excepted Roles, allowing IMMENSITY HEALTHCARE LIMITED to ask questions about any spent convictions:

- Any work defined as regulated activity relating to children within the meaning of Schedule 4 Part 1 of the Safeguarding Vulnerable Groups Act 2006

- Any work defined as "work with children" in regulation 5C of the Police Act 1997 (Criminal Records) Regulations 2002

- Any work defined as regulated activity relating to adults within the meaning of Schedule 4 Part 2 of the Safeguarding Vulnerable Groups Act 2006

- Any work defined as "work with adults" in regulation 5B of the Police Act 1997 (Criminal Records) Regulations 2002; and Any office or employment which is concerned with:
- The provision of care services to vulnerable adults; or

- The representation of, or advocacy services for, vulnerable adults by a service that has been approved by the Secretary of State or created under any enactment

- And which is of such a kind as to enable a person, in the course of his normal duties, to have access to vulnerable adults in receipt of such services

However, IMMENSITY HEALTHCARE LIMITED will also undertake a risk assessment of each role to ascertain the level of checks to be undertaken (if any), in line with the appropriate guidance issued by the Disclosure and Barring Service and in accordance with the flowchart that cares this policy.

IMMENSITY HEALTHCARE LIMITED will comply with the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order as set out in this policy.

Any data collected as part of this policy will be processed in accordance with current Data Protection legislation, the Privacy Notice issued to staff and the Data Security and Data Retention Policy and Procedure at IMMENSITY HEALTHCARE LIMITED. IMMENSITY HEALTHCARE LIMITED appreciates that certain data related to criminal records will be special category data and IMMENSITY HEALTHCARE LIMITED will process this data accordingly.

5. Procedure

A DBS Certificate will be requested as part of pre-recruitment checks at IMMENSITY HEALTHCARE LIMITED following an offer of employment for any role which has been assessed as requiring a DBS check, including volunteering roles. In the event that the role does not require a DBS check, IMMENSITY HEALTHCARE LIMITED may ask the individual to voluntarily disclose their criminal record history, and/or, may ask the individual to obtain a basic DBS check.

The recruiting manager will determine whether a DBS check is required for the post and the appropriate level. The Disclosure and Barring Service Eligibility Flowchart supporting this policy provides a useful guide for managers.

IMMENSITY HEALTHCARE LIMITED expects all current and prospective members of staff to voluntarily disclose any spent and unspent convictions. IMMENSITY HEALTHCARE LIMITED is entitled to ask about spent convictions on the basis that the role is an Excepted Role as outlined above. For guidance on when a conviction will be unspent, please see the table that cares this policy.

As an organisation assessing an applicants' suitability for positions which are included in the Rehabilitation of Offenders Act 1974 (Exceptions) Order using criminal record checks processed through the Disclosure and Barring Service (DBS), IMMENSITY HEALTHCARE LIMITED complies fully with the Code of Practice and undertakes to treat all applicants for positions fairly. IMMENSITY HEALTHCARE LIMITED undertakes to not discriminate unfairly against any person who is the subject of a criminal record check on the basis of a conviction or other information revealed. IMMENSITY HEALTHCARE LIMITED can only ask an individual to provide details of convictions and cautions that it is legally entitled to know about. A DBS Certificate at either standard or enhanced level can legally be requested where the position is one that is included in the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 as amended, and, where appropriate, Police Act Regulations as amended. It is the view of IMMENSITY HEALTHCARE LIMITED that most of the job roles provided by IMMENSITY HEALTHCARE LIMITED will be excepted roles and IMMENSITY HEALTHCARE LIMITED will be entitled to request details of any spent convictions.

IMMENSITY HEALTHCARE LIMITED can only ask an individual about convictions and cautions that are not protected.

IMMENSITY HEALTHCARE LIMITED is committed to the fair treatment of its staff, potential staff, or users of its services, regardless of race, gender, religion, sexual orientation, responsibilities for dependants, age, physical/mental disability, or offending background.

IMMENSITY HEALTHCARE LIMITED actively promotes equality of opportunity for all with the right mix of talent, skills and potential and welcomes applications from a wide range of candidates, including those with criminal records.

IMMENSITY HEALTHCARE LIMITED selects all candidates for interview based on their skills, qualifications, and experience.

IMMENSITY HEALTHCARE LIMITED ensures that all those in IMMENSITY HEALTHCARE LIMITED who are involved in the recruitment process have been suitably trained to identify and assess the relevance and circumstances of offences.

IMMENSITY HEALTHCARE LIMITED also ensures that they have received appropriate guidance and training in the relevant legislation relating to the employment of ex-offenders, e.g. the Rehabilitation of Offenders Act 1974.

An application for a criminal record check is only submitted to DBS after a thorough risk assessment has indicated that one is both proportionate and relevant to the position concerned. For those positions where a criminal record check is identified as necessary, all application forms, job adverts and recruitment briefs will contain a statement that a DBS Certificate will be required as a condition of employment in the event of the individual being offered the position.

At interview, or in a separate discussion, IMMENSITY HEALTHCARE LIMITED ensures that an open and measured discussion takes place on the subject of any offences or other matter that might be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to the withdrawal of an offer of employment or, if the employment has commenced, dismissal from that employment. IMMENSITY HEALTHCARE LIMITED considers that failure to reveal information that is directly relevant to the position sought would be an act of gross misconduct.

IMMENSITY HEALTHCARE LIMITED makes every subject of a criminal record check submitted to DBS aware of the existence of the Code of Practice and makes a copy available on request. 5.14 IMMENSITY HEALTHCARE LIMITED undertakes to discuss any matter revealed on a DBS
Certificate with the individual seeking the position before withdrawing a conditional offer of employment.

The Disclosure and Barring Service (DBS) offers three types of criminal record check:
Basic DBS check contains details of unspent convictions, conditional and unconditional cautions, or a statement that the individual has no such convictions or cautions. An individual can apply directly to the Disclosure and Barring Service to obtain a basic check
Standard DBS check contains details of an individual's convictions, cautions, reprimands, or warnings recorded on police central records and includes both 'spent' and 'unspent' convictions.

These are shown on a criminal records check

Enhanced DBS check contains the same details as a standard check, together with any information held locally by police forces that it is reasonably considered might be relevant to the post applied for. These can only be applied for in the event that the post is an excepted post included in both the Exceptions Order and the Police Act Regulations
The Enhanced DBS check may also include checks of any information stored about the individual on any statutory lists as set out below:

- Enhanced DBS and Barred List Check (Child) includes information from the DBS Children's Barred List and is only available for those individuals engaged in regulated activity with children and a small number of posts as listed in the Police Act regulations, for example, prospective adoptive parents

- Enhanced DBS and Barred List Check (Adult) includes information from the DBS Adult's Barred List and is only available for those individuals

engaged in regulated activity with adults and a small number of posts as listed in the Police Act regulations

Regulated Activities
The new definition of regulated activity relating to adults identifies the activities which, if any adult requires them, lead to that adult being considered vulnerable at that particular time.

There are six categories of regulated activity, and a broad outline of these categories is set out below:

Provision of Health Care – Any healthcare professional providing health care to an adult, or anyone who provides health care to an adult under the direction or supervision of a healthcare professional

Provision of Personal Care – This means any of the following:

- Providing physical assistance with eating or drinking including the administration of parenteral nutrition, going to the toilet, washing, or bathing, dressing, oral care, or the care of the skin, hair or nails because of an adult's age, illness, or disability
- Prompting and supervising an adult in relation to the above activities who, because of their age, illness, or disability, would otherwise be unable to make a decision to perform the above
- Training, instructing, or offering advice or guidance which relates to the performance of the above activities to an adult who requires it because of their age, illness, or disability

Provision of Social Work – The provision of social care by a social care worker which is required in connection with any health care or social services to an adult who is a client or potential client

Provision of Assistance in Relation to General Household Matters – The provision of assistance to an adult because of their age, illness, or disability, in relation to managing the person's cash, paying their bills, or shopping on their behalf

Provision of Assistance in the Conduct of a Person's Own Affairs – Anyone who provides various forms of assistance in the conduct of an adult's own affairs, for example, by virtue of an enduring power of attorney. Please see the Safeguarding Vulnerable Groups Act 2006, as amended by the Protection of Freedoms Act 2012, for the further categories which are covered here

The Conveying of Adults – A person who transports an adult because of their age, illness or disability either to or from their place of residence and a place where they have received, or will be receiving, health care, personal care or social care; or between places

where they have received or will be receiving health care, personal care or social care. This will not include family and friends or taxi drivers
In addition, any activity which consists of or involves the day to day management or supervision of a person carrying out a regulated activity on a regular basis is in itself a regulated activity.

Disclosure Prior to Engagement
IMMENSITY HEALTHCARE LIMITED takes it duties to protect Service Users from unsuitable people gaining access to them very seriously. IMMENSITY HEALTHCARE LIMITED balances this duty with respect for human rights, privacy, and compliance with the Data Protection Act. Prospective employees are required to disclose any criminal convictions, warnings, or reprimands at all stages of the recruitment and selection process. This will include all spent, as well as unspent convictions, cautions and reprimands. Candidates will be informed that failure to disclose could result in a conditional offer being withdrawn. Candidates will also be informed that any disclosure will be held in confidence and discussed only with the HR Team as appropriate.

Procedure for DBS Applications

IMMENSITY HEALTHCARE LIMITED may be a registered body with the DBS and is entitled to carry out and countersign applications for DBS checks themselves. However, in the event that IMMENSITY HEALTHCARE LIMITED is not a registered body, IMMENSITY HEALTHCARE LIMITED engages an umbrella body who is a registered body and is entitled to countersign and carry out applications for DBS checks on behalf of IMMENSITY HEALTHCARE LIMITED. There is an expectation that, if IMMENSITY HEALTHCARE LIMITED is a registered body or if an umbrella body is being used for the undertaking of DBS checks, that the DBS Code of Practice is complied with.

IMMENSITY HEALTHCARE LIMITED will first make an assessment of the post to be filled to determine whether a DBS check is necessary and, if so, at what level. It is expected that Enhanced Disclosures will be most often required. The check will be an Enhanced Level for those employees having direct access to Service Users, and a Standard Level for those who do not have direct access. Best practice dictates that Enhanced Level Checks are used in all instances due to the practical difficulties of ensuring that a person subject to only a Standard Check never has unsupervised access to Service Users.

IMMENSITY HEALTHCARE LIMITED or the umbrella body will then send a DBS application form to the individual who has been offered the role. The individual must complete this fully and completely, disclosing all information. It is a condition of any offer of employment made to an individual that they consent to IMMENSITY HEALTHCARE LIMITED applying for a DBS check and that the individual will provide a copy of the DBS Certificate upon receipt. It is also a condition of employment that the individual permits the retention of the certificate on their file.

Once the DBS check has been carried out, the DBS will be sent to the individual, a copy of the certificate. IMMENSITY HEALTHCARE LIMITED expects the individual to provide a copy of the DBS Certificate to them within 7 days of receipt. Failure to do so may result in the withdrawal of any conditional job offer. IMMENSITY HEALTHCARE LIMITED will retain a copy of the certificate on the personnel file (secured appropriately) as evidence that this check has been undertaken.

Renewal Checks

IMMENSITY HEALTHCARE LIMITED will carry out renewal checks on every member of staff in line with any contractual requirements or as agreed by IMMENSITY HEALTHCARE LIMITED. If the member of staff is signed up to the update service or if IMMENSITY HEALTHCARE LIMITED has reasonable cause to request an update, the decision to renew the DBS will be agreed by IMMENSITY HEALTHCARE LIMITED.

DBS Update Service

IMMENSITY HEALTHCARE LIMITED may require candidates and current employees who already have existing DBS Certificates to sign up to the DBS Update Service and consent to IMMENSITY HEALTHCARE LIMITED having access to it. This allows IMMENSITY HEALTHCARE LIMITED to carry out checks to see if any new information has come to light since the date of the original check. It is the decision of IMMENSITY HEALTHCARE LIMITED as to whether it will pay this fee on behalf of the candidate or employee.

Handling and Disposal of Disclosure Information

IMMENSITY HEALTHCARE LIMITED will take the following steps when handling and disposing of disclosure information:
Ensure that disclosures are available only to those who need to have access to them in the course of their duties relevant to recruitment and vetting. The DBS maintains a record of all those to whom certificates, and certificate information has been revealed. It is a criminal offence to pass disclosure information to anyone who is not entitled to receive it

Ensure that disclosure information is kept in secure conditions in a locked, non-portable container (wherever possible, in rooms to which access is limited to staff engaged in recruitment work). Keys or combinations to the container must not be freely available within IMMENSITY HEALTHCARE LIMITED and access must be restricted to named individuals who are entitled to see it as part of their duties

Ensure that no copies of disclosure information (in any format) are made without the prior agreement of the DBS or as the result of a stipulated requirement relating to its e-channel service

Use certificate information only for the specific purpose for which it was requested and for which the applicant's full consent has been given

Retain disclosure information only for as long as is necessary and for a maximum of six months following the recruitment decision for which it was obtained, unless a dispute is raised or, in exceptional circumstances, where DBS agreement is obtained. It should not be kept on file simply in case it is useful in the future. The DBS will only permit extended retention when it considers it appropriate after taking into account both human rights and data protection rules

Dispose of disclosure information securely (by shredding, pulping, or burning). Self-evidently, copies of disclosures must be destroyed with the originals, although the DBS anticipates that employers will wish to retain details of:

The name of the candidate
The date of the search
The type of search
The position
The DBS reference number, and
The recruitment decision taken

Open confidential waste sacks and other open receptacles (even if they eventually lead to secure disposal after the waste leaves the building) are considered to be an inappropriate method of disposal. In most cases, employers will wish to use shredders to dispose of disclosure information, preferably also disposing of the shredded information securely

Ensure that any additional police information, including information as to its existence, is not revealed to the disclosure applicant and is disposed of in the appropriate manner and at the appropriate time

Positive Disclosure
If there is a positive disclosure in any returned DBS check then this does not automatically mean that the person should not be employed. IMMENSITY HEALTHCARE LIMITED should review the nature of the information disclosed against the role the person will be undertaking and make a decision on the suitability of employment. Any decision should be based upon a robust, fair, transparent, and equitable risk assessment process that is specific to the content of the disclosure and the role to be undertaken. Any decision made regarding the person's employment should be recorded and be able to be justified. The actual DBS disclosure should be held in line with data protection and the process highlighted in 5.20.

Overseas Criminal Records Checks
The application process for criminal records checks or 'Certificates of Good Character' for a candidate from overseas varies from country to country. IMMENSITY HEALTHCARE LIMITED can apply to the relevant embassy in the UK where this is required. Where further help or care is needed, the Disclosure & Barring Service can be contacted for care. A certificate is required for all candidates to IMMENSITY HEALTHCARE LIMITED who have lived outside of the UK for 12 months or more (whether continuously or in total) in the last ten years, while aged 18 or over.

Getting a criminal record check for time spent abroad
Details of how to obtain a criminal record check from the relevant authorities abroad are available at GOV.UK.
If the country concerned is not listed, IMMENSITY HEALTHCARE LIMITED will contact the relevant embassy or consulate for further details.
If IMMENSITY HEALTHCARE LIMITED cannot obtain a criminal record certificate from the relevant country
It is not always possible to obtain a certificate from countries that do not have functioning criminal record regimes or refuse to provide these to anyone other than

their own citizens. In the absence of available checks, IMMENSITY HEALTHCARE LIMITED must obtain as much information as possible in the form of references before deciding whether to make an offer of employment.

6. Definitions

Caution
A formal warning about future conduct given by a senior police officer, usually in a police station, after a person has admitted an offence. It is used as an alternative to a charge and possible prosecution, generally used for juvenile or first-time offences. Basically, there are two types of caution, which we have noted below:

- Simple Caution - previously known as a formal caution - is used to deal quickly and simply with those who commit less serious crimes. It aims to divert offenders away from appearing in court and to reduce the likelihood of them offending again

- Conditional Caution - introduced by the Criminal Justice Act 2003, differs from a simple caution in that the offender must comply with certain conditions to receive the caution and to avoid prosecution for the offence they have committed. Like simple cautions, conditional cautions aim to keep lower level offenders out of court. The conditions are usually in the form of rehabilitation or reparation where the offender is requested to repair/or make good the damage caused. The offender may be requested to pay financial compensation

Child
A person aged under 18

Criminal Record
A record of convictions held on the Police National Computer (PNC) for individuals convicted of crimes (includes information on cautions, reprimands, final warnings, and bind-overs)

Disclosure
Disclosure is the term that is used to describe the service provided by the Disclosure and Barring Service (DBS) and the document issued to the applicant and Registered Body when a DBS check has been completed

Disclosure & Barring Service (DBS)
The DBS provides access to information about criminal convictions and other police records to help employers make an informed decision when recruiting staff across England and Wales

Special Category Data
Special Category Data is a category of data which is more sensitive than normal personal data. This includes data which relates to:

Race
Ethnic origin
Politics

Religion
Trade union membership
Genetics
Biometrics (where used for ID purposes)
Health
Sex life
Sexual orientation

Professionals – key facts

Professionals providing this service should be aware of the following:

All health and social care providers registered with the CQC, including dental and primary medical services, are responsible for checking the suitability of their staff

Providers should undertake checks at the appropriate level for staff and volunteers who are eligible for them. They should consider the eligibility of everyone employed, including contracted staff, temporary staff, bank staff, practitioners working under practising privileges, volunteers, students and learners, and contractors.

In general, and dental practices, as well as GPs and dentists, this is likely to include health visitors, nursing staff and dental technicians. It may also include front office reception staff, depending on their duties, which can vary greatly depending on the size of the practice Providers should risk-assess different roles and look at their responsibilities and activities to determine if staff are eligible for a DBS check and to what level.

The CQC expects providers to be able to show that they have undertaken this risk assessment, especially where they have decided not to undertake a check

There is no requirement for a service that directly employs its own staff to repeat DBS checks within a set period. For example, there is no blanket rule such as re-checking all employees every three years. However, employers can re-check their staff whenever they think it is necessary. Any additional checks should be proportionate to risk and IMMENSITY HEALTHCARE LIMITED should check any contractual requirements

People affected by the service – key facts

People affected by this service should be aware of the following:
IMMENSITY HEALTHCARE LIMITED owes a duty to protect your health and safety.
Connections
Healthcare Ltd therefore undertakes DBS checks, where at all possible, to identify areas of risk As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Reading/Reference

CQC Guidance on DBS Checks:
https://www.cqc.org.uk/guidance-providers/registration/dbs-checks-cqc-registration

Disclosure and Barring Service Website:
https://www.gov.uk/government/organisations/disclosure-and-barring-service DBS Update Service: https://www.gov.uk/dbs-update-service

Outstanding Service

- To be ' outstanding ' in this policy area you could provide evidence that:
- IMMENSITY HEALTHCARE LIMITED carries out and retains records of full risk assessments for each role regardless of level
- IMMENSITY HEALTHCARE LIMITED follows best practice and carries out enhanced checks on all prospective members of staff
- IMMENSITY HEALTHCARE LIMITED ensures that a clear re-checking practice is established and maintained consistently without exception
- IMMENSITY HEALTHCARE LIMITED ensures, as far as is possible, that all members of staff are signed up to the update service

Grievances Policy and Procedure

1.Purpose

This policy is a framework for resolving a formal grievance which an employee has concerning any aspect of his/her employment.

The basic aim of the grievance procedure is to try and arrive at a mutually satisfactory solution of the grievance as quickly as possible. Employees are therefore encouraged to deal with the problem informally in the first instance with their manager. If it is not possible to resolve a grievance informally, employees should then formally raise the matter without unreasonable delay with a manager who is not the subject of the grievance. This should be done in writing and should set out the nature of the grievance.

The objective of a grievance procedure is to provide a recognised channel through which a grievance can be brought to the attention of management by providing the right for an employee to have their grievance heard, investigated and, if proved justified, remedied.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
SAFE	How do systems, processes and practices keep people safe and safeguarded from abuse?
SAFE	Are lessons learned and improvements made when things go wrong?
WELL-LED	Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- Equality Act 2010
- Equality Act 2010: Chapter 1 (Protected Characteristics) Chapter 2 (Prohibited Conduct) and Chapter 3 (Services and Public Functions)
- Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
- General Data Protection Regulation 2016
- Data Protection Act 2018

2. Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Representatives
- Commissioners

3.Objectives

IMMENSITY HEALTHCARE LIMITED recognises that, from time to time, issues may arise which may cause members of staff some distress.

IMMENSITY HEALTHCARE LIMITED will ensure there are clear informal and formal processes for members of staff to raise grievances.

IMMENSITY HEALTHCARE LIMITED will ensure that grievances are dealt with suitably and swiftly in accordance with this policy.

4. Policy

IMMENSITY HEALTHCARE LIMITED recognises that, from time-to-time, employees may wish to seek redress for grievances relating to their employment.

In this respect, the policy of IMMENSITY HEALTHCARE LIMITED is to encourage free communication between employees and their managers. This is to ensure that questions and problems arising during the course of employment can be aired and, where possible, resolved quickly and to the satisfaction of all concerned.

This policy does not form part of an employee's contract of employment and may be amended at any time.

Any data collected as part of this policy will be processed in accordance with current Data Protection legislation, the Privacy Notice issued to staff and the Data Security and Data Retention Policy and Procedure.

5. Procedure

IMMENSITY HEALTHCARE LIMITED expects that most grievances can be resolved informally through discussions between the individual and their manager or, if the grievance relates to the individual's manager, with a more senior manager. Through this process, IMMENSITY HEALTHCARE LIMITED would look to discuss all the issues with the individual, and work towards a satisfactory resolution without the need for a formal process.

Where it is not possible to resolve the grievance informally, the formal procedure will be invoked. The individual should detail their grievance in writing, including facts, times, dates, names, and any other details. Again, if the grievance relates to the individual's manager, then the grievance should be addressed to a more senior manager.

On receipt of the formal complaint and dependent on the content, IMMENSITY HEALTHCARE LIMITED will carry out an investigation. The individual who raised the grievance will be expected to co-operate fully with this investigation.

IMMENSITY HEALTHCARE LIMITED will arrange a grievance meeting to be held usually within 7 days of the formal grievance being received. The individual who raised the grievance is entitled to be accompanied to this grievance meeting by a colleague or Trade Union Representative. The individual should, within reasonable time prior to the grievance meeting taking place, notify the manager with conduct of the grievance meeting whom their intended companion is. If the individual or their companion are unable to attend the meeting, the individual should inform the manager who has conduct of the

grievance meeting, and a suitable alternative date for the meeting will be arranged.

The purpose of the grievance meeting is to allow the individual the opportunity to explain their grievance, along with their views on how they would like it to be resolved. The manager may then make a decision, taking into account what has been said and the outcome of any investigation that has taken place. Dependent on the issues raised at the grievance meeting, it may be necessary to adjourn the meeting in order to undertake further investigation. The meeting will be re-convened once these investigations are complete.

The grievance manager will write to the individual, usually within 7 days of the conclusion of the grievance meeting, with the outcome of the grievance and details of any action they intend to take.

If the individual is not satisfied with the outcome, they have the right to appeal the decision. The appeal should be in writing, detail the full grounds of appeal, and be provided within 7 days of the grievance outcome being communicated to the individual. IMMENSITY HEALTHCARE LIMITED will then hold a grievance appeal meeting, usually within 7 days of receiving the notification of appeal and will appoint a manager who had not been previously involved in the grievance process to hear the appeal. Again, the individual has a right to be accompanied by a colleague or Trade Union Representative.
The appeal outcome will be provided to the individual in writing, usually within 7 days of the appeal hearing. At this point there is no further right of appeal.

Where an individual raises a grievance during a disciplinary process then, depending on the circumstances, the disciplinary process may be temporarily suspended in order to deal with the grievance, although IMMENSITY HEALTHCARE LIMITED is not required to do so. Where the grievance and disciplinary cases are related, it may be appropriate to deal with both issues concurrently.

In circumstances where a grievance is raised which relates to care and/or treatment of a Service User, IMMENSITY HEALTHCARE LIMITED will follow all appropriate guidance in line with regulatory requirements in addition to following this process. Evidence may be sought from Service Users and their families to assist in any investigation.

6. Definitions

Grievance

Any problem, issue, or concern that an employee or worker may have relating to their employment or engagement with IMMENSITY HEALTHCARE LIMITED

Grievance Manager

The manager appointed by IMMENSITY HEALTHCARE LIMITED to investigate and hear the grievance at the initial grievance meeting

The grievance manager will be independent from any of the issues raised in the grievance and will make a decision on the outcome of the grievance once the grievance meeting has taken place, taking into account all facts and representations

Grievance Appeal Manager

The Grievance Appeal Manager will hear any appeal following the outcome of the grievance provided by the Grievance Manager

The Grievance Appeal Manager will be impartial, and will have had no previous involvement in the grievance procedure up to that point

Professionals – key facts

Professionals providing this service should be aware of the following:

- The employer should ensure that, at each stage of the process, a manager with sufficient seniority, who is entirely independent of any of the facts arising out of the grievance and/or any of the process of the grievance, is appointed to hear the grievance or any appeal
- Every effort should be made to resolve the grievance informally before proceeding with a formal grievance, as most grievances may be resolved without the need for a formal process
- Managers who have been appointed to the roles of Grievance Manager or Grievance Appeals Manager should ensure that there is no unreasonable delay in scheduling grievance meetings and providing the outcomes following the meeting
- An individual who wishes to raise a formal grievance should ensure they do so in writing, and set out all details of their grievance in a clear and precise way

People affected by service – key facts

People affected by this service should be aware of the following:

- IMMENSITY HEALTHCARE LIMITED takes its obligations towards you and other Service Users very seriously. These obligations are of the utmost importance
- IMMENSITY HEALTHCARE LIMITED may seek evidence from you and/or your family as part of a grievance investigation if it is necessary to do so. Where required this will be done in a sensitive way

Reading/ Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

ACAS - Discipline and grievances at work: The ACAS Guide: https://archive.acas.org.uk/media/1043/Discipline-andhttps://archive.acas.org.uk/media/1043/Discipline-and-grievances-at-work-The-Acas-guide/pdf/DG_Guide_Feb_2019.pdfgrievances-at-work-The-Acas- guide/pdf/DG_Guide_Feb_2019.pdf

ACAS - Investigations for discipline and grievance: step by step: https://www.acas.org.uk/investigations-forhttps://www.acas.org.uk/investigations-for-discipline-and-grievance-step-by-stepdiscipline-and-grievance-step-by-step **CQC - Report a concern if you are a member of staff:**

https://www.cqc.org.uk/contact-us/report-concern/reporthttps://www.cqc.org.uk/contact-us/report-concern/report-concern-if-you-are-member-staffconcern-if-you-are-member-staff

CQC - Regulation 16: Receiving and acting on complaints:

https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-16https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-16-receiving-acting-receiving-acting- complaints

Dealing with grievances at work:

https://www.citizensadvice.org.uk/work/problems-at-work/dealinghttps://www.citizensadvice.org.uk/work/problems-at-work/dealing-with-grievances-at-work/with-grievances-at-work/

Citizens Advice - Dealing with Grievances at Work https://www.citizensadvice.org.uk/work/problems-at-work/dealinghttps://www.citizensadvice.org.uk/work/problems-at-work/dealing-with-grievances-at-work/with-grievances-at-work/ **GOV.UK - Handling an Employee's Grievance:**

https://www.gov.uk/handling-employee-grievance

Outstanding service

To be ' outstanding ' in this policy area you could provide evidence that:

- IMMENSITY HEALTHCARE LIMITED deals with grievances and appeals swiftly within the 7-day guidelines
- IMMENSITY HEALTHCARE LIMITED considers whether to allow the individual to be accompanied by someone other than a fellow colleague or Trade Union Representative if the circumstances mean it would be more appropriate
- IMMENSITY HEALTHCARE LIMITED ensures that all grievances are treated sensitively and carefully with the understanding that, although sometimes an issue may appear minimal, it is sufficiently serious for the individual to have raised it under this process

Medication Policy and Procedure - overarching

1. Purpose

To outline key points and responsibilities regarding Medication Management. This policy and procedure will be used alongside the associated Medication policies and procedures at IMMENSITY HEALTHCARE LIMITED that provide further detail and care the implementation of this policy.

To describe the ways in which Service Users may be safely assisted with managing their medication that promotes choice, independence, dignity, and respect.

To describe the procedures involved in delivering medication care and the responsibilities of the staff.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	How does the service make sure that staff have the skills, knowledge, and experience to deliver effective Care and care?
EFFECTIVE	Is consent to Care and treatment always sought in line with legislation and guidance?
SAFE	How do systems, processes and practices keep people safe and safeguarded from abuse?

SAFE	How does the provider ensure the proper and safe use of medicines?
WELL-LED	Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Control of Substances Hazardous to Health Regulations 2002
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- The Hazardous Waste (England and Wales) Regulations 2005
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Human Rights Act 1998
- Medical Act 1983
- Medicines Act 1968
- The Human Medicines Regulations 2012
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973
- The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
- The Pharmacy Order 2010
- Data Protection Act 2018
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

Immensity HealthCare

2. Scope

The following roles may be affected by this policy:

- Registered Manager
- Other
- Management
- Care staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Representatives
- Commissioners
- External health professionals
- Local Authority

- NHS

3. Objective

To maintain the health, safety, and independence of Service Users at IMMENSITY HEALTHCARE LIMITED by supporting them to take prescribed medication at the correct time and in the correct way as part of an individualised plan of Care and care.

To provide a safe framework for Carers to work within when assisting the Service User with medication and reducing the risk of medication errors or incidents, which in turn will help to prevent unnecessary admissions to hospital.

4. Policy

IMMENSITY HEALTHCARE LIMITED understands the importance of providing safe, reliable Care including care and treatment in relation to Medication Management.

The Service User will be treated as an individual at all times respecting dignity, privacy, independence, choice, and control.

IMMENSITY HEALTHCARE LIMITED recognises the importance of staff training and supervision and will ensure that all staff involved in Medication Management are well trained and competent to perform the activities within the remit of their roles, and in line with the Training and Competency on Medications Policy and Procedure.

This policy challenges discrimination based on age, gender, disability, sexuality, faith, religion, culture, ethnic or national origin, trans-gender, or marital status.

Immensity HealthCare

Medicines remain the property of the Service User to whom they have been prescribed.

All staff will follow the 6 Rights of Medication Administration to ensure the safety and well-being of the Service User.

Roles and Responsibilities of Staff - The Registered Manager is responsible for:

- Ensuring that a mental capacity assessment forms part of person-centred Care Planning and that consent to care medication is obtained
- Ensuring that where best interest decisions are required, this is done in collaboration with others involved in the Service User's Care and is recorded and shared with relevant staff
- Ensuring that capacity, in relation to the management of medication, is reviewed regularly

- Ensuring that Service Users have a medication assessment undertaken prior to the service starting or as soon as is practically possible. This will form part of their Plan
- Ensuring that medication reviews are part of, and align with, the Service User's care and treatment assessments, plans or pathways and that they are completed and reviewed regularly when their medication changes
- Ensuring that regular medication reviews take place which involve the wider multi-disciplinary team where appropriate, in line with the Auditing and Monitoring of Medication Policy and Procedure
- Ensuring that all staff involved in Medication Management are trained, assessed and competent to perform the activities required of them within their role
- Ensuring that policies and procedures are in place that comply with current legislation and guidance for medicines administration including:

-Supplying and ordering

-Storage, dispensing and preparation

-Administration

-Disposal

-Recording

There is a culture that allows staff to report incidents. To achieve this, there will be systems to care:

- Clear incident reporting
- Investigations of incident reports to decide whether to offer training to an individual or review existing procedures
- Simple and regular audits of how things work
- Reporting of serious incidents to the regulatory body and compliance with the Duty of Candour
- Whistleblowing

Immensity HealthCare

Roles and Responsibilities –

The Carer is responsible for:

Ensuring that they only administer medicines that they have been trained and have been assessed as competent to give

Accepting the delegated task of administering or assisting with medicines, and taking responsibility for ensuring that their actions are carried out Carefully, safely, and correctly following the 6 Rights of Administration

Being aware of their responsibilities if a Service User refuses to take their medicines

Remaining up to date, participate in any training and supervision sessions

Reading and following the policies and procedures at IMMENSITY HEALTHCARE LIMITED and to seek guidance if there are any areas of

misunderstanding before supporting Service Users with Medication Management

Reporting any concerns to their line manager as soon as they arise including errors or omissions

Consent and Mental Capacity

When assessing the Service User's requirements and agreeing their Care Plan, consideration will be given to the Service User's mental capacity and ability to give informed consent

The Carer will be guided by the principles of the Mental Capacity Act and the policies on Consent and Mental Capacity at IMMENSITY HEALTHCARE LIMITED

Consent will be obtained for important aspects of Service User Care and care, including medication

A record of a Service User's informed consent will be made in their care record

The Service User will be deemed to have mental capacity to make decisions about their care unless there is an indicator that they are unable to make decisions relating to their medication. Where an indicator exists that a Service User may not have the capacity to make decisions about their medication, IMMENSITY HEALTHCARE LIMITED will ensure that:

An assessment is completed in line with the Mental Capacity Act 20t05 and where required, a best interest decision will be recorded in the Service User's care record

Protected Characteristics and Medication Management

IMMENSITY HEALTHCARE LIMITED will ensure that protected characteristics are considered when managing medicines. This includes the Service User's cultural and religious requirements, which will be fully, and carefully considered and may include but not be limited to:

Vegetarians and people from some religious groups who do not want gelatin capsules (made from animal products)

Having medicines given to them by people of the same gender

The administration of medicines during religious festivals, including fasting

Medicines including 'unclean' substances

Confidentiality and Information Sharing

Information regarding a Service User's medication and health must be treated confidentially and respectfully

All records must be stored securely where they cannot be accessed by unauthorised persons

Information about a Service User will only be disclosed with that person's consent, unless IMMENSITY HEALTHCARE LIMITED is legally obliged to share the information

Any information shared must be relevant, necessary, and proportionate

If the Service User agrees, relevant information about them can be shared with their relatives or nominated representatives

The agreement for sharing information will be documented in the Care Plan

Information will be shared with health and social care professionals involved in the direct Care of the Service User where it is needed for the safe and effective care of the individual, unless the Service User has refused to share the information

The Service User's refusal will be documented in their Care Plan and the Carer will ensure that the person is aware that such a refusal may compromise their safety if relevant information is not shared

If a Service User attends an appointment with a Carer outside of the home, it is important that information is available to that health Care professional, unless the Service User has refused consent

This information will be given by the Service User themselves, wherever possible; however, the Carer will ensure that the Service User (or the person accompanying them, if appropriate) has with them a copy of the current medication administration record (MAR) or is provided with the same details in another written form

5. Procedure

The Outcome of the Medication Assessment

The outcome of the medication assessment is to determine the care needs of the Service User from the following options:

- Able to self-manage without assistance (self-caring)
- Able to self-manage with the use of administration aids
- Requires full or partial administration assistance (including the use of verbal reminders, sometimes referred to as prompts)
- Requires administration by specialised technique

Immensity HealthCare

Confirmation of What Medication Care is Required

IMMENSITY HEALTHCARE LIMITED is responsible for agreeing on the medication care that is required and ensuring that the appropriate record keeping, and training needs are met

- The Service User's Care Plan will require review as needs change

Self-Managed

- This type of intervention is when the Service User is assessed as having the mental capacity and the physical ability to be able to fully undertake the medication process and therefore needs no assistance from the Carer
- Care must be provided for the Service User to understand the medication process and encourage them to self-manage their medication

- Medication Administration Record (MAR) does not need to be completed
- No assistance in any form will be given during any stage of the medication process
- This is for any prescribed or over-the-counter medication in any form (e.g., tablet, capsule, liquid, drops, spray, cream) and covers medication:
- Supply
- Storage
- Preparation
- Administration
- Disposal
- Where any care is provided by the Service User's family, etc. then this must be detailed in the Care Plan
- The risk assessment must detail how medicines will be safely stored for the Service User to remain self- managing
- Service Users will be encouraged to seek regular medication reviews from their GP
- In order to protect the safety of the Service User and others, it is essential to assess the Service User's ability to manage their medications independently and safely. This assessment will include the following:
- Whether the Service User wishes to self-manage
- Identification that the Service User knows the medication they are taking, what it is for, and how and when to take it
- Understanding of how important it is not to leave the medicines lying around where someone else may take it accidentally
- The assessment and documentation will be stored in the individual Service User's Care Plan, and a copy held with the Service User's medication record when a Service User is self-managing their own medication. This will help to remind staff of the need to monitor any associated risks

Other Types of Care

The following describes how IMMENSITY HEALTHCARE LIMITED will care with Medication Management once an assessment has been completed

- Physically Assisting with medication administration (where the Service User has been assessed as having mental capacity)
- Verbally Assisting with Medication administration (where the Service User has been assessed as having mental capacity)
- Administering medication
- Administering medication using specialised techniques after receiving further training

IMMENSITY HEALTHCARE LIMITED provides assistance that enables self-medication

This can involve physical assistance from staff, such as opening medication from packaging, as long as the Service User directs the Carer

The Service User must have been assessed as having the mental capacity to manage their own medication

The assistance from staff will not involve the Carer choosing or selecting medication for the Service User

Where a person chooses to self-manage, IMMENSITY HEALTHCARE LIMITED will record this on the Care Plan

When the Carer either provides physical reminders or verbal assistance this must be recorded on a MAR to evidence that the care has been provided. Where MAR records are supplied by external providers the reference V for verbal reminder will be used and P for physical assistance will be used. This reference coding must be clearly communicated to all staff involved in medication management

Where there is a risk to others, for example in a shared space, a risk assessment needs to be completed, if necessary

If staff identify a change that indicates it may no longer be safe for the Service User to self-manage then staff must consult with the Service User's GP to determine if:

The status is short-term or long-term

The person requires a medication review

Any new procedures are required in light of the information obtained from the above

IMMENSITY HEALTHCARE LIMITED recognises that there may be situations where people are keen to look after some medicines and not others. An example is when a person keeps an inhaler for immediate use but prefers the Care

Worker to look after tablets and liquid medicines

Self-management does not have to be all or nothing; an assessment must be undertaken with the person and documented in the Care Plan

Where the Service User is self-managing, but the Carer is required to give occasional verbal reminders or physical assistance under the direction of the Service User, a record of this assistance or the reminder must be made on the MAR.

A persistent or increasing need for a reminder may indicate that a Service User does not have the ability, or the wish, to take responsibility for their own medicine and this must trigger an urgent review of the Service User's Care Plan. The Registered Manager will be informed at all times

The term 'prompt' will not be used in the Care Plan as this does not clearly define the activity the Carer is required to undertake. 'Verbal Reminder' or 'Physically Assist' gives a clearer indication of the type of care required of the Carer

Administration by Care staff: Care staff take responsibility for administering medication

The Service User will have been assessed as requiring Care staff to administer medication possibly due to impaired cognitive awareness, sensory disability or through physical disability or their expressed wish.

Staff administering medication must be trained and assessed as competent to administer medication

Consent must be obtained prior to administering medication

The Carer must follow the 6 Rights of Medication Administration

The Medication Administration Record (MAR) must include all prescribed medicines. Staff will be aware of the Recording the Administration of Medication Policy and Procedure at IMMENSITY HEALTHCARE LIMITED

Medication must never be secondary dispensed (potted up) for someone else to administer to the Service User at a later time or date or for the Service User to take at a later time

It is essential that the person who administers the medicine refers to the MAR at the time of administration and does not sign the MAR until after the medication has been administered and they are certain it has been taken

A record must be made if the medicine is refused or not administered, including the reason why The local policy will dictate the codes used on the MAR and staff administering must be aware of the codes.

This includes the codes for Physical and Verbal assistance

If errors occur or are identified, the Medication Errors and Near Misses Policy and Procedure at IMMENSITY HEALTHCARE LIMITED must be followed

The Carer will only administer medication from original packaging or pharmacy filled dosage systems or compliance aids. The Carer will not administer from family filled compliance aids

Immensity HealthCare

Administration by Specialist Technique: Care staff administer medication by specialist technique

These types of medicines will normally be administered by a health Care professional. However, if appropriate, a health care professional may delegate these tasks to the named Carers provided:

- They agree this with the Registered Manager
- The health Care professional personally provides the required extra training and is satisfied that the Carers are competent The following activities are usually considered specialised techniques, although this list is not exhaustive and is dictated by locally agreed policy.
- Rectal administration, e.g. suppositories, enemas
- Buccal administration
- Administration into the vagina, e.g., pessaries
- Any injections
- Nasogastric administration

- Administration through a Percutaneous Endoscopic Gastrostomy (PEG), including PEG feeds
- Giving oxygen
- Medications administered via a "pump" device e.g., Duodopa, Insulin
- Dressings, other than those applied as a simple first-aid measure
- Compression bandages

The considerations in section 5.6 apply to this category.

6. Definitions

A Medicine

- A medicine is a substance that is introduced into the body, or externally applied to the body that exerts a physiological change to the body
- Medicines and medicinal preparations which come under the provisions of the Medicines Act (1968). They include medicines used in clinical trials, unlicensed medicines, dressings, and medical gases
- They can be Controlled Drugs, i.e., substances controlled under the provisions of the Misuse of Drugs Act (1971) and Regulations made under the Act
- They can be alternative medicinal products, e.g., herbal or homeopathic remedies, that are used for therapeutic purposes

The 6 Rights of Medication Administration

The 6 Rights of Medication Administration are:

- Right **P**atients
- Right **D**rugs
- Right **D**ose
- Right **R**oute
- Right **T**ime
- Right **D**ocumentation

A mnemonic to remember this is **P**atients **D**o **D**rugs **R**ound the **D**ay These 6 Rights vary in definition - NICE guidelines refer to Right to Refuse instead of Right Documentation. This policy uses Right Documentation because of the high rate of errors associated with documentation but refers to the Right to Refuse

Medication Error

- A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health Care professional, patient, or consumer

Reconciliation

- Medication reconciliation is the process of creating the most accurate list possible of all medications a Service User is taking - including drug name, dosage, frequency, and route - and comparing that list against the Doctor's admission, transfer, and/or discharge orders, with the goal of providing correct medications

Medication Review

- Many frails, elderly people have multiple and complex conditions. These conditions can change, and the medicines that Service Users receive to treat these conditions need to be reviewed regularly to ensure that they remain safe and effective
- The frequency of multidisciplinary medication reviews should be based on the health and Care needs of the Service User, with their safety being the most important factor when deciding how often to do the review
- The interval between medication reviews should be no more than 1 year, and many Service Users will need more frequent medication reviews

Assisting and Administering

- The difference between **assisting** someone to take their medicines and **administering** medicines is:
- When a Career **assists** someone with their medicine, the person **must indicate** to the Carer what actions they are to take on each occasion
- If the person is not able to do this, or if the Carer gives any medicines **without** being requested (by the person) to do so, this activity must be interpreted as **administering** medicine

Protected Characteristics

- The Equality Act 2010 protects people in nine protected characteristic groups from discrimination in the use of services and employment:
- Age
- Disability
- Gender reassignment
- Marriage, same-sex marriage, and civil partnership
- Pregnancy and maternity
- Race, this includes ethnic or national origins, or nationality
- Religion or belief

- Sex
- Sexual orientation

Delegation

- Delegation is defined as the transfer of responsibility for the performance of a task from one person to another - "Transferring to a competent individual the authority to perform a selected nursing task in a selected nursing situation. The nurse retains accountability for delegation"

Medication Administration Record (MAR)

- The MAR is individual to the Service User and is a formal record of administration of medicine within the Care setting and may be required to be used as evidence in clinical investigations and court cases. It is, therefore, important that it is clear, accurate and up to date
- The MAR reflects the items which are still being currently prescribed and administered, together with information about repeat prescriptions for PRN ("when required") medicine

Percutaneous Endoscopic Gastrostomy (PEG)

- Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate (for example, because of dysphagia or sedation)

Immensity HealthCare

Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Staff must only administer medication when they have been trained and assessed as competent
- Staff check the 6 Rights of Medication Administration for any medication every time it is administered
- Staff must give medication administration their full attention to avoid errors
- If staff are unclear, or notice an error or omission, they must check before administering any medication and report any concerns
- Consent must be obtained before any medication care is provided

- Service Users who fully self-manage their own medication and have been assessed as having the capacity to self-manage do not need a MAR
- Service Users who need physical assistance or verbal reminders but have been assessed as having the mental capacity to manage their own medication will need a MAR chart so that staff can record clearly when the physical assistance or verbal reminders have been provided and what medication the Service User has taken.

Key Facts – People affected by the service

People affected by this service should be aware of the following:

- Staff will only be able to administer medication from pharmacy filled dosage systems
- You have the right to refuse medication
- Consent must be obtained before any medication care is provided
- Staff will record if they help you with your medication. This includes if they have to remind you or help you by opening packaging

Further Reading/References

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Health and Social Care Information Centre - A Guide to Confidentiality in Health and Social Care - https://webarchive.nationalarchives.gov.uk/20180328130852tf_/http://content.digital.nhs.uk/ media/12822/Guide -to-confidentiality-in-health-and-social-Care/pdf/HSCIC-guide-to-confidentiality.pdf/

National Care Forum: Free resources for supporting the safe use of medications in Care facilities - https://www.nationalCareforum.org.uk/ncf-publications/medication-safety-resources/

Care Quality Commission: Medicines in health and adult social Care - https://www.cqc.org.uk/news/stories/medicines-health-adulthttps://www.cqc.org.uk/news/stories/medicines-health-adult-social-care-learning-risks-sharing-good-practice-better-outcomessocial-Care-learning-risks-sharing-good- practice-better-outcomes **NICE: Managing Medicines in**

Care Homes (although tailored to Care homes it is a useful resource to review) - https://www.nice.org.uk/guidance/sc1

Related Policies:

- **Recording the Administration of Medication Policy and Procedure**
- **Auditing and Monitoring of Medication Policy and Procedure**
- **Controlled Drugs Policy and Procedure**
- **Safe Disposal of Medication Policy and Procedure**
- **Over the Counter Medication Policy and Procedure**
- **As Required and Variable Dose Medication Policy and Procedure (PRN)**
- **Covert Medication Policy and Procedure**
- **Medication Errors and Near Misses Policy and Procedure**
- **Medication Away from Home Policy and Procedure**
- **Training and Competency on Medications Policy and Procedure**
- **Administration of Medicines Policy and Procedure**
- **Storage of Medication Policy and Procedure**
- **Collection of Prescriptions Policy and Procedure**

Outstanding Service

To be 'outstanding ' in this policy area we provide evidence that:

- Root cause analysis is undertaken when errors or omissions or near misses arise with lessons learnt applied and outcomes cascaded to staff to ensure Service User safety and continuous improvement
- The Service User's personal choice is reflected in Care Plans, and they are supported to self-manage wherever possible. Staff follow the Care Plans
- Risks to individuals are thoroughly assessed and extensive information and control measures are put in place for staff to follow. This maximises people's opportunities for independence whilst minimising the risks they face
- Staff have a good understanding of the Mental Capacity Act and its implications when providing care with medication

Mental Capacity Act 2005 Policy and Procedure

1.Purpose

To meet the provisions of the Mental Capacity Act 2005 (occasionally referred to as 'The Act' in this policy):

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
CARING	How does the service care people to express their views and be actively involved in making decisions about their Care, care, and treatment as far as possible?
CARING	How are people's privacy, dignity and independence respected and promoted?
EFFECTIVE	Is consent to Care and treatment always sought in line with legislation and guidance?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Care Act 2014
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice

2. Scope

The following roles may be affected by this policy:

All workers delivering care or Care

The following Service Users may be affected by this policy:

All adult (16+) Service Users who might lack mental capacity as defined under the Act in England and Wales

The following stakeholders may be affected by this policy:

The family and friends of Service Users who might lack mental capacity as defined under the Act in England and Wales

3. Objectives

To ensure adherence to the statutory framework of the MCA, including the five principles, to empower and protect vulnerable people who may lack capacity always to make their own decisions; to care them to plan ahead, if they wish, for a time when they may lose capacity.

To ensure that those working with an adult who lacks capacity will make specific decisions that are in the person's best interests as explained in the MCA and its code of practice, and the least restrictive of their rights that can be identified as meeting their needs.

To build confidence among staff regarding how and when to assess someone's mental capacity, and how to make best interests decisions when necessary, whilst also ensuring that staff are aware of their responsibilities and are legally protected through following the principles of the MCA.

4. Policy

To ensure staff at IMMENSITY HEALTHCARE LIMITED know, and work within the Act's underpinning principles:

The presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have the capacity to do so unless it is proved otherwise

- Individuals must be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions
- Individuals must be able to make what might be seen as eccentric or unwise decisions, without this being used as the sole reason to say they lack capacity
- Best interests – anything done for, or on behalf of people who lack capacity must be in their best interests
- Least restrictive option - before any act is done or a decision is made, staff must consider if they have found the option that, while meeting the need, is the least restrictive possible of the person's basic rights and freedoms

To ensure that staff at IMMENSITY HEALTHCARE LIMITED understand the importance of helping people to make their own decisions:

- Staff know how to present the right information in the right way, including using easy-read or pictures where suitable, and being clear about all the available options
- Staff actively look for the best ways to communicate with an individual, by checking that their vision and hearing are as good as they can be, or querying if an interpreter might be needed
- Staff put the Service User at ease, whether by choosing the right time of day to explain about a decision to the person, or asking whether they would like a relative or friend present
- Staff allow time for the Service User to ponder on the decision, or go away and discuss it with trusted relatives or friends

When a person lacks the mental capacity to make a particular decision, everything that is done for, or on behalf of that person is in the person's best interests and restricts their rights as little as possible. In working out what is in someone's best interests, staff apply the mandatory checklist of factors laid out in the Mental Capacity Act

Staff know how the Mental Capacity Act defines restraint. They know that it is lawful to restrain someone who lacks mental capacity in the person's best interests, when the person lacks the mental capacity to consent to what staff want to do, but only if they reasonably believe, not only that the person does lack capacity and what is proposed is in their best interests, but also that the restraint is both:

- **Necessary to prevent harm** to the person, and also
- That it is a **proportionate response** to the likelihood and seriousness of that harm

They know that any necessary and proportionate restraint must be used for the shortest possible time. They seek to learn from incidents of restraint to find ways to avoid or minimise its use in the future.

Staff know that if restraint of a person lacking capacity to consent amounts to a deprivation of liberty, it must be specially authorised, in order to protect the human rights of the Service User by allowing them to challenge the restrictions in the Court of Protection.

Staff know that the Mental Capacity Act does not allow a person to be deprived of their liberty in community settings such as domiciliary Care, supported living, extra-Care housing or shared lives, unless this receives direct authorisation from the Court of Protection.

Staff in a community setting know that, if a Service User is deprived of their liberty, the provider must ask the Commissioner or Local Authority to apply directly to the Court of Protection for authorisation. The authorisation process is described in the Deprivation of Liberty in Community Settings Policy and Procedure at IMMENSITY HEALTHCARE LIMITED.

5. Procedure

Staff at IMMENSITY HEALTHCARE LIMITED know and work within the Mental Capacity Act principles and codes of practice, including how to recognise the deprivation of liberty of someone lacking mental capacity, and how then to proceed.

All staff of IMMENSITY HEALTHCARE LIMITED are given training in the Mental Capacity Act. References to training resources can be found in the Underpinning Knowledge/References section of this policy.

IMMENSITY HEALTHCARE LIMITED makes available to staff, documents, and resources about the Act, including training resources.

Any assessment of a Service User's mental capacity is **decision specific** and **time specific** to decide whether they can make a particular decision at the time it needs to be made. There must **never** be a generalised statement that someone lacks mental capacity. It is never enough to say that the Service User lacks mental capacity because of a diagnosis (such as dementia), or because of their age, or because of their appearance.

Some people lack mental capacity over a long period of time for many kinds of decisions, and it is not necessary to carry out repeated formal capacity assessments. However, capacity must always be reviewed whenever a Service User's Care Plan is being developed or reviewed, or there appears to be some change in their capacity to make decisions, or when they lack capacity for a major decision that needs to be made, for example, about where to live, or whether to have serious medical treatment.

There is no requirement in the Mental Capacity Act 2005 to complete any specific documentation regarding assessments of capacity and subsequent decisions made on their basis. However, paid staff only receive protection from liability when they can prove that they have come to 'reasonable' decisions about capacity and best interests, and some form of documentation is essential evidence of that process.

For day-to-day decisions, Carers always work to a Care Plan which is clearly based on assessments of capacity and best interests. For more important decisions, it is certainly good practice for capacity assessments and best interest decisions to be recorded. This can be done by completing the forms accompanying this policy with the Service User.

Immensity HealthCare

Remember that, when assessing a Service User's capacity, the person does not have to prove to you that they **have** capacity to make a certain decision. It is up to the person who will make decisions on behalf of the Service User to prove that, on the balance of probabilities, the Service User **lacks** the mental capacity to make this decision.

Do not set out to 'fail' someone; give Service Users all the help you can to enable them to make their own decisions. Take your time: **a good capacity assessment is a conversation and must not be rushed**. For some people, having a Carer or a family member to sit with them during the assessment process may be reassuring and help them relax and feel comfortable.

Make sure that the record of the assessment is completed fully, that it is signed by the assessor and that it is dated. This form must be kept with the Care Plan so it is readily available and can be revisited in the future when reviewing aspects of the Service User's Care.

If it is determined that the Service User does not have the mental capacity to make a particular decision at the time it needs to be made, any action taken, or any decision made must be in his or her best interests.

If there is a dispute about best interests, firstly ensure that you have followed the mandatory best interests checklist, and tried, in particular, to make a decision that is in alignment with what the Service User wants. The following must be considered:

- Family and friends will not always agree about what is in the best interests of an individual. However, they usually have greater knowledge than Carers of what this Service User would have wanted, and sometimes of what the Service User now wants
- If you are the decision-maker, you will need to clearly demonstrate in your record keeping that you have made a decision based on all available evidence and taken into account all conflicting views. You will take particular Care to look for the option that is the least restrictive of the Service User's rights
- If there is a dispute, the following things might assist you in determining what is in the Service User's best interests: Involve an advocate who can represent the Service User who lacks mental capacity for this decision, to help their wishes and feelings to be central to the decision-making In some situations, a best interests meeting is a good idea, to identify all the possible options and explore the pros and cons of each
- Go to mediation
- An application could be made to the Court of Protection for a ruling.

Immensity HealthCare

This would normally be undertaken by the relevant Local Authority or NHS Trust when a complex and serious decision is to be made. If relatives/friends are not permitted to see or speak to the Service User alone, or sometimes even not allowed to visit, it is essential to resolve the dispute with relatives or friends, or ask the Local Authority urgently to request the Court to make a best interests decision for this person

- You must ensure that all documents you complete are both signed and dated

In making a decision in someone's best interests, the following **must** be taken into account (except in an emergency, when there is no time). The following checklist is a mandatory requirement under the Mental Capacity Act of matters to consider by a decision-maker:

- Is the person likely to regain the mental capacity to make this decision and, if so, can this decision wait until then?

- Do everything possible to encourage the person to take part in the making of the decision, even though they lack the capacity to make the decision
- Give great weight to the person's past and present wishes and feelings (in particular if they have been written down)
- Identify any beliefs and values (e.g. religious, cultural, or moral) that would be likely to influence the decision in question
- Include any other factors that would be relevant and important to this person if they were able to make their own decision
- Be sure that you are not making assumptions about this person's best interests simply based upon the person's age, appearance, condition, or behaviour
- As far as possible, the decision-maker must consult other people who might have views on the person's best interests and what they would have wanted when they had mental capacity, especially the following people:
- Anyone previously named by the person lacking capacity as someone to be consulted
- Carer, close relatives, friends, or anyone else interested in the person's welfare
- Any attorney appointed under a Lasting Power of Attorney
- Any deputy appointed by the Court of Protection to make decisions for the person

6. Definitions

Mental Capacity Act

- The Mental Capacity Act 2005, covering England and Wales, lays out a legal framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they might lack capacity in the future
- It sets out who can take decisions, in what situations, and how they should go about this
- Most of the MCA applies to people from the age of 16 upwards
- Certain parts, such as the right to make an advance decision to refuse treatment or appoint attorneys under a Lasting Power of Attorney, only relate to people aged 18 and over

Test for Capacity

- The Act sets out a two-stage test for assessing whether a person lacks capacity to take a particular decision at the time it needs to be made. It is a 'decision-specific and time-specific' test
- Firstly, is there an impairment of, or disturbance in the functioning of a person's mind or brain? (This may be temporary or permanent)

- Secondly, BECAUSE OF this impairment or disturbance, is this person unable to make a particular decision?
- The person has capacity for this decision if they can do all of the following:
- Understand appropriately presented information about the decision to be made
- Retain that information for long enough to use or weigh that information as part of the decision- making process
- Use or weigh that information as part of the decision-making process
- Communicate their decision (by talking, sign language or any other means)

Best Interests

- Everything that is done to, or on behalf of a person who lacks capacity must be in that person's best interests. The Mental Capacity Act does not define best interests but lays out how best interests decisions must be made. The Act provides a checklist of factors that decision-makers must work through, except in an emergency, in deciding what is in a person's best interests. A person can put his/her wishes and feelings into a written statement if they so wish, which the person making the decision must consider

Lasting Power of Attorney (LPA)

- The Act allows a person aged 18 and over, who has capacity to make this decision, to appoint attorneys to act on their behalf if they should lose capacity in the future. There are two types of LPA, one to make health and welfare decisions, and the other to make finance and property decisions. The provision replaces the previous role of Enduring Power of Attorney (EPA)
- Staff should be aware of any LPA in place for Service Users in their Care; they should know which individuals have been given powers to make which specific types of decisions

Court Appointed Deputies

- The Act provides for a system of court appointed deputies to replace the previous system of receivership in the Court of Protection. Deputies are able to take decisions on welfare, health Care and financial matters as authorised by the Court but are not able to refuse consent to life-sustaining treatment
- They are only appointed if the Court cannot make a one-off decision to resolve the issues, and if the person has already lost capacity to make these decisions. Staff should be aware of any Court appointed deputies in place for Service Users in their care, and of what decisions any deputy is authorised to make

- **Court of Protection** - The Court of Protection has jurisdiction relating to the whole Act and is the final arbiter for capacity matters. It has its own procedures and nominated judges

Advance Decision to Refuse Treatment (ADRT)

- The Act creates ways for people aged 18 and over to make a decision in advance to refuse medical
- Treatment if they should lose capacity in the future. This is called an advance decision to refuse treatment.
- An advance decision to refuse treatment that is not life-sustaining does not need to be in writing, but the person must ensure that professionals know what treatment(s) the person is refusing
- A person who is refusing in advance, life-sustaining treatment, must make sure that their advance decision meets certain requirements. These are that the decision must be in writing, signed and witnessed, with a clear statement of which treatment or treatments the person is refusing. In addition, there must be an express statement that the person understands that this may put their life at risk but that the decision stands even if it does so
- A person can only refuse specified medical treatments; they cannot insist on any particular treatment

Carers must be clear Whether an advance decision to refuse treatment exists,

What is in it, Where it is to be found :

Any doctor or paramedic needs to know if treatment they might suggest would be lawful or whether the person has refused it in advance.

Independent Mental Capacity Advocate (IMCA)

- An IMCA is a specific kind of 'non-instructed' advocate, who can only be appointed by a Local Authority or NHS body, in certain circumstances, to care a person who lacks capacity but has no one except paid Carers interested in their welfare
- The IMCA makes representations about the person's wishes, feelings, beliefs, and values, whilst bringing to the attention of the decision-maker all factors that are relevant to the decision.
- The decision-maker must consider the views of the IMCA but is not bound by them
- Carers need to know if an IMCA is going to visit the person, to receive them as a colleague after checking their identity; the IMCA has the right to speak with the Service User alone if they wish, and the right to see notes relevant to the decision that is to be made

Restraint

- The Mental Capacity Act defines restraint of a person lacking mental capacity to consent to the action for which restraint is needed as:
- The use, or threat of use, of force to make someone do something they are resisting, or
- The restriction of a person's freedom of movement, whether they are resisting this or not

Protection from Liability

- The Mental Capacity Act allows Carers and social Care staff to carry out certain tasks for, or on behalf of people whom they reasonably believe to lack capacity to consent to these actions, without fear of liability

For actions to receive protection from liability, the worker must

- Reasonably believe the person lacks capacity to consent to or refuse the proposed actions
- Reasonably believe the actions they propose are in the person's best interests, and
- Reasonably believe they have found the least restrictive option to meet the identified need Note that two extra conditions apply for the use of restraint. Any action intended to restrain a person who lacks capacity will not attract protection from liability unless the following?

two conditions are also met:

- The person taking action must reasonably believe that restraint is **necessary to prevent harm to the person**, and
- The amount or type or restraint must be a **proportionate response to the likelihood and seriousness of that harm**

Deprivation of Liberty

- A person who lacks capacity to consent to or refuse the Care Plan that keeps them safe is deprived of their liberty if this Care Plan shows that they are:
- Under complete and effective supervision and control by staff (this may not always be 'line of sight' supervision, but staff prevent the person from acting in a way that would cause them harm, and know at all times pretty well what they are doing) *and* they are
- Not free to leave the place where they are being cared for (in the sense of leaving to go and live somewhere else if they choose, or go away on a trip without permission from others)

Authorisation of Deprivation of Liberty

- In community settings such as when receiving care in their own home, supported living, extra-care housing or shared lives schemes, a person aged 16 or older who is deprived of their liberty to give them necessary care or treatment **must have their rights protected by having the situation authorised by the Court of**

Protection. This is arranged by the commissioner of the service or, for self-funders, the Local Authority. If IMMENSITY HEALTHCARE LIMITED suspects that a Service User is deprived of their liberty they must notify the Commissioner or Local Authority

Professionals – key facts

Professionals providing this service should be aware of the following:

- The Mental Capacity Act 2005 provides a statutory framework to empower and protect people aged 16+ who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they must go about this. It enables people to plan ahead for a time when they may lose capacity
- When a person aged 16+ lacks capacity to consent to Care, deprivation of liberty is only permitted if it has been authorised by the Court of Protection; this is arranged by the Commissioner or the Local Authority
- Guidance on the Act is provided in the MCA Code of Practice. Because it is a statutory code, those working with people who lack mental capacity are expected to follow its guidance or have extremely good reasons why they did not
- The Act introduces new criminal offences of ill treatment or neglect of a person who lacks capacity. A person found guilty of such an offence may be liable to imprisonment for a term of up to 5 years

People affected by the service - key facts

People affected by this service should be aware of the following:

- The Mental Capacity Act (MCA) puts into law, existing best practice about people who lack mental capacity and those who take decisions on their behalf. It provides ways for anyone to plan ahead for a time when capacity might be lost. It also puts an obligation on paid staff to find the least restrictive, most person-centred ways possible to Care for someone who lacks mental capacity and keep them safe
- Where a decision needs to be made for someone who lacks the capacity to make that decision, the decision must be made in the person's best interests. The decision-maker must take into account the person's wishes and the views of friends and family in making those decisions

Further Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

National Institute for Health and Care Excellence: Decision-making and mental capacity: https://www.nice.org.uk/guidance/ng108

Outstanding Service

To be ' outstanding ' in this policy area we will provide evidence that:

- All relevant staff can identify the principles of the Mental Capacity Act 2005
- Service Users are helped and supported in several ways and on a regular basis to make decisions for themselves
- Staff can describe the difference between restrictions and restraint allowed by the Mental Capacity Act and a deprivation of liberty
- Current good practice materials, including technology, are available to help Service Users who need care in decision making
- Service Users with capacity are not prevented by the service from making decisions, even though others may disagree with their choices
- Decisions or choices made by Service Users who lack capacity are respected as far as possible, while keeping the Service User safe about the Policy

Equality and Diversity Policy and Procedure and The Public Sector Equality Duty

The Equality Act 2010 ('the Act') came into force on 1 October 2010 and combines almost all previous anti-discrimination laws in a single piece of law. It expanded the scope of discrimination law to cover: Age, Disability, Gender Reassignment (or Transgender), Marriage and Civil Partnership, Pregnancy and Maternity, Race, Sex, Religion, and Sexual Orientation. This factsheet explains basic information about discrimination and equality as covered by the Act. One of its most important aspects of the Act is the Public Sector Equality Duty – a duty for public bodies to consider and apply fairness and equality, especially in making decisions or policies. The information in this policy is applicable across the whole UK and correct at the time of publishing.

Relevant legislation:

- Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012 (Amendment to Parts 4 & 5)
- Care Quality Commission (Registration) and (Additional Functions)
- Care Quality Commission (Registration) Regulations 2009
- Equality Act 2010
- Equality Act 2010: Chapter 1 (Protected Characteristics) Chapter 2 (Prohibited Conduct) and Chapter 3 (Services and Public Functions)
- General Data Protection Regulation 2016
- Data Protection Act 2018
- Gender Recognition Act 2004

1.Purpose

To ensure that all members of staff can work in an environment to the best of their skills and abilities without the threat of discrimination or harassment.

IMMENSITY HEALTHCARE LIMITED is committed to ensuring that all members of staff and job applicants receive equal treatment, regardless of any protected characteristics such as age, disability, gender reassignment, marital or civil partner status, pregnancy or maternity, race, colour, nationality, ethnic or national origin, religion or belief, sex or sexual orientation.

This policy applies to all aspects of employment with IMMENSITY HEALTHCARE LIMITED. For the avoidance of doubt, this includes recruitment, pay and conditions, training, appraisals, promotion, conduct at work, disciplinary and grievance procedures, and termination of employment.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
SAFE	How do systems, processes and practices keep people safe and safeguarded from abuse?
WELL-LED	Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012 (Amendment to Parts 4 & 5)
- Care Quality Commission (Registration) and (Additional Functions)
- Care Quality Commission (Registration) Regulations 2009
- Equality Act 2010
- Equality Act 2010: Chapter 1 (Protected Characteristics) Chapter 2 (Prohibited Conduct) and Chapter 3 (Services and Public Functions)
- General Data Protection Regulation 2016
- Data Protection Act 2018
- Gender Recognition Act 2004

2.Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family

- Commissioners

3.Objectives

To set out the zero-tolerance approach of IMMENSITY HEALTHCARE LIMITED to the perpetrators of discrimination in the workplace.

To ensure that IMMENSITY HEALTHCARE LIMITED has an open and transparent approach to all aspects of employment, free from discrimination.

To ensure that all members of staff are able to thrive in an inclusive environment.

To create a working environment which enables everyone to work to the best of their skills and abilities without the threat of discrimination or harassment in the workplace.

4.Policy

IMMENSITY HEALTHCARE LIMITED takes a zero-tolerance approach to any discrimination, bullying, harassment and/or victimisation which one member of staff may perpetrate against another and/or against any other person, including but not limited to former employees, job applicants, clients, customers, suppliers and visitors.

Equally, this policy not only applies in the workplace but also outside of it when the member of staff is dealing with customers, suppliers, or other work-related contacts, or when wearing a work uniform and on work-related trips or events including social events.

The following forms of discrimination are prohibited under this policy and are unlawful:

- Direct Discrimination: Treating someone less favourably because of a protected characteristic; for example, rejecting a job applicant because of their religious views or because of their sexuality
- Indirect Discrimination: A provision, criterion or practice that applies to everyone but adversely affects people with a particular protected characteristic more than others and is not justified. For example, requiring a job to be done full-time rather than part-time may adversely affect women because they generally have greater childcare commitments than men. Such a requirement would be discriminatory unless it can be justified

Bullying: This is categorised as offensive, intimidating, malicious or insulting behaviour involving the misuse of power that can leave an employee feeling vulnerable, upset, humiliated,
undermined or threatened. Bullying is dealt with further in our Anti-Bullying Policy and Procedure

Harassment: This includes sexual harassment and other unwanted conduct related to a protected characteristic, which has the purpose or effect of violating someone's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them. Harassment is dealt with further in our Anti-Bullying Policy and Procedure and our Harassment Policy and Procedure

Victimisation: Retaliation against someone who has complained or has supported someone else's complaint about discrimination or harassment

Disability Discrimination: This includes direct and indirect discrimination, any unjustified less favourable treatment because of the effects of a disability, and failure to make reasonable adjustments to alleviate disadvantages caused by a disability

Any data collected as part of this policy will be processed in accordance with current data protection legislation, the Privacy Notice issued to staff and the Data Security and Data Retention Policy and Procedure of IMMENSITY HEALTHCARE LIMITED. IMMENSITY HEALTHCARE LIMITED appreciates that certain health data and medical reports will be special category data and IMMENSITY HEALTHCARE LIMITED will process this data accordingly.

IMMENSITY HEALTHCARE LIMITED complies with the Equalities Act 2010 and the United Nations Convention on the Rights of Persons with Disabilities in all its processes regarding employees.

5.Procedure

IMMENSITY HEALTHCARE LIMITED will provide appropriate training on Equal Opportunities.
IMMENSITY HEALTHCARE LIMITED is committed to following the European Human Rights Commission Employment Statutory Code of Practice and has appointed an appropriate senior manager to have responsibility for Equal Opportunities training.

Recruitment and Selection

Any selection exercises including recruitment, promotion, and redundancy selection, amongst others, will be carried out with regard to objective criteria which specifically avoid any issues of discrimination. Similarly, where possible, IMMENSITY HEALTHCARE LIMITED will ensure that such exercises are carried out by more than one person.

Any vacancies will be advertised to as wide and diverse an audience as possible. Such advertisements will not discourage any individual or group from applying. Job applicants will not be asked questions which might suggest an intention to discriminate on grounds of a protected characteristic. For example, applicants should not be asked whether they are pregnant or planning to have children.

Job applicants will not be asked about health or disability before a job offer is made, except in the very limited circumstances allowed by law, for example, to check that the applicant could perform an intrinsic part of the job (taking account of any reasonable adjustments), or to see if any adjustments might be needed at interview because of a disability. Where necessary, job offers can be made conditional on a satisfactory medical check. Health or disability questions may be included in equal opportunities monitoring forms, which must not be used for selection or decision-making purposes.

Disabilities

If a member of staff is disabled or becomes disabled, IMMENSITY HEALTHCARE LIMITED encourages them to tell their manager about their condition so that IMMENSITY HEALTHCARE LIMITED can consider what reasonable adjustments or care may be appropriate.

Part-time and Fixed-term Work

Part-time and fixed-term employees should be treated the same as comparable full-time or permanent employees and enjoy no less favourable terms and conditions (on a pro-rata basis where appropriate) unless different treatment is justified.

Disciplinary Procedure

Any member of staff found to be in breach of this policy will be subject to disciplinary action. Serious cases of deliberate discrimination may amount to gross misconduct, resulting in dismissal.

Grievance Procedure

If a member of staff believes that they have suffered discrimination, then they should raise these issues through the Grievances Policy and/or Anti-Bullying and Harassment Policies of
IMMENSITY HEALTHCARE LIMITED. A member of staff will not be bullied or victimised for raising issues under this policy. However, if a complaint is made in bad faith and/or is knowingly false, the member of staff may be subject to the Discipline Policy and Procedure of IMMENSITY HEALTHCARE LIMITED.

All staff should understand their responsibility to show consideration to and to not discriminate against disabled colleagues, and this will be reinforced in supervision. Employees are informed and reminded of their responsibility to notify Dorothy Botha of any disability that might not be obvious, in order to enable IMMENSITY HEALTHCARE LIMITED to take necessary steps to enable the employee's rights.

The Public Sector Equality Duty and Older People

Private bodies carrying out public functions
A private organisation is considered to carry out a public function if the service provided is partially or fully funded by the government. For example, a private company running a local authority housing benefit service is carrying out a public function and is subject to the Duty. A private body is exercising a public function if it is:

- publicly funded, e.g. a GP's surgery under the NHS, or care home commissioner by the local authority
- carrying out duties that the law says should be carried out by a public body (e.g. public utilities)
- carrying out duties in place of government and/or working closely with government in carrying out its duties (e.g. a private security company overseeing a detention centre).

The Public Sector Equality Duty and older people

The Public Sector Equality Duty (PSED) as it relates to older people is in addition to rights under other parts of the Equality Act, such as equality in employment, goods, and services, etc noted in section 1.2. This means you can:

- require public bodies to have due consideration to age equality in making policies and decisions, and

- challenge a decision or policy of a public body, if it fails to consider the impact of the decision on older people (by not carrying out an Equality Impact Assessment (EIA) or not considering the results of an EIA).

Older people have a right to have their interest considered by a public body when decisions are made using the Act and supporting regulations, as well as other existing judicial and legal means.

How can I challenge discrimination?

Enforce the duty without going to court

If you believe a public body is in breach of the PSED, you must make a formal complaint using the public body's complaints or reporting procedure. All avenues to resolving the matter must be exhausted before court proceedings can be filed. Courts have a duty to ensure all peaceful means of resolving problems are exhausted before litigation. Court proceedings involve considerable legal expense and complex legal processes and an unsuccessful party is often liable to pay the costs of the other side. It is important to pursue all means of resolving a claim to try to avoid the need to resort to litigation.

How to do this yourself

If a public body makes a policy or decision that has a negative effect on older people (or any other category you belong to), you should:

- Write to them using their complaints procedure asking if they have given due consideration to the impact of the decision on older people.
- When you receive a response, consider whether there has been proper consideration of the impact of the decision on older people. Seek advice from a Citizens Advice or a solicitor (who may charge you).
- If you are unhappy with the response or there is no response from the public body, refer your complaint with a covering letter to the EHRC (see next section). Note

You have a right to compel the public body to comply with the duty, as long as it is seen to have failed to consider the interest of the protected category you belong to.

What the EHRC can do

The Equalities and Human Rights Commission (EHRC) is responsible for enforcing the provisions of the Act on behalf of anyone subject to the protected categories. They have power to monitor compliance with and enforce the Public Sector Equality Duty on behalf of Individuals or organisations. The EHRC will assess your complaint and if is seen to be substantial, it can take up the complaint under its own procedures.
Compliance notices: The EHRC assess the public body's compliance with the general and/or specific duties and issues a compliance notice if there has been a breach of either duty. It may enter into an agreement requiring the body to take certain steps to comply with the duty and not issue a compliance notice.

Judicial review: A person whose rights have been affected by a breach of duty can apply for judicial review to the High Court. An application for judicial review must meet certain requirements:

- the application must be made within three months of the date of the action complained of
- the person or organisation making the complaint must be directly affected by the action challenged or act for someone whose rights have been affected, e.g. someone with a Lasting Power of Attorney in England and Wales, or Continuing or Welfare Power of Attorney in Scotland
- the action challenged must be an exercise of a public duty.

If an application for judicial review is successful, the Court can make one or more orders, depending on the nature of the application:

- reverse an action taken by the public body
- prevent the public body from taking, or compel it to take the action, in breach of the public duty.

Any proceedings for enforcement of the PSED must be in public law. This means it must be through judicial review in the High Court. You cannot bring an action against a public body for breach of an individual contract, e.g. you cannot use the Duty to sue your council for failing to pay you for gardening services rendered. The EHRC has specific powers to make an application for judicial review where a public body has breached the general or specific duties of the Duty. The EHRC can intervene in judicial review claims filed by individuals and organisations to help to clarify the law. In this context, its role is neutral. It is possible for private individuals and organisations to take judicial review proceedings without legal representation. However, these proceedings are very complex and there can be significant costs attached to taking action. Always seek professional advice from a specialist adviser.

Note

Consider your claim very carefully and get advice on its potential for success. If there are other routes to challenge a decision, it is best to try these before thinking about applying for a judicial review. The EHRC publishes guidance on the PSED which details how public bodies can comply. It is on their website at: www.equalityhumanrights.com/en/advice-and-guidance/public-sectorequality-duty-guidance.

Immensity HealthCare

Equality impact assessment

Before the Act, public bodies had a legal responsibility to comply with Disability, Race, and Gender Equality duties in making policies or carrying out functions by carrying out an 'equality impact assessment' (EIA).

An EIA assesses how policies and decisions of a public body are likely to affect, or have affected, people in protected categories, looking for ways to promote equality and remove negative aspects that may be discriminatory. It should be far-reaching and comprehensive, analysing the potential of the policy to give rise to discrimination.

Under the Act, public bodies no longer have a legal duty to carry out an EIA, but most continue to do so. This is likely to continue to be seen as good practice in compliance with the Public Sector Equality Duty. If a public body carries out an EIA, it must be done effectively and comprehensively. Due regard must be had to information contained if a

decision is made or a policy devised to which the EIA applies. Although public bodies no longer have a legal duty to carry out an EIA, an individual or organisation who believes a public body has not carried out an EIA before making a policy or decision can apply for judicial review of the policy or decision if it is likely to result in discrimination.

How the Public Sector duty has been applied

These legal decisions help show how public bodies should take action to comply with the PSED and provide guidance on the correct approach.

Case 1

(AA and others) v Sandwell Metropolitan Borough Council CO/633/2014 Sandwell Council introduced minimum residency requirements for anyone claiming Council Tax Reduction (CTR) in their area. Three women took the council to court on various grounds, including that the council had failed to comply with the PSED under section 149 of the Act. The court found against the council, stating in their decision:

94. Section 149 was undoubtedly engaged: indeed, that was well recognised by the Council, in the way in which it conducted an EIA at various stages before the residence requirement was tabled. However, there is simply no evidence that the Council conducted any assessment at all of the race or gender impact of the residence requirement at or before it adopted the 2013-14 CTR Scheme; and scant evidence that it did so prior to the 2014-15 Scheme. I do not consider that the evidence that there is (e.g., with regard to feedback towards the end of 2013, from wherever it came) is sufficient to show that the Council grappled at all with the effects of the requirement on those with the identified protected characteristics. On the evidence, I cannot but find that the Council was in breach of its section 149 duty. That duty is important; and, had the Council been rigorous in satisfying its obligation to have due regard to the relevant characteristics, then, again, it may not have proceeded with the unlawful course that it followed.

The High Court struck down the policy in a highly critical judgment. Mr Justice Hickinbottom ruled the two-year residency rule was unlawful on six separate grounds. The Council acted outside its statutory powers, the rule was irrational and discriminated on grounds of race and gender, and the Council failed to hold any consultation or comply with its equality.

Case 2

R (Chavda) v London Borough of Harrow (2008) 100 BMLR 27 The London Borough of Harrow decided to make cuts to its social care services, restricting them to people with critical needs. Their EIA showed it would affect disabled people particularly, but this was not brought to the attention of the councillors making the decision. An application for judicial review was filed by users of the care services in the Borough. The Court decided that as the Council had not considered the disability equality duty and its decision was unlawful.

6.Definitions

Protected Characteristics

Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation

Disability

A physical or mental impairment which has a substantial and long-term adverse effect on an individual's ability to carry out normal day-to-day activities. The effect must have lasted for 12 months or be likely to last 12 months. An effect that is likely to recur is treated as continuing for this purpose

Special Category Data

Special Category Data is a category of data which is more sensitive than normal personal data. This includes data which relates to:

Race

Ethnic origin

Politics

Religion

Trade union membership

Genetics

Biometrics (where used for ID purposes)

Health

Sex life; or

Sexual orientation

Direct Discrimination

This means refusing to employ someone because of a disability, when the effects of this could be minimised through reasonable adjustments, for example, using a hearing loop for someone who is deaf

Indirect Discrimination

This is when unnecessary specifications are attached to a role, such as a height restriction or a requirement to take part in active sports, which are not essential for the role

Harassment

Care must be taken proactively to prevent anyone intimidating or bullying an employee or volunteer because of their disability

Victimisation

A person with a disability who has complained about discrimination must not be treated adversely because of this

Bullying

This is offensive, intimidating, malicious or insulting behaviour that can leave an employee feeling vulnerable, upset, humiliated, undermined, or threatened

Professionals - Key facts

Professionals providing this service should be aware of the following:

- Issues of discrimination, harassment and victimisation should be treated with the utmost care and attention
- IMMENSITY HEALTHCARE LIMITED should ensure that all decisions on recruitment and internal promotions are made with reference to objective criteria which do not discriminate against any individual or group
- This policy applies both in the workplace and outside of it where the individual is representing IMMENSITY HEALTHCARE LIMITED
- Procedures must ensure that reasonable adjustments are made in a timely manner to enable workers with disabilities to enjoy equality with colleagues

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

ACAS - Seeking Better Solutions: Tackling Bullying and Ill-treatment in Britain's workplaces: https://www.acas.org.uk/media/4498/Seeking-better-solutions-tackling-bullying-and-ill-treatmentin-Britains- workplaces/pdf/Seeking-better-solutions-tackling-bullying-and-ill-treatment-in-Britains-workplaces.pdf ACAS - Bullying and Harassment at Work - A Guide for Managers and Employers: https://acas.org.uk/media/304/Advice-leaflet---Bullying-and-harassment-at-work-a guide-for-managers- and-employers/pdf/Bullying-and-harassment-in-the-workplace-a-guide-formanagers-and-employers.pdf ACAS - Bullying and Harassment at Work - A Guide for Employees: https://acas.org.uk/media/306/Advice-leaflet---Bullying-and-harassment-at-work-a guide-for- employees/pdf/Bullying-and-harassment-at-work-a-guide-for-employees.pdf ACAS - Equality and Discrimination https://archive.acas.org.uk/equality

Outstanding Service

To be ‘outstanding ’ in this policy area you could provide evidence that:

- IMMENSITY HEALTHCARE LIMITED provides training to all members of staff on equality and diversity and keeps this training up to date
- IMMENSITY HEALTHCARE LIMITED ensures that decisions for selection are always taken by more than one manager
- IMMENSITY HEALTHCARE LIMITED considers taking positive action to remedy disadvantage, meet different needs or increase the participation of people who share a protected characteristic

- IMMENSITY HEALTHCARE LIMITED offers training to members of staff who have been absent for a period (maternity, paternity, ill-health due to a disability etc) to meet any need

Immensity HealthCare

Gifts, Donations, Wills and Bequests for Service Users Policy and Procedure

1.Purpose

To describe the approach that IMMENSITY HEALTHCARE LIMITED takes in managing the offers of gifts or Wills and bequests, to ensure that it protects its Service Users from financial and material abuse and that professional boundaries are maintained.

This policy will be read alongside the safeguarding policies and procedures at IMMENSITY HEALTHCARE LIMITED. For information regarding corporate gifts, the Anti-Bribery Policy and Procedure must be read.

This Gifts, Donations, Wills and Bequests from Service Users Policy and Procedure is in addition to safeguarding procedures, but those procedures may also apply.

Staff must consult with Dorothy Botha regarding the appropriate policy to apply in a given situation.

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Care Act 2014
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Public Interest Disclosure Act 1998
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

Immensity HealthCare

2. Scope

The following roles may be affected by this policy:

- All staff
- Family of staff
- Anyone working for or on behalf of IMMENSITY HEALTHCARE LIMITED

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals

- Local Authority
- NHS

3. Objectives

The objective of this policy is most definitely not to discourage caring relationships, but to ensure that the staff member and the Service User are protected from allegations of financial or material abuse.

4. Policy

Gifts from Service Users

IMMENSITY HEALTHCARE LIMITED recognises that, as part of a caring relationship that exists between staff and Service Users, it is inevitable that there may be offers of gifts from a Service User. It is the policy of IMMENSITY HEALTHCARE LIMITED not to allow staff or anyone related to them to accept gifts, loans or gratuities from Service Users, their relatives, or friends.

This policy applies to gifts offered to staff members or their immediate family (including gifts given for the children of staff). Gifts are not just limited to smaller monetary items but include gifts of cars, shopping, clothes, houses, food etc.

The policy of IMMENSITY HEALTHCARE LIMITED is that if a Service User offers gifts, the offer must be politely but firmly declined. Any staff member who encounters difficulties with regard to gifts or who is offered any type of gift will contact IMMENSITY HEALTHCARE LIMITED and inform them.

It is the responsibility of Dorothy Botha to ensure that this is emphasised to Carers on induction, during supervision and in team meetings.

Wills, Donations and Legacies

IMMENSITY HEALTHCARE LIMITED does not allow its staff to become involved with the making of Service Users' Wills or with soliciting any form of bequest or legacy from a Service User, and staff are not allowed to act as a witness or executor of a Service User's Will, nor to become involved in any way with any other legal document.

If a Service User does need help with making a Will or requests help from staff, then the Service User will be referred to an impartial or independent source of legal advice such as the local Citizens Advice Bureau or local Law Society, which will hold lists of local solicitors.

Under no circumstances are staff allowed to take the initiative in seeking legacies (bequests) for IMMENSITY HEALTHCARE LIMITED from any Service User.

Lending and Borrowing Money

Staff are not permitted to lend money to Service Users, or borrow money from them, nor must staff arrange for, or influence them, to lend money to or borrow from any third parties, except for a legitimate service- related reason, with prior

approval from Dorothy Botha and agreed as part of the Care Plan. Financial transaction records will be completed wherever any activity is undertaken involving the Service User's finances.

Consequences of Failing to Follow the Policy

IMMENSITY HEALTHCARE LIMITED believes that all staff will always act in an honest manner with the best interests of Service Users in mind at all times. Therefore, failure to declare a gift, or involvement in a Will, or attempting to solicit money or items through a Service User's Will or Legacy, will be considered a disciplinary offence and subject to the disciplinary procedures and safeguarding procedures at IMMENSITY HEALTHCARE LIMITED.

5. Procedure

Gifts, including monetary gifts, are never acceptable under any circumstances.

All employees of IMMENSITY HEALTHCARE LIMITED must declare any gift offered to (or received by) them, from any source to Dorothy Botha.

Any offer of gifts must be recorded by the {Care Co-ordinator} on the Service User's office file by logging the following information:

- Details of when the gift was offered
- What the gift was
- To whom the gift was offered
- What action was taken

If any member of staff witnesses or has reason to believe that unauthorised gifting is taking place with other staff members and Service Users, they will inform Dorothy Botha. If it concerns Dorothy Botha, then they will inform another senior manager immediately. IMMENSITY HEALTHCARE LIMITED has robust whistleblowing procedures in place and staff will follow the procedures if they are unable to openly raise concerns.

Wills and Bequests

- Any indication that an employee may be a beneficiary under a past or present Service User's Will must be reported immediately to Dorothy Botha, who will take appropriate action after gathering the facts of the situation
- If a Service User seeks advice about making a Will, they will be encouraged to do so through a solicitor or by seeking advice from the Citizens Advice Bureau. **Under no circumstances** must a staff

member help draw up a Will or act as a witness or executor to the estate

- Under no circumstances may a staff member take the initiative in seeking legacies for IMMENSITY HEALTHCARE LIMITED from any Service User. If a Service User requests information about making a bequest to IMMENSITY HEALTHCARE LIMITED, they must be referred to Dorothy Botha and the information about making a bequest will be sent directly to the individual
- There may be instances where Service Users might make personal bequests to staff and/or appoint them as executors. If the member of staff has prior knowledge of any such intention, they will attempt to dissuade the Service User
- In the case of an appointment as executor, IMMENSITY HEALTHCARE LIMITED will explain that it is contrary to the policy of IMMENSITY HEALTHCARE LIMITED for staff to become involved in the personal affairs of Service Users and that such involvement may lead to disciplinary action
- In the event of a member of staff being left a sum of money or any specific gift from the estate of a Service User, they must report it to their line manager immediately. This will be escalated to Dorothy Botha
- If a Carer is appointed as an Executor under a Service User's Will without prior knowledge, the Carer has a right to disengage themselves. The Carer will not proceed with making funeral arrangements or disposing of the estate until the legal situation is clarified. IMMENSITY HEALTHCARE LIMITED will seek legal advice on behalf of the Carer

Safeguarding

Where financial abuse of a Service User is suspected, the Buckinghamshire County Council Safeguarding Policy and Procedure will be followed and a notification to the CQC will be made.

If a member of staff is dismissed following an investigation, a referral to the Disclosure and Barring Service will also be made.

Audit, Monitoring and Review

- IMMENSITY HEALTHCARE LIMITED will ensure that the issues covered in this policy and procedure will be discussed in supervisions, and any difficulties addressed at an early stage
- Complaints, incident data, reports and analysis of any disciplinary process will be used to identify any particular areas of difficulty
- Key elements of monitoring will be included in any safeguarding adult audits and analysis

- The policy will be reviewed annually, or earlier if changes are indicated by analysis of incident data, or following the introduction of any national guidelines

6. Definitions

Bribery

- To pay, give benefit in kind or gift items or cash in return for a specific action. The Briber uses the 'gift' to influence the decision of the person being bribed to do or not do something

Gifts

- Financial payments, possessions and newly bought items which are given to an individual or group (such as the service or provider) with no discernible return

Conflict of Interest

- A situation that has the potential to undermine the impartiality of a person because of the possibility of a clash between the person's self-interest and professional interest or public interest (businessdirectory.com)

Appointed Persons

- Some Directors or equivalent positions of the provider may not be 'employees'. These are referred to as 'appointed persons'

Financial Abuse

- The Care and Care Statutory Guidance tells us that financial abuse can be wide in definition and includes but is not limited to:
- Theft
- Fraud
- Internet scamming
- Coercion in relation to an adult's financial affairs or arrangements, including in connection with Wills, property, inheritance, or financial transactions
- The misuse or misappropriation of property, possessions, or benefits

Legacy

- Something left or handed down; this can include an amount of money or property left to someone in a will

Bequest

- A legacy

Professionals – key facts

Professionals providing this service should be aware of the following:

- Exceptions are considered only following scrutiny by Dorothy Botha
- All gifts are recorded for monitoring purposes and for future audit
- IMMENSITY HEALTHCARE LIMITED has a strict policy on gifting, including cash and excessive hospitality
- No member of staff at IMMENSITY HEALTHCARE LIMITED can accept or give 'gifts' as it compromises the integrity of IMMENSITY HEALTHCARE LIMITED and the individuals concerned

People Affected by Service – key facts

People affected by this service should be aware of the following:

- If you have been asked for a gift, or you have concerns about gifts you can speak with Dorothy Botha or make a formal complaint which we can care you to do
- IMMENSITY HEALTHCARE LIMITED will give you the information and care you need to keep you safe. Safe can mean a number of things. This policy, in part, looks at keeping you safe from financial abuse, meaning people taking your money or possessions
- The staff at IMMENSITY HEALTHCARE LIMITED will not accept gifts of money or items from you or your representatives. This is to keep both you and staff safe from what can look like doing extra things for 'gifts', or taking advantage of your situation
- IMMENSITY HEALTHCARE LIMITED understands that, at special times, you may of your own choice, give a card or small token of appreciation. If you do decide to do this, IMMENSITY HEALTHCARE LIMITED may check that this is ok
- No member of staff may accept gifts or money in your Will for the same reasons

Immensity HealthCare

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

The Law Society - Close to Home: Spotting Elder Abuse: https://www.lawsociety.org.uk/news/blog/close-tohttps://www.lawsociety.org.uk/news/blog/close-to-home-spotting-elder-abuse/home-spotting-elder-abuse/ **RCN: Gifts and Wills (aimed at nurses but a good reference tool):** https://www.rcn.org.uk/get-help/rcn-advice/gifts-and-wills

Outstanding

To be 'outstanding ' in this policy area you could provide evidence that:
IMMENSITY HEALTHCARE LIMITED has a clear risk audit of situations which may lead to unhealthy gifting, and actions that have mitigated this risk
Clear information is available in accessible formats to Service Users on this policy and there is signposting to advocates who can assist with Service Users' finances

Moving and Handling Policy and Procedure

Immensity HealthCare

1.Purpose

To ensure legal compliance with Manual Handling Operations Regulations.

Adherence to the policy will also minimise the risk of accidents and incidents to workers who are undertaking these activities at work by ensuring that suitable systems are in place to manage the risk.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	How does the service make sure that staff have the skills, knowledge, and experience to deliver effective care and care?
SAFE	How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?

WELL-LED How are the people who use the service, the public and staff engaged and involved?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- Personal Protective Equipment at Work Regulations 1999
- Lifting Operations & Lifting Equipment Regulations 1998 (LOLER 98')
- Provision and Use of Work Equipment Regulations 1998 ('PUWER 1998')
- The Care Act 2014
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- The Manual Handling Operations Regulations 1992
- The Workplace (Health, Safety and Welfare) Regulations 1992
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

2. Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Commissioners
- External health professionals
- Local Authority and NHS

3. Objectives

By implementing this policy, IMMENSITY HEALTHCARE LIMITED will care effective manual handling to:

- Ensure that best practice in the handling and moving operations is carried out by all staff
- Maintain the dignity of Service Users during handling operations
- Generate a culture that ensures that the employees' wellbeing is prioritised
- Advise managers and staff on the implementation of safe handling practices of people and loads in their workplace
- Ensure that all Service Users have had an up-to-date manual handling assessment completed
- Ensure that special consideration is given to new or expectant mothers, young workers, workers with ill health or a disability
- Ensure that lessons are learnt following near misses, accidents, or incidents to ensure that the situation does not arise again

By implementing this policy, IMMENSITY HEALTHCARE LIMITED will minimise manual handling injuries by:

- Ensuring that managers put in place appropriate risk control measures

Provide managers with appropriate information, guidance, and care to enable them to develop risk reduction control measures

- Involve staff, who are involved in manual handling, with the preparation of the risk assessment

- Provide staff at risk with information, instruction, and formal manual handling training

Policy

IMMENSITY HEALTHCARE LIMITED will comply with the Health and Safety at Work Act (1974) which requires IMMENSITY HEALTHCARE LIMITED to provide "such information, instruction, training and supervision as is necessary to ensure so far as is reasonably practicable, the health and safety at work of his employees".

IMMENSITY HEALTHCARE LIMITED will ensure that its employees will "take reasonable care for his or her own safety and the health and safety of other people who may be affected by his or her acts or omissions".

As an employer, IMMENSITY HEALTHCARE LIMITED understands that it has a responsibility to:

Avoid hazardous manual handling operations as far as is reasonably practicable

Make a suitable and sufficient assessment of any hazardous manual handling operations that cannot be avoided and taking account of all factors:

- Task
- Individual capacity
- Load
- Environment, and
- Other- Reduce the risk of injury from these operations as far as is reasonably practicable and using an ergonomic approach

IMMENSITY HEALTHCARE LIMITED employees have a responsibility to:

- Co-operate with safe systems of work and follow Health and Safety instructions
- Participate in training
- Report any near misses, incidents, or accidents
- Report any hazards or defects
- Report any changes or concerns in the Service User's condition or environment that impacts on manual handling

4. Procedure

Manual Handling Risk Assessments Are Undertaken When:

- A handling task is unavoidable
- A new handling task has to be carried out
- An accident or incident occurs involving a handling activity
- New equipment is introduced
- A handling task has to be carried out in a new environment, (e.g. assisting someone in a wheelchair to go outside instead of just pushing the wheelchair over smoother internal flooring) or there are changes in the environment (e.g. new carpet is fitted or new furniture installed etc.)
- A member of staff complains of shoulder, arm, neck or back pain or any other pain/injury attributed to handling activities at work
- New staff are appointed
- New staff are appointed who are under 18 years of age
- A member of staff informs you that she is pregnant or is returning to work following a pregnancy of at least 6 months
- A member of staff returns to work following lengthy absence handling task becomes too difficult

Assessing Manual Handling Risks

Legislation requires that all manual handling operations, that may present a risk of injury, must be the subject of a risk assessment carried out by a competent person and using an ergonomic approach. The purpose of a risk assessment is to:

Identify all hazardous moving and handling tasks carried out at work and determine the likelihood and severity of any injury or harm arising from these tasks and to whom

Assess all factors, including existing control measures, involved in the hazard using the TILEO analysis

Identify control measures that will reduce the risk of injury to acceptable levels

Identify all employees who may be at risk of injury from moving and handling tasks in the performance of their duties

TILEO Assessment

One way to assess manual handling activities is to look at four specific areas – Task, Individual, Load and Environment (easily remembered by the acronym TILEO).

T (Task) – does the task involve:

Twisting or stooping

Strenuous pushing or pulling

Excessive lifting or lowering

Handling at a distance from the trunk

High task frequency without adequate rest periods

I (Individual movers) – do the people carrying out the tasks require:

Specialised training

Unusual strength or ability

A uniform or personal protective equipment

Consideration during impaired ability – for example, if pregnant

L (Load) – is the person or object being moved:

Heavy or large

Unwieldy or difficult to grasp

Unpredictable or unstable

Vulnerable to injury or fragile

Sharp, hot, or hazardous in any other way

E (Environment) – does the area in which work is carried out have:

Restricted space

Slippery or uneven floors

Slopes, ramps, or steps

Adequate levels of heat, light, and ventilation

- (Other) – Final things to consider:

Is the movement or posture hindered by personal protective

equipment, or Is there an absence of the correct PPE for the task?

Is equipment involved, if so is it clean, serviced, available and well maintained?

Types of Risk Assessment

The three different types of risk assessment are:

Generic Risk Assessment - covering the whole office or work activities together with any locations visited by staff outside these sites as part of their duties. A generic assessment must be completed at least annually and more frequently if significant changes in equipment, workplace or staffing occur. The risk assessment is used to identify manual handling hazards and required control measures using the **TILEO assessment**.

Individual Risk Assessment - to be competed for any member of staff whose capacity for moving and handling at work may be impaired. This would include staff who are pregnant, young workers or those with ill health or disabilities.

Service User Risk Assessment - in respect of Service User risk assessment and handling plans, it is recognised that a specific assessment for each Service User is required. All these areas form the basis for both the assessment and the control measures that can be put in place to minimise risk and enable safe systems of work. The Service User Risk Assessment must be reviewed at least annually, or when circumstances change.

Basic Principles of Manual Handling

There are some basic principles that everyone must observe prior to carrying out a manual handling operation:

- Ensure that the object is light enough to lift, is stable and unlikely to shift or move
- Heavy or awkward loads must be moved using a handling aid
- Make sure the route is clear of obstructions
- Make sure there is somewhere to put the load down wherever it is to be moved to Stand as close to the load as possible, and spread your feet to shoulder width
- Bend your knees and try and keep the back's natural, upright posture
- Grasp the load firmly as close to the body as you can
- Use the legs to lift the load in a smooth motion as this offers more leverage reducing the strain on your back
- Carry the load close to the body with the elbows tucked into the body
- Avoid twisting the body as much as possible by turning your feet to position yourself with the load

Lifting and Handling in Teams

Team lifting needs to be co-ordinated properly. Try and make sure that those lifting are around the same height and build, make sure one person is responsible for giving instructions, etc. Make sure that everyone lifts, moves off, stops, and places the load down at the same time

Lifting in teams does not mean that the weight of the load can be doubled for each extra person in the team

For example, for a lifting team of two people the load must only be increased by two thirds the sums of their individual capabilities

More detailed information on team manual handling can be found on the Health and Safety Executive website

Training

All staff must receive, as part of their training, safer handling, and back care from someone suitably trained and competent and agreed by IMMENSITY HEALTHCARE LIMITED before commencing any assignments

Dorothy Botha is responsible for ensuring that all staff complete training as required in order to meet the requirements of Health and Safety Legislation, policies/procedures at IMMENSITY HEALTHCARE LIMITED and those of the Regulator

Dorothy Botha must ensure that all staff undertaking manual handling activities as part of their role attend annual manual handling refresher training. All course content, including duration, must comply with the guidelines laid down in the Training Plan at IMMENSITY HEALTHCARE LIMITED

Records must be maintained of staff training including sessions attended, who the trainer was, staff signing-in sheet with names printed alongside signatures, course material covered, and equipment used in the training session

There must be evidence of an annual staff training and update programme

All staff who have successfully attended safer handling and back care training must receive a certificate of attendance for their records

Dorothy Botha must make sure that training equipment and facilities are available

The Registered Manager must ensure that their staff receive sufficient notice and detail of forthcoming training requirements, including the wearing of appropriate clothing and footwear when attending practical training sessions

Manual Handling Aids

Mechanical handling aids can reduce the risk of injury when used correctly. Even simple aids such as trolleys, sack trucks and wheelbarrows can be used to move items and reduce the likelihood of injury

It is better to push rather than pull, and to use body weight and leg muscles to do the work. Make sure the load is kept under control, particularly on slopes

In some cases, more sophisticated manual handling aids may be required, for example, hoists

It must be remembered that, although the handling aids will eliminate many of the manual handling risks, their use will introduce others and these risks must be assessed

Any aids used will need to be regularly checked that they are safe to use. Some equipment, such as a hoist will need to be maintained by someone competent to do so and have regular services carried out

Monitoring of Manual Handling Accidents, Incidents or Near Misses

Any manual handling injury or incident that occurs at work must be recorded and reported as soon as possible

Any required remedial action to prevent a similar injury or incident must be undertaken immediately

The Accident Form must be completed in all cases and sent to Dorothy Botha

If the accident is deemed to be reportable under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR), Dorothy Botha will submit the report

Following any such incident, Risk Assessments and work procedures including any Care Plans will be reviewed to ensure the continued safety of all staff members

Accidents, incidents and near misses will be reviewed as part of continuous improvement at IMMENSITY HEALTHCARE LIMITED and to understand any lessons learnt

Record Keeping

All current health and safety related records must be retained locally at:

IMMENSITY HEALTHCARE LIMITED Services Ltd Head Office

When records have been replaced or are no longer valid, they can either be held locally or sent to archive.

Records of risk assessments, training and other health and safety documents will be retained, either in paper or electronic format

Those kept in an electronic format will be stored with suitable backup systems to safeguard against computer/systems failure

Training records, risk assessments and health and safety policies and procedures must be retained in line with the Archiving, Disposal and Storing of Records Policy and Procedure and relevant legislation

6. Definitions

Manual Handling

For the purposes of this policy, defined as any transporting or supporting of a load by bodily force, either by pushing, pulling, carrying, moving, lifting, or putting down. Load includes objects or people (ref. Manual handling regulations 1992). This will also cover restraint situations

Load

Includes any movable object or material supported manually or by tools or equipment. This definition includes people and animals

Musculoskeletal Disorder (MSD)

MSD involves the muscles, tendons, joints, and skeleton, particularly in the back, hands, and arms – symptoms from mild aches and pains to severe swelling and inflammation

Hazard

A hazard is anything that has the potential to cause harm (e.g.: slippery floors, a frayed electric flex, or a heavy load)

Risk

A risk is the chance that somebody will be harmed by the hazard and can be quantified as high, moderate, or low depending on the severity and likelihood of an incident

Ergonomics

The study of the relationship between workers and their environment. Ergonomics can be used to assess the 'fit' between people, the work that they do and the things that they use

Safe Systems of Work

Safe systems of work require risk assessment and analysis of all manual handling tasks undertaken, the individuals performing such tasks, the loads being handled, the environment in which handling takes place and the equipment available. Control measures to reduce all such identified risks to acceptable levels will result in safe systems of work that can be recorded and implemented.

Professionals – key facts

Professionals providing this service should be aware of the following:

- Where practicable, a 'no hazardous lifting' working environment will be encouraged
- The Registered Manager is responsible for ensuring that risk assessments are carried out on all unavoidable handling tasks carried out by staff
- The Registered Manager is responsible for ensuring that their staff have received appropriate information, instruction, and training in Safer Manual Handling Techniques
- Manual Handling Risk Assessments must be reviewed at least annually or more frequently if a situation changes, or accident, incident or near miss occurs

Immensity HealthCare

People affected by service – key facts

People affected by this service should be aware of the following:

You will be involved as far as possible in creating your manual handling risk assessment

Advice and guidance will be sought when required from external partners such as Occupational Therapists and Physiotherapists to improve safety for staff and positive Service User outcomes

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Reading/Reference

The Guide to the Handling of People (6th edition) by Jacqui Smith (Author), Gemma Hastilow and Kate Kitchen (Illustrator) RCN - Moving and Handling:

https://www.rcn.org.uk/get-help/rcn-advice/moving-and-handling

Outstanding Service

To be 'outstanding ' in this policy area you could provide evidence that:

- Risk assessments of environmental and person-specific factors are consistently incorporated into care to manage and mitigate risks
- Risk assessments are updated when incidents, accidents or near misses arise or a person's condition changes, as well as annually
- Care Plans are changed to reflect the risks with evidence of communication to staff to prevent an incident arising again
- There is evidence of working with other external professionals to ensure that staff and Service Users remain safe

Immensity HealthCare

Behaviour that Challenges Policy and Procedure

1. Purpose

To provide all staff with the core principles that promote Service User and staff safety, by understanding why behaviours that may challenge can occur and that the use of de-escalation can enable the respect and dignity of Service Users at all times and the use of the least restrictive option. Staff should read this policy with the Restraint Policy and Procedure of IMMENSITY HEALTHCARE LIMITED.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	Are people's needs and choices assessed, and care, treatment and care delivered in line with current legislation, standards, and evidence- based guidance to achieve effective outcomes?
EFFECTIVE	How does the service make sure that staff have the skills, knowledge, and experience to deliver effective care and care?
SAFE	How do systems, processes and practices keep people safe and safeguarded from abuse?
WELL-LED	Is there a clear vision and credible strategy to deliver high quality care and care, and promote a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Care Act 2014
- Health and Safety at Work etc. Act 1974
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Mental Health Act 1983

2. Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

To allow staff to develop an understanding of the needs of Service Users who may display behaviour that may challenge. With greater understanding, staff are able to monitor for triggers in behaviour and minimise the risk of escalation and further distress for the Service User.

Staff are clear on the requirements within relevant codes of practice and associated policies and procedures, to care correct de-escalation balanced with the respect of human rights.

4. Policy

IMMENSITY HEALTHCARE LIMITED will have knowledgeable, competent staff available and resources to respond appropriately to behaviours that may challenge as they present. This includes being aware of

- the environment and how it can minimise triggers that may escalate those behaviours, whilst complying with Health and Safety and other policies associated with safeguarding Service Users, staff, and visitors.
- Staff will maintain an open and honest approach towards all Service Users at all times and will deliver care in a consistent and non-judgmental manner.

5.Procedure

IMMENSITY HEALTHCARE LIMITED acknowledges that no policy or procedure can eliminate behaviours that challenge and there is no “one size fits all” approach to its management. However, the following procedures are based fully on evidenced-based practice, underpinned by person-centred care planning and the recognition that everyone is unique and individual.

Skilled management can often divert or distract from behaviours that may challenge. Staff should refer to the Stop and Pause document (in the Forms section of this policy) to understand why a Service User may present with behaviours that challenge, and to understand techniques for supporting effective person- centred care planning.

Assessment

Assessment should begin before admission. At the enquiry stage, sufficient information should be gathered to alert Dorothy Botha of the types of needs the Service User has. At the pre-assessment stage Dorothy Botha or senior member

of staff must establish any conditions or previous history of behaviours that could present. It should also be established if the Service User has an advance statement in place.

Methods of dealing with the behaviour should be discussed with the Service User and/or their nominated person.

Dorothy Botha must determine:

- That the service can meet the needs of the Service User
- That staff are competent to meet their needs whilst promoting independence
- The current Service User community and how dynamics may change Where there is any doubt, Dorothy Botha must not accept the care of the Service User and should discuss their concerns with IMMENSITY HEALTHCARE LIMITED whilst supporting to offer alternative providers. Upon commencement of the service, a full assessment must be completed. Triggers for behaviour and methods of dealing with it must be documented in the Care Plan and explained to all staff involved in their care.

Service Users presenting with behaviour that challenges should have a symptom and behaviour record in place, until strategies become successful or the behaviour resolves, or on the advice of a suitable specialist health care professional. A template symptom and behaviour record can be located in the Forms section of this policy.

The Service User and family/significant other must be involved in the Care Planning and risk assessment and an agreement should be reached on what risks will be acceptable. This includes:

- What risk the Service User is prepared to take against the wishes of the staff
- What actions will be taken if the Service User exhibits behaviour that challenges which does not respond to the usual therapeutic interventions

Care and Treatment

IMMENSITY HEALTHCARE LIMITED care staff must:

- Develop individualised Care Plans with Service Users that include an assessment of risk and any other health care professionals that may be involved in their care
- Monitor and record behaviours using the symptom and behaviour record
- Provide structured and planned activities following assessment of the Service User's needs. Which may include:
- Reality orientation
- Validation approach
- Ulti-sensory Environments
- Music therapy
- Relaxation and complementary therapies

Staff should refer to the Further Reading section of this policy for details in relation to the above therapeutic interventions.

Activities will be reviewed and adapted according to the changing needs and preferences of Service Users. The GP and/or community mental health team should be sourced to care ruling out of medical conditions and to identify specific plans and strategies for dealing with new or repeated episodes of challenging behaviour from the Service User.

Dealing with an Incident

The following steps should be taken when supporting a Service User with behaviours that challenge:

1. Try to stay calm and do not enter into an argument. Reassure the person and try to distract their attention.
2. Ensure that there is only one staff member taking the lead with discussions with the Service User.
3. If the person is physically violent, give them plenty of space. Unless it is absolutely necessary, avoid closing in or trying to restrain someone, as this can make matters worse.
4. Ask yourself if whatever you are trying to do for the person really needs to be done at that moment. If you are able to give them a little space, come back in five or ten minutes and try again gently − you may be able to avoid a confrontation.
5. Watch out for warning signs, such as anxious or agitated behaviour or restlessness, and take action immediately to help the person feel calmer and reassured.
6. Try to work out what triggers any aggressive behaviour by communicating with other care staff and with those that know the Service User best. It may be something that can easily be addressed, such as changing a battery in a hearing aid so that they can hear you properly.
7. Talk to the Service User about what is upsetting them and involve their loved ones where possible, while being patient and reassuring.
8. Be aware and care other Service Users that may be within the vicinity of the challenging behaviour and distract accordingly. If necessary, encourage and care the other Service Users to move away from the vicinity.
9. In the event where lives are at immediate risk from the behaviour of the Service User, call 999 to access the police.

Restraint

Staff must refer to the official Restraint Policy and Procedure at IMMENSITY HEALTHCARE LIMITED for further clarification in this area, and staff must ensure that NICE guidance and best practice is followed.

Post Incident Action

- Notify GP and other members of the multidisciplinary team as appropriate
- Involve fellow care staff in discussions about the cause, learning and future management for the Service User
- Inform their relative/significant other
- Complete the appropriate Incident/Accident Forms
- If other Service Users were involved in the incident, a safeguarding alert and regulatory notification should be completed
- If the police were involved, complete a regulatory notification
- Update associated risk assessments and Care Plans
- Introduce a behaviour assessment form, if this is the first episode, or update accordingly
- Ensure that handover communications include the incident to inform all relevant Carers that care the Service User
- Debrief and care any staff involved who may be emotionally affected by the incident

Training and Development

New care staff will be required to complete the Care Certificate (refer to the Induction and Onboarding Policy and Procedure at IMMENSITY HEALTHCARE LIMITED for further details). The following completed standards will care a greater understanding of how to care Service Users with behaviours that may challenge:

- Work in a person-centred way
- Communication
- Privacy and dignity
- Awareness of mental health, dementia and learning disabilities
- Safeguarding adults

Staff should be taught how to de-escalate using the different therapies identified within this policy and should access the resources available within the Further Reading section of this policy.

Dorothy Botha or designated other will source additional training, on an as and when required basis, dependent on the Service User group within the home. By use of resources and current practice (refer to the Further Reading section of

this policy associated forms), staff are encouraged to gain knowledge in the areas of:

- De-escalation techniques
- Trigger awareness
- Risk assessment and care planning
- Conditions that can cause behaviours that challenge

Reflection around behaviours that challenges should be discussed as appropriate within supervisions sessions and via group team meetings.
Dorothy Botha or designated other will ensure that there is access and key contact details available of local multidisciplinary professionals in the area who can offer care and advice.

6. Definitions

Advance Statements

- Advance statements are non-legally binding documents, but give an opportunity to identify a Service User's preferences about interventions and care

Behaviour that Challenges

- "Culturally abnormal behaviour(s) of such an intensity, frequency or duration, that the physical safety of the person or others is likely to be placed in jeopardy, or behaviour which is likely to seriously limit use of or result in the person being denied access to ordinary community facilities." (Emerson, 1995)
- Behaviours that could be described as challenging include physical or verbal aggression, self-injury, property destruction, noncompliance, and anti-social nuisance behaviour. The definition of any given behaviour as challenging is subjective and relative. Therefore, it is always necessary to precisely describe the behaviour that is being labelled as challenging in terms of its effects on the person, on their lifestyle, and on other people

De-escalation

- To reduce the level or intensity of a crisis etc, by use of a range of interventions and therapeutic techniques

Consent

- "Consent" is a Service User's agreement for a care or health professional to provide care
- Service Users may indicate implied consent non-verbally (e.g. by presenting their arm for their pulse to be taken), orally, or in writing
- For the consent to be valid, the Service User must be competent to take the particular decision, have received sufficient information to take it, and must not be acting under duress

Mental Capacity

- Having mental capacity means that a person is able to make their own decisions

- The Mental Capacity Act 2005 is designed to cover situations whereby someone is unable to make decisions because of an impairment of, or a disturbance in the functioning of their mind or brain. The Act says that a person is unable to make a particular decision if, due to an impairment of, or a disturbance in the functioning of their mind or brain, they cannot understand information about the decision to be made (the relevant information), or retain the information in their mind, or use or weigh that information as part of the decision-making process or communicate their decision

Interventions

- A proactive recovery-focused approach aimed at preventing the likelihood of challenging behaviour occurring. The gathering of information from Service Users, their careers and families, colleagues and other agencies will lead to a formulation of the risk issues. That assessment will identify preventative strategies, both to promote a positive environment and to minimise the risks. Specific management guidelines will be based on individual planning of care. Interventions may include the promotion of alternative coping skills and activities, environmental change, de-escalation, physical control and restraint, and seclusion
- Minimum level of interventions must be used, and Service Users supported in developing their own positive coping and risk management skills. Exceptions to these principles may be requested through an individual's advance request

Professional – key facts

providing this service should be aware of the following:

Immensity HealthCare

- Behaviour that challenges is not a diagnosis
- Staff need to understand the theory of behaviour that challenges and care Service Users in a positive manner
- Service Users should be involved as much as possible in understanding their own behaviour and identifying care methods
- Assessment and Care Planning are central to the development of ways of supporting people with behaviour that challenges
- The principles of the Mental Capacity Act 2005 must be followed at all times when supporting people through episodes of behaviour that may challenge
- Staff will receive effective training on prevention, intervention and management of behaviour that may challenge, and only staff that have received training will be directly involved in the management of behaviour that may challenge

- All incidents should be recorded and debrief sessions held following the event
- To describe behaviour as challenging can be subjective and defined by culture and other factors
- Behaviours that could be described as challenging include physical aggression, verbal aggression, self-injury, property destruction, non-compliance, and anti-social nuisance behaviour

People affected by service – key facts

People affected by this service should be aware of the following:

- You will be encouraged to describe in advance what interventions you wish to be used and in what circumstances, when behaviour that may challenge could occur

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Deprivation of Liberty Safeguards Policy and Procedure

Restraint Policy and Procedure

Social Care Institute for Excellence - Challenging behaviour: A guide for family carers on getting the right care for adults 2011:

http://www.scie.org.uk/publications/ataglance/ataglance37.asp

Immensity HealthCare

Outstanding Service

To be ‘ outstanding ’ in this policy area you could provide evidence that:

- Incidents of behaviour that challenges reduce over time due to innovative, creative, and person-centred approaches
- Stakeholders report extreme satisfaction with the way in which IMMENSITY HEALTHCARE LIMITED manages behaviour that challenges
- IMMENSITY HEALTHCARE LIMITED is seen as a centre of excellence and trains others in behaviour that challenges
- Service Users express satisfaction with how IMMENSITY HEALTHCARE LIMITED cares them, and understands their behaviours

- Care Plans will include advance statements of Service User wishes regarding interventions in the event of an incident where behaviour may challenge
- A guide will be available to all staff which describes the care methods available to staff affected by incidents of behaviour that challenges

Immensity HealthCare

Further Cross Reference – Challenging Behaviour Policy

The term "challenging behaviour" has a variety of definitions. The most commonly used is:

"Severe challenging behaviour refers to behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or delay access to and use of ordinary community facilities." Emerson et al (1987)

Behaviours such as physical and verbal aggression, self-injury, or which result in damage to property are commonly, but not exclusively, associated with the term "challenging behaviour". Whether someone is described as having challenging behaviour depends on the situation, they find themselves in and the perception of others. A person described as having challenging behaviour by one person may not be similarly described by another person. This is not to deny the real difficulties often being experienced by the person.

It is important that staff recognise that challenging behaviour is often defined in service terms rather than personal terms, i.e. a person is deemed to have challenging behaviour mainly if the behaviour is a challenge to others. Behaviours that may severely impair a person's ability to interact with others and limit community activity will not be described as challenging if they do not challenge others apart from themselves.

Health and Safety at Work Act

The Health and Safety at Work Act 1974 places duties upon Mencap as an employer. Those that are applicable to this procedure are:

- ensuring, so far as is reasonably practicable, the health, safety, and welfare at work of all employees
- conducting our undertakings so as to ensure, so far as is reasonably practicable, that people other than employees (e.g. service users, visitors, members of the public and trespassers) who could be affected are not exposed to health or safety risks.
- The Management of Health and Safety at Work Regulations 1999 (MHSWR) places a duty on employers to make a suitable and sufficient assessment of the risks to the health and safety of employees whilst they are at work.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) requires that injuries that fall into the list of reportable categories, and are a result of a violent act, be reported.
  - Violence and aggression in the workplace falls under the remit of the Health and Safety at Work Act and requires you as employers create a safe working environment and safe processes. The intention is for all staff who are supporting someone with challenging behaviour to know: o how to work safely and properly with the person o the reporting processes how they themselves will be supported.

Policy Statement

Currently the law views the use of physical intervention as a trespass against a person on the basis of assault and battery or false imprisonment.

- An "assault" takes place when a person is in reasonable fear of the use of force. No physical contact is necessary for an assault to have been deemed to have taken place.
- "Battery" takes place where the direct and intentional use of force is used on another without legal justification.
- False "imprisonment" occurs when a person is either compelled to move or prevented from moving without lawful justification.

Whilst assault and battery and false imprisonment can be seen as a trespass against the person, the use of physical intervention (including restraint) can be lawful where the circumstances allow for reasonable defence. Examples of reasonable defence would include:

- *Consent* – Providing a person freely gives consent without unfair or undue pressure, then physical intervention can be used. Consent is never given once and for all, or for all situations. Consent does not have to be verbalised and can be implied from gestures. If an individual cannot give consent, arrangements can be made to seek consent from an advocate or next of kin. Circumstances will vary from person to person, but it should be remembered that each person can indicate some consent in some circumstances depending on the issue being addressed.
- *Necessity* – In certain circumstances, such as the prevention of significant harm to the individual, others or property, a duty of care may mean touching a person without their consent.
- *Duty of Care* – Staff have a duty of care towards service users that requires that reasonable measures are taken to prevent harm to service users. In some circumstances it may be appropriate to employ certain kinds of physical intervention to prevent a significant risk of harm. For example:

– to prevent a child or adult running into a busy road

– to prevent a child or adult self-injuring

– to prevent a child or adult injuring another person

– to prevent a child or adult causing serious damage to property

- Self Defence – Self-defence can be used to prevent the unlawful use of force, to rescue another from attack, or to escape from unlawful detention. However, staff are seen to be in a privileged position and are expected to anticipate and plan for events, and to retreat at the earliest possibility.
- Prevention of a crime – Reasonable force can be used in the prevention of a crime, or the prevention of a breach of the peace. The physical intervention must be relative to the actual or perceived harm and must cease as soon as possible.

The ethical context for physical intervention

When determining local policies and service user plans, especially where physical intervention may be considered, it is important that staff, the person and other professionals, e.g. social worker or community nurse, are given the opportunity to discuss the ethics of a particular course of action in relation to another course of action. This will be viewed positively in a legal sense and should result in a greater certainty and commitment to a particular course of action and its consequences. It will provide enhanced safeguards both for the person and for staff.

Our organisation 's preparation and response to challenging behaviour

We aim to meet our requirements (both under legislation and as an example of good employment practice) in preparing staff for, and responding to, challenging behaviour.

- Overall policy – This procedure should be reviewed every 12 months by a designated individual. A copy of the policy should be available to all staff, and the Director/Registered Manager of the service should ensure that a record is kept to show that staff have read, understood, and agreed to abide within its guidelines.

- Local policies – In addition to this procedure, each service will develop its own local policy on challenging behaviour. The local policies on challenging behaviour should be reviewed every 12 months or sooner if dictated by changes in operational circumstances by the Director/Registered Manager of the service. The local policy should give due regard to:

– the care management assessment/Care Plan
– service user plans and service user risk assessments
– a functional approach to assessing behaviour
– the purpose and function of the service – if a care home, its registration category –
staffing structure
– skills and training of staff
– design and location of the service
– situations that may give rise to the use of physical intervention
– unacceptable forms of physical intervention (see Appendix 1)
– professional contacts
– local management arrangements
– outside agencies and other local guidelines for working with people with challenging behaviour.

• A copy of the local policy should be available to all staff, and the Director/Registered Manager of the service should ensure that a record is kept showing that staff have read, understood, and agreed to abide within any guidelines.

Training

The guidance and information contained both in A.14. and the local policy on challenging behaviour will be supported by a 3-stage training strategy.

1. All staff should receive skills training appropriate to their needs in how to best care and develop the skills, knowledge, and experiences of people with learning disabilities. Training should meet Learning Disability Advisory Framework requirements at Induction and Foundation levels.
2. More intensive training should be provided to those staff working in services where the expected level of challenging behaviour is high. It should be tailored to meet the specific needs of the individual whose behaviour is identified as being challenging. The basis for the provision of this training should be the care management assessment/Care Plan, service user plans and service user risk assessments.
3. Training should also include the management of complex situations including the use of physical intervention in line with the British Institute of Learning Disabilities' code of practice for trainers in the use of physical intervention.

Counselling and care

Where an incident of challenging behaviour has occurred in a service, counselling and care should then be provided as appropriate. Depending on the nature of the incident, this should include all or some of the following:

- colleague and peer care
- line management care and supervision
- independent counselling
- access to specialist care services as appropriate and available It is the responsibility of the line Director/Registered Manager to:
- ensure that the appropriate levels of counselling care are identified after an episode of challenging behaviour. Consider employing an organisation that offers counselling to staff.
- assess the risk of further episodes of challenging behaviour
- ensure guidance is in place and understood on how to manage the behaviour in the future.

Identifying needs prior to entry into the service

Prospective service users' needs must be fully assessed prior to entry into the service. This will normally be done by social services care Registered Managers where service users are referred under care management arrangements, i.e. those who require funding by local authorities. For residential services, a summary of the care management assessment/Care Plan produced for care management purposes will be made available to the registered person.

The care management assessment/Care Plan will need careful consideration with regard to any aspect of the management of challenging behaviour. The Director/Registered Manager of the service will need to determine whether the needs of a prospective service user can be met in the service.

The following should be considered:

- Are the stated aims and objectives of the service applicable to the person?
- Will it be possible to meet the person's developmental, care and care requirements?
- Will the level of staff care be commensurate with the care needs of the prospective service user and the service user group?
- Will the accommodation and environment meet the needs of the prospective service user?
- What influence will the current service user group likely to have on the potential service user and vice versa? The service must demonstrate its capacity to meet the assessed needs. This includes:
- staff having the experience and skills necessary to deliver the services and care offered
- how the specific needs of individuals are met, e.g. challenging behaviour.

Meeting needs after entry into the service

If the needs of the service user change after admission, then the care Director/Registered Manager must be contacted in order to reassess the needs and review whether the service still has the capacity to meet the revised assessed needs.

Risk assessment

Whenever it is identified from the needs assessment/Care Planning process that a service user might require physical intervention, a service user risk assessment must be carried out. This will identify the benefits and risks associated with different intervention strategies and ways of supporting the person concerned. Therefore:

- all identified hazards/risks and the corresponding risk reduction actions must be recorded using a service user risk assessment
- consideration must be given to any previous management of the hazard/risk(s) and how successful any previous control measures have been in managing and reducing any hazard/risk(s)
- it will also be necessary as part of the service user plan to identify the level of care and intervention the individual will require to manage their challenging behaviour. It is important that appropriate steps are taken to minimise the risk to staff, the individual service user, and others.

Among the main risks to **service users** are that a physical intervention will:

- be used unnecessarily, when other less intrusive methods could have achieved the desired outcome
- cause injury
- cause pain or distress
- become routine, rather than exceptional methods of management
- increase the risk of abuse

- undermine the dignity of the staff or service users or otherwise humiliate or degrade those involved
- create distrust and undermine personal relationships. The main risks **to staff** include the following:
- As a result of applying a physical intervention, they suffer injury.
- As a result of applying a physical intervention, they experience distress.
- The legal justification for the use of a physical intervention is challenged in the courts.

The main risks to others include:

- causing injury
- causing pain or distress
- increasing the risk of abuse
- undermining the dignity of the staff or service users, or otherwise humiliating or degrading those involved
- creating distrust and undermining personal relationships.

Prevention of challenging behaviour –general life situation

The first priority for staff is to prevent a challenging situation from either occurring or worsening. There are essentially 3 ways of addressing prevention of challenging behaviour:

1. addressing a person's general life situation
2. acting to diffuse a challenging situation at its earliest stage
3. managing one's own behaviour appropriately.

People with learning disabilities whose behaviour challenges often have the control of their environment taken away by others. Staff need to be sensitive to this and to consider, both individually and as a team, how best to provide an environment that offers the greatest control possible for an individual whose behaviour challenges. Staff also need to provide the best possible opportunities for an individual to communicate their needs and feelings in all aspects of their life. It is also important that a balance is maintained when considering a person's general lifestyle. Too much stimulation can be as damaging to the individual as a lack of stimulation. This is the same in all areas, e.g. social contact, and task requirements. However, by giving as much thought to a person's lifestyle as possible, many instances of challenging behaviour will be eradicated or diminished.

Prevention of challenging behaviour – diffusing the challenging situation

One of the most effective ways of preventing a challenging situation is through ensuring that effective needs assessment, service user planning and risk assessment are in place to prevent and minimise such situations. Should a challenging situation occur, there are a number of techniques and approaches that can be used to diffuse the situation and reduce

the possible consequences of any challenging behaviour. Some of these are identified below; the list is not exhaustive. Any technique should not be without first having it agreed as part of a planned management strategy.

- Talk to the person – Speak with the person and try to find out what they are thinking or feeling. Find out if the person is hurt, upset, annoyed or in pain. Try to discover from the person what has happened to trigger the behaviour.
- Comfort the person – Often the person will be upset. Seek to comfort the person both verbally and, if appropriate, by gentle physical contact. It is important that touching is appropriate and not interpreted as an invasion of space. Some people hate being touched and will react adversely.
- Ignore the behaviour, but not the person – Treat the person as if the behaviour is not occurring. There is a risk that this approach will lead to an escalation of the challenging behaviour or additional challenging behaviours.
- Interrupting and deflecting – Try to get the person to focus on another person, task, or situation. Use humour or introduce something new to the situation. Doing something different can often be enough to deflect behaviour and to change the focus of a person's attention. This technique cannot be used too often without the underlying functions of the behaviour being addressed, or it will lose its impact.
- Rewarding positive behaviour – Try to reward appropriately, with praise or attention, any positive behaviour the person may be showing.
- Allow the person time – Access to a quiet place and giving the person some time to recover themselves can be helpful.
- Use the physical environment – Make sure that the type and layout of furniture and space enhances positive behaviours – neither too cluttered nor too sparse. If a person is being aggressive and it is safe to do so, place a table or chair to act as a natural barrier.
- Monitor others' behaviour – Challenging situations often happen with others around. There is a need to clearly manage them as well in challenging situations, and to ensure that they do not make the situation worse.
- Monitor and review – Try to constantly monitor and review the situation. Subtle changes in behaviour or the environment can be used to deflect attention.

Prevention of challenging behaviour – managing your own behaviour

How you appear and behave are key variables in preventing the onset and escalation of challenging behaviour. Try to be aware of yourself and in control. In short, when faced with a challenging situation try to:

- acknowledge personal prejudices, emotions, and feelings
- appear calm and confident
- be aware of not appearing arrogant, challenging, or aggressive
- consider the causes of previous episodes of challenging behaviour

- move slowly and purposely
- identify a safe exit
- keep proper space and distance
- speak clearly and calmly
- remain relaxed and breathing normally
- maintain eye contact but do not stare or show anger.

Physical intervention

In exceptional circumstances an episode of challenging behaviour may occur that requires physical intervention in order to prevent likely injury to the person or to others. All physical interventions should be properly planned, recorded, and agreed in advance. Staff and Registered Managers should be aware that team or multidisciplinary decision-making does not absolve a person of individual responsibility for their actions in this situation. However, where proper consideration, risk assessment and planning have taken place then any individual intervention should be justified and supported.

Definition of physical intervention

Physical intervention refers to the use of force to restrict or restrain movement or mobility, or the use of force to disengage from dangerous or harmful physical contact initiated by a service user. Physical intervention differs from manual guidance or physical prompting in so far as it implies the use of force against resistance. The main difference between "holding" and "physical intervention" is the manner of the intervention and the degree of force applied.

Physical intervention involves the application of the minimum degree of force needed to prevent injury or serious damage to property.

Listed in Appendix 1 are examples of physical intervention and other forms of restrictions considered to be unacceptable. Some incidents of challenging behaviour may require physical intervention. The following guidelines should be applied in all situations:

- Physical intervention will always be a last resort, except where the person, staff or others are in immediate and serious physical danger.
- The least restrictive procedures will be used at all times, with the minimum force for the shortest period of time.
- Physical intervention will seek to maintain the dignity of the service user, staff, and others as far as possible.
- Physical intervention will take into account the person's physical characteristics, behaviour, and location, as well as the wider context and location of the event.

Planned physical intervention

Planned physical intervention, where staff employ pre-arranged strategies and methods, is differentiated from emergency or unplanned physical intervention. Planned interventions should be:

- agreed in advance by a multidisciplinary team working in consultation with the service user, their care staff and, in the case of a child, those with parental responsibility
- implemented under the supervision of an identified member of staff who has relevant qualifications and experience
- recorded in writing so that the method of physical intervention and the circumstances when it is sanctioned for use are clearly understood
- included as part of a service user plan. Where planned physical interventions are employed, they should be one component of a broader approach to treatment or therapy. For some people physical intervention will form part of their service user plan. The process of drawing up the service user plan, if undertaken properly, will ensure many of the safeguards needed for service users and staff.

It should be noted that seclusion, to the extent that it involves restricting a person's freedom of movement, should also be considered a form of physical intervention. The use of seclusion is for people detained under the Mental Health Act 1983, and strict criteria for its use is laid out in the Code of Practice (1999).

Planned physical intervention, including restraint, can only be agreed as part of a full multidisciplinary service user planning meeting. The meeting will involve the Director/Registered Manager of the service, keyworker, the service user (given their capacity to understand and agree) and/or their representative, who should be involved as far as practically possible. In the case of a child (under the age of 18), the person with parental responsibility must be involved.

Significant professional input should also be involved in the planning process, e.g. social worker, or community nurse. Any guidelines set out by statutory agencies with policies in place for conducting such meetings and developing plans should be complied with.

Final agreement to any planned physical intervention must be sought from the placing authority and the service development Registered Manager. Any planning meeting considering physical intervention for challenging behaviour should also discuss the following areas:

- policy and law duties owed to the person, staff, community, Mencap, etc.
- code of practice, local authority/health authority guidelines
- aims of the service
- ethical issues of autonomy, protection, duty of care.

If it is foreseeable that a person will require some form of physical intervention, then for that person there must be instructions or a written record that includes:

- the names and responsibilities of the people present at the planning meeting
- a description of the behaviour sequences and settings that may require physical intervention
- the results of an assessment to determine any alternative actions to the use of physical intervention

- details of previous methods that have been tried with or without success
- a risk assessment that balances the risk of using a physical intervention against the risk of not using a physical intervention ✈ a record of the views of those with parental responsibility in the case of a child, or family members in the case of an adult
- description of the specific physical intervention techniques that may be used
- record of which staff are authorised and who are judged competent to use these methods with the person
- the ways in which this approach will be reviewed, the frequency of the review meetings and members of the review team. An up-to-date copy of this record or these instructions must be included as part of the person's service user plan.

Unplanned physical intervention

The unplanned use of physical intervention refers to the use of force by one or more persons to restrict movement or mobility, or the use of force to disengage from dangerous or harmful physical contact initiated by another person without there being an explicitly agreed plan permitting its use. Whilst there will be occasions where unplanned physical intervention is needed to protect a person or others from significant harm, physical intervention should ideally be planned as far as possible and the different aspects discussed.

It should be exceedingly rare for staff to have to physically intervene in unplanned situations. In general, Registered Managers will normally be aware of the possible need for intervention and should have plans in place to manage the situation. When physical intervention is required, regardless of whether the physical intervention is planned or unplanned, it should be undertaken within the guidelines stipulated in a physical intervention policy

Guidance where physical intervention is required

- When staff are required to physical intervene with a person they should always:
- keep the person's airways clear
- not inflict pain on the person to gain control or use as punishment
- use deflection and redirection over continuous contact with the person
- hold clothing, not the person, wherever possible
- consider their size, weight, and height relative to the individual
- consider the behaviour of the individual and others
- consider the location and context of the situation take account of ethics and the law.

Recording and reporting

Full and comprehensive reporting is essential where an individual exhibit challenging behaviour, especially if it is potentially or actually physically harmful or has involved the use of physical intervention.

After the use of physical intervention, the following actions should be taken:

- Everyone involved should be checked for injury and treated accordingly.
- A verbal report be made to the Director/Registered Manager within 24 hours. In some cases, the Director/Registered Manager should be notified immediately, depending on the severity of the situation. Staff should always contact their line Director/Registered Manager if in doubt.
- Within 24 hours a written record of the use of restraint, kept in a separate dedicated bound and numbered book, should be made that includes:

  – the name of the service user or child

  – the date, time, and location

  – details of the behaviour requiring use of restraint

  – the nature of the restraint used

  – the duration of the restraint

  – the name of the staff member(s) using restraint

  – the name(s) of any other staff, service users/children or other people present

  – the effectiveness and any consequences of the restraint

  – any injuries caused to or reported by the child or any other person

  – the signature of a person authorised by the registered person to make the record.
- Carry out a review of existing risk assessments and service user plan and update, as necessary.
- Where applicable, the relevant Mencap incident and accident forms (AIRS) should also be completed and forwarded as required.
- Check whether the incident is reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 1995 (RIDDOR).
- A meeting should be arranged by the Director/Registered Manager of the service within 5 working days to discuss the need for future action. This meeting should be fully recorded and identify any future action and how such behaviours will be managed in the future.

The Director/Registered Manager of the service will monitor the record books on restraint, and any other measures of control, to ensure compliance with national and local policies and procedures and to review current care practice.

Anti – Bullying Policy and Procedure

1.Purpose

IMMENSITY HEALTHCARE LIMITED is committed to providing a caring, friendly, and safe environment for all of its workers, ensuring that they are treated with dignity and respect so they can work in a relaxed and secure atmosphere. Bullying of any kind is unacceptable and, if bullying does occur, all incidents will be dealt with promptly and effectively.

The bullying or harassment of a Service User is outside the scope of this policy and is a safeguarding concern which must be dealt with firstly by following safeguarding procedures and dovetailing with the Discipline Policy and Procedure at IMMENSITY HEALTHCARE LIMITED.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
CARING	How does the service ensure that people are treated with kindness, respect, and compassion, and that they are given emotional care when needed?
RESPONSIVE	How are people's concerns and complaints listened and responded to and used to improve the quality of care?
SAFE	How do systems, processes and practices keep people safe and safeguarded from abuse?
WELL-LED	Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Equality Act 2010
- Equality Act 2010: Chapter 1 (Protected Characteristics) Chapter 2 (Prohibited Conduct) and Chapter 3 (Services and Public Functions)
- Public Interest Disclosure Act 1998

Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family Representatives

2. Objectives

To ensure a working atmosphere free from bullying or harassment of any kind.

To ensure that all members of staff are treated with dignity and respect, regardless of any Protected Characteristics.

To ensure that all staff members are aware that IMMENSITY HEALTHCARE LIMITED takes all allegations of bullying and/or harassment seriously and will not hesitate to invoke the disciplinary procedure should the allegations be found to be true.

3. Policy

IMMENSITY HEALTHCARE LIMITED is committed to having a workplace which is free from harassment and bullying and one that ensures that all employees, contractors and others who come into contact with IMMENSITY HEALTHCARE LIMITED in the course of their work, are treated with dignity and respect regardless of gender, sexual orientation, transgender status, marital or family status, colour, race, nationality, ethnic or national origins, creed, culture, religion or belief, age, or disability.

IMMENSITY HEALTHCARE LIMITED will not tolerate bullying or harassment whether it is a one-off act or repeated, and whether it is done purposefully or not. Neither will IMMENSITY HEALTHCARE LIMITED tolerate retaliation against, or victimisation of, any person involved in bringing a complaint of harassment or bullying. Retaliation or victimisation will also constitute a disciplinary offence, which may, in appropriate circumstances, lead to dismissal.

Bullying and harassment are considered acts of misconduct. When these are deemed to be sufficiently serious, they will be considered gross misconduct which may lead to the dismissal of the perpetrator. IMMENSITY HEALTHCARE LIMITED will consider each case on its own facts.

This policy applies to all employees, workers, officers, consultants, contractors, volunteers, casual workers, and agency workers. This policy also applies to harassment and/or bullying by or against third parties such as Service Users' families, suppliers, or visitors.

Bullying, harassment, and discrimination are personal grievances and are not covered by whistleblowing law, unless the particular case is in the public interest.

This policy does not form part of the employee's contract of employment and may be amended at any time.

4. Procedure

Initially, the affected member of staff may feel that it is possible to address the issue informally with the perpetrator, with a view to resolving matters.

Sometimes it may be the case that the perpetrator is unaware that their conduct is having such an effect and may be genuinely upset that they have caused offence.

The affected member of staff should explain to the perpetrator that their conduct is unwelcome, makes them uncomfortable and ask that they avoid such behaviour in the future. Notes should be taken of any conversation.

In the event that addressing the issue informally does not resolve it or the employee considers the actions to be too serious to try to resolve it informally, the employee should raise these concerns formally under the Grievances Policy and Procedure.

Following a formal complaint, the member of staff's line manager or another nominated person with appropriate experience and no prior involvement (where possible) will undertake an impartial and objective investigation into the allegations raised. IMMENSITY HEALTHCARE LIMITED will ensure that any necessary steps are taken to manage the relationship between the employee making the accusation and the individual the allegations are made about. Any details of the investigation, including the names of individuals involved, will only be disclosed on a need-to know basis. IMMENSITY HEALTHCARE LIMITED will maintain the utmost confidentiality where possible.

Where the manager considers that an offence has occurred, the manager will take prompt action to resolve the issue.

Once IMMENSITY HEALTHCARE LIMITED has completed its investigation, the employee will be informed of the outcome of the investigation. If the harasser or bully is a fellow employee, IMMENSITY HEALTHCARE LIMITED will look to deal with the potential misconduct or gross misconduct offence under the Discipline Policy and Procedure. However, the outcome of the disciplinary process is a matter for IMMENSITY HEALTHCARE LIMITED to determine. The aggrieved cannot dictate what action is to be taken.

IMMENSITY HEALTHCARE LIMITED may explore, in certain cases, the feasibility of mediation between the harasser and the aggrieved. This may be accompanied by additional training for the harasser, either internally or externally. All staff are encouraged to consider engaging in mediation where it is offered as a solution, although IMMENSITY HEALTHCARE LIMITED recognises that mediation will not always be appropriate.

Where the unwanted behaviour has stemmed from a third party, IMMENSITY HEALTHCARE LIMITED will look to clarify the behaviour expected of their representatives or, in very serious cases, ban them from its premises and/or terminate the contract with them.

Immensity HealthCare

Whether or not the employee's complaint is upheld, IMMENSITY HEALTHCARE LIMITED will consider how best to manage any ongoing working relationship between the employee and the person concerned.

Please note that any employee who deliberately provides false information or acts in bad faith as part of the investigation process will be subject to action under the disciplinary procedure.

IMMENSITY HEALTHCARE LIMITED may keep information about a complaint by or about an employee on the employee's personnel file, along with a record of the outcome and of any notes or other documents compiled during the process.

5. Definitions

Bullying - Bullying is categorised as offensive, intimidating, malicious or insulting behaviour involving the misuse of power that can leave an employee feeling vulnerable, upset, humiliated, undermined or threatened. Bullying can be:

Emotional - being unfriendly, excluding and ignoring, tormenting (e.g. hiding or interfering with belongings, threatening gestures, threatening language)

Physical - pushing, kicking, hitting, punching or any use of violence

Verbal - name-calling, criticising in public, sarcasm, spreading rumours, teasing

Mobile - threats by text messaging and calls, misuse of associated technology, i.e. camera and video facilities

Gross Misconduct

Misconduct that is sufficiently serious to warrant dismissal of an employee without notice

Misconduct

Conduct by an employee which is serious but is not sufficient on its own to warrant dismissal either with or without notice

Protected Characteristic

The Equality Act 2010 is concerned with discrimination and harassment in respect of nine protected characteristics

These characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation

Whistleblowing

You are a whistle-blower if you are a worker, and you report certain types of wrongdoing. This will usually be something you have seen at work - though not always

The wrongdoing you disclose must be in the public interest. This means it must affect others, e.g., the general public

As a whistle-blower you are protected by law - you should not be treated unfairly or lose your job because you 'blow the whistle'. The law is the Public Interest Disclosure Act 1998

Immensity HealthCare

Harassment

Harassment is defined as any unwanted physical, verbal, or non-verbal conduct which has the effect of violating another member of staff's dignity or creating a hostile, intimidating, degrading, humiliating or offensive environment for them

This only needs to be a single incident and does not have to be on the grounds of a Protected
Characteristic (specifically race, religion, age, sex, sexual orientation, marriage, gender (including gender reassignment), pregnancy and maternity or disability), for example, unwanted conduct directed at a member of staff because of their weight would amount to harassment

The focus is on the effect that the unwanted treatment has on the member of staff, as opposed to whether the conduct was intentional or not, although intention can be taken into account when deciding how serious the matter is

Professionals – key facts

Professionals providing this service should be aware of the following:

- Attempts must be made to resolve issues of bullying and/or harassment informally if at all possible
- If informal resolution is not possible, then IMMENSITY HEALTHCARE LIMITED must look to resolve matters formally through the grievance procedure. An outcome to this may involve use of the disciplinary procedure and/or the use of workplace mediation if appropriate
- The aggrieved employee must ensure that their formal complaint sets out all relevant details, dates, times, places, and witnesses of the conduct alleged

People affected by service – key facts

People affected by this service should be aware of the following:

Bullying and/or harassment of Service Users is a safeguarding concern and will be dealt with as such. IMMENSITY HEALTHCARE LIMITED will ensure compliance with Regulation 13, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in dealing with such concerns

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

GOV.UK - Equality Act 2010 guidance:

https://www.gov.uk/guidance/equality-act-2010-guidance

ACAS - Bullying and Harassment at Work - a guide for managers and employers: https://www.acas.org.uk/media/4864/Advice-leaflet---Bullying-and-harassment-at-work-a-guide for- managers-and-employers/pdf/Bullying-and-harassment-in-the-workplace-a-guide-formanagers-and-emplo yers.pdf

ACAS - Bullying and Harassment at Work - a guide for employees: https://www.acas.org.uk/media/306/Advice-leaflet---Bullying-and-harassment-at-work-a-guide for- employees/pdf/Bullying-and-harassment-at-work-a-guide-for-employees.pdf

CQC - Regulation 13: Safeguarding service users from abuse and improper treatment: https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-13-safeguardingservice- users-abuse-improper

Grievances Policy and Procedure

Outstanding Service

To be 'outstanding ' in this policy area you could provide evidence that:

Feedback is sought from members of staff on changes in organisational culture and the incidence of bullying and harassment and this feedback is taken on board

Return to work interviews are undertaken in the management of absence. These should include the opportunity to raise any bullying/harassment problems which should be noted

Training is undertaken with members of staff on equal opportunities and bullying and harassment

Immensity HealthCare

Quality Assurance Policy and Procedure

1.Purpose

To detail what IMMENSITY HEALTHCARE LIMITED defines as “quality” and ensure that the policies and processes at IMMENSITY HEALTHCARE LIMITED promote and deliver this quality.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
CARING	How does the service care people to express their views and be actively involved in making decisions about their care, care, and treatment as far as possible?

EFFECTIVE	Are people's needs and choices assessed, and care, treatment and care delivered in line with current legislation, standards, and evidence- based guidance to achieve effective outcomes?
EFFECTIVE	How does the service make sure that staff have the skills, knowledge, and experience to deliver effective care and care?
RESPONSIVE	How are people's concerns and complaints listened and responded to and used to improve the quality of care?
SAFE	How are risks to people assessed and their safety monitored and managed, so they are supported to stay safe and their freedom is respected?
WELL-LED	Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?
WELL-LED	How are the people who use the service, the public and staff engaged and involved?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Care Act 2014
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- Human Rights Act 1998
- The Local Authority Social Services and National Health Service
- Complaints (England) Regulations 2009
- Management of Health and Safety at Work Regulations 1999
- Safeguarding Vulnerable Groups Act 2006
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

2. Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives

- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

To provide clarity and a signpost to care staff as they navigate through the Quality Assurance systems within IMMENSITY HEALTHCARE LIMITED.

IMMENSITY HEALTHCARE LIMITED has a culture of continuous improvement and ensuring that high levels of quality and safety are met. IMMENSITY HEALTHCARE LIMITED believes that its values and behaviours are the foundations of a quality service.

4. Policy

IMMENSITY HEALTHCARE LIMITED Defines a Quality Service as:

- The provision of care and care to Service Users and their families which is in accordance with the individual wishes of the Service Users, whilst fully supporting their human rights, and the principles of the Mental Capacity Act 2005
- Delivering a management style, policies and day-to-day practices that promote open communication, a culture of problem resolution rather than blame, and the involvement of all stakeholders
- Nurturing a culture that is receive of continuous improvement that is maintained by way of regular audit and review of standards of performance across the service, followed by open discussion

about strengths and weaknesses, with action-planning to resolve weaknesses

The key processes which must be followed in order to provide a quality service at IMMENSITY HEALTHCARE LIMITED are identified as follows:

Commencement

- Processes are in place to identify the physical, psychological, and social needs of the Service User prior to admission
- Processes match the Service User to IMMENSITY HEALTHCARE LIMITED which ensures that the needs of the Service User can be met by the services that IMMENSITY HEALTHCARE LIMITED is able to offer
- Processes on admission are in place to ensure that the previously identified requirements of the Service User are made known to all staff who will be concerned with the Care of the Service User

Care Planning

- Processes are in place to ensure that care and care for each Service User are informed by a Care Plan which records sufficient, current information to provide an individualised and planned service to each Service User
- Processes ensure that the Care Plan cares the regular review of Service Users' needs and services, revision of the plan of care, communication of those changes to all persons concerned with the Care of the Service User, review of the effect of the changes, followed by further review
- Individually named members of staff are identified as primarily responsible for the coordination and review of Service Users' Care

Discharge

- Processes on discharge to other care facilities ensure that Service Users who are transferring are accompanied by sufficient information in order to minimise the disruption caused by the move and to help the receiving organisation to begin providing quality care services as soon as possible
- Processes for discharge on death are to ensure that the family and friends of the Service User and the staff who knew the Service User are sensitively supported through their grieving process

Human Resources

- Processes identify the number and skill level of staff that are required to deliver quality services to the specified number of Service Users
- Processes within recruitment identify skill specification and are driven by values-based recruitment
- Processes are in place to ensure that applicable staff adhere to their professional codes of conduct and registration requirements
- Processes inform staff about the management framework within which they work, the standards of performance required of them, and the opportunities for development which are open to them
- Processes care the personal development of staff through induction and throughout their employment with IMMENSITY HEALTHCARE LIMITED, ensuring that the needs of IMMENSITY HEALTHCARE LIMITED and the skills of staff are regularly reviewed and matched via a development programme
- Processes ensure that staff are managed in accordance with best practice, regulation, and legislation

Administration

- Processes ensure the financial stability of IMMENSITY HEALTHCARE LIMITED
- Processes identify and accurately record all transactions between IMMENSITY HEALTHCARE LIMITED, the Service User, and the Service User's representatives
- Processes ensure the compliance of with its statutory responsibilities

- Communication processes ensure that all staff are fully informed and therefore accountable when carrying out their duties
- A simple suggestions, compliments and complaints process enables Service Users ' involvement that influences continuous improvement
- Processes to control the quality of goods and services brought into IMMENSITY HEALTHCARE LIMITED
- Processes to inform IMMENSITY HEALTHCARE LIMITED, its staff, and Service Users of the legal, financial, and administrative framework
- Processes to check that all audit and review processes are carried out as specified, that action planning takes place, which planned actions are carried through, and that the effects of planned action are fed back into the management process

Ancillary services

- Processes to ensure that Service Users' individual and collective requirements for food are established
- Processes to ensure that Service Users' clothing is adequately cared for
- Processes to enable Service Users to maintain their normal life patterns, and their normal connections with their communities
- Processes to ensure that the environment is clean and safe, and that Service Users can influence its design, functions, and features

Procedure

Quality will be assured by the existence of, and adherence to, the relevant policies and procedures within the management system.

Governance

IMMENSITY HEALTHCARE LIMITED will use governance to ensure the delivery of a consistently high standard of care and care to Service Users in relation to governance, IMMENSITY HEALTHCARE LIMITED will:

- Ensure that everyone understands what the service is supposed to do
- Ensure that everyone understands their role in delivering the service
- Monitor all policies and procedures and how these are implemented
- Review policies and procedures on a regular basis to identify where improvements can be made
- Conduct internal audits
- Share information and encourage staff members to raise any issues
- Allow for Continuing Professional Development (CPD), staff training and development
- Allow for (and encourage) Service Users' suggestions

Auditing

- The purpose of auditing is to verify the implementation of stated and documented policies, procedures, and standards. Audit reports will identify the action required to achieve compliance
- Employees will be involved in the audit process, and results will be reported to them
- Specific communication strategies will be implemented to care the audit and the carrying out of remedial action and improvements, such as Quality Meetings, Team Meetings, Staff Meetings and Management Meetings

5. Definitions

Quality Assurance

- Quality assurance is a self-explanatory term which refers to the quality of a particular product or a particular service that has been provided by one individual or a company

Policy

- A policy is a deliberate system of principles to guide decisions and achieve rational outcomes. A policy is a statement of intent, and is implemented as a procedure or protocol

Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Professionals have a duty to review their quality assurance systems to ensure that they remain fit for purpose, are current and reflective of national best practice recommendations and changing legislation and regulation. Quality changes all the time
- Quality is always determined and led by Service Users, their relatives, advocates, and related professionals
- All staff must adhere to total commitment to quality and improvement in every aspect of their work
- The purpose of having policies, procedures and guidelines in place is to detail how quality delivery of service is to be achieved

Key Facts – People affected by the service

People affected by this service should be aware of the following:

- IMMENSITY HEALTHCARE LIMITED is fully committed to providing the highest possible quality of service to you
- IMMENSITY HEALTHCARE LIMITED provides evidence-based care and continually monitors services to ensure they provide the highest quality of care and best value

- IMMENSITY HEALTHCARE LIMITED obtains feedback from others who are involved with its services to ensure that they remain fit for purpose and reflect your needs and wishes

Further Reading/References

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

The National Institute for Health and Care Excellence (NICE) has a host of best practice documents relevant for both health and social care as well as audit tools and e-learning:

https://www.nice.org.uk/

The Social Care Institute for Excellence (SCIE) has a page on their website dedicated to available Quality Assurance resources and services:
https://www.scie.org.uk/atoz/?f_az_subject_thesaurus_terms_s=quality+assurance & st = atoz

The CQC has a range of resources that can be accessed via:
https://www.cqc.org.uk/publications/themes-care/themes-health-social-care

Think Local Act Personal: A national partnership transforming health and care through personalisation and community-based care. They published their 'Driving up Quality' paper with key principles to quality assurance and have a range of resources on their website:
https://www.thinklocalactpersonal.org.uk/

The Healthcare Quality Improvement Partnership (HQIP) offers a range of resources including audits and guides for the social care sector and care homes:

https://www.hqip.org.uk/

Outstanding Service

To be 'outstanding ' in this policy area we will evidence that:

- IMMENSITY HEALTHCARE LIMITED reviews practice to ensure that policies, procedures, and audits are embedded and part of daily working practice
- IMMENSITY HEALTHCARE LIMITED has a culture of learning, reflecting, and reviewing of processes to ensure they remain fit for their purpose and are the most effective and efficient that they can be
- IMMENSITY HEALTHCARE LIMITED seeks feedback from stakeholders at every opportunity to mould the service around the needs of the Service User

- Staff have access to a range of resources and have a competent understanding of Quality Assurance
- IMMENSITY HEALTHCARE LIMITED takes part in national audits relevant to its service and embeds any recommendations from the outcome of these

Recruitment Policy and Procedure

1.Purpose

To care IMMENSITY HEALTHCARE LIMITED in providing a fair, consistent, and effective approach to the recruitment of all employees, in accordance with employment law and best practice.

To provide a framework for recruitment, induction and onboarding and training within IMMENSITY HEALTHCARE LIMITED. This policy should dovetail with those other named policies and procedures.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	How does the service make sure that staff have the skills, knowledge, and experience to deliver effective care and care?
SAFE	How do systems, processes and practices keep people safe and safeguarded from abuse?
WELL-LED	Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- Immigration and Asylum Act 2016
- The Rehabilitation of Offenders Act 1974
- Employment Rights Act 1996
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- General Data Protection Regulation 2016

- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

2. Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

To recruit and retain skilled people by use of safe processes that enable IMMENSITY HEALTHCARE LIMITED to achieve and deliver its aims and values.

4. Policy

It is the responsibility of Dorothy Botha to:

- Comply with this policy and all related IMMENSITY HEALTHCARE LIMITED recruitment procedures
- Ensure that all necessary pre-employment checks are carried out including, where applicable, temporary, secondment and agency staff
- Maintain and update knowledge in relation to recruitment and procedures
- Ensure that recruitment is applied fairly to all
- Seek advice if information comes to light at any stage of the process which may impact on the employment offer
- Ensure that any member of staff responsible for the recruitment of others has the appropriate skills, experience, and knowledge to undertake this role competently

The interview stage of the recruitment process at IMMENSITY HEALTHCARE LIMITED will assess the applicant against agreed standards and the interview will be documented. Specific attention will be given to avoiding discrimination of any kind. The recruitment framework will be achieved through values-based recruitment, as per the philosophy of care at IMMENSITY HEALTHCARE LIMITED.

Recruitment will be carried out by use of the suite of records for IMMENSITY HEALTHCARE LIMITED Services. These templates are available for Dorothy Botha to access for all elements of the recruitment process to ensure consistency and quality.

IMMENSITY HEALTHCARE LIMITED will have due regard and compliance with data protection legislation in relation to the archiving and retention of candidate application forms and associated documentation.
IMMENSITY HEALTHCARE LIMITED staff responsible for any aspect of recruitment will have an awareness and current knowledge of the impact of the EU settlement scheme on immigration and the workforce. Resources are available within the Further Reading section of this policy.

5. Procedure

Identifying a Vacant Post

When a vacancy arises, Dorothy Botha will consider the most appropriate way to cover the work. Dorothy Botha will review the staffing levels, skill mix and working patterns in their team to identify any potential redeployments.

The job description and person specification will be updated to reflect any additions or alterations of the role. Please refer to the suite of job descriptions and person specifications at IMMENSITY HEALTHCARE LIMITED, which outline the key duties and responsibilities for safeguarding.
A document is available within the Forms section to care rationalising the business case for filling a vacancy.

Advertisement

Alongside the job description and person specification, the advert for the role will be produced. This will include:

- A statement of IMMENSITY HEALTHCARE LIMITED values and its commitment to safe recruitment and working with vulnerable adults
- The job title, salary, hours, and location
- The contract types
- The closing date and potential interview dates (if known)
- Contact details for further information and guidance on how to apply
- That the role will be subject to DBS checks
- The role, skills, and qualifications necessary
- The necessary standard of spoken English required for the role

The advert will be placed in the preferred sources as agreed by IMMENSITY HEALTHCARE LIMITED and a copy of the vacancy accessible to staff, e.g., staff notice boards, intranet.

Shortlisting

Candidates need to complete an Application Form. CVs will not be accepted. Shortlisting of received application forms will involve a process of reviewing the application against the person specification, which will be carried out by two people. The job specification will be used to ensure that a consistent approach is taken.
Whilst shortlisting, staff will check that the Application Form is fully complete and highlight any inconsistencies (such as gaps in employment) that can be addressed during the interview stage.
All candidates who meet the criteria and who have indicated that they have a disability will be automatically shortlisted and reasonable adjustments to the recruitment stages will be implemented to ensure that candidates receive a fair process.

Invitation to Interview
Sufficient notice will be given to the candidate invited to interview.
When arranging the interview, staff must request the candidate brings ID with them, a copy of which will be held on the candidate's personnel file if successful.
For unsuccessful candidates, information will be retained and destroyed in line with the Archiving, Disposal and Storing of Records Policy and Procedure.
A template invitation to interview letter is available within the Forms section of this policy.

5.5 The Interview Process
Before the interview day, staff will set time aside for a review of the shortlisted application forms or telephone screens.
Staff will:

- Check that educational qualifications are appropriate and adequate
- Check work history; note and investigate all periods of no work and reasons for leaving the position
- Note any declared requirements for adjustments for disability
- Check the suitability of the supplied references
- Check the applicant's Disclosure status

If any areas for further discussion are identified as above, these will be added to the interview questions. Upon the interview day, staff will also:

- Check that identity has been clearly satisfied, and recent photographs supplied
- Check that all claimed relevant qualifications are accompanied by documentary evidence

Two people will conduct the interviews, one of whom will be the immediate supervisor or manager of the post being advertised. Interview questions will be agreed and standard for all candidates.

NB: If the interview is carried out by only one person as a result of staff resource issues on the day, the interviewer will be the immediate supervisor or manager of the post advertised and the interview will be preceded by a tour of IMMENSITY HEALTHCARE LIMITED accompanied by a

member of the staff team on duty. That team member will report their personal impressions of the candidate to the interviewer before the interview and will be consulted about the employment decision.

Interview Environment
An interview room will be prepared that enables the candidate to feel relaxed, whilst ensuring that interviews will be private and uninterrupted. Where possible, arrangements will be made for someone to receive candidates at the door, with instructions to deliver them to a waiting area, making them feel welcome.

All members of staff will have been made aware that interviews are taking place, so that candidates are welcomed appropriately, and the interviewer is informed of their arrival.
The candidate will be offered refreshments and supported to feel as comfortable as possible.

During the Interview
At the start of the interview, the interviewer will provide a brief outline of the philosophy and culture at IMMENSITY HEALTHCARE LIMITED, as well as gaining assurance of the role being interviewed for. During the interview, all set questions will be asked, noting answers on the sheets provided.
The candidate will be informed that, if they are successful in their application, the job offer will be subject to the receipt of two satisfactory references, one of which must be from the previous employer and that they cannot start work until those references have been received in writing. They will also be informed that their appointment will be subject to satisfactory information being received from the DBS and the offer of employment will be conditional on the content of the reply and cannot be confirmed until a satisfactory reply has been received. On completion of interview questions, the candidate will be provided with the opportunity to ask any questions. The candidate will be thanked for attending and informed of when the decision will be made, and how they will be informed. Once the candidate has left, the score sheet will be completed. A copy of this can be found in the Forms section of this policy.

Internal Candidate Interviews
In the case of internal candidates, the full procedure detailed above will be carried out, but the completion of forms and interview questions will be adjusted to take account of prior employment with IMMENSITY HEALTHCARE LIMITED.

Remote Interviews
Where face to face interviews cannot be held, a remote interview will be used by IMMENSITY HEALTHCARE LIMITED as part of the recruitment process. The candidate will be provided with an invitation to attend a remote interview which could take the form of a telephone interview or via a remote platform,

such as Microsoft Teams or Zoom etc. This will be for the interviewer to decide what form of remote interview will be conducted with the candidate.

Before the interview takes place, the interviewer will undertake the pre-interview steps set out in section 5.5, ensuring that they:

- Check that educational qualifications are appropriate and adequate
- Check work history; note and investigate all periods of no work and reasons for leaving the position
- Note any declared requirements for adjustments for disability
- Check the suitability of the supplied references
- Check the applicant's Disclosure status

If any areas for further discussion are identified as above, these must be added to the interview questions. Upon the interview day, staff will ensure that they:

- Check that identity has been clearly satisfied, and recent photographs supplied
- Check that all claimed relevant qualifications are accompanied by documentary evidence

Initial document checks may be required to be completed remotely, however original copies should be taken to the office and verified prior to the staff member starting at IMMENSITY HEALTHCARE LIMITED. Where possible, a minimum of two people should conduct the interviews, one of whom will be the immediate supervisor or manager of the post being advertised. Interview questions will be agreed and standard for all candidates. A remote debrief session will also take place with all interviewers to discuss the candidate, as per section 5.10.

NB: If the interview is carried out by only one person as a result of staff resource issues on the day, the interviewer must be the immediate supervisor or manager of the post advertised. A second remote interview may also be required.

Post Interview

Following each interview, all candidates will be reviewed to critically question all reasons for rejection and acceptance, with no discrimination. If the interviewer is unsure of their proposed decision, they MUST consult Dorothy Botha or senior management for further guidance.

It is important that particularly comprehensive notes are made if the person(s) offered the post(s) is not the highest scoring candidate. The crossing out of notes is not permitted, and any alteration must be scored by allowing the original to be legible and signed by the person making the alteration.

For all accepted candidates, they will be contacted offering them the post. A template offer letter can be found in the Forms section of this policy.

A rejection or a holding letter must be completed for every unsuccessful candidate, as appropriate.

Eligibility to Work in the UK and Identity Checks

Staff must refer to the Right to Work Checks Policy and Procedure in place at IMMENSITY HEALTHCARE LIMITED for full advice.

Staff can refer to www.ukba.homeoffice.gov.uk for current information and care with all aspects of eligibility to work.

English Competency Checks

IMMENSITY HEALTHCARE LIMITED will ensure that staff have the required level of English language competence for the role, which allows them to deliver a high standard of care to all Service Users.

For those candidates already registered with a professional body, IMMENSITY HEALTHCARE LIMITED can be assured that they will already have the required level of English competency for their profession. IMMENSITY HEALTHCARE LIMITED will conduct competency checks when reviewing their profession registration.

For candidates from outside the UK, IMMENSITY HEALTHCARE LIMITED has a duty to ensure that they have the appropriate levels of English competency for the role, in line with the Equality Act 2010. IMMENSITY HEALTHCARE LIMITED will measure the language competency of candidates through the application or as part of the interview process. Candidates may demonstrate that they:

- Have passed an English language competency test
- Hold a degree or relevant qualification in English from a recognised institution
- Have lived in a multi-lingual household where English was the primary form of communication
- Are a national of a majority English speaking country
- Have worked in an organisation or institution where English was their primary language
- Have pursued part of their education in the UK

IMMENSITY HEALTHCARE LIMITED will work with Service Users to determine the appropriate levels of proficiency for each role, as proportionate to the duties and responsibilities undertaken.

References and DBS

Staff will refer to the References Policy and Procedure and DBS/Disclosure Policy and Procedure for clear direction and care. Reference template letters can be found in the Forms section of this policy.
Dorothy Botha will refer to the Care Quality Commission Guidance FAQs which details regulatory expectations relating to gaining assurance of conduct from previous Care related positions.

Qualifications

IMMENSITY HEALTHCARE LIMITED will ensure that, where applicable to the role, candidates have the necessary qualifications. All applicants are required to

provide, at interview, evidence of any qualification that is required for the role. This evidence must then be photocopied and retained within the new employee's personnel record.
Registered body registration checks will be made accordingly when employing professionally registered individuals.

Managing Conflicts of Interest
Where there is a potential conflict of interest during the recruitment process, such as a candidate having a personal relationship with a member of staff, Dorothy Botha will refer to the Relationships at Work Policy and Procedure. As a minimum:

- Job applicants will be required to declare on their application any personal/work relationship
- The prospective member of staff will not be interviewed by the person they have a personal relationship with
- The prospective member of staff will not be appointed into a post which results in a line management relationship with someone with whom they have a personal relationship

Withdrawal of Offers
If, after careful consideration, it is decided to withdraw the conditional offer of employment, the grounds for withdrawal must be very clear, e.g., due to unsatisfactory references or other employment checks and the offer of employment rescinded in writing. This decision must be made in conjunction with Dorothy Botha or other senior management.

Complaints
Where an applicant, either internal or external, has a complaint about the recruitment process, they must direct their complaint in writing to Dorothy Botha. Dorothy Botha will follow the Complaints, Suggestions and Compliments Policy and Procedure.

6. Definitions

Candidate

- A candidate is a person who has applied for a role They may be an existing employee or an external applicant
- The individual is known as a candidate until they commence employment when they become an employee

Recruiting Manager

- The recruiting manager is the manager of the vacant role who has taken responsibility for recruiting to the role

- They may be the line manager or another senior manager

Professionals – key facts

Professionals providing this service should be aware of the following:

- A vacant post allows the opportunity to review staffing within IMMENSITY HEALTHCARE LIMITED and ensure that the needs of the Service Users are being met
- Job specifications and descriptions are subject to ongoing review and are adapted to meet the changing needs of IMMENSITY HEALTHCARE LIMITED
- All candidates are subject to DBS, eligibility to work in England and identification checks
- A standardised approach is taken from application to interview to ensure that a fair and equal recruitment process is followed

People affected by the service – key facts

People affected by this service should be aware of the following:

- IMMENSITY HEALTHCARE LIMITED recruits' staff who have the right skills, values, and ability to do their jobs well
- There are robust procedures in place to ensure that only the right candidates are employed
- You are fully encouraged to be part of the interview process and can discuss this with Dorothy Botha

Further Reading/ References

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

CQC - Regulation 19: Fit and proper persons:
https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulationhttps://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-19-fit-proper-persons-employed19-fit-proper-persons- employed

Government Equalities Office - Equality Act 2010:
https://www.gov.uk/guidance/equalityhttps://www.gov.uk/guidance/equality-act-2010-guidanceact-2010-guidance **UK Visas and Immigration - Tier 2 Guidance:**
https://www.gov.uk/government/publications/guidance-on-application-for-uk-visa-as-tier-2https://www.gov.uk/government/publications/guidance-on-application-for-uk-visa-as-tier-2-workerworker

Information Commissioner's Office - Subject Access Requests:

https://ico.org.uk/media/for-organisations/documents/2259722/subject-accesshttps://ico.org.uk/media/for-organisations/documents/2259722/subject-access-code-of-practice.pdfcode-of-practice.pdf **CIPD** has a legal guide to managing a migrant workforce (released March 2018) as well as resources for post Brexit considerations: https://www.cipd.co.uk/knowledge/fundamentals/emp-law/recruitment/migrant-workforcehttps://www.cipd.co.uk/knowledge/fundamentals/emp-law/recruitment/migrant-workforce-guidanceguidance

Microsoft Teams - Link to the Free Version:

https://www.microsoft.com/en-gb/microsoft-365/microsofthttps://www.microsoft.com/en-gb/microsoft-365/microsoft-teams/free?ef_id=EAIaIQobChMIo8qa4-KK6QIVpoBQBh0LNAXJEAAYASAAEgL4NPD_BwE:G:s&OCID=AID2000956_SEM_EAIaIQobChMIo8qa4-KK6QIVpoBQBh0LNAXJEAAYASAAEgL4NPD_BwE:G:steams/free?ef_id=EAIaIQobChMIo8qa4-KK6QIVpoBQBh0LNAXJEAAYASAAEgL4NPD_BwE: G:s&OCID=AID2000956_SEM_EAIaIQobChMIo8qa4-KK 6QIVpoBQBh0LNAXJEAAYASAAEgL4NPD_BwE:G:s

Outstanding Practice To be 'outstanding ' in this policy area we will provide evidence that: Service Users are involved in the development of the service, such as in the interview and recruitment process and in identifying staffing needs

- IMMENSITY HEALTHCARE LIMITED has clear strategies and effective recruitment practices to ensure that it appoints people who are both capable and motivated to provide high standards of care
- IMMENSITY HEALTHCARE LIMITED uses a values-based recruitment processes to recruit people with the right behaviours and attitudes
- IMMENSITY HEALTHCARE LIMITED has a robust approach to vetting new members of staff, reducing the risk of an unsuitable person being employed (e.g., follow up personal and professional references, look into their training records, focus on gaps in employment history, check how they would respond to certain scenarios)

Staff Handbook

1.Purpose

To ensure that IMMENSITY HEALTHCARE LIMITED has a staff handbook that is accessible and reflects the needs of the organisation's business.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question **Key Lines of Enquiry**

EFFECTIVE How does the service make sure that staff have the skills, knowledge, and experience to deliver effective care and care?

EFFECTIVE How well do staff, teams, and services within and across organisations work together to deliver effective care, care, and treatment?

WELL-LED Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?

2. Scope

The following roles may be affected by this policy:

- All staff

3. Objectives

To ensure that staff understand our vision, values and philosophy and understand the key underpinning policies and procedures IMMENSITY HEALTHCARE LIMITED expects them to be aware of and follow.

4. Policy

IMMENSITY HEALTHCARE LIMITED recognises the importance of ensuring the Staff Handbook reflects IMMENSITY HEALTHCARE LIMITED 's business and the staff who work for them. The content of the Handbook contains information about our business, how we expect our staff to behave and perform and defines our relationship with our Service Users.

IMMENSITY HEALTHCARE LIMITED staff are one of our most valuable assets and it is essential that everyone working for IMMENSITY HEALTHCARE LIMITED all share a common philosophy in the way we approach and perform our individual and collective duties and responsibilities.

All staff working for and on behalf of IMMENSITY HEALTHCARE LIMITED are expected to read the Staff Handbook. IMMENSITY HEALTHCARE LIMITED always expects staff of The Service to adhere to our policies and procedures.

5. Procedure

Dorothy Botha is to review the Staff Handbook and adapt to meet the business needs of IMMENSITY HEALTHCARE LIMITED.

Dorothy Botha is to ensure that all staff receive a copy of the Staff Handbook as part of induction at IMMENSITY HEALTHCARE LIMITED.

Dorothy Botha is to periodically review the IMMENSITY HEALTHCARE LIMITED Staff Handbook to ensure it continues to meet IMMENSITY HEALTHCARE LIMITED 's business needs.

IMMENSITY HEALTHCARE LIMITED will ensure that all staff remain up to date with policies and procedures.

6. Definitions

Staff Handbook

A Staff Handbook, sometimes also known as an Employee Manual, Employee Handbook, or Company Policy Manual, is a book given to employees by an employer

Usually, the Staff Handbook contains several key sections and includes information about company culture, policies, and procedures

Employee

An employee is someone who works under an employment contract

A person may be an employee in employment law but have a different status for tax purposes

Employers must work out each worker's status in both employment law and tax law

Guidance Note to Employer

This page does not form part of the Staff Handbook and is intended to be a guidance note to IMMENSITY HEALTHCARE LIMITED as the employer

This guidance page aims to provide some information to you in order for you to complete the Staff Handbook, so it is tailored to the needs of your business. This Staff Handbook is a template only and throughout there are opportunities to tailor it to the needs of your business.

You should ensure that where the Handbook cross refers to the Terms and Conditions which have been issued to your employees, that the information referred to is consistent.

Generally, the policies and procedures within the Staff Handbook are non-contractual unless stated otherwise. This allows you as the Employer to vary the policies as and when required without the need to consult with your employees.

Employees will continue to remain bound by the policies within the Handbook on the basis that they are management directions/orders.

The first page of the Staff Handbook allows you to provide information to new staff about your specific business, management structure and how the business intends to develop in the future. In this section you may want to include:

- When IMMENSITY HEALTHCARE LIMITED was established
- The nature of IMMENSITY HEALTHCARE LIMITED 's business
- The number of staff you employ and the location of your sites
- Details of the management structure and reporting lines within IMMENSITY HEALTHCARE LIMITED including an organisational chart if appropriate
- Future business intentions
- The Company mission statement and values
- Any accreditations or awards which are applicable

- Confirmation that you are an Equal Opportunities Employer This section can be amended to suit your businesses circumstances.

Introduction

Welcome to IMMENSITY HEALTHCARE LIMITED. We are extremely proud of our organisation and the team we have assembled to service and promote our business. We believe that our staff are a valuable asset and the key to achieving our goals of high-quality, person-centred care, as well as ongoing success.

In order for us to continue providing our Service Users with the highest quality standards of service and best value for money, it is essential that we all share a common philosophy in the way we approach and perform our individual and collective duties and responsibilities.

We will ask nothing of you that we would not ask of any member of staff, loyalty, honesty, commitment to high-quality Care consistent with your role and responsibilities and hard work. Each of us has an important part to play and all of us are reliant upon one another making a full contribution towards generating a harmonious and efficient working environment.

We set out in this Handbook our policies and procedures and we aim to demonstrate our commitment to ensuring we maximise and develop the potential of all our staff, whilst maintaining lasting and mutually beneficial working relationships. The policies and procedures within this Handbook are non-contractual except were stated otherwise. They do not form part of the Terms and Conditions of your employment which are provided to you separately.

We sincerely hope that you will enjoy a long and fruitful career with us. Please read this Handbook carefully and address any queries that you might have to Dorothy Botha. Dorothy Botha is based at: IMMENSITY HEALTHCARE LIMITED

IMMENSITY HEALTHCARE LIMITED Background

Our Domiciliary Care provide innovative and person-centred care enabling people with autism, learning disabilities, mental health illnesses and challenging behaviours to live as independently as possible within their own homes and in the local community.

The care provided is person-centred and specifically tailored to meet every unique need, underpinned by our philosophy that every individual has the right to live the life they choose for themselves.

Principles and Values for IMMENSITY HEALTHCARE LIMITED

We are committed to supporting all Service Users so that they can continue their lives with dignity and independence and be participating members of their own communities. IMMENSITY HEALTHCARE LIMITED is committed to meeting the needs of those people entrusted to our care. We will ensure that Service Users are able to live the lives they choose, and IMMENSITY HEALTHCARE LIMITED will care them to remain independent in their own homes.

All people who are supported by and work at IMMENSITY HEALTHCARE LIMITED and those who care for them will be treated with dignity and respect. We aim to offer skilled Care to enable Service Users to achieve their optimum state of health and well-being. We uphold the human and citizenship rights of all those we provide Care to and those who work for IMMENSITY HEALTHCARE LIMITED. Individual choice and personal decision-making are the right of all Service

Users and this right will be supported by all people who work for IMMENSITY HEALTHCARE LIMITED. The right of independence will be respected and encouraged for all Service Users. The individual uniqueness of Service Users will be recognised and valued, and we will reflect this in our Care Plans and how we listen and respond to Service Users.

The individual requirement for privacy will be respected always and all information relating to individuals will be treated in a confidential manner. We recognise the individual need for personal fulfilment and aim to care Service Users to identify activities that are meaningful to them.

IMMENSITY HEALTHCARE LIMITED 's Aims, Objectives and Philosophy of Care

To provide high quality care to the local population and beyond, meeting individual needs in a safe, caring, effective and responsive environment by a well-led workforce with the skills, knowledge, and resource to meet the highest standards. Our aims are:

1. To deliver quality care based on the needs of our Service Users
2. To treat all Service Users equally whilst valuing their differences and respecting their human rights
3. To safeguard Service Users from all forms of abuse whilst respecting their decisions
4. To provide access to information through a range of formats and aids including advocacy where required
5. To involve Service Users seeking feedback including complaints, compliments, and ideas to improve the service
6. To ensure we recruit and retain the right staff and maintain and improve their skills through the right training
7. To act immediately to understand, respond to and learn from incidents through established systems
8. To deliver compassionate Care that promotes Service User's dignity, respecting their needs, wishes and expectations

You, Your Contribution and IMMENSITY HEALTHCARE LIMITED 's Promise to You

You are a key member of our organisation. It is through your commitment and expertise that people who use IMMENSITY HEALTHCARE LIMITED 's services can continue their

life with the maximum of dignity and independence. IMMENSITY HEALTHCARE LIMITED would like you to have the freedom to respond to the wishes of the Service User. However, it is important always to recognise that you have a professional relationship with the Service User, and you should always speak to your supervisor or manager to ensure you are working safely and within professional boundaries.

In your position within IMMENSITY HEALTHCARE LIMITED, you have to negotiate a delicate balance between being close to the Service User and your professional context. You should always be aware that you care the Service User in a professional and paid capacity. This will mean that you should engage in activities with a Service User in a reflective manner. It will be important for you as an individual worker to be able to understand when you may be crossing the boundary of professional good practice. This is not easy. We recommend that you talk to your supervisor or manager in charge if you have any doubts in this area. You can always speak to Dorothy Botha if you have concerns.

Safeguarding and Wellbeing

You should always act in such a way as to promote and safeguard the wellbeing and interests of the Service User. You should also avoid any act that might bring the organisation into disrepute or diminish the public's confidence in IMMENSITY HEALTHCARE LIMITED. You must act with honesty, integrity and respect for Service Users and their property.

Workers should, at all times, safeguard the wellbeing of the Service User, themselves, and their colleagues. When caring for a new Service User, when their care needs change, when carrying out new procedures, or using new materials or equipment, a risk assessment must be undertaken and in place. If in doubt as to whether a risk assessment has been carried out, you must discuss the matter with Dorothy Botha. In cases whereby, an assessment has already been carried out, the Manager will inform you of the identified risks and the methods of controlling those risks. Where a risk assessment has not been carried out, the Manager will either prohibit the un-assessed activity or carry out a risk assessment and tell you of the identified risks and the methods of controlling those risks.

When working within the team, you should act professionally towards colleagues and other professionals and indeed all concerned with wellbeing of the Service User/s.

When Carers feel that another worker is acting in such a way as to threaten the wellbeing of a Service User, they should discuss the matter with the person in charge.

Code of Conduct

You are required to comply with the Code of Conduct for Healthcare Carers and Adult Social Care Workers. A copy of the Code has been issued to you on your employment. You are accountable and responsible for ensuring that you understand and follow the Code of Conduct as a social care worker. If you are employed as a Registered Nurse, you will be expected to comply with the NMC Code and ensure you retain your professional registration.

Complaints

If you receive a complaint from a Service User, you should inform the Service User of the Complaints Policy and Procedure and notify Dorothy Botha immediately. The member of staff responsible for handling complaints at IMMENSITY HEALTHCARE LIMITED is The Registered Manager.

Escalating Concerns

All employees have a responsibility to report to their manager with regard to any changes in the physical, behavioural or social condition of the Service User, to any perceived lack of resources, help or advice, or any action by persons or organisations which may be harmful to the Service User. You should also report any refusal of care or any time you are unable to deliver Care as planned. You should ensure you read IMMENSITY HEALTHCARE LIMITED 's Safeguarding Policy, the Child Protection Policy and the Whistleblowing Policy.

Commencing Work

Confirmation of Employment

You will have been interviewed and have received a formal offer of employment providing some basic details of your job, pay and hours, etc. We cannot incorporate all employment conditions in this offer, and we shall therefore issue you with a Statement of Main Terms and Conditions within the first eight weeks of your employment. This document, together with other details within this Handbook, covers all of the conditions of employment applicable to you in this employment. You should therefore familiarise yourself with the Policies and Procedures referred to in the Staff Handbook. You have been provided with a job description of the position to which you have been appointed, but amendments may be made to your job description from time to time in relation to our changing needs and your own ability.

Personal Details

Please keep us informed of any changes in your personal circumstances, e.g., new address, telephone number and next of kin. It is important that we keep such information up to date in order to make contact with you whenever appropriate.

Equal Opportunities

IMMENSITY HEALTHCARE LIMITED recognises that discrimination in the workplace, in any form, is unacceptable and in most cases unlawful. We have therefore adopted an Equality and Diversity Policy and Procedure, to ensure that all job applicants and employees are treated fairly and without favour or prejudice. IMMENSITY HEALTHCARE LIMITED is committed to applying this policy throughout all areas of employment, recruitment and selection, training, development, and promotion. In all situations, people will be judged solely on merit or ability. The following sets down the key points of the policy, any breach of the policy will lead to disciplinary action, which may include dismissal.

You will be requested to complete an Equal Opportunities Monitoring Form.

Non-Harassment Policy

IMMENSITY HEALTHCARE LIMITED recognises that harassment in the workplace, in any form, is unacceptable and in most cases unlawful. We are committed to ensuring that we are able to provide a working environment that is harmonious and acceptable to all.

Private Work for Service Users

Private work for Service Users with whom IMMENSITY HEALTHCARE LIMITED is already providing with Care is not acceptable as it conflicts with our contract of employment and will very probably be regarded as financial abuse if undertaken without prior approval. In exceptional circumstances, IMMENSITY HEALTHCARE LIMITED may authorise such work where it is clearly for the benefit of the Service User subject to the approval of the organisation/individual funding the Care to that individual Service User, and subject to controls on charging and quality and with prior agreement from Dorothy Botha.

During Your Employment

The previous section dealt with aspects of your early employment. We now wish to draw your attention to certain aspects that will apply during your employment:

Induction Training

You will be expected to work through IMMENSITY HEALTHCARE LIMITED 's induction training programme at a reasonable speed, and within the standards laid down in the Health and Social Care Act 2008 (as amended by the Health and Social Care Act 2012). This process will begin on your first day when you will be given more details. If you feel that you can progress faster than the material and experience which is being presented to you, please speak to your manager.

Training – Induction and Ongoing

All employees are entitled to a minimum of three paid days of training per year, which description includes in-house training, staff meetings and supervisions.

All employees must undergo induction training. As your employment progresses your skills may be extended to encompass new job activities within the business.

You will receive notices through your payslips and notices will be displayed in your staff room indicating the various training topics. Certain training events are compulsory; the notice identifies these and payment for attendance will be received. Other training programmes will be on a voluntary basis and the notice indicates these. For further details relating to booking training sessions contact Dorothy Botha. Failure to attend mandatory training could result in disciplinary action.

You are reminded that in order for IMMENSITY HEALTHCARE LIMITED to satisfy its obligations under the Health and Social Care Act 2008 (as amended by the Health and Social Care Act 2012) you are employed subject to certain contractual requirements with regard to training and qualifications, which are detailed in your Statement of Terms and Conditions.

Business Expenses

We will reimburse you for authorised and legitimate expenditure, reasonably incurred by you, during the proper performance of your duties, i.e., travel, accommodation and other pre-agreed out-of-pocket expenses. You will be required to complete an expense claim form and care such a claim by submitting valid receipts. You should have prior approval from Dorothy Botha before incurring any expenses.

Alterations and Modifications to the Staff Handbook

IMMENSITY HEALTHCARE LIMITED reserves the right to make reasonable alterations to this Handbook and any other terms and conditions of service. Minor changes of detail, such as those relating to procedure, may be made with a general notice being provided to you. Significant alterations will only be implemented following full consultation with all affected employees.

Such changes will be implemented at the end of that notice period subject to any written objections having been lodged with management.

Annual Holidays, Holiday Pay and Procedures

Holiday Entitlement

Annual leave within IMMENSITY HEALTHCARE LIMITED commences and ends 01 April to 31 March. Full-time staff will be entitled to five point six (5.6) weeks which gives a total of 28 days' leave per year. For casual and part-time staff, this will be calculated pro-rata and will be in line with the terms of your contract of employment.

There is Holiday Policy and Procedure available.

Public/Bank Holidays, Pay & Procedures

Where the above days are worked, payment will be made as indicated in your Statement of Terms and Conditions or Principal Statement or Contract of Employment.

Sickness/Injury Absence Payments and Conditions

Notification of Absence

Refer to our The Sickness Absence Policy.

A failure to follow the Sickness Absence Policy and Procedure may result in absences being treated as unauthorised and could give rise to disciplinary action.

Maternity

Refer to our Maternity Policy and Procedure.

Adoption Leave

Refer to our Adoption Leave Policy and Procedure

Shared Parental Leave

The Shared Parental Leave Policy and Procedure - in essence, Shared Parental Leave allows a mother or adoptive parent to share their maternity or adoptive leave entitlement with their partner including any entitled to statutory pay.

Paternity Leave

Refer to our Paternity Leave Policy and Procedure.

General Rules and Regulations

Using your Own Car

If a Service User requests that you take them somewhere in your own vehicle, you should refuse. You are not insured if you do so. We must point out that you are not insured by IMMENSITY HEALTHCARE LIMITED when using your own vehicle during working hours.
If you only use your car to travel to your permanent workplace and then use other transport, or walk, between Service Users, you must inform your insurer to ensure that you have the correct level of insurance.

If you use your car to travel to different workplaces, you must confirm with your insurers what level of insurance you will require. You will have to provide IMMENSITY HEALTHCARE LIMITED with evidence of the level of insurance and they will confirm this meets their business needs. Your car should be kept in a roadworthy condition, and you must inform IMMENSITY HEALTHCARE LIMITED of any changes to your license e.g. endorsements, cautions or convictions.

Additional Time Off Work

We recognise that there will be occasions when you will request time off for medical/dental appointments or for domestic reasons. Every effort should be made to arrange such appointments outside normal working hours. Where this is unavoidable, then appointments should be arranged to minimise disruption to your working day/rota.

Personal Property

Immensity HealthCare

Please avoid bringing valuable personal items to work and do not leave any valuables either unattended or overnight. We cannot accept liability for the loss of, or damage to such personal property brought onto our premises.

Lost Property

All items of lost property should immediately be reported to Dorothy Botha. Similarly, any unidentified article should be handed to the manager whilst attempts are made to discover ownership.

Personal Telephone Calls

Such calls are only allowed in the case of emergency and with the prior permission of Management. Please remember that, where provided, IMMENSITY HEALTHCARE LIMITED telephones are provided solely for business use and abuse will not be tolerated. Personal mobile phones should be switched off during working hours. Staff should not,

therefore, be answering or making calls while with a Service User or where Service Users or their friends and relatives may be able to overhear conversations.

Mail

Private mail should not be sent care of our address. No private mail may be posted at our expense except in those cases whereby a formal recharge arrangement has been made.

Buying or Selling of Goods

You are not allowed to buy or sell goods on your own behalf on our premises or during your working hours. This includes buying or selling from catalogues.

Friends and Relatives Contact

We discourage friends and relatives from making contact with you at work either by telephone or in person, except in the case of an emergency.

Uniforms, Personal Appearance & Appropriate Dress

We will purchase appropriate uniforms for your use. All uniforms or badges will be returned on leaving, and where uniforms/badges are not returned in reasonable condition, a charge will be made to cover the cost of replacement. refer to the Appearance Policy and Procedure.

Protective Clothing or Equipment

All such clothing, except for Care Worker's shoes, will be provided to employees concerned free of charge by the company and must be worn throughout working periods. Failure to wear protective clothing may be treated as a disciplinary offence. If the risk of injury is great the failure may, depending on the surrounding circumstances and any mitigating factors, be treated as gross misconduct.

Smoking

Immensity HealthCare

This is a no smoking establishment. Smoking is not permitted within the premises. Your manager or supervisor will advise you of the designated smoking area at your place of work.

Refer to our Smoking at Work Policy and Procedure and Alcohol & Drugs

Attendance & Time Keeping

Good timekeeping and prompt attendance is paramount in the lives of the people to whom we provide care. Please advise the person in charge/Dorothy Botha if you are running late in attending work. We would also request that you inform the person in charge/Dorothy Botha with as much notice as possible about any intended absence due to sickness. This is critical as it allows us to replace you sensitively and proficiently if you give us the maximum amount of notice.

Refer to Absenteeism Policy and Procedure.

Staff that are absent without notifying the person in charge/Dorothy Botha may be subject to disciplinary action.

Handling Service User's Money

If during the course of your work, you are required to handle a Service User's money, you must follow the procedures as laid out in the Service User's Care Plan and the Service User's Finances Policy and Procedure.

Employees must remember that Service Users may be vulnerable and rely on IMMENSITY HEALTHCARE LIMITED and its employees to exercise care and judgment on their behalf when it comes to their finances. Employees must not, therefore, accept any gifts of any value or seek to borrow any money from a Service User. Employees must not remove property or money from a Service User without permission or purpose. This policy is designed to protect both employees and the Service User and any employee that is found to be in breach of the policy may face disciplinary action which could result in dismissal. Where we believe a person has caused harm or poses a future risk of harm to vulnerable groups, including children, we will refer to the Disclosure and Barring Service in line with our statutory duties.

Information About Service Users

Information about all Service Users is held in the Care Plan. If you are attending a Service User for the first time, please make yourself familiar with the Service User's needs through reading the Care Plan. If you have any doubts, contact the person in charge. All information to which you have access regarding a Service User must be treated with the utmost confidentiality (see the Data Protection and Confidentiality Policy and Procedure). On each occasion on which you attend to the Service User, you should record on the Care records brief details of duties carried out and general information regarding the Service User's situation. Please also use this daily visit sheet as a means of communicating information to the next Carer on duty with the Service User, or as a reminder for yourself.

Gifts, Wills, Donations and Bequests

You should not, under any circumstances, act as signatories to the wills, lasting powers of attorneys or similar legal documents of Service Users, or be beneficiaries of Service User's wills, nor should you accept gifts of any kind except with the express authority of the Registered Manager. Please refer to the Gifts Policy and Bribery Policy for further information.

Parking

Private vehicles parked on or around our premises are done so at the owner's risk and we accept no liability for any damage caused to such vehicles. Employees' cars must be parked at the furthest distance available from the main entrance to allow visitors to use the nearer spaces.

Housekeeping

Please keep your work area clean and tidy at all times. Please report any concerns about housekeeping to Dorothy Botha.

Infectious/Contagious Illness

If you are suffering from such a condition, you must not report for work without your doctor's clearance. If in any doubt, please notify us and consult your doctor. All employees must adhere to IMMENSITY HEALTHCARE LIMITED 's Infection Control Policy and Procedure.

Loss, Damage and Wastage

It is important to maintain efficient and cost-effective routines in order to ensure that resources are appropriately focussed on Service User services. For this reason, please take extra care during your normal duties by avoiding unnecessary or extravagant use of services, time, energy, etc. The following points are examples of this:

- Handle machines, equipment, and stock with care
- Turn off any unnecessary lighting and heating. Keep doors closed whenever possible and do not allow taps to drip
- Ask for other work if your job has come to a standstill
- Start with the minimum of delay after arriving for work and after breaks the following provision is an express written term of your contract of employment:
- Any damage to vehicles, stock, or property (including non-statutory safety equipment) that is the result of your carelessness, negligence or deliberate vandalism will render you liable to pay the full or part of the cost of repair or replacement
- Any loss to us that is the result of your failure to observe rules, procedures, or instruction, or is as a result of your negligent behaviour or your unsatisfactory standards of work will render you liable to reimburse to us the full or part of the cost of the loss
- In the event of failure to pay, we have the contractual right to deduct such costs from your pay

Security and Confidentiality

Confidentiality

Immensity HealthCare

You must not disclose any trade secrets or other information of a confidential nature relating to IMMENSITY HEALTHCARE LIMITED or any of its associated companies or their business or their clients/Service Users and employees in respect of which IMMENSITY HEALTHCARE LIMITED owes an obligation of confidence to any third party during or after your employment except in the proper course of your employment or as required by law.

You must not remove any documents or tangible items which belong to IMMENSITY HEALTHCARE LIMITED, or which contain any confidential information from IMMENSITY HEALTHCARE LIMITED premises at any time without proper advance authorisation.

You must return to IMMENSITY HEALTHCARE LIMITED upon request, and, in any event, upon the termination of your employment, all documents and tangible items which belong to IMMENSITY HEALTHCARE LIMITED, or which contain or refer to any confidential information and which are in your possession or under your control.

You must, if requested by IMMENSITY HEALTHCARE LIMITED, delete all confidential information from any reusable material and destroy all other documents and tangible items which contain or refer to any confidential information and which are in your possession or under your control.

Use of Computer Equipment

Use of computer equipment, use of email and of the Internet are controlled for security reasons.

Refer to Computer, Email and Internet Usage Policy and Procedure.

Rights of Search

We have the contractual right to carry out searches of employees and their property (including vehicles) whilst they are on our premises or conducting business on our behalf. These searches are random and do not imply suspicion in relation to any individual.

If you should be required to submit to a search, and if it is practicable, you will be entitled to be accompanied by a third party to be selected only from those who are on the premises at the time that a search is taking place. This right also applies at the time that any further questioning takes place.

You may be asked to remove the contents of your pockets, bags, vehicles, staff lockers (where available), etc.

Whilst you have the right to refuse to be searched, refusal by you to agree to being searched will constitute a breach of contract, which could result in your dismissal.

We reserve the right to call in the police at any stage.

Communications or Statements to the Media

Only Dorothy Botha is authorised to make any communication or statement to the media in matters relating to the business.

Standards of Conduct/Performance

Immensity HealthCare

Throughout this section we shall give an indication of the required standards of conduct or performance expected from all our employees. It must be appreciated that any judgement of whether those standards have not been observed will depend very much on the specific circumstances of each case. It is important, however, that we set out certain standards for the guidance of all employees. A failure to work to these standards may result in disciplinary action on grounds of misconduct or poor performance. The following sub-sections are examples only and must under no circumstances be considered as an exhaustive statement of all potential misdemeanours.

General Attendance (Absence/Timekeeping)

Ensure that you arrive at work sufficiently early to be ready to commence work at your official starting time.

You must comply with any time recording procedures relating to your job including, where required, clocking in using any device or system provided.

If you wish to leave work during normal working hours, you must receive authorisation from your immediate supervisor. Failure to do so will result in such absence being treated as unauthorised.

Lateness and absence will be recorded, and unacceptable records of attendance will render you liable to disciplinary action. Employees' should refer to the Absenteeism Policy and Procedure.

Conduct Outside Working Hours

Whilst we have no intention or wish to intrude upon your activities or interests outside work we would expect that none of our employees would be engaged in any activity outside working hours which could result in adverse publicity to the business, bring the business into disrepute or which would cause us to question their integrity or which has a detrimental impact upon relations with fellow colleagues or Service Users. Doing so may result in disciplinary action and could lead to dismissal depending on the seriousness of the conduct outside work and the level of impact it is having or could have on the organisation.

Social Networking

Employees' are not permitted to use social media during work hours. We require all our staff to avoid and refrain from engaging in any conduct on social media (i.e. Facebook, Twitter, WhatsApp, etc.) either during or outside working hours which brings the company into disrepute, or

- Is derogatory or critical of the business
- Results in adverse publicity
- Could constitute any form of bullying or harassment of a colleague or Service User
- Would be a breach of our Equal Opportunities Policy
- Would cause us to question your suitability to be working with our Service Users

The above list is not exhaustive, and employees should be careful to avoid any inappropriate or adverse references to the business or their work colleagues. Employees' should remember that they represent IMMENSITY HEALTHCARE LIMITED at all times.

Employee's should not connect/be "friends" with Service Users on social media unless there was a relationship (Family or friend) prior to them becoming a Service User of IMMENSITY HEALTHCARE LIMITED or you have permission of Dorothy Botha. This is to protect the reputation of IMMENSITY HEALTHCARE LIMITED and avoid the risk of adversely affecting relations with our Service Users and prevent any safeguarding issues arising.

Employees should refer to the Social Networking Policy.

Stock/Property

IMMENSITY HEALTHCARE LIMITED property (and/or that of our Service Users) must only be used for the purpose for which it is intended and must not be removed from site without prior approval.

All employees have a duty to report to management any damage to, or loss of stock or property.

If, as a result of your carelessness, or negligence, we (and/or our Service Users) suffer loss or damage to property or stock, (including vehicles) this will be construed as a serious breach of the rules. Where this is construed as particularly serious then this may render you liable to pay the full or part of the cost of repair or replacement, or insurance excess if appropriate. If you fail to pay, we reserve the right to deduct the costs from your pay.

Work Performance

Your performance at work will be regularly reviewed and unacceptable standards due to individual negligence or carelessness may be referred to the disciplinary process.

Similarly, if there is deemed to be an unacceptable volume of work produced in relation to agreed targets or by general comparison to other employees this will be the subject of further investigation. Whilst such investigation may lead to referral to the disciplinary process, we shall also consider whether training or other forms of assistance would offer more appropriate remedies.

Refer to Poor Performance and Capability Policy and Procedure is available.

Health and Safety

The person responsible for Health and Safety is Registered Manager.

Leaving IMMENSITY HEALTHCARE LIMITED

You are reminded that the company is entitled to rely on you to work cooperatively and to full capacity during your notice period, unless you are requested to cease work before your notice expires, or your employer agrees for you to leave before your notice expires. Failure to meet this obligation, which is for the benefit of your Service Users and colleagues, opens you to the possibility of claims for excess costs of replacement by the company as per below.

The notice period which you are required to give is detailed within your individual terms and conditions of employment.

Terminating Employment Without Giving Notice

If you terminate your employment without giving or working the required period of notice, as indicated in your individual statement of the main terms of employment, you will have an amount equal to any additional cost of covering your duties during the notice period not worked deducted from any termination pay due to you. This is an express written term of your contract of employment. You will also forfeit any contractually accrued holiday pay due to you over and above your statutory holiday pay if you fail to give or work the required period of notice. Examples of additional costs include:

- Costs incurred in covering shifts under your notice period by someone who is on a higher hourly rate
  Costs incurred in covering your shifts under your notice period by an agency worker who's hourly rate is higher

- Admin costs incurred by reason of using an agency to obtain cover for the shifts under your notice period. All costs incurred in providing urgent cover as a result of your failure to work all or some of your notice period will be calculated and the pay you would have received during that period will be deducted from this cost which will leave a balance which equates to the "additional cost" arising from your breach of contract OR a fixed amount in the sum of [£x] will be deducted from your final pay in the event that you fail to work some or all of your notice and as a result IMMENSITY HEALTHCARE LIMITED has incurred additional costs.

This right does not prejudice any other legal rights or remedies which IMMENSITY HEALTHCARE LIMITED may have arising from your failure to work your contractual notice period.

Where there is an unjustified failure to work notice, this may be referred to in any reference provided to prospective employers.

References

Employees who wish to request a reference should refer to the References Policy and Procedure.

Redundancy

Disciplinary Procedures

Refer to our Discipline and Disciplinary Appeals and Discipline Policy and Procedure.

Grievance Procedure - Grievance Policy and Procedure

Whistleblowing

Refer to our Whistleblowing Policy and Procedure. Given the nature of the industry we operate in, we encourage all staff to disclose any concern or issue they may have which they feel is wrong, unsafe, dangerous, illegal or a breach of any other regulations or obligations. Our only request is that such disclosures are made in response to a genuine concern and in good faith.

Good Practice Statement

Mental Capacity

It is essential to be familiar with the Mental Capacity Act, guidance and to recognise diminished or fluctuating capacity. Confusion, memory loss, aggression and changes in personality or behaviour, are some symptoms that can be caused by prescribed medications, or other treatable causes, for example, a urinary tract infection or chest infection, dementia, or mental health illness. Medical advice should be sought. Sometimes changes will be permanent and progressive. All people with mental health illnesses should be treated with the same respect accorded to any other Service User. They should be enabled to make decisions about their own lives to the fullest extent of their abilities. Service Users can be supported to complete a Preferred Priority Care Document which will enable them to make decisions about their preferred place of care as well as about

details of daily routine and managing finances. Patience and sensitivity will be called for from the Carers who can help care the Service User.

Exercising choice and control involves risk, and independence should not be unnecessarily curtailed because of others' fears. Restriction of rights and freedoms will be strictly limited, subject to agreed safeguards in Care Planning. Carers supporting people with mental illnesses will have education and training about mental health, and multi-disciplinary working will be encouraged. Instances of necessary denial of rights to restraints will be recorded and reported, restraint must be limited to exceptional circumstances only and in accordance with the Deprivation of Liberty Safeguards. The Service User and advocates will be involved in making decisions about any Care service which restricts Service Users in any way and will be notified of emergency actions.

Progressive and Multiple Conditions

Older and disabled people's need for Care may not be stable and consistent. Some illnesses or disabling conditions, for example, motor neurone disease, progress rapidly; Service Users will be confident that the Carer will respond quickly and appropriately when disability increases, i.e. by reporting change to the Registered Manager. Multiple disability disorders and chronic illness, including stroke and osteoarthritis, are common among older people, and a sufficient Care service can prevent long-term residential, nursing or hospital care for Service Users, if that is the Service Users wish.

Terminal illness

Our Carers will enable people who are terminally ill to maintain independence and be as comfortable as possible and care their decisions of where they choose to be at the end of life. The Service User will be supported to compete the Preferred Priorities of Care document in line with the National End of Life Care Guidance. Not all relatives and friends feel able to care for someone who is dying, and this should be respected. The Carer will play an important role in supporting relatives and friends.

Isolation and Loss

Older and disabled people may experience loneliness or grief due to changes of lifestyle or location, loss of mobility, or loss of a close friend or relative. People may need to spend some time alone through personal choice, and this will be respected. Carers will have the training and past experience to enable them to recognise symptoms such as depression, lethargy, or problems with eating or sleeping. Carers will also be able to listen and talk to the Service User and care them. Carers can also help the Service User obtain appropriate advice and counselling by liaising with the Registered Manager or person in charge.

Discrimination

IMMENSITY HEALTHCARE LIMITED adopts a proactive anti-discriminatory policy and takes high regard of racial and cultural factors in full compliance with the Equality Act 2010. Similarly, the Care Team will be sensitive to the needs of both male and female Service Users, particularly where personal care is involved. Again, full compliance of the Equality Act 2010 will apply. Please refer to the separate Equality and Human Rights Policy and the Equality and Diversity Policy and Procedure for further information.

Safeguarding

Abuse may be described as Physical abuse, Domestic violence, Sexual abuse, Psychological abuse, Financial or material abuse, Modern slavery, Discriminatory abuse, Organisational abuse, Neglect and acts of omission, Self-neglect as defined in the Care Act 2014. Carers will be able to identify the possibility of abuse which may not be the result of an acute situation but of concern over a period of time. All Carers are/will be familiar with the indicators of abuse and will report any suspicions to Dorothy Botha or another person in charge. Refer to our Safeguarding Policy and Procedure.

Manager

_____ _____	I confirm that on **(date)** I gave a copy of IMMENSITY HEALTHCARE LIMITED 's Staff Handbook to **(Name of Recipient)**.
Manager Name:	
Manager Signature:	**Date:**

Employee I confirm that on _____ **(date)** I received a copy of IMMENSITY HEALTHCARE LIMITED 's Staff Handbook.	
Employee Name:	
Employee Signature:	**Date:**

The Employee and IMMENSITY HEALTHCARE LIMITED should retain a copy of this form. A copy should also be held on the personnel file.

Date:

Dear

Please find enclosed IMMENSITY HEALTHCARE LIMITED 's Staff Handbook which is designed to assist us to maintain our compliance with the Health and Social Care Act 2008 and other legislation.

IMMENSITY HEALTHCARE LIMITED 's Staff Handbook is intended to be a single reference source for you to fully understand what expectations we have and outline some of your conditions of employment. Please speak to me if you need assistance with accessing our policies and procedures.

You are asked to read through the Handbook and the policies. The intention of the Handbook is to bring many elements of your conditions of employment that may previously have been given to you in various documents into one document and to highlight some key policies. If you are concerned about any issues that you find on reading this document, please bring them to my attention and we will discuss the matter.

Please sign to confirm that you have received a copy of the IMMENSITY HEALTHCARE LIMITED Handbook.

Please return a copy of the form and keep a copy for yourself

Yours sincerely,

Dorothy Botha

Registered Manager

Safeguarding Policy and Procedure

1.Purpose
To protect the Service User's right to live in safety, free from abuse and neglect.

To ensure that the Buckinghamshire County Council Safeguarding Policy and Procedure is understood by all staff at IMMENSITY HEALTHCARE LIMITED and that the Buckinghamshire County Council safeguarding procedures dovetail with the service's policy and procedure.

To set out the key arrangements and systems that IMMENSITY HEALTHCARE LIMITED has in place for safeguarding and promoting the welfare of adults at risk and to ensure compliance with local policies and procedures.

To have a clear, well-publicised policy of zero-tolerance of abuse within IMMENSITY HEALTHCARE LIMITED.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	**Key Lines of Enquiry**
EFFECTIVE	How does the service make sure that staff have the skills, knowledge, and experience to deliver effective care and care?

EFFECTIVE	Is consent to care and treatment always sought in line with legislation and guidance?
SAFE	How do systems, processes and practices keep people safe and safeguarded from abuse?
SAFE	How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected.

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- Serious Crime Act 2015 Section 76
- Domestic Violence, Crime and Victims Act 2004
- The Counter Terrorism and Security Act 2015
- The Modern Slavery Act 2015
- Anti-social Behaviour, Crime and Policing Act 2014
- The Criminal Justice and Courts Act 2015 Section 20-25
- Public Interest Disclosure Act 1998
- Protection of Freedoms Act 2012 (Disclosure and Barring Service Transfer of Functions) Order 2012
- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Equality Act 2010
- Human Rights Act 1998
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

2. Scope

Immensity HealthCare

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS

3.Objectives

To ensure that all staff working for, or on behalf of IMMENSITY HEALTHCARE LIMITED, understand their responsibilities in relation to safeguarding adults at risk and know who to escalate concerns to within IMMENSITY HEALTHCARE LIMITED.

To manage the safety and wellbeing of adults in line with the six principles of safeguarding.

To identify lessons to be learned from cases where adults have experienced abuse or neglect.

IMMENSITY HEALTHCARE LIMITED aims to care and empower each adult to make choices, to have control over how they want to live their own lives and to prevent abuse and neglect occurring in the future which is a key underpinning principle of Making Safeguarding Personal (MSP). IMMENSITY HEALTHCARE LIMITED intends to take this approach with all safeguarding concerns.

4. Policy

Everybody has the right to live a life that is free from harm and abuse. IMMENSITY HEALTHCARE LIMITED recognises that safeguarding adults at risk of abuse or neglect is everybody's business. IMMENSITY HEALTHCARE LIMITED aims to ensure that all adults at risk of abuse or neglect are enabled to live and work, be cared for and supported in an environment free from abuse, harassment, violence, or aggression.

The safeguarding policies and procedures of IMMENSITY HEALTHCARE LIMITED will dovetail with the Buckinghamshire County Council multi-agency policy and procedures, which we understand take precedence over those of IMMENSITY HEALTHCARE LIMITED. IMMENSITY HEALTHCARE LIMITED will ensure that the Buckinghamshire County Council policies and procedures are reflected within its own policy and procedure and that this is shared with all staff and is accessible and available for staff to follow.

We aim to provide services that will be appropriate to the adult at risk and not discriminate because of disability, age, gender, sexual orientation, race, religion, culture, or lifestyle. We will make every effort to enable Service Users to express their wishes and make their own decisions to the best of their ability, recognising that such self-determination may well involve risk.

We will work with Service Users and others involved in their care, to ensure they receive the care and protection they may require; that they are listened to and treated with respect (including their property, possessions and personal information) and that they are treated with compassion and dignity.

IMMENSITY HEALTHCARE LIMITED will follow the six principles as set out in guidance to the Care Act 2014 and this will inform practice with all Service Users:

- **Empowerment** – People being supported and encouraged to make their own decisions and informed consent
- **Prevention** – It is better to take action before harm occurs
- **Proportionality** – The least intrusive response appropriate to the risk presented

- **Protection** – Care and representation for those in greatest need
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse
- **Accountability** – Accountability and transparency in delivering safeguarding

IMMENSITY HEALTHCARE LIMITED understands the importance of working collaboratively to ensure that:

- The needs and interests of adults at risk are always respected and upheld
- The human rights of adults at risk are respected and upheld
- A proportionate, timely, professional, and ethical response is made to any adult at risk who may be experiencing abuse
- All decisions and actions are taken in line with the Mental Capacity Act 2005
- Each adult at risk maintains:
- Choice and control
- Safety Health
- Quality of life
- Dignity and respect

Our robust governance processes will make sure that staff working for and on behalf of IMMENSITY HEALTHCARE LIMITED recognise and respond to the main forms of abuse which are set out in the Care Act 2014 Statutory Guidance Chapter 14, which is not an exhaustive list but an illustration as to the sort of behaviour that could give rise to a safeguarding concern:

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

IMMENSITY HEALTHCARE LIMITED is committed to the principles of 'Making Safeguarding Personal' and aims to ensure that safeguarding is person-led and focused on the outcomes that Service Users want to achieve. We will engage Service Users in a conversation about how best to respond to their safeguarding situation in a timely way that enhances involvement, choice and control as well as improving quality of life, wellbeing, and safety.

Registered Manager's Responsibilities

- To establish the facts about the circumstances giving rise for concern
- To identify sources and level of risk
- To ensure that information is recorded and that the Buckinghamshire County Council Adult Safeguarding Team is contacted to inform them of the concern or harm
- If a Service User is at immediate risk of harm, the Registered Manager will contact the Police. The CQC will also be informed
- In all cases of alleged harm, there will be early consultation between Dorothy Botha, Buckinghamshire County Council and the Police to determine whether or not a joint investigation is required. We understand that it may also be necessary to advise the relevant Power of Attorney if there is one appointed. In dealing with incidents of potential harm, people have rights which must be respected, and which may need to be balanced against each other
- The wishes of the person harmed will be taken into account whenever possible. This may result in no legal action
- Documentation of any incidents of harm in the Service User's file and using body maps to record any injuries
- Follow Buckinghamshire County Council policy guidelines where applicable
- Report any incidents of abuse to the relevant parties
- Work with multi-agencies
- Advise and care staff
- Ensure staff are trained to enhance knowledge
- Actively promote the "Whistleblowing'' policies

The Carer 's Responsibilities

- To be able to recognise and report incidences of harm
- To report concerns of harm or poor practice that may lead to harm
- To remain up to date with training
- To follow the policy and procedures
- To know how and when to use the Whistleblowing procedures
- To understand the Mental Capacity Act and how to apply it in practice

General Principles

- We will have robust recruiting and safer staffing policies in place to make sure that our staff are fit to work with adults at risk and are compliant with national, safe recruitment and employment practices, including the requirements of the Disclosure and Barring Service
- A named safeguarding lead will be in place who is responsible for embedding safeguarding practices and improving practice in line with national and local developments. At IMMENSITY HEALTHCARE LIMITED, this person is The Registered Manager

- Any staff member who knows or believes that harm is occurring will report it to their line manager as quickly as possible, or if they feel they cannot follow the regular reporting procedure, they must use the Whistleblowing process. We will work collaboratively with other agencies, including liaison in relation to the investigation of allegations and will ensure its procedures dovetail with the Buckinghamshire County Council multi-agency procedures
- IMMENSITY HEALTHCARE LIMITED will use incident reporting, root cause analysis, lessons learned and auditing to determine themes to improve care practice
- We will have a learning and development strategy which specifically addresses adult safeguarding. We will provide training on the identification and reporting of harm, as well as training on the required standards in relation to procedures and processes should something need to be reported
- IMMENSITY HEALTHCARE LIMITED recognises its responsibilities in relation to confidentiality and will share information appropriately
- We will have zero tolerance to harm
- We will work in partnership with other agencies to ensure that concerns or allegations of abuse are appropriately referred for investigation to the most appropriate agency
- We will ensure that any action that is taken is assessed, proportionate and reflective of the risk presented to the people who use the services
- We will report any incidents in line with our regulatory requirements
- IMMENSITY HEALTHCARE LIMITED will adhere to the Code of Conduct for Carers
- There is a clear, well-publicised Whistleblowing Policy and Procedure in place that staff know how to use
- Prevention - Providing information to care Service Users
- IMMENSITY HEALTHCARE LIMITED will care Service Users by providing accessible, easy to understand information on what abuse is and what signs to look out for. This will include Service Users' rights and how to get help and care if they need it through the Care Plan process. We will comply with the Accessible Information Standards
- All Service Users will receive a copy of the Service User Guide, have access to the Complaints, Suggestions and Compliments Policy and Procedure and be given information on how to escalate any concerns to the Commissioner, CQC, advocacy or Local Government and Social Care Ombudsman should they not be satisfied with the approach taken by IMMENSITY HEALTHCARE LIMITED
- Prevention
- Raising awareness

- Staff will need to be trained and understand the different patterns and behaviours of abuse as detailed in the Care Act Chapter 14 and IMMENSITY HEALTHCARE LIMITED will ensure that it is able to respond appropriately
- IMMENSITY HEALTHCARE LIMITED will ensure that all staff are trained on the Whistleblowing Policy and Procedure
- During induction training, all employees will complete the "Understanding Abuse" workbook, as part of the Care Certificate

5. Procedure

Responding to Disclosure, Suspicion or Witnessing of Abuse

Where an adult at risk discloses or discusses potential abuse or harm, the staff member must be able to:

Recognise: Identify that the adult at risk may be describing abuse, even when they may not be explicit

Respond: Stay calm, listen, and show empathy

Reassure them that it will be taken seriously and explain that there is a duty to report the issues internally and what may happen next

Record: Write up notes of the conversation clearly and factually as soon as possible

Report in a timely manner to the appropriate people and organisations

Responding to a Disclosure Remember you are not investigating.

Do:

Stay calm and try not to show shock

Listen very carefully

Be sympathetic

Be aware of the possibility that medical evidence might be needed

Tell the person that:

They did a good/the right thing in telling you

You are treating the information seriously

It was not their fault

Explain that you must tell your line manager, and, with their consent, your manager will contact the Buckinghamshire County Council Safeguarding Adults Team and/or the Police. Dorothy Botha must be informed.

IMMENSITY HEALTHCARE LIMITED will, in specific circumstances, need to contact the Buckinghamshire County Council Adult Safeguarding Team without their consent but their wishes will be made clear throughout.

If a referral is made but the adult at risk is reluctant to continue with an investigation, record this and bring this to the attention of the Buckinghamshire

County Council Safeguarding Adults Team. This will enable a discussion on how best to care and protect the adult at risk. However, a professional case discussion will still need to take place and must be recorded appropriately.

Responding to Abuse or Neglect –
What to do

IMMENSITY HEALTHCARE LIMITED must ensure that staff:

- Address any immediate safety and protection needs
- Assess any risks and take steps to ensure that the adult is in no immediate danger
- Where appropriate, call 999 for the emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress. Where a crime is suspected of being committed, leave things as they are wherever possible
- Call for medical assistance from the GP or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. Carers can call the NHS 111 service for medical help or advice when the situation is not life-threatening or is out of hours

The adult may feel frightened, so the Carer must ask whether they want the Carer to arrange for someone they feel comfortable with to stay with them

- IMMENSITY HEALTHCARE LIMITED will consider if there are other adults or children with care and care needs who are at risk of harm and take appropriate steps to protect them
- The Carer will care and encourage the adult to contact the Police if a crime has been or may have been committed
- The Carer will contact their line manager as soon as possible to inform them of the incident or concern

Dorothy Botha will be informed and contacted as soon as possible

Decision-Making Pre-referral to the Buckinghamshire County Council Adult Safeguarding Team, Dorothy Botha or the Safeguarding Lead will usually lead on decision-making. Where such care is unavailable, consultation with another more senior member of staff will take place.

In the event that these are unavailable, advice must be taken from Buckinghamshire County Council. Staff must also take action without the immediate authority of a line manager:

If discussion with the manager would involve delay in an apparently high-risk situation

If the person has raised concerns with their manager and they have not taken appropriate action (whistleblowing)

IMMENSITY HEALTHCARE LIMITED will ensure that staff are aware of the Buckinghamshire County Council reporting procedures and timescales for raising adult safeguarding concerns.

Referral to the Buckinghamshire County Council Adult Safeguarding Team

IMMENSITY HEALTHCARE LIMITED must ensure that the Buckinghamshire County Council Safeguarding Adult referral process is followed and must collect the following information to assist with the referral. The referral process must be clearly visible with contact numbers, including out-of-hours, where staff can access the information. The referral information will also be required for some of the CQC notification of abuse documentation.
IMMENSITY HEALTHCARE LIMITED must use any up-to-date Care Plan information where possible and have the following information available where possible:

- Demographic and contact details for the adult at risk, the person who raised the concern and for any other relevant individual, specifically Carer s and next of kin
- Basic facts, focussing on whether or not the person has care and care needs including communication and ongoing health needs
- Factual details of what the concern is about; what, when, who, where?

Immediate risks and action taken to address risk

- Preferred method of communication
- If reported as a crime, details of which police station/officer, crime reference number, etc.
- Whether the adult at risk has any cognitive impairment which may impede their ability to protect themselves
- Any information on the person alleged to have caused harm
- Wishes and views of the adult at risk, in particular consent
- Advocacy involvement (includes family/friends)
- Information from other relevant organisations, for example, the CQC
- Any recent history (if known) about previous concerns of a similar nature or concerns raised about the same person, or someone within the same household
- Names of any staff involved

Documenting a Disclosure

IMMENSITY HEALTHCARE LIMITED must ensure that staff:

Make a note of what the person actually said, using his or her own words and phrases

Describe the circumstance in which the disclosure came about

Note the setting and anyone else who was there at the time

When there are cuts, bruises, or other marks on the skin, use a body map to indicate their location, noting the colour of any bruising Make sure the information the Carer writes is factual

Use a pen with black ink so that the report can be photocopied

Try to keep your writing clear

Sign and date the report, noting the time and location

Be aware that the report may be needed later as part of a legal action or disciplinary procedure

Informing the Relevant Inspectorate

By law, IMMENSITY HEALTHCARE LIMITED must notify the Care Quality Commission without delay of incidents of abuse and allegations of abuse, as well as any incident which is reported to, or investigated by, the Police

IMMENSITY HEALTHCARE LIMITED must notify the CQC about abuse or alleged abuse involving a person (s) using the service, whether the person(s) is/are the victim(s), the abuser(s), or both

IMMENSITY HEALTHCARE LIMITED must also alert the relevant local safeguarding authority when notification is made to the CQC about abuse or alleged abuse

The forms are available on the CQC website

If a concern is received via the whistleblowing procedure, IMMENSITY HEALTHCARE LIMITED must inform the Buckinghamshire County Council Safeguarding Team and the CQC

Strategy Meeting / Case Conference

Following the investigation or at any time during the process, a case conference with all relevant agencies may be called to make decisions about future action to address the needs of the individual

Any agency involved in the case may ask for a case conference to be held but the final decision to hold a conference is with the Buckinghamshire County Council Safeguarding Adults Team Manager

IMMENSITY HEALTHCARE LIMITED must ensure that it attends this meeting when invited and that all relevant information about the incident is available. A timeline of events is a useful document to prepare in complex cases

Involve the Service User Concerned Throughout the Process The process of the enquiry must be explained to the Service User in a way they will understand and their consent to proceed with the enquiry obtained, if possible

Arrangements will be made to have a relative, friend or independent advocate present if the Service User so desires. The relative, friend or independent

advocate must not be a person suspected of being in any way involved or implicated in the abuse

A review of the Service User's Care Plan must be undertaken to ensure individualised care following the incident

The Service User will be supported by the service to take part in the safeguarding process to the extent to which they wish, or are able to, having regard for their decisions and opinions. They must be kept informed of progress

Desired Outcomes Identified by the Adult

The desired outcome by the adult at risk must be clarified and confirmed at the end of the conversation(s), to:

- Ensure that the outcome is achievable
- Manage any expectations that the adult at risk may have
- Give focus to the enquiry
- Staff will care adults at risk to think in terms of realistic outcomes but must not restrict or unduly influence the outcome that the adult would like. Outcomes must make a difference to risk and, at the same time, satisfy the person's desire for justice and enhance their wellbeing
- The adult's views, wishes and desired outcomes may change throughout the course of the enquiry process
- There must be an ongoing dialogue and conversation with the adult to ensure that their views and wishes are gained as the process continues and enquiries re-planned if the adult change their views
- The Service User will be informed of the outcome of any investigation, but guidance will be sought from the Buckinghamshire County Council Adult Safeguarding Team before any outcome is shared

Immensity HealthCare

Disclosure and Barring Service (DBS) Referral

There is a statutory requirement for providers of care to refer workers to the DBS for inclusion on the DBS Vetting and Barring scheme list if they consider that the person is guilty of misconduct such that a vulnerable adult was harmed or placed at risk of harm. This requirement covers both existing employees and those who leave their employment, and whose conduct comes to light at a later date. Please see the DBS/Disclosure Policy and Procedure for further procedures regarding initial employment and referral.

Consent

When reporting information that directly concerns the safety of an adult at risk of harm, consent from the Service User is not required. However, informing the Service User of your concerns and your referral is good practice unless it would put you or your colleagues at risk or it would put the adult at further risk.

When reporting to a local authority allegation or concerns about an adult at risk of harm, the Local Authority must be informed whether the Service User is aware of the report. In reporting all suspected or confirmed cases of harm, an employee has a responsibility to act in the best interest of the Service User but still operate within the relevant legislation and the parameters of the codes and standards of their practice.

Confidentiality and Information Sharing

In seeking to share information for the purposes of protecting adults at risk, IMMENSITY HEALTHCARE LIMITED is committed to the following principles:

- Personal information will be shared in a manner that is compliant with the statutory responsibilities of IMMENSITY HEALTHCARE LIMITED
- Adults at risk will be fully informed about information that is recorded about them and as a general rule, be asked for their permission before information about them is shared with colleagues or another agency. However, there may be justifications to override this principle if the adult or others are at risk
- Staff will receive appropriate training on Service User confidentiality and secure data sharing
- The principles of confidentiality designed to protect the management interests of IMMENSITY HEALTHCARE LIMITED must never be allowed to conflict with those designed to promote the interests of the adult at risk
- Staff will follow the policy on Data Protection and Confidentiality and comply with the Caldicott principles

Pressure Ulcers

Pressure ulcers are costly in terms of both Service User suffering and the use of resources. If the pressure ulcer is believed to have been caused by neglect, it must be reported as an adult safeguarding concern whether the pressure ulcer was acquired in a hospital, care setting or the Service User's own home. IMMENSITY HEALTHCARE LIMITED must ensure that staff read and follow Safeguarding Adults Protocol Pressure Ulcers and the interface with a Safeguarding Enquiry, seeking advice and further guidance where required. Where Service Users are new to the service, any pressure ulcers must be documented on a body map and reported in line with safeguarding procedures. Treatment must also be sought from the GP.

Medication Errors

IMMENSITY HEALTHCARE LIMITED must follow local safeguarding reporting procedures for medication errors and ensure that notifications are made to the CQC in line with statutory requirements. IMMENSITY HEALTHCARE LIMITED will have an open and transparent approach to medication incidents and ensure that staff follow the Medication Errors and Near Misses Policy and Procedure at IMMENSITY HEALTHCARE LIMITED and understand their Duty of Candour responsibilities.

Abuse of Trust

- A relationship of trust is one in which one person is in a position of power or influence over the other person because of their work or the nature of their activity
- Where the person who is alleged to have caused the abuse or neglect has a relationship of trust with the adult at risk because they are; a member of staff, a paid employee, a paid carer, a volunteer or a manager, IMMENSITY HEALTHCARE LIMITED must invoke disciplinary procedures for employed staff as well as taking action in line with this policy
- IMMENSITY HEALTHCARE LIMITED must ensure that a referral is made to the Disclosure and Barring Service if an employee is found to have caused harm to an individual
- If the person who is alleged to have caused the harm is a member of a recognised professional group, IMMENSITY HEALTHCARE LIMITED must act under the relevant code of conduct for the profession as well as taking action under this policy
- Where the person alleged to have caused the harm or neglect is a volunteer or a member of a community group, IMMENSITY HEALTHCARE LIMITED must work with adult social services to care any action under this policy
- Where the person alleged to have caused the harm is a neighbour, a member of the public, a stranger or a person who deliberately targets vulnerable people, in many cases the policy and procedures will be used to ensure that the adult at risk receives the services and care that they may need
- In all cases, issues of consent, confidentiality and information sharing must be considered

Allegations Against People who are Relatives or Friends

There is a clear difference between unintentional harm caused inadvertently by a relative or friend and a deliberate act of either harm or omission, in which case the same principles and responsibilities for reporting to the police apply. In cases where unintentional harm has occurred, this may be due to lack of knowledge or due to the fact that the relative's own physical or mental needs make them unable to care adequately for the adult at risk. The relative may also be an adult at risk. In this situation, the aim is to protect the adult from harm, work to care the relative to provide care and to help make changes in their behaviour in order to decrease the risk of further harm to the person they are caring for. A carer's assessment will take into account a number of factors and a referral to Buckinghamshire County Council will be made as part of the safeguarding process.

Whistleblowing

Whistleblowing is an important aspect of the care and protection of

adults at risk of harm where staff are encouraged to share genuine concerns about a colleague's behaviour. Their behaviour may not be related to an adult at risk, but they may not be following the code of conduct or could be pushing boundaries beyond normal limits or displaying conduct which is a breach of the law, conduct which compromises health and safety or conduct which falls below established standards of practice with adults at risk.

IMMENSITY HEALTHCARE LIMITED has clear whistleblowing policies and procedures in place which staff are frequently reminded about and with which they must be familiar. They must also understand how to escalate and report concerns.

Abuse by Another Adult at Risk

We recognise that we may also have responsibilities towards the person causing the harm, and certainly will have if they are both in a care setting or have contact because they attend the same place (for example, a day centre). The person causing the harm may themselves be eligible to receive an assessment. In this situation, it is important that the needs of the adult at risk who is the alleged victim are addressed separately from the needs of the person causing the harm. It will be necessary to reassess the adult allegedly causing the harm.

Exploitation by Radicalisers who Promote Violence

Individuals may be susceptible to exploitation into violent extremism by radicalisers. Staff will be expected to follow the Protecting Vulnerable People from Radicalisation Policy and Procedure in place at IMMENSITY HEALTHCARE LIMITED.

Self-Neglect and Refusal of Care

IMMENSITY HEALTHCARE LIMITED must ensure that staff understand the importance of delivering care as detailed in the Care Plan. Where a Service User refuses care, this must always be documented. Where refusal occurs repeatedly, it must be escalated by IMMENSITY HEALTHCARE LIMITED as a safeguarding concern and a request for a review of the Service User's care will be instigated.

Abuse and Sexual Safety

We recognise that culture, environment, and processes care a Service User's sexuality and keep them and staff safe from sexual harm. As such, IMMENSITY HEALTHCARE LIMITED will ensure that sexuality is discussed as part of the Care Planning process and is addressed positively to care people to raise concerns where necessary. The recent CQC publication on sexuality and sexual safety can be referred to for further guidance in this area.

Self-Funding Service Users

People who fund their own care arrangements are legally entitled to receive care if subject to abuse or neglect in exactly the same way as those supported or funded by the Local Authority. They are also entitled to the protections of the Deprivation of Liberty Safeguards process.

Risk Assessment and Management

Achieving a balance between the right of the individual to control their care package and ensuring that adequate protections are in place to safeguard wellbeing is a very challenging task. The assessment of the risk of abuse, neglect and exploitation of Service Users will be integral in all assessment and planning processes. Assessment of risk is dynamic and ongoing, especially during the adult safeguarding process, and must be reviewed throughout so that adjustments can be made in response to changes in the levels and nature of risk.

Audit and Compliance

It is essential that the implementation of this policy and associated procedures is audited to ensure that IMMENSITY HEALTHCARE LIMITED is doing all it can to safeguard those people receiving its services. The audit of this policy will be completed through a systematic audit of:

- Recruitment procedures and Disclosure and Barring Checks
- Audit of incident reporting, frequency, and severity
- Audit of training processes, including reviews of uptake of training and evaluations
- Safeguarding concerns and incidents will be reviewed by the Senior
- Management Team as part of a root cause analysis with the following terms of reference:
- Review incident themes
- Reports from the lead responsible for Safeguarding within IMMENSITY HEALTHCARE LIMITED
- Look in detail at specific cases to determine learning or organisational learning
- Ensure implementation of the Safeguarding Policy and Procedure

Training and Competencies

IMMENSITY HEALTHCARE LIMITED will ensure that staff receive training in recognising and responding to incidents, allegations or concerns of abuse or harm as part of their induction programme. IMMENSITY HEALTHCARE LIMITED will ensure that it benchmarks training and competencies within the service with the framework outlined in Adult Safeguarding: Roles and Competencies for Healthcare Staff which it recognises applies to social care staff also and does not replace any local or contractual requirements but acts as a minimum benchmark.

6. Definitions

Enquiry

- An enquiry is any action that is taken (or instigated) by a local authority, under Section 42 of the Care Act 2014, in response to indications of abuse or neglect in relation to an adult with care and care needs who is at risk and is unable to protect themselves because of those needs
- An enquiry can also refer to similar action but not undertaken under Section 42. It must establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom

A Person with Care and Care Needs

- According to the Care Act 2014; an older person, a person with a physical disability, a learning difficulty or a sensory impairment, someone with mental health needs, including dementia or a personality disorder, a person with a long-term health condition, someone who misuses substances or alcohol to the extent that it affects their ability to manage day-to-day living

Safeguarding

- Safeguarding means protecting an adult's right to live in safety, without suffering abuse and or neglect
- It is multi-agency in approach to prevent and stop both the risks and experience of abuse or neglect, whilst supporting the adult's wellbeing including their views, wishes, feelings and beliefs on the action to be taken where possible

Investigation

- Investigation is a process that focuses on gathering "good evidence" that can be used as a basis for the decision as to whether or not abuse has occurred
- It must be a rigorous process and the evidence must be capable of withstanding close scrutiny, as it may later be required for formal proceedings

Referral

- Referral is when information regarding a possible safeguarding incident is passed on to another person for their direction. In the case of this policy, from the Provider to the Adult Social Care Team
- Sometimes this may be referred to as 'reporting'

Wellbeing

- The Care Act 2014 defines wellbeing as: 'in relation to an individual, means that individual's wellbeing so far as relating to any of the following':
- Personal dignity (including treatment of the individual with respect)
- Physical and mental health and emotional wellbeing
- Protection from abuse and neglect
- Control by the individual over their day-to-day life (including over care and care provided to the individual and the way in which it is provided)
- Participation in work, education, training, or recreation
- Social and economic wellbeing
- Domestic, family, and personal relationships
- Suitability of living accommodation
- The individual's contribution to society

Multi-agency

- More than one agency coming together to work for a common purpose
- This could include partners of the Local authority such as: NHS England CCGs, NHS trusts and NHS foundation trusts, Department for Work and Pensions, the police, prisons, probation services, and/or other agencies such as general practitioners, dentists, pharmacists, NHS hospitals, housing, health and care providers

Caldicott Principles

- The Caldicott Principles were developed in 1997 following a review of how patient information is protected and only used when it is appropriate to do so
- Since then, when deciding whether they needed to use information that would identify an individual, an organisation must use the Principles as a test
- The Principles were extended to adult social care records in 2000
- The Principles were revised in 2013

Abuse

- Abuse includes physical, sexual, emotional, psychological, financial, material, neglect, acts of omission, discriminatory and organisational abuse
- The types and behaviours of abuse are documented in the Care Act Statutory Guidance Chapter 14

Adults at Risk

- Adult at risk means adults who need community care services because of mental or other disability, age, or illness, and who are, or may be unable to take care of themselves against significant harm or exploitation
- The term replaces 'vulnerable adult'

Concern

- A concern may be any worry about an adult who has, or appears to have care and care needs, who is subjected to, or may be at risk of abuse or neglect, and who may be unable to protect themselves from the abuse or neglect or risk of it
- A concern may be raised by anyone and can be:
- A direct or passive disclosure by the adult at risk
- A concern raised by staff, volunteers, others using the service, a career, or a member of the public
- An observation of the behaviour of the adult at risk, of the behaviour of another person(s) towards the adult at risk, or of one Service User towards another
- Patterns of concerns or risks that emerge through reviews, audits and complaints or regulatory inspections or monitoring visits

Making Safeguarding Personal

- Making Safeguarding Personal is about person-centred and outcome-focussed practice
- It is how professionals are assured by adults at risk that they have made a difference to people by taking action on what matters to people and is personal and meaningful to them

Modern Slavery

- Modern Slavery encompasses slavery, human trafficking, forced labour and domestic servitude
- Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive, and force individuals into a life of abuse, servitude, and inhumane treatment

Significant Harm

- Significant harm is not only ill treatment (including sexual abuse and forms of ill treatment which are not physical), but also the impairment of, or an avoidable deterioration in, physical or mental health, and the impairment of physical, intellectual, emotional, social, or behavioural development

Enquiry Planning / Strategy Meeting

- Enquiry Planning / Strategy Meeting or discussion is a multiagency discussion between relevant organisations involved with the adult at risk to agree how to proceed with the referral
- It can be face to face, by telephone or by email

Honour-Based Violence

- The terms 'honour crime', 'honour-based violence', and 'izzat' embrace a variety of crimes of violence (mainly but not exclusively against women), including physical abuse, sexual violence, abduction, forced marriage, imprisonment and murder where the person is being punished by their family or their community
- They are punished for actually, or allegedly, 'undermining' what the family or community believes to be the correct code of behaviour
- In transgressing this, the person shows that they have not been properly controlled to conform by their family and this is to the 'shame' or 'dishonour' of the family
- 'Honour crime' may be considered by the perpetrator(s) as justified to protect or restore the 'honour' of a family

Hate Crime

- Hate (Mate) Crime - A disability hate crime is: “Any criminal offence which is perceived by the victim or any other person, to be motivated by a hostility or prejudice based on a person’s disability or perceived disability.”

Incidents can include:

- Physical attacks such as physical assault, damage to property, offensive graffiti, and arson
- Threat of attack including offensive letters, abusive or obscene telephone calls, groups hanging around to intimidate and unfounded, malicious complaints
- Verbal abuse, insults, or harassment - taunting, offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes and bullying at school or in the workplace

Forced Marriage

- The Anti-Social Behaviour, Crime and Policing Act 2014 protects people from being forced to marry without their free and full consent as well as people who have already been forced to do so
- We will ensure that staff are reminded of the **one chance rule**: i.e. our employees may only have one chance to speak to a potential victim of forced marriage and, therefore, only one chance to save a life
- Forced marriage can involve physical, psychological, emotional, financial, and sexual abuse including being held unlawfully captive, assaulted, and raped
- Law enforcement agencies will also be able to pursue perpetrators in other countries where a UK national is involved under powers defined in legislation

Professionals – key facts

Professionals providing this service should be aware of the following:

- Safeguarding is everybody's business. Agencies have a duty to report safeguarding concerns to the Local Safeguarding Adults Team
- Staff of IMMENSITY HEALTHCARE LIMITED will report safeguarding concerns to the Registered Manager
- The Registered Manager will refer safeguarding concerns to the Local Authority Safeguarding Adults Team
- If it is suspected that a crime has taken place, the reporter of the incident must call the police immediately
- IMMENSITY HEALTHCARE LIMITED will be led by the Local Authority Adult Safeguarding Team as to 'next steps' such as enquiries
- If the alleged victim requires immediate removal from harm or medical attention, this will be done immediately
- The Service User to whom the incident has happened, will be consulted, and supported to be involved in the safeguarding process and provided with information they understand throughout
- IMMENSITY HEALTHCARE LIMITED is committed to supporting and protecting the wellbeing of Service Users through prevention of

harm and reporting and dealing with incidents of abuse through a proper process

People affected by the service – key facts

People affected by this service should be aware of the following:

- IMMENSITY HEALTHCARE LIMITED has a duty to safeguard the people using its service
- IMMENSITY HEALTHCARE LIMITED will provide information and Care Plans to help you understand safeguarding and what to look out for
- If something happens that may be a safeguarding incident which involves you, IMMENSITY HEALTHCARE LIMITED will make sure that you understand your choices and the next steps and that you are included as much as you want and can be
- If you need extra care such as an advocate, one will be provided for you
- Other agencies may be involved in getting to the facts of the incident
- If it seems a crime has taken place, the police will be called immediately
- When the facts are brought together and a way forward has been decided with your input if possible, you will be talked through the findings
- IMMENSITY HEALTHCARE LIMITED will have reviewed your Care Plan and worked with you to care you through the enquiry process and moving on in the future

Further Reading/References

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Prevent E-Learning: https://www.elearning.prevent.homeoffice.gov.uk/edu/screen1.html

Skills for Care: Self Care and Self Neglect

https://www.skillsforcare.org.uk/Learning-development/ongoing-learning-and-development/selfhttps://www.skillsforcare.org.uk/Learning-development/ongoing-learning-and-development/self-care/Self-care/Self- care.aspx

CQC The Adult Social Care Key Lines of Enquiry and Prompts: Sources of evidence: https://www.cqc.org.uk/sites/default/files/20180530%209001095%20ASC%20assessment%20fr amework% 20with%20sources%20of%20evidence%20v4%2000.pdf

Action on Elder abuse - Resources and Forums: https://www.elderabuse.org.uk/

SCIE - Gaining access to an adult suspected to be at risk of neglect or abuse: a guide for social workers and their managers in England which clarifies existing

powers relating to access to adults suspected to be at risk of abuse or neglect: http://www.scie.org.uk/care-act-2014/safeguarding-adults/adult-suspected-athttp://www.scie.org.uk/care-act-2014/safeguarding-adults/adult-suspected-at-risk-of-neglect-abuse/risk-of-neglect-abuse/

Adult Safeguarding and Housing materials produced for housing providers Housing and Safeguarding Adults Alliance 2014:

https://www.housinglin.org.uk/Topics/type/Adulthttps://www.housinglin.org.uk/Topics/type/Adult-safeguarding-and-housing/safeguarding-and-housing/ **GOV.UK - How to report a serious incident in your charity:** https://www.gov.uk/guidance/how-to-report-a-seriousthttps://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charityincident-in-your-charity

Outstanding Service

To be 'outstanding' in this policy area you could provide evidence that:

- Care Planning includes tailored information to care individual Service Users to make safe choices to promote independence and wellbeing. People report that they feel safe and well supported
- Records are kept in regard to safeguarding and are extremely clear, transparent, and well-ordered with all incidents reviewed and learning disseminated. Training materials are updated to reflect any learning
- The same issues do not reoccur, and robust measures and systems have been put in place to address the original safeguarding concern
- Staff report that the service is fully aware of its responsibilities with regard to safeguarding, that they are encouraged to report incidents and are fully supported through the process
- Service Users report that if they are involved in a safeguarding incident, then they are supported to be involved as much as they would like
- IMMENSITY HEALTHCARE LIMITED has reviewed the CQC's 'The Adult Social Care Key Lines of Enquiry and Prompts: Sources of evidence' and ensures that systems, processes, and practices are in place to safeguard people from abuse

Health and Safety Policy and Procedure

1.Purpose

To comply with Health and Safety law, regulations, and quality standards.

To set out the approach of IMMENSITY HEALTHCARE LIMITED to fulfilling the requirements of legislation on health and safety.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	How does the service make sure that staff have the skills, knowledge, and experience to deliver effective care and care?
EFFECTIVE	How are people's individual needs met by the adaptation, design, and decoration of premises?
SAFE	How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?
SAFE	Are lessons learned and improvements made when things go wrong?
WELL-LED	Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?
WELL-LED	How does the service continuously learn, improve, innovate, and ensure sustainability?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Care Act 2014
- Civil Contingencies Act 2004
- Control of Substances Hazardous to Health Regulations 2002
- The Electricity at Work Regulations 1989
- The Food Safety and Hygiene (England) Regulations 2013
- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- Management of Health and Safety at Work Regulations 1999
- The Manual Handling Operations Regulations 1992
- The Regulatory Reform (Fire Safety) Order 2005
- The Workplace (Health, Safety and Welfare) Regulations 1992
- The Health and Safety (Miscellaneous Amendments) Regulations 2002

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

2. Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

To ensure that IMMENSITY HEALTHCARE LIMITED has a written statement of general policy with respect to the Health and Safety at Work etc. Act 1974.
This is known as a "Statement of Intent".

This policy and procedure should be read alongside all health and safety policies, procedures and supporting documentation at IMMENSITY HEALTHCARE LIMITED.

4. Policy

IMMENSITY HEALTHCARE LIMITED recognises that it has a responsibility to ensure that reasonable precautions are taken to provide and maintain working conditions which are safe, healthy and comply with all statutory requirements and codes of practice relating to the particular activities of IMMENSITY HEALTHCARE LIMITED.

Statement of Intent
IMMENSITY HEALTHCARE LIMITED acknowledges and accepts the responsibilities placed on it as an 'Employer' by the Health and Safety at Work etc. Act 1974 and other relevant legislation. IMMENSITY HEALTHCARE LIMITED considers that a safe and healthy working environment is a prerequisite to achieving the safe, high-quality Care and a safe working environment for our staff and those who work on our behalf.

IMMENSITY HEALTHCARE LIMITED will provide and maintain a healthy and safe working environment to minimise the number of instances of occupational accidents, incidents, illnesses and near misses. Through the implementation of the Health and Safety Policy, IMMENSITY HEALTHCARE LIMITED is committed to the following objectives:

- To provide, as far as reasonably practicable, a safe and healthy working environment, safe premises and facilities for staff, Service Users, contractors, and others who work on our behalf
- Maintaining the workplace in a safe condition and providing adequate facilities and arrangements for welfare at work
- The provision and maintenance of equipment and systems of work that are safe
- Arrangements for ensuring safety in connection with the use, handling, storage and transport of articles and substances are in place
- Providing information, instructions, training, and supervision as is necessary to ensure the health and safety at work for its employees and other persons
- The health and safety policies, standards, and management systems (including procedures and work instructions) will be defined, documented, implemented, and maintained
- Creating for staff, as far as is practicable, a working environment where potential work-related stressors are avoided, minimised, or mitigated through good management practices, effective human resources policies and staff development
- Ensuring, as far as reasonably practicable, that risks associated with travel by staff for IMMENSITY HEALTHCARE LIMITED are appropriately managed
- Making sure that all staff are aware of their health and safety responsibilities and know what is expected of them and what they must do to discharge the responsibilities assigned to them
- Providing access for staff to appropriate training and development to enable them to discharge competently the responsibilities assigned to them
- Having an effective system for communicating and consulting on health and safety matters and securing the co-operation of staff, Service Users, and commissioners in implementing the Health and Safety Policy
- To have in place arrangements to plan, implement, monitor, and review measures to address risks arising from the activities of IMMENSITY HEALTHCARE LIMITED
- To strive to improve continuously the health and safety performance at IMMENSITY HEALTHCARE LIMITED
- Appointing a competent person to care IMMENSITY HEALTHCARE LIMITED to meet its statutory duties
- IMMENSITY HEALTHCARE LIMITED will provide necessary resources to discharge its duty in fulfilling the duty placed upon it

in respect of health, safety and welfare of all persons who live, work, and visit the IMMENSITY HEALTHCARE LIMITED establishments

IMMENSITY HEALTHCARE LIMITED will review its health and safety systems and procedures at least annually to ensure that they reflect legal responsibilities associated with applicable:

- Health and Safety Executive (HSE) laws, regulations, approvals, licences, and other legal requirements
- International, national, and regional standards
- Industry codes and best practice
- Contractual requirements
- Expectations of regulators and other key stakeholders
- Systems and procedures will be made available to those working for and on behalf of IMMENSITY HEALTHCARE LIMITED so that they are aware of their individual health and safety obligations.
- A health and safety management structure will be implemented to care the delivery of health and safety policies, systems, objectives, and targets, to review health and safety performance and respond to health and safety incidents.

IMMENSITY HEALTHCARE LIMITED is charged with implementing this policy by using a suitable safety management system.

- Dorothy Botha will seek and expect the full co-operation and care of IMMENSITY HEALTHCARE LIMITED to ensure that the Health and Safety Policy and the arrangements that are put in place to care the objectives of the policy are implemented effectively.
- Dorothy Botha will have day-to-day responsibility for ensuring compliance with this policy.
- The Health and Safety Policy 'Statement of Intent' at IMMENSITY HEALTHCARE LIMITED will be ratified and signed by IMMENSITY HEALTHCARE LIMITED. This signifies the commitment of IMMENSITY HEALTHCARE LIMITED to ensuring that the successful management of health and safety is of paramount importance within IMMENSITY HEALTHCARE LIMITED.
- A copy of the Health and Safety Policy 'Statement of Intent' will be displayed within the reception area at IMMENSITY HEALTHCARE LIMITED. This will be signed and dated by the (most senior person in the company) at least annually.

Health and Safety Responsibilities in IMMENSITY HEALTHCARE LIMITED Executive

- IMMENSITY HEALTHCARE LIMITED is responsible for safety in IMMENSITY HEALTHCARE LIMITED and will monitor the Health and Safety Policy on a regular basis
- IMMENSITY HEALTHCARE LIMITED will be sufficiently apprised of health and safety matters to ensure that sufficient resources are

available to provide any health and safety equipment, clothing, information and training for employees in order, as far as is reasonably practicable, to achieve and maintain a high standard of safety proficiency

Safety Officer

The Safety Officer is Registered Manager, unless indicated otherwise by a notice on the main noticeboard of IMMENSITY HEALTHCARE LIMITED. The responsibilities of Registered Manager are to:

- Maintain safety records
- Ensure staff and Service User risk assessments are in place, proportionate and up to date
- Investigate accidents, incidents and near misses
- Provide accident, incident and near miss statistics
- Keep a watching brief on changing safety legislation
- Report directly to IMMENSITY HEALTHCARE LIMITED
- Conduct full investigations of accidents with a view to the prevention of future occurrences
- Ensure that the obligations of IMMENSITY HEALTHCARE LIMITED with respect to assessment, control and monitoring of hazardous substances are met
- Ensure that the recording of accidents is in accordance with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013), by ensuring that the Accident and Incident Reporting Policy and Procedure is followed and that all accidents are recorded, using the form attached to that policy
- Ensure that all accidents which result in absence from work for more than 7 days (not including the day of the accident) are reported within 15 days to the Health and Safety Executive
- Ensure that any accidents or incidents involving Service Users are reported to Buckinghamshire County Council
- Ensure that the CQC is notified in line with statutory reporting requirements

Team Manager (where this differs from the Registered Manager)

Where there are no designated team managers, Dorothy Botha fulfils this role. Team managers have the responsibility to provide leadership and to promote responsible attitudes towards health and safety.

A team manager will:

- Ensure that each new employee is given induction training, including the precautions and procedures appropriate to their specific jobs. All new members of staff will be shown the location of first aid boxes, fire exits and firefighting equipment

- Ensure that all staff are aware of the Health and Safety Policy and Procedure (a copy is on the noticeboards at IMMENSITY HEALTHCARE LIMITED).
- Keep up to date with health and safety matters applicable to the operations of IMMENSITY HEALTHCARE LIMITED
- Investigate all accidents with the assistance of Dorothy Botha, with a view to the prevention of further occurrences
- Ensure that good housekeeping standards are applied
- Ensure that periodically all new and existing equipment is checked and that maintenance schedules are in place and adhered to. This includes equipment within the Service User's home
- Carry out regular safety checks and audits

Supervisors

Supervisors have the responsibility to provide leadership and to promote responsible attitudes towards health and safety. Supervisors must ensure that all tasks carried out in their sections are performed with the utmost regard for the health and safety of all those involved.

Accidents must be reported immediately to the Team Manager or Dorothy Botha. Particular regard will be paid to:

- Equipment and its usage to ensure that it is safe and does not endanger health
- The provision of safety arrangements for the handling, storage and movement of materials, equipment, and substances
- Supplying sufficient information, instructions, training, and supervision to enable staff to avoid hazards and contribute positively to their own health and safety at work
- Inspecting, on a regular basis, any equipment to ensure its efficiency and maintenance
- Ensuring staff are aware of emergency procedures, and that Personal Emergency Evacuation Plans (PEEPs), if required, are written, and practised

Staff

Employees have a duty under the Health and Safety at Work etc. Act 1974 to comply with the following:

- To do everything they can to prevent injury to themselves, fellow staff and others affected by their actions or omissions at work
- To follow company procedures, in particular, to report any incidents which have or may have led to injury or damage. To neglect this responsibility can lead to prosecution by the Health and Safety Executive

- To inform their line manager of any work situation where there is a serious and/or immediate danger to staff and to identify any shortcomings in the health and safety arrangements for protecting staff and others
- Any member of staff who is faced with a conflict between the demands of safety and their job must raise the matter immediately with their supervisor
- Checking work areas and equipment are safe prior to use, and using any work equipment in accordance with the training and instructions provided, bringing to the notice of managers any defective equipment which may cause an incident
- Dress in line with the Appearance Policy and Procedure and appropriately for their working environment and their work activities
- To follow the Lone Working Policy and report any personal safety concerns to IMMENSITY HEALTHCARE LIMITED
- To ensure that they understand the system for reporting incidents, accidents and other health and safety risks at IMMENSITY HEALTHCARE LIMITED and that they use these systems when necessary
- To ensure that they read, understand, and follow all appropriate IMMENSITY HEALTHCARE LIMITED health and safety policies, procedures and other documentation and attend scheduled training sessions

Health and Safety Poster

IMMENSITY HEALTHCARE LIMITED will display a Health and Safety Poster and ensure it is kept up to date. Registered Manager, as the Health and Safety Officer, will have their name clearly displayed in a prominent place for all staff to see.

First Aid

IMMENSITY HEALTHCARE LIMITED will appoint a member of staff who will have responsibility for First Aid. They will be trained in First Aid to meet the requirements of IMMENSITY HEALTHCARE LIMITED. We will ensure that a First Aid kit is available and checked on a regular basis as agreed by IMMENSITY HEALTHCARE LIMITED.

5. Procedure

Risk and Hazard Management

- Risk assessments will be carried out to evaluate and adequately control hazards, to ensure the health, safety and welfare of staff and others who may be affected by the work activities of IMMENSITY HEALTHCARE LIMITED

- Risk assessments will be recorded on the appropriate IMMENSITY HEALTHCARE LIMITED document in accordance with the Risk management

Policy and Procedure at IMMENSITY HEALTHCARE LIMITED

- Arrangements will be made for putting into practice the preventative and protective measures that follow on from the risk assessment
- Risk assessments will be regularly monitored and reviewed to ensure they remain 'live' documents. They will be updated in accordance with legislative and contractual requirements, standards, codes of practice etc.
- The outcomes of risk assessments will be readily available and communicated to staff. Staff will receive instructions and/or training associated with the level of risk identified and the control measures taken to prevent or control risks
- Service Users will be involved in the development of risk assessments and IMMENSITY HEALTHCARE LIMITED will seek their feedback and act on any concerns
- Risk assessments in relation to Service Users will be kept in the Service User's home and staff informed of their location

Accident and Incident Reporting

- In the event of an accident/incident, staff will ensure that a detailed entry of the event is recorded on an accident form and will notify their line manager who will subsequently determine, in conjunction with the Health and Safety Committee at IMMENSITY HEALTHCARE LIMITED, where appropriate, if notification is required under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Where an accident/incident has occurred, it is necessary to carry out a review of the risk assessment of the task being undertaken at the time, to ascertain if additional precautions, an alteration to the method of work or additional control measures are necessary. This must be written down and the conclusions clearly defined and acted upon
- As a learning organisation, IMMENSITY HEALTHCARE LIMITED will use the information to prevent re- occurrences, where reasonably practicable
- If an accident, incident or near miss involves a Service User, Buckinghamshire County Council's Safeguarding Team will be informed as will the CQC. IMMENSITY HEALTHCARE LIMITED will be aware of their requirements in relation to the Duty of Candour.

Monitoring Compliance and Effectiveness

Line managers will undertake ongoing monitoring to ensure staff compliance with the policy, with observations for improvement passed to Dorothy Botha for review. The policy document itself will be reviewed by Dorothy Botha and IMMENSITY HEALTHCARE LIMITED on an annual basis. The effectiveness of this policy will also be monitored by the Health and Safety Committee at IMMENSITY HEALTHCARE LIMITED. This review may include:

- Audit
- Risk Assessment
- Systematic inspections
- Incident and accident statistics
- Sickness and ill health statistics
- Risk registers

Items identified as requiring significant amendment will be referred for authorisation before being actioned to IMMENSITY HEALTHCARE LIMITED who is responsible for health and safety on behalf of IMMENSITY HEALTHCARE LIMITED.

Health and Safety Policies and Procedures

IMMENSITY HEALTHCARE LIMITED will ensure that staff have access to the Health and Safety These policies will be reviewed by Dorothy Botha to ensure they dovetail with both the procedures at IMMENSITY HEALTHCARE LIMITED and any local or contractual procedures. Carers will be provided with a Staff Handbook when they start work with IMMENSITY HEALTHCARE LIMITED and all staff will undertake an induction which will include Health and Safety training, policies, and procedures.

IMMENSITY HEALTHCARE LIMITED will follow the Care Certificate standards for new care staff.

Immensity HealthCare

6. Definitions

Risk Assessment

- A risk assessment identifies all significant risks associated with a company's operations through assessing the likelihood and probability that harm may occur and how this will be managed to keep individuals free from harm

Safe System of Work

- This is a safe method of carrying out a task, a bit like a step by step guide to safe working practices. Not all tasks can eliminate harm completely. However, by having a safe system of work in place, the likelihood of harm is greatly reduced through various control measures

As Far as Reasonably Practicable

- This refers to the degree of risk in a particular activity or environment which can be balanced against the time, trouble, cost, and physical difficulty of taking measures to avoid the risk

Competent Person

- A competent person is someone who has sufficient skills, knowledge, and experience to complete the task

Hazard

- A hazard is anything that may cause harm, e.g. chemicals, electricity, working from ladders, etc.

Health and Safety Policy Statement of Intent

IMMENSITY HEALTHCARE LIMITED as an employer, is committed to ensuring the health, safety, and welfare of its employees, so far as is reasonably practicable. We also fully accept our responsibility for other persons who may be affected by our activities and we will take steps to ensure that our statutory duties are met at all times. IMMENSITY HEALTHCARE LIMITED expects all staff, visitors, contractors and other employers who work at IMMENSITY HEALTHCARE LIMITED to share this commitment by complying with the policies and procedures at IMMENSITY HEALTHCARE LIMITED and to understand that they too have legal and moral obligations to themselves and to one another.
IMMENSITY HEALTHCARE LIMITED acknowledges and accepts the responsibilities placed on it as an 'Employer' by the Health and Safety at Work etc. Act 1974 and other relevant legislation. IMMENSITY HEALTHCARE LIMITED considers that a safe and healthy working environment is a prerequisite to achieving the safe, high-quality Care and a safe working environment for our staff and those whose work on our behalf.

IMMENSITY HEALTHCARE LIMITED will provide and maintain a healthy and safe working environment to minimise the number of instances of occupational accidents, incidents, illnesses and near misses. Through the implementation of the Health and Safety Policy, IMMENSITY HEALTHCARE LIMITED is committed to the following objectives:

- To provide, as far as reasonably practicable, a safe and healthy working environment, safe premises and facilities for staff, Service Users, contractors, and others who work on our behalf
- Maintaining the workplace in a safe condition and providing adequate facilities and arrangements for welfare at work
- The provision and maintenance of equipment and systems of work that are safe
- Arrangements for ensuring safety in connection with the use, handling, storage and transport of articles and substances are in place
- Providing information, instructions, training, and supervision as is necessary to ensure the health and safety at work of its employees and other persons
- The health and safety policies, standards, and management systems (including procedures and work instructions) will be defined, documented, implemented, and maintained
- Creating for staff, as far as is practicable, a working environment where potential work-related stressors are avoided, minimised, or mitigated

through good management practices, effective human resources policies and staff development

- Ensuring, as far as reasonably practicable, that risks associated with travel by staff for IMMENSITY HEALTHCARE LIMITED are appropriately managed
- Making sure that all staff are aware of their health and safety responsibilities and know what is expected of them and what they must do to discharge the responsibilities assigned to them
- Providing access for staff to appropriate training and development to enable them to discharge competently the responsibilities assigned to them
- Having an effective system for communicating and consulting on health and safety matters and securing the co-operation of staff, Service Users, and commissioners in implementing the Health and Safety Policy
- To have in place arrangements to plan, implement, monitor, and review measures to address risks arising from activities at IMMENSITY HEALTHCARE LIMITED
- To strive to improve continuously the health and safety performance of IMMENSITY HEALTHCARE LIMITED
- Appointing a competent person to care IMMENSITY HEALTHCARE LIMITED to meet our statutory duties IMMENSITY HEALTHCARE LIMITED will undertake to continually review and develop our safety management systems, with the overarching aim of conducting our activities in a manner which does not affect the health and safety of any staff, contractors, visitors or members of the public.

I and the other members of IMMENSITY HEALTHCARE LIMITED are committed to this policy and to the implementation and maintenance of the highest standards of health, safety, and welfare within IMMENSITY HEALTHCARE LIMITED. We expect every member of IMMENSITY HEALTHCARE LIMITED to share this commitment and to work together to achieve it.

Signature of Accountable Officer/IMMENSITY HEALTHCARE LIMITED

Printed Name:
Date:

Immensity HealthCare

This statement will be reviewed as a minimum annually.

Professionals – key facts

Professionals providing this service should be aware of the following:

Managers need to be aware of their roles and responsibilities about the effective use of health and safety management systems and the impact that this has on staff and Service Users

- Managers need to ensure that staff have access to this document and training in the key areas which relate to their roles so that they can effectively implement this procedure through their work to ensure effective safe service delivery

- Health and Safety is everybody's responsibility and staff must escalate concerns to their line manager. Where concerns are not acted upon staff must follow IMMENSITY HEALTHCARE LIMITED Whistleblowing Policy

People affected by service – key facts

People affected by this service should be aware of the following:

- Service Users and their families have a right to be cared for by IMMENSITY HEALTHCARE LIMITED who has policies in place to care them

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Suzy Lamplugh Trust: https://www.suzylamplugh.org/

HSE: Health and Safety in Care Homes:
https://www.hse.gov.uk/pUbns/priced/hsg220.pdf

Outstanding Service

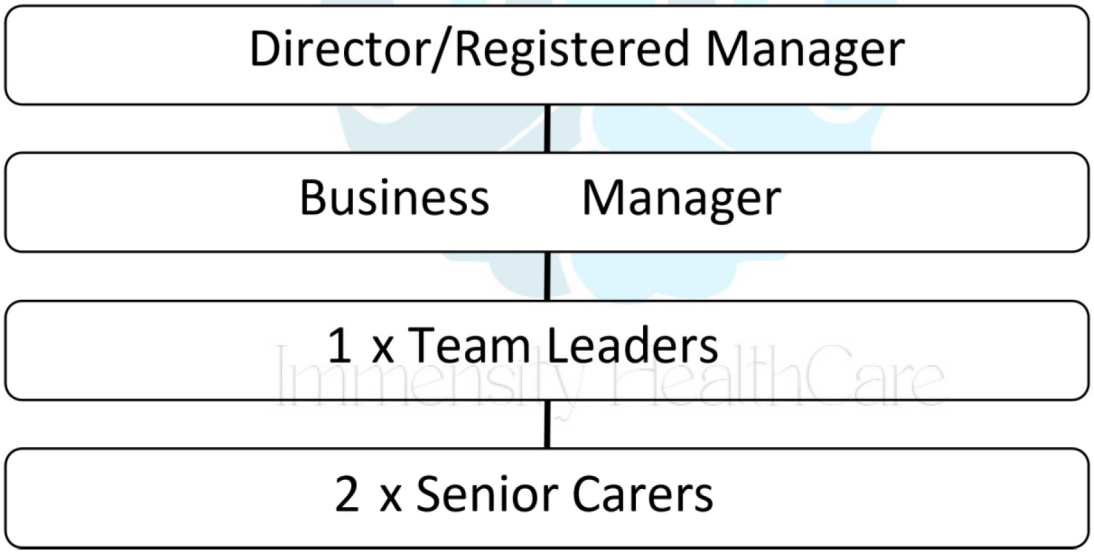
To be ' outstanding ' in this policy area you could provide evidence that:

- IMMENSITY HEALTHCARE LIMITED has a robust health and safety management system that provides structure and effective service delivery
- There are open lines of communication between management and staff which enables information to flow and the continual improvement of management systems which are fit for purpose. This system is seen as a live document to ensure that it adapts to changing circumstances enabling it to be current and meaningful.

Health and Safety Management Structure

Although the Directors have overall responsibility for the implementation of this policy day to day responsibility for particular issues has been delegated to key personnel.

The management structure within our business is shown here and the allocation of day to - day responsibility for particular health and safety issues is shown in the Responsibility Chart which appears later in this document.



Health and Safety Management Responsibilities

The Director has recognised that they retain overall responsibility for health and safety matters. They also recognise that the business needs to take action in respect of the key points listed here. In managing these matters emphasis is placed on recognising hazards and potential risks and then taking steps to minimise their effects on employees and others.

General

- Provide and resource an effective health and safety management system.
- Make arrangements to consult with employees on health and safety matters.
- Arrange and maintain appropriate Employers' Liability Insurance cover.
- Ensure that health and safety implications are considered when acquiring new equipment and machinery.
- Ensure that contractors (when used) are competent and monitored during work.
- Ensure that a process is in place to identify and report hazards.
- Ensure that all employees receive appropriate health and safety training.
- Provide measures to protect the health and safety of employees working alone.
- Monitor the health and safety performance of the organisation.

Occupational Health

- Ensure that adequate procedures are in place to identify and address occupational health risks.
- Ensure that the measures required to reduce and control employees' exposure to occupational health risks are in place and used.
- Implement measures to reduce stress within the workplace.

Accidents, Incidents and First Aid

Record accidents and incidents.

- Complete accident and incident investigations identify causes and measures for prevention.
- Ensure that applicable injuries, diseases, and dangerous occurrences are reported to the Enforcing Authority.
- Ensure that adequate first aid arrangements are in place.

Immensity HealthCare

Fire and Emergency Arrangements

Ensure that.

- Adequate arrangements are in place to deal with fire safety at our premises or at our member's premises.
- Employees are aware of the fire and evacuation arrangements and other emergency procedures.
- Emergency equipment is provided, tested, and maintained appropriately.
- Adequate Fire Risk Assessments are completed.

Risk Assessment

Ensure that.

- Risk assessments are complete and Safe Systems of Work are produced for all activities that pose a significant risk of harm.
- Risk assessments are documented.
- The outcomes of risk assessments are carefully explained to the workforce.

Premises

- Provide a suitable and safe working environment for employees with adequate welfare facilities.
- Ensure that the fixed electrical installation is adequately installed and maintained.
- Introduce and maintain measures to control and manage the risks from asbestos.
- Ensure good housekeeping standards are instigated and maintained.
- Provide suitable and sufficient maintenance of the facilities provided within the workplace.

Equipment

Ensure that.

- All equipment provided by the organisation is suitable and properly used.
- All work equipment is adequately maintained and safe.
- Portable electrical appliances are adequately maintained, inspected, and tested.
- Appropriate hand tools are provided and maintained.
- Any Personal Protective Equipment (PPE) provided gives suitable protection, is used and that employees are given information, instruction, and training on its use.

Substances

Ensure that.

- All substances are used safely.
- All substances are appropriately stored.

The Responsibility Table on the next page identifies the specific health and safety responsibilities and identifies the individuals they are allocated to. Employees with allocated responsibilities should refer to the associated Safety Arrangements set out later in this policy document.

Monitoring

The operation of this policy and arrangements is actively monitored through the periodic review of our completed Safety Record Forms and also by using Periodic Workplace Checklists. The Director has overall responsibility for this, but some of the routine tasks may be delegated. We also use an Annual Health and Safety Review form to determine whether our existing health and safety procedures and arrangements are adequate.

People who have delegated responsibilities under this policy will also complete Periodic Checklists of compliance with the policy and procedures arranging for remedial actions to be taken where necessary. The outcomes of these periodic reviews will also be taken into account during the annual review.

Monitoring and review help us to check the effectiveness of our Safety Management System.

Responsibility Table

This Responsibility Table shows the allocation of responsibility for particular health and safety issues to named people or management positions.

Key
DIR - Directors

Safety arrangements

Safety Arrangements (*Tick appropriate*)	Yes	No
Managing Safety & Health at Work		
The Provision Use & Maintenance of Work Equipment		
Managing Migrant Workers		
Hand Tools Accident, Incident,		
Ill Health Reporting and Investigation		
Office Equipment Workplace H&S Consultation One-to-one		
Storage of Chemical Substances		
Risk Assessment and Hazard Reporting & Agents Slips, Trips & Falls Occupational Health and Health Surveillance		
Occupational Road Safety		
Substance & Alcohol Abuse		
The Prevention of Sharps and Needlestick Injuries		
Purchasing Safety in Food Preparation Environments New and Expectant		

Working Time		
Night Work and Shift Working		
Employing Children & Young Persons		
Manual Handling Lone Working		
Manual Handling in the Health & Safety Training are Sector		
Display Screen Equipment & DSE User Eye Tests & Spectacles Health & Safety of Visitors		
Personal Protective Equipment		
Employing Agency and Temporary Staff		
Safe Systems of Work		
Action on Enforcing Authority Reports		
Equality and Disability Discrimination Compliance		
H&S Information for Employees		
Fire Safety - Arrangements and Procedures		
First Aid		
Welfare, Staff Amenities, Rest Rooms & the Working Environment		
Housekeeping and Cleaning		
Building Services		
The Control of Hazardous & Non-Hazardous Waste		
Access, Egress, Stairs & Floors		
Windows, Glass & Glazing in the Workplace		
Workplace Signs		
Premises		
The Control and Management of Health care Waste		
Electrical Safety		
Asbestos at Work-No Survey & Off-Site Risk		
Stress in the Workplace		
Aggression & Violence in the Workplace		
Drugs & Medication – Health Care U		
Contractor Control & Management		
Contractor Control & Management		☐

Immensity HealthCare

Note:

People with delegated responsibilities for health and safety issues should ensure that the required risk assessments and safety records are completed, either by them or by others and that the required control measures are implemented when work activities take place.

Where more than one person has been assigned responsibility to a particular subject, each should ensure that they have fulfilled their responsibilities in the areas under their control and completed the relevant records. Together they need to check that collectively the organisation has covered all aspects of safety management for the subject.

Relevant Legislation

In most cases Health and Safety legislation requires common sense, reasonably practicable precautions to avoid the risk of injury or ill-health at work. Our Health and Safety Management System does not quote specific legal references; giving instead the information and detail of what is required in practice to secure compliance. If the guidance and requirements of our Health and Safety Management System are adopted compliance with the legal requirements will be achieved. This page sets out, for the record, details of the main statutes and regulations affecting health and safety at work that were in force when this policy was prepared. The document is titled 'Health and Safety Legislation (UK). Not every piece of the legislation will apply to our operation on a day to day basis, but we need to be aware of them should circumstances change.

- Building Regulations 2010 (as amended)
- European Regulation (EC) No 2016/425/2016 on Personal Protective Equipment
- European Regulation (EC) No 2008/1272 on classification, labelling and packaging of substances and mixtures
- European Regulation (EC) No 2003/2003 concerning the export and import of dangerous chemicals, as amended
- Classification, Labelling and Packaging of Chemicals (Amendments to Secondary Legislation) Regulations 2015
- Confined Spaces Regulations 1997
- Construction (Design and Management) Regulations 2015
- Control of Artificial Optical Radiation at Work Regulations 2010
- Control of Asbestos Regulations 2012
- Control of Electromagnetic Fields at Work Regulations 2016
- Control of Lead at Work Regulations 2002
- Control of Major Accident Hazard Regulations 2015
- Control of Noise at Work Regulations 2005
- Control of Substances Hazardous to Health Regulations 2002 (as amended)
- Control of Vibration at Work Regulations 2005

- Corporate Manslaughter and Homicide Act 2007
- Dangerous Substances and Explosive Atmospheres Regulations 2002
- Electricity at Work Regulations 1989
- Employers Liability (Compulsory Insurance) Regulations 1998 (as amended) Employment of Women, Young Persons and Children Act 1920.
- Equality Act 2010
- Furniture and Furnishings (Fire) (Safety) Regulations 1988 (as amended)
- Gas Appliances (Safety) Regulations 1995 (as amended)
- Gas Safety (Installation and Use) Regulations 1998
- Gas Safety (Management) Regulations 1996
- Hazardous Waste Regulations 2005 (as amended)
- Health and Safety Offences Act 2008
- Health and Safety at Work etc. Act 1974
- Health and Safety (Consultation with Employees) Regulations 1996
- Health and Safety (Display Screen Equipment) Regulations 1992
- Health and Safety (First Aid) Regulations 1981 (as amended)
- Health and Safety Information for Employees Regulations 1989 (as amended) Health and Safety (Safety Signs and Signals) Regulations 1996 (as amended) Health and Safety (Sharp Instruments in Health care) Regulations 2013.
- Health and Safety (Training for Employment) Regulations 1990
- Health and Safety at Work etc. Act 1974 (General Duties of Self-Employed Persons)
- Ionising Radiations Regulations 1999
- Lifting Operations and Lifting Equipment Regulations 1998
- Lifts Regulations 1997
- Management of Health and Safety at Work Regulations 1999 (as amended)
- Manual Handling Operations Regulations 1992 (as amended)
- Notification of Cooling Towers and Evaporative Condensers Regulations 1992
- Personal Protective Equipment at Work Regulations 2002
- Pressure Systems Safety Regulations 2000
- Provision and Use of Work Equipment Regulations 1998
- Radiation (Emergency Preparedness and Public Information) Regulations 2001

- The Registration, Evaluation, Authorisation and Restriction of Chemicals Regulations 2007 (REACH)
- Regulatory Reform Fire Safety Order 2005
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Safety Representatives and Safety Committees Regulations 1977
- Work at Height Regulations 2005 (as amended)
- Workplace (Health, Safety and Welfare) Regulations 1992
- Working Time Regulations 1998 (as amended)

Safety Arrangements Table

Ref. Number	Title	**Publication Date**
SA1-1	Managing Safety & Health at Work	v1
SA1-2	Managing Migrant Workers	v1
SA1-3	Accident, Incident, Ill Health Reporting, and Investigation	v2
SA1-5	Workplace H&S Consultation - One-to-one	v1
SA1-6	Risk Assessment and Hazard Reporting	v2
SA1-7	Occupational Health and Health Surveillance	v1
SA1-8	Substance & Alcohol Abuse	v1
SA1-9	Purchasing	v1
SA1-11	New and Expectant Mothers	v2
SA1-12	Employing Children & Young Persons	v1
SA1-13	Lone Working	v2
SA1-14	Health & Safety Training	v1
SA1-15	Health & Safety of Visitors	v1
SA1-17	Personal Protective Equipment	v1
SA1-19	Employing Agency and Temporary Staff	v1
SA1-20	Safe Systems of Work	v1
SA1-21	Action on Enforcing Authority Reports	v1
SA1-22	Equality and Disability Discrimination Compliance	v2
SA1-23	H&S Information for Employees	v1
SA 2-1	Fire Safety - Arrangements and Procedures	v2
SA3-1	First Aid	v2
SA3-2	Welfare, Staff Amenities, Rest Rooms & the Working Environment	v2
SA3-3	Housekeeping and Cleaning	v2
SA3-5	Building Services	v3
SA3-6	The Control of Hazardous & Non-Hazardous Waste	v2
SA3-9	Access, Egress, Stairs & Floors	v2

SA3-10	Windows, Glass & Glazing in the Workplace	v1
SA3-11	Workplace Signs	v1
SA3-15	Premises	v2
SA3-18	The Control and Management of Health care Waste	v1
SA4-1	Electrical Safety	v1
SA4-2	The Provision, Use & Maintenance of Work Equipment	v1
SA4-3	Hand Tools	v1
SA4-4	Office Equipment	v1
SA4-5	Storage of Chemical Substances & Agents	v1
SA4-8	Slips, Trips & Falls	v1
SA4-31	Occupational Road Safety	v2
SA4-32	The Prevention of Sharps and Needlestick Injuries	v3
SA4-35	Safety in Food Preparation Environments	v1
SA5-5	Working Time, Night Work and Shift Working	v1
SA5-9	Manual Handling	v3
SA5-10	Manual Handling in the Care Sector	v4
SA5-11	Display Screen Equipment & DSE User Eye Tests & Spectacles	v2
SA5-16G	Asbestos at Work-No Survey & Off-Site Risk	v1
SA5-18	Stress in the Workplace	v1
SA5-19	Aggression & Violence in the Workplace	v1
SA6-3	Drugs & Medication – Health Care UK	v4
SA7-2	Contractor Control & Management	v1

ACCIDENT and INCIDENT REPORTING

Introduction

Immensity HealthCare

Employers are required to report specific health and safety incidents to the Health and Safety Authority (HSA). The reported incidents enable the Enforcing Authorities to track organisations that fail to maintain good health and safety standards and to investigate any incidents should they deem it necessary. The Health and Safety Authority produce statistical information from these incidents, enabling them to target areas of high risk and introduce appropriate safety campaigns (e.g. falls from height).

Legal Duty

Failure to report an injury or a dangerous occurrence in accordance with the regulations may result in criminal prosecution. Prosecutions can result in fines and or imprisonment depending on the seriousness of the breach or the incident's outcome.

Compliance with the Requirements

All accidents, injuries, near miss incidents, and dangerous occurrences involving employees, contractors and visitors on the organisation's premises should be reported immediately to the relevant supervisor or manager. Their initial action should be to ensure that any injured people are being treated and to assess the scene of the incident to ensure that the potential risk of further injury has been removed.

If the accident or incident is reportable you must ensure that it is reported to the HSA (follow the flow chart overleaf).

Reportable incidents are those that cause:

the death of a person at work.

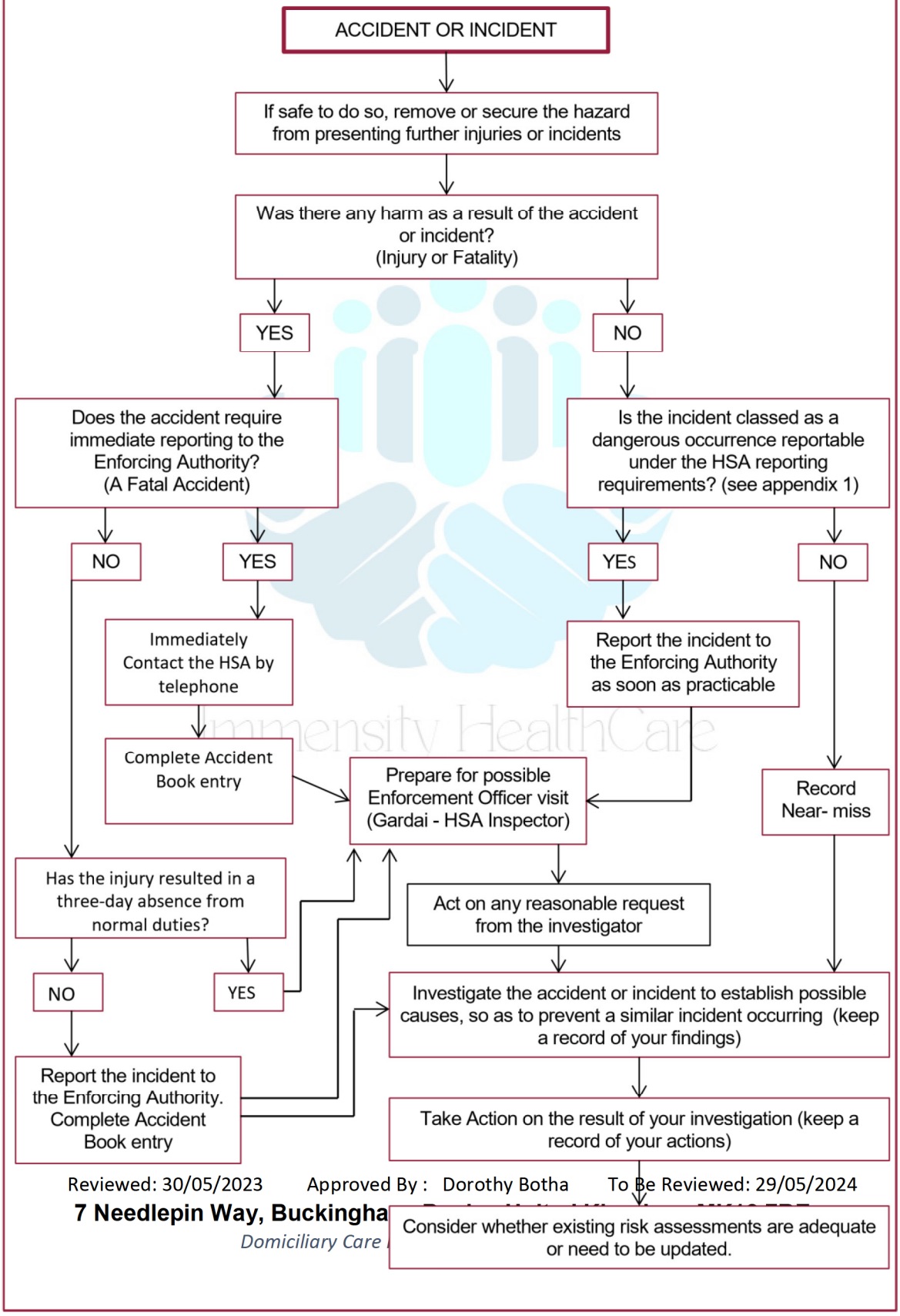
the death of a person not at work where the death is related to an accident or event at the workplace.

prevent an employee from performing his normal work for more than three consecutive days (excluding the day of the accident but including non-working days).

a person not at work to receive treatment from a registered medical practitioner or treatment in a hospital (in-patient or out-patient) for any injury or condition; or a dangerous occurrence (a list of reportable dangerous occurrences is at appendix 1 of this guidance note).

Immensity HealthCare

The basic steps for reporting and managing an accident



Accidents involving vehicles on a public road are included if the person harmed was driving or riding in the vehicle in the course of their work, if the injury or condition is a result of exposure .to a substance or injury from an article being carried in a vehicle, or connected with the loading or unloading of a vehicle, or in connection with road works and work adjacent to a road (e.g. hedge cutting or building maintenance). Further details can be found at the end of this guidance note.

In the case of a death the HSA must be notified by the quickest practicable means (i.e. by telephone). The HSA will need the name of the deceased, brief particulars, and the location of the accident. You also need to confirm the details in a written report, on an approved form. It is possible to complete this process over the internet.

To allow a full investigation to be made the accident site must not be disturbed for 3 days, other than to make it safe, unless an inspector of the HSA gives permission. A death occurring within a year of an accident must also be reported. HSA contact details can be found towards the end of this guidance note.

Other reportable injuries and dangerous occurrences must be reported in writing as soon as is practicable and in all cases within 14 days of the accident. If you report by telephone or internet you will be given a reference number as confirmation that the report has been made; make a note of this number on your **accident book** entry for the accident. If you report to the HSA in writing keep a copy as evidence should any questions be raised at a later stage.

If you are not sure and require further guidance call the Peninsula 24 Hour Advice Service.

Accident details should be recorded in the **Accident Book**. The completed page should be filed in the **Completed Accident Reports Binder** and stored securely to comply with data protection legislation. The entry should detail the injured person's name and contact details and give brief details including dates, times, location, and a description of the events.

All entries in the **Accident Book** should be checked periodically with the aim of identifying any reoccurrence or trends. If a pattern of accidents is seen, remedial action should be identified, and the appropriate control measures put in place.

Employees should be made aware of accident, incident, and disease reporting procedures during their induction to the organisation.

Information of the reporting procedures should also be provided for contractors and visitors to your premises or site. This can be provided verbally or by written instruction.
You should begin to investigate all incidents, including near misses, as soon as is possible, to identify the cause(s). Where possible, remedial action should be taken to remove any

immediate risk of danger and minimise the possibility of reoccurrence. Any action taken should be documented and explained to the workforce.

Guidance Note 14 Accident Investigation gives more information. You should also check that the risk assessment for the task or area concerned is still valid or, if necessary, update it to reflect the changed situation.

The Health and Safety Authority may be contacted as follows:
Buckinghamshire County Council Authority (insert)

Telephone: (insert)

Internet: http://www.hsa.ie

Post (using form IR1 and IR3): The Health and Safety Authority.

Reports to the HSA by Internet do not require a follow-up written report. Anyone reporting an incident by telephone or Internet will be given a reference number and sent a printed copy of the report for checking and their records. Keep the printed copies you receive from the HSA because the requirement to keep a record of reported incidents for inspection by visiting Officers remains.

In the event of a civil claim for compensation you may be asked by the claimant's legal representative for a copy of the completed report form. Your legal adviser will find it easier to handle the claim if all the paperwork is readily available. So, it is important that all the relevant documentation is securely filed and kept for a minimum of ten years or for accidents that occur to children until they reach the age of 21.

Guidance Notes are regularly revised and updated to reflect current best practice and take account of revised standards or legislation.

University HealthCare

Extract from The Safety Health and Welfare at Work (General Application) Regulations, 1993

Reportable Dangerous Occurrences

Dangerous Occurrences that require reporting to the HSA are:

1. The collapse, overturning, or failure of any load-bearing part of:

(a) any lift, hoist, crane, derrick, or mobile powered access platform.

(b) any excavator; or

(c) any pile-driving frame or rig having an overall height, when operating, of more than seven metres.

2. The explosion, collapse or bursting of any closed vessel, including a boiler or boiler tube, in which the internal pressure was above or below atmospheric pressure.

3. Electrical short circuit or overload attended by fire or explosion which results in the stoppage of the plant involved for more than 24 hours.

4. An explosion or fire occurring in any plant or place which resulted in the stoppage of that plant or suspension of normal work in that place for more than 24 hours, where such explosion or fire was due to the ignition of process materials, their by-products (including waste) or finished products.

5. The sudden uncontrolled release of one tonne or more of highly flammable liquid, liquified flammable gas, flammable gas, or flammable liquid above its boiling point from any system plant or pipeline.

6. The collapse or partial collapse of any scaffold more than five metres high which results in a substantial part of the scaffold falling or overturning, including, where the scaffold is slung or suspended, a collapse or part collapse of the suspension arrangements (including an outrigger) which causes a working platform or cradle to fall more than five metres.

7. Any unintended collapse or partial collapse of:

(a) any building or structure under construction, reconstruction alteration or demolition, or of any false work, involving a fall of more than five tonnes of material: or

(b) any floor or wall of any building being used as a place of work, not being a building under construction, reconstruction, alteration, or demolition.

8. The uncontrolled or accidental release or the escape of any substance or pathogen from any apparatus, equipment, pipework, pipe-line, process plant, storage vessel, tank, in-works conveyance tanker, land-fill site, or exploratory land-drilling site, which, having regard to the nature of the substance or pathogen and the extent and location of the release or escape, might have been liable to cause serious injury to any person.

9. Any unintentional ignition or explosion of explosives.

10. The failure of any container or of any load-bearing part thereof while it is being raised, lowered, or suspended.

11. Either of the following incidents in relation to a pipeline:

(a) the bursting, explosion or collapse of a pipeline or any part thereof:

(b) the unintentional ignition of anything in a pipeline, or of anything which immediately before it was ignited was in a pipeline.

12. (1) Any incident in which a container, tank, tank vehicle, tank semi-trailer, tank trailer or tank-container being used for conveying a dangerous substance by road:

(i) overturns: or

(ii) suffers damage to the package or tank in which the dangerous substance is being conveyed.

(2) Any incident involving a vehicle carrying a dangerous substance by road, where there is-

(i) an uncontrolled release or escape from any package or container of the dangerous substance or dangerous preparation being conveyed; or

(ii) a fire which involves the dangerous substance or dangerous preparation being conveyed.

13. Any incident where breathing apparatus while being used to enable the wearer to breathe independently of the surrounding environment malfunctions in such a way as to be likely either to deprive the wearer of oxygen or, in the case of use in a contaminated atmosphere, to expose the wearer to the contaminant to the extent in either case of posing a danger to his health, but excluding such apparatus while it is being used in a mine or is being maintained or tested

14. Any incident in which plant or equipment either comes into contact with an overhead electric line in which the voltage exceeds 200 volts or causes an electrical discharge from such electric line by coming into close proximity to it, unless in either case the incident was intentional.

15. Any accidental collision between a locomotive or a train and any other vehicle at a factory or at dock premises.

16. The bursting of a revolving vessel, wheel, grindstone, or grinding wheel moved by mechanical power.

Immensity HealthCare

INFECTION CONTROL

Introduction

Where a business works with people who are either unwell, elderly or children; their staff are at higher than normal risk of infection. This is also true when employees travel abroad. In addition, where a business provides treatment, residential care, or accommodation for such people there is a potential for infection by “superbugs” such as Clostridium Difficile, MRSA, Human Immunodeficiency Virus (HIV) and Hepatitis B. The business must therefore take steps to reduce the risk of cross-infection so that employees do not fall ill and so that the business is not disrupted by outbreaks of infectious illness. In the worst-case cross-infection could result in the death of an employee or a client. This guidance note considers

human contact infection, but in some cases, you may also need to consider the risk of infection from other sources such as animals.

The mechanism by which infection spreads can be represented as a chain. The links of the chain are a source of infection, a method of transmission, and a person to receive an infection, often referred to as a host. Breaking the chain will stop the spread of or reduce the risk of infection.

In the workplace there are four main sources of infection to be considered:
respiratory discharge – coughs and sneezes; direct skin contact; blood and
bodily fluids such as saliva; and waste products – vomit, urine, faeces.

At work, infection can transfer to a new host in a number of ways. While some microorganisms have a single mechanism, others use a variety. The routes of infection are transfer by hand – putting contaminated hands and fingers (and pens etc.) into the mouth, eyes, nose – after touching contaminated people, fixtures, or fittings.
splashes of blood and other body fluids onto mucous membranes i.e. into the eye, mouth, and nose.
breathing in infectious aerosols from coughs and sneezes; broken skin in direct contact with an infectious agent; and injuries that penetrates the skin, for example a contaminated needle or other instrument.

The health of the host can also affect the transmission of an infectious illness. Some people may be immune to an infection because they have been immunized or because they have previously suffered from the illness and acquired natural immunity. In contrast there will be others with reduced immunity that are at a greater than normal risk of infection. This may be because they have a pre-existing illness, are undergoing medical treatment or have a reduced immunity on account of their age.
When dealing with infection and infection control it is important to remember that people exposed to the risk of infection may include those who only make the occasional visit to the workplace.

Cleaners, contractors, maintenance staff, temporary staff, and placement workers e.g. students and trainees all fall into this category. Visitors to the premises may also be at risk.

In our experience the issues that most concern health Carers are exposure to the risk of infection from HIV and Hepatitis. Many are unclear about the risks and how the infections are spread.

HIV infection may but does not always lead to the development of AIDS (Acquired Immune Deficiency Syndrome). Many people believe that HIV is extremely contagious but that is not the case. Normal work and social contact with an infected person is safe for both you and

others. Infection is not spread through the air or by touch, nor is there any danger from handling objects which have been used by an infected person, or from sharing an office or washroom. There is a risk of infection being spread, where there is direct contact with blood or other bodily fluids of infected individuals particularly where the blood or bodily fluids can enter a new host through an open wound.

Hepatitis B is a serious liver disease caused by a virus known as HBV; it can affect people in different ways ranging from no apparent symptoms to flu and nausea like symptoms and in some acute cases may lead to severe liver damage. In the workplace, anyone that comes into direct contact with the blood or other bodily fluids of an infected person is placed at risk. HBV can survive on surfaces e.g. tables and chairs for up to seven days at room temperature. Research has indicated that it is theoretically possible for the virus to survive in the air, but no evidence of true airborne infection has been recorded. HBV is many times more infectious than HIV.

Hepatitis C is also a serious cause of damage to the liver. It is a viral infection found only among humans and which is spread by blood to blood contact. Immediately after infection there may be a short period of feeling unwell, with some rare cases of jaundice, after which there is recovery to normal health. Most people who are infected by hepatitis C have no symptoms for years or even decades; but around 75% of people who become infected will develop chronic (long-term) infection. In these cases, Hepatitis C can lead to cirrhosis (scarring) of the liver, primary liver cancer or liver failure.

The other big issue in health care, particularly primary care, is the risk to patients and service users from nosocomial infections acquired in health care premises. They are usually related to a procedure or treatment used to diagnose or treat a service user or patient. Most can be prevented by close attention to infection control policies and procedures. What make these infections so troublesome is that they occur in people whose health is already compromised by the condition for which they first sought treatment. The two major causes of nosocomial infection are MRSA (Methicillin Resistant Staphylococcus Aureus) and Clostridium Difficile (C. difficile).
Both can be controlled by good hygiene and infection control procedures; thorough hand washing and drying between caring for people is imperative to reducing the risk of cross infection.

Legal Requirements

Employers have a legal duty to ensure that their workforce and other people at risk from their activities are not exposed to foreseeable risks of infection whilst at work.

Businesses operating in The health Care sector have to be registered with the regional body responsible for the quality of patient care. In England, for example, this is the Care Quality Commission (CQC). Businesses will need to address compliance with health and safety legislation in order to meet the essential standards of quality and safety set by these regional bodies. But note that they require no measures and no actions that are different to those required to meet duties imposed by health and safety legislation.

To meet the legal requirements and satisfy the quality of care requirements it is necessary to identify foreseeable risks of infection, and to develop a policy for the control of infection which leads to the assessment and control of those risks. These infection control risk assessments should normally be written and stored in your safety management file **or** saved into the Business Safe Online computer application. In some cases, an employer may have to consult with an occupational health practitioner but in every case, it will be necessary to consult with employees.

Employees need to know about the risks and the control measures; in many cases they can help the employer by identifying risks that may not have been foreseen.

Infection Control Policy

Every health care provider should develop an infection control policy that reflects the requirements of the quality standards and any specific guidance published by official and professional bodies, such as NICE and the RCN. Dental practices, for example, would be expected to reflect the essential and best practice requirements of Health Technical Memorandum 01-05 – Decontamination in primary dental care premises.

The Infection Control Policy needs to cover all aspects of infection relevant to the business. It will range from staff training, personal hygiene (hand-washing, personal protective equipment, masks and clothing), to the recognition of service users carrying or at high risk of infection, to the cleaning of the premises, the cleaning and sterilisation of instruments, the maintenance of equipment and the keeping of records. The policy should also cover care in the community where that is a part of your business activity. The policy will also need to consider how clinical waste is to be safely disposed; see Guidance Note 3-18 for detailed advice.

Control measures

The first step in controlling risk is to consider whether it is possible to stop employees being exposed to a source of infection. This is not always possible, particularly in a health care business so the emphasis must be on control. Even where it is not possible to completely eliminate the risk it may be possible to change work methods so that the number of employees potentially exposed to a source of infection is reduced. And by modifying the way hazardous waste is packed and handled the number of people exposed along the line can be reduced and the risks minimised.

Where exposure cannot be prevented the risks from exposure must be adequately controlled to a level that will not harm people's health. The control measures must take account of the fact that infection can be the result of exposure to very small numbers of micro-organisms and that micro-organisms can grow and multiply.

In some situations, it will be appropriate for staff to be vaccinated against organisms that are a particular risk in the workplace, e.g. hepatitis or tuberculosis. Further and better advice will be available from regional health authority communicable disease units or regional public health and health protection agencies.

Control of micro-organisms in the workplace should start with good general hygiene principles and practices. These covers.

Hand hygiene:

-use mild liquid soap, applied to wet hands. Wash the hands by rubbing together under running water for about 15 seconds. If the hands are not visibly clean, wash them again.

use additional measures such as hand disinfection using anti-bacterial hand rubs and gels where appropriate.

if appropriate use hand cleaning in combination with disposable gloves; wash hands (wrists and arms too if necessary) at key stages of treatment including.

- before and after each treatment session.
- before and after the removal of PPE.
- after washing instruments.
- before handling clean instruments.

wash hands (wrists and arms too if necessary) before eating, drinking, smoking, using the telephone, taking medication, applying make-up, inserting contact lenses.

Always dry hands using disposable paper towels to reduce the risk of recontamination or spreading contamination

Frequent hand washing could lead to eczema or dermatitis so water-based hand creams should be provided to help avoid chapped or cracking skin. Wall mounted dispensers are the preferred option.

Fingernails should be kept clean, short, and smooth.

Rings, bracelets, and wrist watches should not be worn by staff undertaking clinical procedures.

Washbasins provided for handwashing in a clinical environment should not have a plug or an overflow and should not have a u-bend directly under the discharge. Taps should always be lever or sensor operated and not flow directly into the discharge. A cleanable poster

showing a six or eight step washing procedure should be displayed above every clinical wash-hand basin.

Personal Protective Equipment

A part of their infection control policy employers will need to consider what personal protective equipment (PPE) will be required and when it to be used. The arrangements will need to consider when it is to be worn and when it is to be changed.

PPE includes disposable clinical gloves, household gloves, plastic disposable aprons, face masks, eye protection and footwear.

When PPE is provided suitable facilities should be provided for its disposal, cleaning, and storage as required.

Consideration must also be given to the cleaning and decontamination of clothing and uniforms that may have become contaminated.

Surface and Equipment Decontamination

It is essential that surfaces and equipment used in the decontamination of clinical and medical care equipment are fully cleaned before and after each decontamination cycle.

To assist cleaning surfaces should be impervious, continuous, and free from damage and abrasion.

Floor coverings too should be continuous, jointless and also non-slip. Coving should be fitted between wall and floor so that dust and dirt cannot accumulate in crevices and corners – joints should be welded or sealed.

Local protocols for the cleaning and decontamination of premises and equipment should be in place.

Water lines

Water lines are a potential source of Legionella bacteria. They need to be considered as part of the infection control policy. Specific detailed information and guidance can be found in Guidance Note 5-12.

Staff qualification, information, and training.

Health care and nursing staff with recognised qualifications will have learnt the essential requirements for health care during their training. It is however important that they are made aware of local policies, arrangements, and expectations.

New starters must receive induction training which includes local arrangements for infection control.

Staff must be given a route by which they can raise questions and issues regarding infection control with their managers. It may be worth including them or their representatives in the development of the infection control policy or at its review since they bring practical knowledge and consideration to the discussions.

Staff should always be informed of changes to the infection control policy and receive routine refresher training in its content and implementation.

Other general infection control measures.

-cover all new and existing cuts and grazes with waterproof dressings and or gloves before starting work. If cuts and grazes occur, wash immediately with soap and running water and apply a waterproof dressing.

taking rest breaks and meal breaks away from the main work area; wearing appropriate protective clothing to stop personal contamination, e.g. waterproof or water-resistant protective clothing, plastic aprons, gloves, rubber boots disposable overshoes. ensure its safe disposal or cleaning.

avoiding hand-mouth or hand-eye contact – do not put pens/pencils in mouths, using disposable equipment wherever possible.

regular washing and disinfection of floors, surfaces, door handles and furniture; disinfecting work surfaces contaminated with blood or bodily fluids; using disposable rubber gloves and aprons when mopping up spillages of blood or other bodily fluids with paper towels,

disposing of all contaminated equipment and waste safely;

controlling the risk of work activities that could result in a puncture wound to the skin by avoiding the use of sharp objects, e.g. needles, glass, metal, knives etc; but if this is not possible, safe working practices for handling and disposal of sharps should be used and appropriate protective equipment provided;

protecting the eyes and mouth with a visor or goggles/safety glasses and a mask if the work activity could result in the splashing of body fluid taking steps to avoid the generation of aerosols work by altering the work activity, e.g. using a vacuum rather than a brush; or take measures to contain aerosols. If this is not possible, appropriate respiratory protective equipment should be used vaccinating employees appropriately; implementing a needle stick policy to cover blood-borne viruses e.g. HIV, where necessary.

The Infection Control policy and procedures will not be effective unless implemented and fully explained to staff. All workers, direct and indirect, should receive appropriate information to ensure that they have sufficient information, knowledge and understanding of the risks so that they do not place themselves or others at risk when carrying out their duties.

In addition to the measures listed above it may also be appropriate to consider the following matters and include them in policies, training, and instruction.

If the lips, eyes, mouth, tongue, or broken skin come into contact with blood or other bodily fluids they should be washed with clean, cold tap water and medical advice sought.

When treating a wound, any person who is suffering from a skin disease, chapping or an open or unhealed wound of the hand which cannot be covered with a waterproof dressing

should wear disposable gloves. After use, these gloves should be washed in soap and water before removal from the hands and then disposed of. The hands should then be washed again with soap and water.

Potentially infected materials should be isolated e.g. clinical waste, soiled bedding, and soiled clothes. These should be identified and handled properly, including the safe disposal and incineration of all clinical waste, syringes, and needles.

In order to control the spread of infection to employees and throughout the premises 'barrier' nursing procedures should be adopted and the affected service user isolated.

Domestic, catering and laundry employees should not be forgotten during the development of infection control policies, their implementation and workforce training.

All workers should receive training in infection control procedures, hand washing protocols, aseptic procedures, disinfection and decontamination procedures and the use and safe disposal of personal protective equipment.

Cleaning procedures will help prevent any cross-contamination. Mops and cloths used for cleaning should be colour coded to prevent cross contamination. The recommended standard colours are:

- **Green** - Kitchens only, never used elsewhere.
- **Blue** - General areas e.g. offices.
- **Yellow** - Washbasins, washroom surfaces.
- **Red** - High risk areas e.g. toilets, washroom floor.

Cleaning equipment (cloths, mops etc.) must be kept clean and dry between uses. The following is the recommended system for maintaining cleaning equipment in a care setting:

- All mop heads should be detachable.
- Wash in hot soapy water.
- Rinse and wring out as much as possible.
- Invert mop to dry completely.
- If used in a clinical setting, launder daily. Otherwise launder weekly.
- Do not leave mop head soaking in water or disinfectant.

Detailed and authoritative information on infection control has been published in the UK by the Advisory Committee on Dangerous Pathogens, and by NICE (the National Institute for Clinical Excellence) which can be downloaded from www.hse.gov.uk and www.nice.org.uk This guidance is recognised as authoritative in Ireland and other jurisdictions. It will help develop local rules and procedures.

Whatever measures an employee takes and whatever the systems of work they introduce none will be effective unless the workforce is fully informed and involved. The importance of training in providing information, knowledge and understanding cannot be overemphasised. Keep a record of any **Health and Safety Training** or briefing with your Safety Records.

If personal protective equipment is identified as necessary as part of an infection control system, keep records of its issue and receipt by workers with your Safety Records or in personnel files. See also **Guidance Note 1-17 Personal Protective Equipment**.

Reporting cases of infection

Some cases of occupational ill-health are reportable to the Enforcing Authorities for Health and Safety where the worker is unable to work for more than 7 days (3 in Ireland and Northern Ireland) and the employer has received a medical or sick note stating that the infection is work related. See our **Guidance Note 1-3 – Accident, Incident, and Ill Health Reporting**.

The care quality authorities also require to be notified about the death or serious injury to service users, events that prevent a service form being run safely and properly, drug abuse and others too. Please consult your care quality authority's guidance for a full list and details of their reporting arrangements.

Further advice and guidance on any of the issues associated with infection control or the information contained in this guidance note is available from our 24-Hour Advice Service.

In Great Britain call 0844 892 2785 or 0844 892 2772 option 2.

Guidance Notes are regularly revised and updated to reflect current best practice and take account of revised standards or legislation.

LONE WORKING POLICY

Introduction

People who work alone without direct or close supervision are lone workers. They may be mobile workers e.g. drivers, surveyors, service engineers, Carers, etc. or work at a fixed workplace. A single maintenance worker whose work takes them all over a worksite will be a lone worker for much of their time. 'On call workers', those working overtime, those who work outside normal hours and those who open and close work premises may, at times, become lone workers.

In the vast majority of work activities lone working is not illegal. In many cases the risks to which lone workers are exposed are not significantly different to those of their co-workers. However, in some situations they may be at greater risk because of the nature and location of their work.

These additional risks will include:

the risk of violent attack to a worker opening or closing a shop or warehouse where the attacker is intent on theft.

the risk of violent attack because the worker is working with vulnerable people or in an area of social deprivation. the inability to summon assistance in the event of sudden illness or an accident.

unfamiliarity with the particular risks at a remote worksite. unsafe practices adopted by lone workers free from supervision. involvement in serious road traffic accidents.

manual handling of tools and equipment between van or car and workplace. manual handling during the delivery of goods.

injury due to the layout of the remote work environment, especially for home-based display screen equipment users.

injuries due to previously unknown poor health of the lone worker. lack of help or advice in the event of the unexpected.

The likelihood of injury to lone workers may be increased due to:

lack of training or awareness of the risk involved with the work activity and or lone working.

failure to establish regular communication with the lone worker. lack of supervision.

failure to identify a potentially violent situation and implement effective control measures which include eliminating lone working.

failure to provide adequate emergency procedures or first aid arrangements and equipment.

Legal Duties

Employers are required to ensure so far as is reasonably practicable the health, safety, and welfare of their employees whilst they are at work. There is no qualification or limitation to this requirement. Therefore, for lone workers, employers must consider where they go, what

they do when they get there and the risks they face. Then take steps to reduce those risks so far as is reasonably practicable.

Control Measures

The first step in controlling the risks that lone workers face is the identification and assessment of the risks to which they are exposed in the course of their work. It is good practice to involve the workforce in this assessment; they may be aware of additional risks that you had not considered.

Once the risks are identified consideration can be given to the appropriate measures required to reduce the risk to an acceptable level. Identifying these measures is no different to organizing the health and safety of other employees. Keep written records of these risk assessments with your safety management documentation or records or save it in the Business Safe Online application.

Procedures put in place to monitor lone workers are likely to include supervisors periodically visiting and observing lone workers. signing in, especially if working in remote locations on a large site. regular contact between supervisors and lone workers by telephone or radio.
automatic devices which raise a warning if a signal or message is not received at specific intervals. tracking devices other devices designed to raise the alarm in the event of an emergency.

Measures should be put into place to ensure that the risk of violent attack, illness or accident can be noticed within a short period of time, so that care and help can be provided.

Immensity HealthCare

A Safe System of Work (see also Guidance Note 1-20) for lone working should incorporate details of the task to be carried out, precautions to be taken and additional precautions such as protective equipment e.g. mobile phones and personal alarms and communication arrangements etc. Medical fitness for lone working should be considered before any person is required to become a lone worker and at subsequent periodic appraisal interviews.

If lone working cannot be avoided, staff members who are required to work alone should be provided with a means of communication, e.g. mobile phone. Make sure there will be a phone signal in the location where the lone worker is at work. In very remote areas where there is no terrestrial mobile telephone signal, systems using satellite communication have been designed and are available for lone worker tracking and communication.

A contact schedule should be implemented to ensure communication is maintained. A nominated person should contact lone workers periodically; do not forget that arrangements will also need to be in place to provide adequate cover for training and development, holidays, illness cover, etc. of the nominated person. This person, or their deputy, should know the lone worker's whereabouts and expected end of work time. A contact log should be maintained where the system revolves around regular telephone or radio contact.

Any control measures established should take account of lone working activities carried out outside normal hours. For example, staff that are 'on call' should be monitored when they are working outside normal office hours (nine to five) along with the additional measures that are required for lone workers engaged in night working in remote areas etc.

Staff should be consulted prior to the implementation of any monitoring system or contact arrangement. This will raise the awareness of the lone workers and provide information to staff to ensure that they understand why employers are monitoring them. This should also increase the awareness of their personal safety. When systems are introduced all staff involved including their Managers should be trained in their use. Details of training given should be recorded in personnel files or with your safety management records.

Where they are available and effective, personal attack alarms and or lone worker tracking devices may be utilised. Global positioning or 'guardian' systems linked to mobile phones or other communication technology may assist as monitoring devices.

Personal protective equipment such as work positioning lanyards or stab proof vests may be issued to lone workers, as a last resort, as part of the established Safe System of Work. Other control measures which may be implemented to help ensure lone worker safety include:

Immensity HealthCare

- Personal safety training at the induction stage backed by regular refresher training.
- Utilising the care of the emergency services. Consider consultation with the emergency services when conducting risk assessments and establishing control measures.
- Consulting with other organisations to establish joint visits and remove the lone working aspect of the work.
- Providing an additional driver or assistant to accompany employees who would otherwise be lone workers.
- Establishing two-way communication between Managers and lone workers, enabling issues relating to personal safety to be raised and discussed and mutually agreeable solutions adopted.
- Where driving is concerned, membership of motoring organisations offering breakdown and recovery services for lone workers should be considered.

- Providing security guards, door entry control systems and panic buttons and CCTV cameras, supported by suitable warning signs, in premises where employees may be lone workers at certain times or in a particular set of circumstances.
- Providing after care, including counselling, where an incident has occurred.
- In the event of an incident or injury involving a lone worker, a thorough investigation should be carried out and the risk assessment and safe system of work reviewed. Additional control measures should be established to minimise the risk of a similar event occurring in the future.

Some useful pointers for Managers of Lone Workers

When considering lone working managers should always ask themselves if lone working is appropriate or necessary. In reaching that decision and deciding on the measures that should be taken to protect lone workers managers should:

- carry out informal inspections of the workplace, whether belonging to the organisation or a customer, and access on a regular basis to make sure the workplace is safe, and that people are working safely. consult their workforce.
- ask yourself how you would feel working there – would you feel safe? Would you feel safe in the winter in the dark? check to make sure equipment is being maintained properly and records kept.
- make sure Safety Data Sheets (SDS's) are available for all materials used and stored on the premises.
- make sure risk assessments of all processes and activities are available for workers to refer to and that Safe Working Procedures are available.
- make sure your workers are trained and fully aware of local rules, especially those relating to "working out of hours".
- check the "working out-of-hours" signing in book to make sure people are signing in, and that they have the Manager's permission.
- periodically speak to those who work alone informally to find out if they have any concerns that can be dealt with easily.
- make sure they know you do not want them to put themselves at risk. Ask them how the job could be made safer.
- make sure you have a reliable system for contacting the lone worker and for establishing that they are unharmed – this could be by a call-in system, a tracking device, a mobile phone etc.
- consider what emergency situations could arise and make sure you have procedures in place to cover them, e.g. fire and first aid.
- make sure that the workers involved are aware of and understand all the procedures and controls that you have put in place.

Useful pointer for lone workers

Below are some issues that employees should be aware of before commencing lone working.

- plan ahead.
- Make sure you know where you are going and how to get there.
- make sure someone knows where you are and establish a contact system so that you can tell someone you are at work and when you are leaving. Sometimes it may be better if they are required to call you on a timed schedule. If you do not answer they will assume you need assistance.
- do not do anything which you feel might put you in danger – report any dangerous incident or situation to your Supervisor and ask for advice.
- do not "cut corners" or rush the work, set yourself a reasonable target and work towards it – do your best. if you start to feel tired either stop for a short break, take a walk outside in the fresh air.
- make sure you know, and follow, relevant safe working procedures and guidelines for operating equipment and handling and using substances. if you do not know how to do something – do not do it – leave it until someone is around to help you.
- if you get injured stay calm, use your training, and if you need assistance call your emergency contact, or ring 999 giving clear instructions to them of where you are. greet customers and clients politely and with eye contact.
- be aware of body language, signs of anger, tension, stress, or nervousness, adopting a hostile or aggressive stance. Bear in mind that you may be sending out body language messages.
- avoid invading other people's space or touching them. if attacked your voice is the best defence – shout a positive command or yell loudly to "Stop". have a mobile phone for emergencies but keep it secure and out of sight with a number pre-programmed for emergency use.
- procedures for call-in staff should be in place together with those for non-arrival. if using car parks in busy areas, use ones which are well-lit at night. do not leave a briefcase or lap top visible in the car. Lock all doors.
- trust your intuition – if the situation feels unsafe or makes you uneasy, use a plausible excuse and get out. If you need to return, consider taking a colleague with you.
- Consider carrying a personal safety alarm, which can be used to shock and disorientate an attacker giving you vital seconds to get away.
- Consider meeting clients etc. in public places, if possible.

It may help to consider the specific issues that arise in individual cases using the checklist (form LWC) attached to this guidance note.

Records

Completed risk assessments should be kept with your safety management documentation and records. Records of any personal protective equipment issued and details of training in regard to lone working should also be kept with your safety management records or in personnel files.

Further information and guidance on any of the issues associated with lone working or the advice contained in this guidance note is available from our 24-Hour Advice Service.

- In Great Britain call 0844 892 2772 option 2.

LONE WORKING CHECKLIST Form LWC

Name of employee _____

Job Title_____

Date_____

No.		Y/N
	Has the worker received suitable training to carry out the task or activity?	
	Is the worker medically fit to undertake the task?	
	Has the worker sufficient information about the job, equipment, or substances?	
	Does the work involve handling dangerous equipment or substances that require supervision?	
	If cash is being handled, will they be at risk of violence?	
	Have they been fully trained in strategies for the prevention of violence?	
	Do they know how to control and defuse potentially violent situations?	
	Is there adequate provision for first aid?	
	Does the worker have the appropriate PPE and are they trained in its use?	
	Are there facilities to be able to contact the worker at all times?	
	Are there suitable arrangements for the worker in the event of an emergency?	
	Have plans been made to keep in touch with colleagues?	
	Is there a means for them to contact line managers, including an alternative?	

Immensity HealthCare

	Are they in possession of emergency contact numbers?	
	Is the access to, or exit from, the workplace safe and well lit?	
	Does the workplace present special risks for someone on their own?	
	Do the arrangements cover out of hours working?	
For mobile staff only;		
	Do they leave an itinerary with another member of staff?	
	Are personal attack alarms provided where they are appropriate?	
	Do they carry forms for reporting incidents, including violence or threats of violence?	
Comments and further actions required:		

Prepared by: _____ Date: _____

Signature: _____

Immensity HealthCare

Fire Safety Policy and Procedure

1.Purpose

To comply with statutes, regulations, and quality standards.

To ensure that staff at IMMENSITY HEALTHCARE LIMITED understand their responsibilities to prevent the occurrence of fire and what actions to take in the event of a fire.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	Are people's needs and choices assessed, and care, treatment and care delivered in line with current legislation, standards, and evidence- based guidance to achieve effective outcomes?
RESPONSIVE	How are people's concerns and complaints listened and responded to and used to improve the quality of care?
SAFE	How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?
SAFE	How does the service make sure that there are sufficient numbers of suitable staff to care people to stay safe and meet their needs?
WELL-LED	Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- Health and Safety (Safety Signs and Signals) Regulations 1996
- The Fire Safety (Employees' Capabilities) (England) Regulations 2010
- The Care Act 2014
- Civil Contingencies Act 2004
- Equality Act 2010
- The Gas Safety (Installation and Use) Regulations 1998
- Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- The Regulatory Reform (Fire Safety) Order 2005
- The Workplace (Health, Safety and Welfare) Regulations 1992
- The Health and Safety (Miscellaneous Amendments) Regulations 2002
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

2. Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- Local Authority

3. Objectives

To ensure that staff at IMMENSITY HEALTHCARE LIMITED understand that fire prevention is an important obligation for all organisations, including ours, and that fire has the potential to present significant risks to health and safety.

4. Policy

IMMENSITY HEALTHCARE LIMITED will ensure that there are robust mechanisms in place to minimise the risk of fire. We undertake to do the following:

- Ensure that IMMENSITY HEALTHCARE LIMITED has a named individual responsible for reviewing and implementing our Fire Policy, Procedure and Strategy
- Assess the risks of fire at all IMMENSITY HEALTHCARE LIMITED premises and implement appropriate control measures
- Ensure good housekeeping to minimise the risk of fire
- Provide means of detection and early warning in case of fire
- Inspect and/or test fire safety equipment at appropriate intervals
- Provide and maintain safe means of escaping from the premises in the event of a fire
- Maintain all equipment and installations intended for fire-detection and firefighting
- Implement a procedure for the action to be taken in the event of a fire
- Train and instruct staff in fire safety including the carrying out of fire drills, evacuation chairs, sledges, etc.
- Keep records of all fire safety matters (see Fire Records Section)
- Ensure that all visitors are made aware of the fire precautions and emergency arrangements
- Identify people with any disability or impairment who may require assistance in the event of a fire : Comply with the requirements of The Regulatory Reform (Fire Safety) Order 2005

5. Procedure

Fire Safety Responsibilities

An appropriate senior manager will be nominated by IMMENSITY HEALTHCARE LIMITED to assume the role of Fire Safety Manager who will be responsible for the development of an effective fire safety management strategy which enables:

- The preparation and upkeep of the Fire Safety Policy and Procedure at IMMENSITY HEALTHCARE LIMITED
- The provision of reports and recommendations which enables IMMENSITY HEALTHCARE LIMITED to consider the removal or reduction of identified risks to an acceptable level
- Adequate means for quickly detecting and raising the alarm in case of fire
- Means for ensuring emergency evacuation procedures for all areas, at all times premises are occupied, without reliance on external services wherever possible
- Staff to receive fire safety training appropriate to the level of risk and duties they may be required to perform and in the use of any special measure, i.e. use of evacuation chairs or sledges
- The reporting of fire-related incidents to appropriate organisations
- The development of partnership initiatives with other bodies and agencies involved in the provision of fire safety

IMMENSITY HEALTHCARE LIMITED General Fire Responsibilities

IMMENSITY HEALTHCARE LIMITED must:

- Ensure that there is a method for giving warning of fires and that it can be heard in all areas of the establishment and that it is distinctive from any other sounds
- Ensure that the establishment can be evacuated safely in the dark or in the event of a power failure (i.e.: emergency lighting)
- Display fire evacuation notices, directional signage (EN7010:2012) photoluminescence type and ensure that all escape routes and exits are adequately signed
- Ensure that all escape routes and exits are free from obstruction
- Ensure that all firefighting facilities are appropriate and readily available, and the nearest fire hydrant is known and on the fire plan
- Maintain fire detection, warning systems and installations
- Train staff, carry out fire drills and keep records
- Ensure that all passenger lifts have signage to say "In the event of fire DO NOT USE" unless they are specially designed as fire lifts

Fire Risk Assessment

A fire risk assessment is an organised and methodical look at the premises, the activities carried out there and the likelihood that a fire could start and cause harm to those in and around the premises. The aims of the fire risk assessment are:

- To identify the fire hazards
- To reduce the risk of those hazards causing harm to as low as reasonably practicable
- To decide what physical fire precautions and management arrangements are necessary to ensure the safety of people in the buildings IMMENSITY HEALTHCARE LIMITED is responsible for if a fire does start

IMMENSITY HEALTHCARE LIMITED must review and amend accordingly the fire risk assessment at least twice a year, and always when there are significant changes to:

- The building
- The processes carried out within the building
- The use of the building
- The number of people working within the building
- The equipment within the building
- The level of training and skills, including language skills, of the staff

IMMENSITY HEALTHCARE LIMITED must consider all the people who use the premises but should pay particular attention to people who may be especially at risk such as:

- Employees who work alone, either regularly or at specific times, e.g. cleaners, security staff, maintenance staff, care staff (including night staff)
- People who are in isolated areas of the premises such as contractors working in roof spaces and maintenance staff
- People who are unfamiliar with the premises, e.g. agency or temporary staff, guests, visitors (including visiting medical or social care staff) and contractors
- Unaccompanied children and young persons
- Service Users who are unable to escape unaided (young children, babies, elderly, physically disabled (in particular, people with mobility impairment), mentally impaired, people with vision or hearing impairment, those with some other sensory impairment, those whose ability to escape unassisted is impaired due to medication, or those who may be intoxicated
- People who are not able to leave the premises quickly (but do not require assistance), e.g. Service Users or visitors who are elderly or with limited disabilities, parents with children or children

People who might display severe anxiety or react adversely to the fire, the alarm, or the situation

Fire Risk Assessments and Care Plans

In evaluating the risk to people with disabilities IMMENSITY HEALTHCARE LIMITED may need to discuss individual needs with each relevant person and record specific arrangements within the Care Plan for the individual. The risk assessment should take into account the Service User's medical conditions, sensory awareness, and mobility.

IMMENSITY HEALTHCARE LIMITED understand depending on the size and complexity of services that IMMENSITY HEALTHCARE LIMITED may need to seek advice from a professional access consultant or take advice from disability organisations in the following situations:

- If a Personal Emergency Evacuation Plan (PEEPs) is identified, where a person with limited mobility needs to stay in a refuge

point, then ensure that this is done according to the fire risk assessment process

- If the fire risk specialist identifies that a "Defend in Place" procedure is required, then this must be documented, and communicated to all. The 'Defend in Place' principle is when a fire occurs within one dwelling (or, less likely, in the common parts), it is normally safe for other Service Users to remain within their accommodation. The fire risk assessment will identify where this is required and ensure that a procedure is in place for this to occur
- Where progressive horizontal evacuation (PHE) can be adopted behind two fire doors, or compartmentalised areas away from the fire source, this must be documented in the fire risk assessment

NB: Any "Defend in Place" strategy should be discussed with the local fire authority and the building must conform to strict building construction methods which can contain fire spread for at least 60 mins.

Types of evacuation

Single Stage evacuation

This strategy is appropriate for Service Users and others who fall predominantly into the 'independent' category, where it may reasonably be expected that all people in the building are able to (and will) evacuate immediately from the premises to a place of total safety without assistance.

Progressive horizontal evacuation

This strategy is likely to be necessary where Service Users are dependent on staff to assist with their escape. It works on the principle of moving Service Users from an area affected by fire, through a fire resisting barrier to an adjoining fire protected area on the same level, where they can wait in a place of safety whilst the fire is dealt with or await further evacuation down a protected route to total safety.

Delayed evacuation

Exceptionally, in some situations it may not be desirable or practical to evacuate some Service Users immediately (e.g. because of medical conditions or treatments). In these circumstances, it may be appropriate to allow them to remain in their rooms whilst the fire is dealt with and the danger has passed, or to allow for the additional time necessary to prepare them for evacuation. In such circumstances, it will be necessary to provide enhanced levels of structural fire protection to the individual bedroom. However, where this strategy has been adopted, a suitable evacuation plan will still be required.

- IMMENSITY HEALTHCARE LIMITED will not depend upon the fire and rescue service to evacuate people; IMMENSITY HEALTHCARE LIMITED escape strategy must be dependant only on the factors that are within the organisation's own control. However, IMMENSITY HEALTHCARE LIMITED will consult with the

enforcing authority when determining and planning an appropriate and effective evacuation strategy for the premises.

- Whichever system of evacuation is used, it will be supported by suitable management arrangements.

Evacuation Procedures Actions required prior to evacuation

- The person in charge will assess the need for evacuation ensuring the safety of visitors and staff
- The evacuation plan is reviewed taking into account the evacuation procedures for individuals
- Staff will be briefed on the reason, method, route, and onward plan prior to evacuation

Actions required during evacuation

- The person who identifies the fire will summon emergency help by calling 999 and activate the Fire Alarm
- The person in charge will ensure that a list is available, at all times, of the people who have been evacuated and those still in the building
- The staff and visitor register will be held by the person in charge
- Designated personnel must be allocated to the external doors in the case of Fire Alarm activation ensuring that no inappropriate persons are allowed to enter the premises
- In the event the emergency services are involved; the lead will be taken from the senior officer on site

Actions required after evacuation

- The person in charge will collate all information regarding the whereabouts of staff
- Relatives of staff will be contacted and notified of their whereabouts

In the event of a full evacuation of the premises, a designated person will ensure the security of the building during this time

- Staff that were not in the office at the time will be notified of what their location of work will be until it is declared safe to return to the building
- Registered Manager will notify Social Services and other organisations of temporary working arrangements as necessary

Actions required prior to any return to the premises

- The person in charge will confirm that the premises are safe to return to having taken instruction from the emergency services personnel involved
- Any transport to return staff to the premises will be arranged
- All areas of the premises must be checked for safety and cleanliness prior to any return

- Contact will be made with Social Services and other organisations advising of the return to premises

Arson

Arson is a serious threat to all buildings at risk. Much of the arson is associated with vandalism and burglaries. If small fires have been started at IMMENSITY HEALTHCARE LIMITED or neighbouring premises they must be taken seriously, and the Police and Fire Brigade notified.

A risk assessment will be undertaken to ensure that control measures are in place as far as possible.

Security to reduce the risk of arson

- Keep the number of entry points to the minimum; compatible with safe means of escape in the event that a fire breaks out
- Perimeter fences, walls and gates need to be strong and high enough to keep out intruders
- Doors and windows must be in good repair and locked when not in use
- Locks and padlocks must be of good quality
- Keys must be distributed only to a restricted number of people
- Gaps around and under fire doors must be kept small (less than 3mm if a fire door)
- Letter boxes should have metal containers fitted on the inside
- Stored material of any kind should be kept away from perimeter walls or fences where it could be set alight

Employees advice

- Warn staff about the threat from arson
- They will challenge anyone who should not be on the premises (if it is safe to do so) and report any suspicious activities
- Be mindful of tailgating at security access points by unauthorised personnel
- Manage contractors on the premises
- Ensure that visitors sign the visitors' book so that it is clear who is on the premises at all times

Common Causes of Fire and How to Guard Against Them - Electricity

Neglect and misuse of electrical wiring, fittings and equipment can easily cause fires in the workplace. Overheating of electrical circuits, poor wiring connections, use of unauthorised electrical appliances, multi- point adaptors, and problems with the use of extension leads are all hazards which frequently result in fires starting. Therefore:

- Ensure that all electrical circuits and equipment in the workplace are inspected and tested on a regular basis. (Remember, there is a requirement to do this under the Electricity at Work Regulations 1989)
- Have any faults in wiring or fittings repaired promptly by a qualified electrician

- Switch off electrical equipment when it is not in use and particularly at the end of the day's work
- Remember to unplug laptops, mobile phones, and any other device when not needed and NEVER leave plugged in over night
- Consider a safe holding area, or that staff do not leave laptops in the building overnight to reduce risk of fire
- Do not allow staff and Service Users to plug in their own electrical items unless they have been PAT tested. This includes but not limited to phone chargers, hair appliances, etc.

Common Causes of Fire and How to Guard Against Them - Rubbish and waste materials

- Rubbish and waste materials that are left to accumulate can easily contribute to the spread of fire; they are also a place for malicious fires to be started
- Make sure that all waste materials are removed from the workplace on a regular basis and placed in a suitable container located in a safe position outside the building. Ideally this container will be of metal construction and fitted with a lockable lid. Arrange for the container to be emptied regularly
- Do not burn rubbish on bonfires, even if it is thought safe to do so. They can easily get out of control and spread fire to nearby buildings or structures

Common Causes of Fire and How to Guard Against Them - Smoking

- Where Service Users are allowed to smoke, care should be taken if they have medical needs or disabilities that may pose a fire risk from dropped cigarettes. Consideration should also be given to those Service User's that may use hand sanitiser. To minimize the risk of fire, alcohol rub users are instructed to rub their hands until dry, which indicates that the flammable alcohol has evaporated prior to igniting a cigarette. Flammable creams and ointments such as petroleum jelly, increases the chance of a fire starting if a Service User accidentally drops a cigarette or a match. Dropping cigarettes or matches onto clothing is dangerous but when flammable creams are involved, this really increases the chance of a fire starting and becoming much more intense.

The people most vulnerable to fires are older people, and those with mobility problems, and it is exactly these people who tend to rely on emollient creams. A risk assessment must be undertaken, and plan put in place

- In those areas where smoking is permitted, IMMENSITY HEALTHCARE LIMITED will provide deep and substantial ashtrays to help prevent unsuitable containers being used. Empty all ashtrays daily into a metal waste bin and take it outside
- It is dangerous to empty ashtrays into plastic waste sacks which are then left inside for disposal later. IMMENSITY HEALTHCARE LIMITED will carry out regular inspections in all areas, particularly smoking permitted areas once these areas have been vacated at night

Common Causes of Fire and How to Guard Against Them - Cooking

- Avoid undertaking deep fat frying unless a thermostatically controlled pan is provided. Even then pans should not be left unattended. There must be at least 1 hour cooling off period and fire watch before the kitchens are locked in the night, this is to be part of the closing checks
- Ensure that combustible materials such as cloths, towels, and loose-fitting clothing (especially sleeves) are kept well clear of hobs
- Toasters and microwave ovens must not be sited in office areas; they will only be available in kitchens. Ensure that they are regularly cleaned, particularly toast crumbs which can stick to the heating elements
- Pans, etc. should not be left unattended. Pan safe devices can be fitted to cookers which cut out above a given temperature
- Electrical kitchen items should be PAT tested and all kitchen equipment should be maintained in line with manufacturers' instructions

Common Causes of Fire and How to Guard Against Them - Heating appliances

Portable heaters can often be hazardous in the work environment, especially if placed too close to combustible furniture, fittings, or materials. Convector heaters are safer than radiant fires. If you do need to use heaters:

- Ensure that they are securely guarded and properly fixed to prevent them from being knocked over
- Place them well away from any materials which could easily ignite
- Never stand papers or books on them or drape clothing over them
- Do not allow ventilation grilles to become obstructed
- Clean portable heaters on a regular basis

Common Causes of Fire and How to Guard Against Them - Combustible materials

If combustible items, such as packing materials, are used or stored in the workplace, it is recommended that:

Immensity HealthCare

- The amounts brought into the premises will be kept to a minimum and sufficient for the day's work only
- Any bulk supplies of such materials will be in a secure store, preferably outside the main premises
- Fabrics contaminated with combustible substances such as hand gels, petroleum jelly, or essential oils may ignite spontaneously when exposed to the temperatures generated in a tumble dryer
- Items contaminated with combustible substances must first be washed in hot water with extra detergent to reduce the contamination

Fire Drills

Staff may not follow appropriate action in an emergency if they have never experienced a fire emergency. Fire drills will be carried out to check that staff understand and are familiar with the emergency fire action plan, to evaluate effectiveness and identify any weaknesses in the plan.

- The frequency of drills for each building will reflect the level of risk. Fire drills will take place at least twice a year. Where there is day and night staffing there needs to be at least two, ideally four, night fire drills by night staff (given more fires occur at night). Each member of staff must participate at least once a year. During drills, fire scenarios must be introduced to reflect what could occur in a fire and problems that staff may be faced with, such as an escape route unusable due to fire
- During drills, a member of staff who is told of the supposed outbreak will operate the fire alarm and the staff will then rehearse the routine as fully as possible
- The degree of Service Users participation in a fire drill will depend on the nature of Service Users and their capacity and capability. Some fire drills should take place when staffing levels are at their minimum
- Where there is the possibility that someone may misinterpret the fire drill and call the Fire and Rescue Service, it will be appropriate to inform the Fire and Rescue Service prior to the commencement and on conclusion of a drill in order to prevent its unnecessary attendance
- If the fire warning system is connected to a remote alarm receiving centre, the receiving centre should be informed (to prevent the Fire and Rescue Service being called) and then advised when the drill is terminated When carrying out a fire drill it may prove helpful to:
- Circulate details and inform staff of their participation. 'Surprise drills' will not normally be appropriate in certain care homes, particularly with high and medium dependency Service Users; health and safety risks will outweigh the benefits
- Ensure that any equipment which is in use, such as cookers, can be made safe by isolating or turning off controls
- Inform visitors if they are present
- Nominate observers to assess the appropriateness of actions and identify problems, such as communication difficulties, the use of a frequently used route instead of the most appropriate escape route, and difficulties with door fastenings
- Staff will have a debriefing following a drill to determine if there are any concerns or areas for improvement. This will be recorded in the fire drill report

End-of-day Checks Ensure that:

- The building is secured by a named individual at the end of each working day
- Doors and windows are secure
- No combustible material is left lying around
- No unauthorised people are on the premises

- Alarms are switched on
- External lighting is switched on

Records

To ensure compliance with the regulations:

- The service is required to maintain accurate and up-to-date records of all Fire drills undertaken (planned or false alarms)
- The training statistics must be updated for all office-based staff to ensure that fire safety training has been undertaken and a plan of ongoing training and drills is formulated
- Fire equipment should be regularly checked, and dates and any action recorded

6. Definitions

Fire Risk Assessment

- As a requirement of Fire Safety legislation in England, there is the need to have a Fire Risk Assessment
- This document assesses the people, buildings and other risks associated with your work environment and considers measures to make it safe and manageable

Compartmentalisation

- Sections of a building have fire breaks or shields which prevent the spread of fire for a given period of time. Each compartmentalised area will have at least one fire door

Personal Emergency Evacuation Plan - PEEP

- Vulnerable Service Users who have medical, mobility or mental health considerations have individual risk assessments to assess their specific needs in the event of a fire
- This is an agreement in writing which both the assessor and the Service User formulate together to keep Service Users safe in the event of a fire
- Where possible, dependent on need, Service Users with complex needs should be on the ground floor to ensure that evacuation in the event of a fire is easier

Directional Signage

- These are signs which assist in leading people to a place of safety in the event of an evacuation

Fire Drill

- A practice drill to emulate a real situation
- Ensures that all staff and Service Users are familiar with what to do in the event of a real fire situation
- Ensures that the fire plan works and if improvements are needed

Fire Extinguishers

- Used to put out SMALL fires if safe to do so and if staff have been trained in their safe use

Professionals – key facts

Professionals providing this service should be aware of the following:

- All staff of IMMENSITY HEALTHCARE LIMITED must know where the fire risk assessment is held
- All staff of IMMENSITY HEALTHCARE LIMITED should be aware of any suspicious activities which pose a fire risk and escalate to Dorothy Botha or their line manager immediately
- Managers of IMMENSITY HEALTHCARE LIMITED will have access to all emergency contact details and phone numbers and will ensure that this is kept up to date
- All staff must have regular fire safety training in line with the training plan at IMMENSITY HEALTHCARE LIMITED. Staff must be aware of their own roles and responsibilities in the event of a fire related emergency

People affected by the service – key facts

People affected by this service should be aware of the following:

- You must follow the risk safety rules of IMMENSITY HEALTHCARE LIMITED
- You should report any concerns about fire safety to your Care Worker
- You must not smoke in areas you are not allowed to as this can cause a fire and put other people at risk of harm

Immensity HealthCare

Reading/Reference

There is no further reading for this policy, but we recommend the 'underpinning knowledge' section of the review sheet to increase your knowledge and understanding.

Outstanding Service

To be ' outstanding ' in this policy area you could provide evidence that:
IMMENSITY HEALTHCARE LIMITED reviews current practices in light of any changes to working practices, redevelopments of the building or changes to the nature of the premises function

- There is communication between staff, management, and key stakeholders
- Any concerns regarding fire safety are shared during handovers and in supervision IMMENSITY HEALTHCARE LIMITED managers ensure all staff are

aware of the fire risk assessment and what is required, to ensure where there are gaps in knowledge base that these are addressed through supervision and training

RISK ASSESSMENT

Introduction

Every business is required to make an assessment of the risks that are likely to arise from their business processes. This requirement is generally referred to as risk assessment.

This Guidance Note gives only general advice on the risk assessment process. A methodology and more detailed advice on completing risk assessment can be found in the specific guidance supplied by our Health and Safety company advisors.

A risk assessment is simply a careful sensible examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm to your workforce or other people who might be affected by your work activities. It is in effect risk management.

Legal requirements

Health and safety at work legislation places key requirements and responsibilities on employers to ensure that their business is properly managed. It requires a competent risk assessment of work activities, processes, and tasks so that Managers are aware of workplace hazards and risks and have the opportunity to properly manage them.

Where a risk assessment identifies the presence of significant hazards and more than 5 people are employed the risk assessment must be recorded.

Action required

Employers must make arrangements for suitable and sufficient risk assessments to be made for all of their business activities. The process can be delegated to trained and competent managerial staff, but Directors, sole traders and Senior Managers still retain the responsibility for ensuring that they are suitable and sufficient.

Employees should always be consulted and involved in the risk assessment process. They often understand the process and the day to day risks in greater detail than their Managers. Workforce engagement in completing the risk assessment and developing control measures is likely to result in better compliance and use of the control measures than would otherwise be the case.

Sometimes it is also appropriate to involve clients, contractors, and others in the risk assessment of a process or activity where they might directly be affected.

Where there are less than 5 employees (3 in Ireland) there is no need for risk assessments to be written down or recorded. However, if the risks are significant it is advisable to keep a record of the assessment.

Risk assessment should not be a bureaucratic process; do not overcomplicate it. In many organisations, the risks are well known, and the necessary control measures are easy to apply. You probably already know whether, for example, you have employees who move heavy loads and so could harm their backs, or where people are most likely to slip or trip. If so, check that you have taken reasonable precautions to avoid injury. If the task is straightforward, if the risk assessment is straightforward and can easily be repeated, with the same outcome each time, there is no need to record it.

The purpose of risk assessment is to promote the sensible management of workplace risk. Bear this in mind when completing risk assessments and remember that sensible risk management is about:

Ensuring that workers and the public are properly protected.

Providing overall benefit to society by balancing benefits and risks, with a focus on reducing real risks – both those which frequently arise and those with serious consequences.

Enabling innovation and learning - not stifling them.

Ensuring that those who create risks manage them responsibly and understand that failure to manage real risks responsibly is likely to lead to robust action.

Enabling individuals to understand that as well as the right to protection, they also have to exercise responsibility.

Immensity HealthCare

Risk assessment is not about:

Creating a totally risk-free society.

Generating useless paperwork mountains.

Scaring people by exaggerating or publicising trivial risks.

Stopping important recreational and learning activities for individuals where the risks are managed.

Reducing protection of people from risks that cause real harm and suffering.

Further advice and guidance on any of the issues associated with risk assessment or the advice contained in this guidance note is available from our 24-Hour Advice Service.

FIRE RISK ASSESSMENT, MANAGEMENT AND PROCEDURES

INTRODUCTION

Building Control Acts and Building Regulations require that safety in the event of fire be considered and incorporated during the construction and alteration of buildings. Despite this, the risk of an outbreak of fire remains. In the worst-case situation, a fire can cause a fatality or multiple fatalities, through asphyxiation, smoke inhalation or serious burns. Other consequences on a business include loss of product, loss of equipment, loss of premises, loss of production and ultimately being unable to continue the business activity.

Occupiers of buildings used as a workplace are required to obtain a Fire Safety Certificate from the Building Control section of their Local Authority to confirm compliance with the current building regulations in regard to fire safety, construction, means of escape, fire alarms, emergency lighting, etc.

This Fire Safety Certificate should be renewed whenever the building is subject to structural alteration, extension, or significant change of use.

To protect building occupants from the residual risks of fire The Fire Services Act requires those in control of a workplace or any part of a workplace to take all reasonable measures to guard against the outbreak of fire and to ensure as far as is reasonably practicable the safety of persons on the premises in the event of an outbreak of fire.

The first step in meeting this requirement is the preparation of a Fire Safety Programme. The second is implementing and monitoring compliance with that programme.

There is also a duty on every person on the premises to act sensibly and not do anything that would expose any other person to danger from fire as a consequence of that action or inaction.

This guidance note will help you comply with the legislation and meet your responsibilities. We suggest that you consider fire safety in the way you approach other hazards, through risk assessment. The process of fire risk assessment is similar to the general principles of risk assessment.

The Annual Fire Logbook contains copies of all the forms contained in this fire safety guidance note. We suggest that you use them to record your fire safety policy, fire risk assessment, annual review, details of fire drills, routine tests and checking of fire alarms, fire safety training, etc. as outlined in this guidance. Keep the details of your fire safety arrangements in one place. This will ensure that all the required information is readily available should it be asked for by your insurers, the Fire Authorities, or other Enforcing Authority.

In places there are references to British and other standards; where these references are included it is because there is no published Irish Standard and those quoted are considered to represent ‘best practice.’

Additional copies of all the forms referred to here, including the Annual Fire Log, are available through stationery or downloaded online.

COMPLYING WITH THE LAW

Your Responsibilities.

You should have.

A current Fire Safety Certificate for the premises from which you operate.

A Fire Safety Policy. A suggested policy can be found at page 3.

A person appointed to be responsible for your fire safety programme and arrangements – the 'Responsible Person'.

Carry out a Fire Risk Assessment. This can be completed on paper using Form FRA page 11 and the guidance that follows. Both the online version and paper version will lead you through this process. Identify the significant findings of the risk assessment and document them. Provide and maintain such fire precautions as are necessary to safeguard those who use your workplace.

Provide information, instruction, and training to your employees about the fire precautions in your workplace.

Where necessary to safeguard your employees, nominate people to undertake any special roles required under your emergency plan.

Consult employees about the nomination of people and proposals for improving fire precautions.

Establish a suitable means of contacting the emergency services.

The Fire Risk Assessment explained in the following pages will help you identify all the fire hazards and risks in your workplace. You can then decide whether they are controlled to an acceptable level or whether you need to take further action to reduce or control them.

GUIDANCE ON COMPLETING A FIRE RISK ASSESSMENT USING FORM FRA

The paragraph numbers in this guidance refer to the numbered questions on form FRA, Fire Risk Assessment. The same guidance can be found under the further information icon.

Immensity HealthCare

Sources of Fuel

1: Is there a system for controlling the amounts of combustible materials and flammable liquids or gases kept in the workplace?

Advice: Only such quantities as are required for the day's production needs should be taken out of store. The remaining stock should, if small, be kept in flameproof metal cabinets and, if large, in a dedicated flammable liquids store.

2: Is the waste control system operating effectively?

Advice: The system should be monitored to ensure that waste materials such as partly used containers of paint, flammable solvents, or flammable-solvent based adhesives do not accumulate in the workplace.

3: Are all the combustible materials and flammable liquids or gases stored safely? Advice: Stores for flammable liquids and stores for combustible materials should be sited at secure locations, and they should carry No Smoking signs and signs such as "Flammable Liquid",

"Flammable Gas" etc. as appropriate. The arrangements for the storage of flammable liquids should conform to the guidelines published by the health and safety authorities.

4: Is the upholstery of furniture in good condition?

Advice: Old and dilapidated furniture can contribute to the spread of fire and torn upholstery exposes combustible filling material that may be used as kindling material by a potential arsonist. All new upholstered furniture for non-domestic use should comply with the requirements of British Standards 7176 and BS 7177.

5: Is the workplace free of rubbish and combustible waste materials?

Advice: The accumulation of rubbish and combustible waste materials is a hazard to the workforce in that it adds to the fire load of the building. Also, because arson is often an apparently motiveless crime, prompted merely by the availability of combustible materials, its presence will increase the likelihood of an arson attack. All rubbish and combustible waste should be cleared from the building on a daily basis and securely stored, preferably in lockable metal skips, outside the building and away from fire exits and not under any overhanging structure.

Sources of Heat

6: Are all heaters fitted with suitable guards and fixed in position away from combustible materials?

Advice: Faulty heaters are an obvious and common source of ignition. Guards and other protective covers provided by the maker must be kept in place at all times. The heaters themselves must be securely fixed, in a safe, position to avoid them toppling and to avoid contact with other combustibles.

7: Is all portable electrical and gas-powered equipment inspected regularly and properly maintained?

Advice: Regular inspections of such equipment are necessary; in the case of electrical equipment a requirement of the General Application Regulations. Check the condition of all the cables and check that the appliances are fitted with correctly rated fuses; a fuse of too high a rating can lead to a fire in the appliance that it is supposed to protect. On portable gas fires and similar equipment, the gas bottle, supply pipes and regulators should be in good condition and secure.

8: Are fixed electrical, gas and other fixed fuel installations periodically inspected by a competent qualified person?

Advice: Electrical wiring should always comply with the requirements of the Wiring Regulations or Rules. The gas installation should be to the standard required by the Energy (MP) and inspected annually by a registered RGI gas installer. Oil supply systems should meet the best practice standards set out in guidance published by the Oil Firing Technical Association (OFTEC).

9: Is the use of electrical extension leads and multipoint adaptors kept to a minimum?

Advice: Extension leads may constitute a tripping hazard and their use should be kept to a minimum. Extension leads and socket outlets should not be overloaded. When in use reel-type extension leads should always be fully unwound.

10: Are cables and leads run in safe places where they will not be damaged?
Advice: Where cables and leads could constitute a tripping hazard their routes should be indicated with hazard warning tape, and where they may suffer damage by being walked upon, they should be run in protective flexible plastic or rubber sheathing.

11: Is there a designated external smoking area provided with adequate ashtrays?

Advice: disposal of smoking materials is a common cause of fire. In compliance with legislation, institute a no smoking policy. However, such a policy may encourage furtive smoking in out of the-way places, and this can have disastrous consequences. It is best to set aside designated external smoking areas, which are provided with an adequate supply of large metal or glass ashtrays, the contents of which are regularly and safely disposed of throughout the working day in suitable flame-retardant receptacles. These smoking areas should be provided with suitable fire extinguishers and be separate from the rest of the building with 50% or more of their structure open (not including windows or doors).

12: Have suitable measures been taken to protect against the risk of arson? Advice: Arson is a major cause of fires in industry and commerce; some 40% of all fires in non-domestic premises are started deliberately. Good security is probably the best protection against arson and therefore it is important to ensure that all means of access to the premises – doors and windows – are locked at all times when the building is unoccupied. All visitors to the premises should be signed in, issued with visitors' badges, and be accompanied by their host at all times. Staff should be trained to challenge anybody whose presence or behaviour gives cause for concern and to immediately report any suspicious behaviour.

13: Do procedures and practices avoid the use of combustible materials or processes that use heat?
Advice: All processes and procedures should be reviewed in order to ensure that they are safe. Important points to consider include the following:
Is any heating equipment or electrical equipment left on for longer than is needed? Are there reminders in place to turn off all heat producing equipment at the end of the work period?
Could any process involving the use or production of heat be replaced by a low temperature alternative?
When solvent-based adhesives are in use, is the area well ventilated in order to prevent the build-up of flammable vapours?
Could the solvent-based adhesives be replaced by water-based alternatives?

14: Has consideration been given to all cost-effective measures that could be taken to prevent the occurrence of arson?
Advice: As well as the measures referred to in the answer to Q12, the following additional measures should be considered:
Improving perimeter security – mending broken fencing, not leaving ladders, or things such as piles of palettes that may be used to facilitate the scaling of fences, next to fencing,
Introducing perimeter lighting and the lighting of all external doors,
Installing a CCTV system,
Installing an intruder alarm system,

Fitting all letterboxes with fireproof metal boxes on the inside of all letter flaps, Training post room staff in the spotting and handling of suspicious packages.

Staff and People at Risk

15: Has an emergency evacuation procedure been developed for use in the event of a fire or other emergency?
Advice: You need to have an emergency evacuation procedure to deal with any fire related or other emergency such as a bomb threat or gas leak. The procedure is required to ensure that your managers and workforce know what to do, if there is a fire or other emergency, to safely evacuate the premises and get to a place of relative safety. The emergency procedure should always be based on your risk assessment of the premises and be explained to the workforce.

In simple premises the emergency plan may be no more than a basic fire action notice. In more complex premises it will need to be detailed and its preparation is likely to require the involvement of others. These might include a landlord and the other tenants or occupants of the building.

16: Does this emergency plan take account of any disabled or vulnerable people who may be in the building – whether as workers or visitors?
Advice: Disabled (**remember** that disability may be physical or mental) employees, visitors or clients may require additional assistance to escape in the event of fire. It is essential that their needs are considered when any emergency plan is developed. In simple cases where premises are small, single storey and escape routes are short and obvious special arrangements may not be necessary. However, where the premises are complex and multi-storeyed, or occupants have severe disability and would not be able to safely evacuate at the same time as others special arrangement will be required.

17: Do any of these disabled or vulnerable people need a Personal Emergency Evacuation Plan (PEEP)?
Advice: Disabled and vulnerable people who can evacuate at the same time or speed as others will not need a personal emergency evacuation plan (PEEP). If they are slow moving and likely to hold up the evacuation others or to struggle in getting out of the building in good time (less than 2.5 minutes in a normal risk building) they **will need a PEEP**. Guidance Note 2-3 explains this requirement in detail and includes a format for the preparation of an individual PEEP. Please refer to this guidance note if a PEEP is required.

18: If the answer to Q17 is YES, have PEEPs been prepared and practiced for all who need them and all who will be required to give assistance during an evacuation?
Advice: Whenever a PEEP is prepared it must be tested and practiced. The people nominated to act as companion(s) to the PEEP holder must be aware of the plan and arrangements. **Guidance Note 2-3** gives advice on practicing PEEPs.

Means of Escape

19: Have measures been taken to ensure that smoke and flames cannot spread from one compartment within the building to another?

Advice: The principal structural means for limiting the spread of fire is compartmentalisation – dividing the building into compartments that are separated from each other by fire resistant walls and doors. The integrity of the compartmentalisation will be compromised if the fire doors have been badly hung, or if the compartmentalisation does not extend into the floor and ceiling voids that are created by suspended floors and ceilings. Penetration of fire walls by ducting or building services greatly reduces the effectiveness of the wall unless the spaces between the ducting or services and the hole through which they pass are completely filled with fire resistant stopping.

20: Is there a sufficient number of exits of suitable width for the people likely to be present?

Advice: In any building where construction or modification has been undertaken in conformity with the requirements of the Building Regulations, the number and size of the exits from the building will be sufficient for the use to which the building is put. Any proposed change of use and any proposed structural changes must be reported to the Fire Authority, and all exits must be totally free from obstruction on both sides of the door. Exit doors must never be locked shut during working hours.

Guidance on Maximum Advisable Travel Distances

The maximum advisable travel distances from any workplace to a fire exit door leading to a place of relative safety are set out in the tables that follow below. Although the tables are based on official guidance published in GB they are recognised in Ireland as good practice.

A place of relative safety is a protected staircase (separated from the rest of the building by fire resistant walls and self-closing fire resisting doors and frames), or into another compartment of the building usually a corridor (protected by fire resistant walls and self-closing fire resisting doors and frames). A place of ultimate safety is a place in the open air away from the building where is not risk to life or limb from a fire in the building.

Escape routes should have floors, walls and ceiling built and maintained to a minimum 30-minute fire resisting standard. Walls and ceiling on escape routes should not have combustible linings.

These guidelines have to be used with caution. You must look at each part of the workplace and decide how quickly persons would react to a fire or a fire alarm. If anyone is identified as being at higher than average risk, measures to protect them must be very fully considered. If you are unsure call the Fire Fighters 24 Hour Advice Service for help.

If you are unable to achieve the suggested travel distances additional safety precautions and fire protection measures will be necessary. In these cases, you will need to contact your local Fire Safety Officer or a suitably qualified fire safety consultant.

At - Factories and Warehouses

Note 3: Where there are small higher-risk areas this travel distance should apply. Where the risk assessment indicates that the whole building is higher risk, seek advice from a competent person.
Note 4: Some rooms are considered as places of special fire hazard, e.g. rooms used for highly flammable paint spraying. Shorter travel distances are generally required for these areas, e.g. 18m where there is more than one escape route, and 9m with a single escape route.

Note 5: The travel distance for lower risk premises should only be applied in exceptional cases in the very lowest risk premises where densities are low, occupants are familiar with the premises, excellent visual awareness, and very limited combustibles.

In Sleeping Accommodation

Note 6: Bedroom includes all sleeping rooms e.g. dormitories. The travel distance within a bedroom is normally a matter of 1 or 2 metres. Where it is longer, however, the distance becomes significant and should be included as part of the overall travel distance to a protected stair or final exit. For example, the travel distance within a bedroom (single escape route only) is 9m. The corridor onto which the door opens has two escape routes and the fire risk is 'normal'. In this case the maximum travel distance from the bedroom door to the nearest protected stair or final exit which would normally be 35m is reduced to 26m (35m minus 9m).

Note 7: Where there are small higher risk areas this travel distance should apply. Where the risk assessment indicates that the whole building is higher risk, seek advice from a competent person

Note 8: The travel distance for lower risk premises should only be applied in exceptional cases in the very lowest risk premises where densities are low, occupants are familiar with the premises, have excellent visual awareness, and very limited combustibles.

In areas of assembly such as function rooms, bars or restaurants which are completely separated from the sleeping accommodation the travel distances in the assembly guide can be used for those areas, e.g. for a normal fire risk area, 45m where more than one route is provided and 18m where only a single escape route is provided.

21: Do the exits lead to a place of safety?

Advice: A place of safety is a place beyond the building in which a person is no longer in danger from fire. The designated place of safety must not be a dead-end situation from which people are unable to move further away from the building.

22: Are all gangways and escape routes free from obstructions?

Advice: Gangways and escape routes must never be obstructed. Obstructions such as unwanted furniture, unattended tea trolleys, wheelchairs, coat racks, stocks of stationery, cleaning products and equipment, newly delivered goods or goods awaiting collection, all of which reduce the available width of escape routes and make it more difficult to evacuate people sufficiently quickly in the event of fire. Sources of heat or electrical equipment such as portable heaters, automatic vending machines, photocopiers etc. must never be sited on escape routes.

23: Are the escape routes free from tripping and slipping hazards?

Advice: Changes of level, electrical extension leads, unstuck flooring tiles, and small items – such as empty drink cans or contractors' tools – left on the floor are all capable of causing people to trip. Changes of level should be indicated by use of warning tape. Wet floors and loose mats or runners constitute slipping hazards.

24: Are steps and stairs in a good state of repair?

Advice: Loose handrails, raised or loose floor tiles, and damaged nosing's on steps may all cause people to trip whilst escaping from fire; on a staircase this could have disastrous consequences.

25: Are final exits always unlocked when the premises are in use?
Advice: Final exit doors must always remain unlocked whenever the premises are in use. If, for reasons of security, final exit doors have to be locked, they should be secured by a panic-release bar or, in low risk situations, a break-glass type release (see 26 below).

26: Are the devices securing final exits capable of being opened immediately and easily without the use of a key?
Advice: Fire exit door should always be fitted with a panic latch or lock that can be quickly and easily released by any person without the need of a key. The preferred option is a panic bar or latch running the full width of the door which opens the door when pressure is applied to a bar that runs across the full width of the door.

In some **low-risk** situations break-glass bolts (Redlam bolts), which are released by breaking a glass tube with a small hammer, are an acceptable way of keeping a fire exit door securely shut, provided that clear instructions as to how to release the bolt are displayed on or adjacent to the door and that a suitable hammer is attached by a chain that is anchored on or adjacent to the door.

27: Are the self-closers on fire doors operating correctly?
Advice: Faulty self-closing devices or those in which the tension has been incorrectly set will not automatically close fire doors. This will put lives at risk in the event of fire. Employees should be made aware of the importance of reporting any self-closing devices that are not operating correctly.

28: Do the doors on escape routes open in the direction of travel (i.e., towards the escape route)?
Advice: Normally, doors on escape routes should open in the direction of travel. They must do so if they lead from an area from which more than 50 people may be required to escape, or if they lead from an area of high fire risk such as, for example, a kitchen.

29: Are escape routes clearly signed?
Advice: Escape routes that do not constitute a normal means of leaving a building should be properly signed with signs that conform to the requirements of the Safety Signs and Signals Regulations. These escapes make use of pictograms employing the 'running man,' and an 'open door', and directional arrows. These pictogram signs may be augmented by the older text signs, but these texts only signs are no longer acceptable on their own.

30: Are escape routes adequately lit?
Advice: Fire escape routes should be provided with artificial emergency escape lighting if required, because the mains electricity supply may fail in the event of a fire. In general, this type of lighting is required in underground parts of the premises, in windowless parts of the premises, in core stairways or those serving storeys more than 30m above ground level, in internal corridors more than 30m long, and in open plan office areas of more than $60m^2$. Emergency escape lighting should conform to the requirements of BS 5266 Part 1 and be regularly maintained.

31: Where escape lighting is installed is it in working order and is it maintained regularly?
Advice: Fire escape routes should be provided with emergency escape lighting if required. The places where it is required are detailed in the answer to question 27. The emergency escape

lighting system should be installed and maintained according to the recommendations of BS 5266 Part 1.

Fire Fighting Equipment

32: Is an adequate number of suitable fire extinguishers provided?
Advice: Portable fire extinguishers are probably the commonest type of fire-fighting equipment to be found in industrial and commercial premises. In a multi-storey building, the correct number of water extinguishers to tackle Class A fires (fires involving combustible solids such as paper, wood, cloth, plastics etc.) may be determined if the fire rating of the floor is known.

The fire rating is found by multiplying the floor area in m^2 by 0.065. Thus, for a floor area of $200m^2$ the fire rating is 200 x 0.065 = 13. A 9-litre water extinguisher has a fire rating of 13 therefore one 9 litre water extinguisher will be required for every $200m^2$ of floor area. For special risks such as fires involving live electrical equipment, a suitable carbon dioxide or dry powder extinguisher should be provided near to the risk.

In general fire extinguishers should be located and operated according to the following points:

On escape routes.
Hung so that carrying handle is 1 metre from floor, 1.5 metres for smaller units without hoses.
Two extinguishers per storey.
Not less than one extinguisher per 200 square metres.
Adjacent to risk, but not too close.
In multi-storey buildings in the same position on each storey.
In groups forming fire points.
Away from extremes in temperature.

All extinguishers should operate by the same method.
Occupants must be capable of handling the extinguishers provided.
Be appropriate for the specific fire hazard (i.e., the material present)
The distance a person would have to travel to reach an extinguisher should not be more than 30m.
If for any reason extinguishers are placed in positions hidden from direct view, their location should be indicated by suitable signs. Where hose reels are provided, they should be located where they are conspicuous and always accessible such as in corridors.

33: Are the fire extinguishers and fire blankets located suitably and ready for use? Advice: Generally, extinguishers should be located at exits from rooms or storeys, in corridors that form parts of escape routes, and on landings. Extinguishers for special risks such as electrical fires, flammable liquid fires, or cooking oil fires should be located near the risk. All extinguishers and fire blankets should be located so as to be both conspicuous and readily accessible. Ideally, they should be mounted on either wall brackets or floor stands. It should never be necessary to travel more than 30m from a fire in order to reach an extinguisher.

Fire Warning Systems

34: Are internal fire doors labelled as such and normally kept closed?
Advice: All fire doors should carry a sign, on both faces of each leaf, bearing the legend “Fire Door Keep Shut,” “Automatic Fire Door Keep Clear,” or “Fire Door Keep Locked” (this last sign

applies to fire resistant doors on cupboards or service shafts that open onto protected escape routes) as appropriate. Fire doors are the principal means whereby flames, smoke, and toxic gases are prevented from spreading into escape routes, but they are only effective if they remain shut at all times (except when people are passing through the door opening). All employees must be made aware that practices such as the use of wedges, doorstops etc. to hold fire doors open is a serious offence (in law) because it puts people's lives at risk in the event of fire.

35: Is there an automatic fire detection and alarm (FDA) system?
Advice: A properly installed and maintained automatic fire detection and alarm system will give the earliest possible warning of fire, and significantly reduce the risk to life and property in the event of fire.

36: Is the fire alarm system in good working order?
Advice: The correct operation of a properly maintained system will greatly reduce the incidence of false alarms and, consequently, the incidence of unnecessary calls to the fire service. As well as wasting the time of fire service personnel, repeated false alarms may encourage the workforce to dismiss a genuine alarm as being "yet another false alarm", and the consequences of this could be disastrous.

37: Is the fire alarm tested weekly?

Advice: Every year, on average, the fire service receives more than 850,000 calls for assistance. Almost half of these calls are false alarms caused by faults in the design or installation of the system or are the result of faults occurring due to lack of maintenance. The fire detection and alarm system should be maintained according to the recommendations of BS 5839 Part 1, which recommends a regime of testing that includes weekly testing of the fire alarm.

38: Can the fire alarm be raised without placing anyone in danger?
Advice: Raising the alarm should ideally be done automatically. If not, it should be done from a place of safety and if this is not possible further consideration should be given to connection of the FDA system to a 24-hour remote manned centre.
39: Are the fire alarm call points clearly visible and unobstructed?
Advice: Manual fire alarm call points should be mounted in conspicuous positions on exit routes, on staircase landings, and at final exits. Items such as coat racks, potted plants etc. should not be allowed to obscure the presence of a call point, or to hinder easy access to it.

40: Is the fire alarm system connected to a monitoring centre which calls the fire brigade?
Advice: Fire detection and alarm systems are designed to protect either life or property. Fire safety law is primarily concerned with the protection of life and, as a consequence, in many workplaces the system installed is one designed for life safety. If property is to be protected, the system must be monitored 24 hours a day so as to cover the times when there are no people present.

41: Is the fire alarm system, and all its components, continuously monitored? Advice: By connecting the FDA system to 24 hours monitoring service, even a basic life protection system can effectively be upgraded to a property protection system. The rapid response by the fire brigade, that such a monitoring service provides, will do much to minimise fire damage to

buildings, stock, plant, and machinery. A rapid response by the fire service may significantly reduce fire damage by early attendance of the brigade. Connection to monitored telephone lines provides an effective way to monitor fire detection and alarm systems and will ensure a prompt response from the fire service reducing potential losses to fire.

42: Are the fire extinguishers serviced annually by a competent company or person?
Advice: The authorities recommend that routine examinations of extinguishers should be carried out on a weekly basis by members of the workforce, and it is a requirement of BS 5306 Part 80 that more detailed maintenance procedures be carried out by a "competent person" on an annual basis.

43: Is any fixed fire-fighting installation or automatic fire detection system in working order?
Advice: Fixed fire-fighting installations such as automatic sprinkler systems, halon (or halon replacement) flooding systems in computer suites, automatic foam systems in oil-fired boiler rooms, and wet chemical drenching systems installed in the hoods above commercial deep fat fryers, all require regular maintenance by specially trained personnel, if they are to be relied upon to provide the protection that they were designed to afford. Modern automatic fire detection systems are extremely complex and must also be regularly tested and maintained by suitably qualified personnel. The British Standards Institution publishes Associated Codes of Practice that provide the appropriate testing and maintenance regimes for all of the above systems.

Fire Safety Administration

44: Have all members of staff been trained in how to call the fire brigade, the use of the fire extinguishers and basic fire prevention?
Advice: Regulations require employers to supply employees with adequate health and safety training and this must include general fire safety. Employees must know:

How to operate the fire alarm system.
How to use the fire-fighting equipment provided.
How to call the fire brigade.
The location and use of the escape routes.
The location of the assembly point.

How to assist visitors and members of the public in evacuating the workplace.

45: Have you asked your insurers for advice regarding the fire protection of your premises?

Advice: Insurance companies employ fire surveyors who have experience of all aspects of fire safety including the installation and maintenance of sprinkler systems, automatic fire detection and alarm systems, fixed fire-fighting installations etc. and they are always happy to offer free advice on such matters.

46: Have you told your staff or their representatives about your findings? Advice: Once the findings of the Fire Risk Assessment have been recorded, they, and any recommendations that have been made in the light of the findings, should be brought to the attention of senior members of the management, and formally distributed to members of staff or their representatives.

47: If you have prepared a formal report, has it been shown to your staff or their representatives?
Advice: If you have prepared a formal report, it should be brought to the attention of senior managers and then formally distributed to members of staff or their representatives.

48: If you share the workplace with others, do they know about the risks that you have identified?
Advice: Any fire risks that your risk assessment has identified should be brought to the attention of those who share the premises with you.

49: If you do not have direct control over the workplace have you made your findings known to owner or landlord?
Advice: Your findings, and any formal report that you have made, should be brought to the attention of the owner or landlord of the premises, because he may need to provide or approve any changes to systems or services that you have recommended.

50: Has an emergency plan been drawn up in case of a major fire?
Advice: A comprehensive emergency plan should be drawn up. The plan should include the action to be taken by staff in the event of fire, the evacuation procedure (including arrangements for the evacuation of disabled staff or visitors), the location of the assembly points and the arrangements for calling the Fire Authority. The plan should make clear who is to be responsible for the implementation of its various parts. In order to ensure its long-term effectiveness, it should be rehearsed regularly, and reviewed and updated in the light of any shortcomings uncovered by the rehearsals.

51: Is a copy of the emergency plan kept somewhere other than at the workplace? Advice: In larger organisations, especially those with more than one building on the site, a copy of the emergency plan should be lodged at the gate house or, if one exists, in the office of the organisation's own fire brigade.

52: Are Fire Action Notices displayed prominently throughout the workplace? Advice: Officers from your local Fire Authority or our Health and Safety Consultants can provide guidance on the contents of Fire Action Notices and on how they should be displayed in each of the areas of risk within your premises.

Revised or Reviewed

53: Has a procedure been established to review the Fire Risk Assessment periodically?
Advice: Carrying out a Fire Risk Assessment is not a one-off exercise. There are two reasons why it should be reviewed and repeated on a regular basis. Firstly, the skills of the person undertaking the assessment will almost certainly increase with time. Secondly, the circumstances in the workplace may change with time.

The introduction of new materials, processes, or machinery, and structural alterations to the premises may profoundly alter the risks to which employees or others are exposed. The risk assessment should:
Identify the action required to remedy all the faults identified by the assessment,
Set dates by which such action should be completed,

Make recommendations as to new fire protection measures or systems that should be introduced,
Set dates by which the new fire protection measures or systems should be introduced, Set the date of the next review.

Immensity HealthCare

FIRE STRATEGIES

With more responsibility placed on employers, building owners and occupiers, together with the obligation to adopt a risk-based approach to fire safety, it may also prove beneficial to construct a fire safety strategy for the premises. This can be extremely helpful in ensuring that the building and its safety-related components are better understood.

Initially, this may appear to be an extra burden for the employer or building owner. But over time it is common for the internal configuration of buildings, works processes and staff numbers to change considerably. While any particular risks should be identified and remedied during the risk assessment process it is possible for certain safety elements to be overlooked.

All buildings are different, although individual types of buildings fall into certain categories.

These obviously vary but could include:
Industrial premises, which may lead to high-bay storage and abnormal fire loads or manufacturing and processing risks.
Health care, hospital establishments or Supported Living homes creating risks associated with human incapacitation and the implications associated with horizontal escape.
Office, shop, public or commercial premises, which may lead to risks associated with high population densities or building unfamiliarity.

The list quoted above is not exhaustive but provides a general view of the risks associated with more common buildings. It is also worth mentioning that lots of buildings incorporate different categories of risk (office areas sited within storage or health care premises, for example). So, it is possible that, while trying to achieve common fire safety objectives, when preparing a fire strategy, the approach may have to vary considerably depending upon the nature and use of the building.

Management procedures will also have a vitally important role to play. Fire Safety Management is an area that is beginning to draw greater attention, so we must think about management as the fire strategy is being developed, not as a mere afterthought.

Completing a Fire Risk Assessment will go a long way towards meeting basic legal responsibilities. But sometimes it is necessary to take one step further and carry out a complete review of the premises, safety systems and equipment to ensure that they are still appropriate for the risks that are present. The result could help define how the building is actually constructed and how this interacts with fire safety equipment and systems. A clear fire safety strategy can then be detailed and implemented for the building's future use. A building may, for example, utilise 'staged' as opposed to 'simultaneous' evacuation because of the number of persons occupying it. Over time, population densities may vary considerably which may not warrant a staged evacuation principle. More plant might have been introduced, requiring interfaces with the automatic fire and detection installation.

While fire strategies are normally provided at the design stage of any new-build construction project, it is not uncommon to prepare a fire strategy retrospectively, when a building or premises undergo a significant alteration.

So, the purpose of any retrospective fire strategy is to fully plan and describe in detail the strategic fire safety approach to be followed during the subsequent use of any building (or alteration or extension) to ensure that fire safety measures in the building's design successfully fulfil their objectives.

While many will be familiar with the fire risk assessment process, it may prove beneficial to prepare a fire safety strategy to fully understand buildings and the fire safety systems and equipment contained therein.

The main purpose of any fire strategy is to clearly demonstrate to all concerned parties that all potential hazards and risks have been given due consideration and that safe, acceptable, and substantiated solutions have been provided. Fire strategies help provide a holistic approach to fire safety and will undoubtedly help and care the fire risk assessment process.

…..

Immensity HealthCare

PART 2. FIRE SAFETY EQUIPMENT, MAINTENANCE AND PROCEDURES

Introduction

As well as completing a fire risk assessment every employer and person in control of commercial and business premises has a responsibility to operate their business safely and to avoid the outbreak of fire. They have duties to protect people at work and others from the consequences of a fire should one occur. A building or process fire can, in the worst case, result in one or more deaths through asphyxiation, smoke inhalation or serious burns. Employers are expected to do everything they reasonably can to prevent such injuries.

The legislation is primarily intended to protect life other factors to consider are the loss of premises, loss of production and having to make alternative arrangements to keep a business going. Data shows that after a serious fire few businesses survive more than 12 months.

Employers and those in control of premises therefore need to take action to prevent the outbreak of fire, to evacuate premises safely in case of fire, and to control an outbreak of fire where that is possible and can be done without risk. To achieve this, a number of discrete, but interlinked, steps are required:

Develop comprehensive fire safety arrangements and procedures as indicated in this Guidance Note.
Complete a Fire Risk Assessment of the premises used by the business; see part 1.
Assess and control the particular risks from the use of any flammable, oxidising and explosive substances used in or stored as part of your business activity.

Refer to **Guidance Note 4-7 – Dangerous Substances and Explosive Atmospheres.**

Good fire safety procedures and arrangements will also help employers manage other emergency situations such as bomb threats and warnings, flooding, loss of power supplies etc.

Maintenance of fire safety measures is essential. Where responsibilities, for checking and maintain systems and equipment are assigned to employees it is essential that those responsibilities are fulfilled. They or their managers will receive notifications should a scheduled responsibility not be completed.

If these routine checks are carried by employees who are not the person appointed to take responsibility for fire safety matters the appointed person must make sure that they are properly completed and to time. Form FPR, page 44 can be used for this purpose. It will also indicate whether the fire risk assessment needs to be revised.

Legal Duties

Health and safety legislation require employers to protect the health and safety of their workforce and others from the hazards and risks associated with their business. This requires action to control the risk of an outbreak of fire as a consequence of business activity and steps to reduce the consequences of a fire.

Fire safety legislation requires every employer and every person in control of business premises to complete an assessment of risks to people using commercial and business premises from the consequences of an outbreak of fire. This requires action to consider the provision of suitable fire alarms, emergency lighting, means of escape and firefighting provision; and to be able to control and account for personnel. The assessment must establish and record the fire hazards and risks within premises considering how they might affect workers or others, enabling you to introduce arrangements and procedures that will protect them in the event of fire.

Every employer must, by law, appoint a competent person to take responsibility for fire safety matters and compliance with the legislation.

The law also requires employers and, in many cases, people in control of premises to ensure that a fire evacuation plan is written and implemented, detailing the action employees and others should take in the event of fire. The evacuation plan needs to cover issues such as: Fire escape routes.
Means of raising the alarm.
Evacuation procedures.
Evacuation procedures for vulnerable people and those with disability – see also

Guidance Note 2-3.
Arrangements for assembly and roll call.
Fire-fighting equipment and its use and limitations.
Fire wardens and their role.
Signs and emergency lighting.

In multi-occupancy buildings the employers will need to co-operate with one another and with the person in control of the common parts of the building in meeting these requirements. Where an employer is responsible for 'Homes in Multiple Occupation' i.e., a house or a flat divided into separate accommodation, additional requirements apply because the risk in this type of premises is many times higher than in others. Please call our 24-Hour Advice Service for further details.

Premises related fire safety legislation is enforced by the local Fire Authority which has the same enforcement powers as the Health and Safety Enforcing Authorities. Failure to comply with the legislation, an enforcement notice or a request may lead to prosecution.

Fire Safety Arrangements and Procedures

Every business must appoint a 'competent person' to act as the person "Responsible" for completion of the Fire Safety Risk Assessment and for preparation, oversight and management of the Fire Safety Arrangements and Procedures.

The Responsible Person must have knowledge of the requirements and the ability to carry out this task. They will require access to information and guidance and may require training if the hazards are not straightforward. Part 1 provides sufficient information and advice to guide a responsible person and their appointed person through the fire risk assessment process in most low and normal risk premises. Where the hazards are more significant, or risk is higher than normal additional training will be necessary. Depending on the level of fire risk at the premises this may be through a desk-top learning system or off-site at a formal training session. In premises where escape routes are not straightforward and the process carried on involves significant risk of fire, off-site training will almost certainly be necessary.

In premises where:

Significant quantities of chemicals and highly flammable materials are used or stored.
People are likely to be asleep.
Vulnerable, disabled, or large numbers of people are present.
There are more than two floors.
There is a complicated building layout; it is recommended that employers take specialist advice in the preparation of their Fire Risk Assessment and their Fire Safety Arrangements and Procedures.

Once in place these Arrangements and Procedures should become an integral part of the day to-day management and operation of every business activity. Arrangements and Procedures which will need to be prepared for each operating site must consider the following:
Prevention of outbreaks of fire, through the establishment of fire prevention practices.
Instruction and training of management and staff in all matters relating to fire safety.
Emergency procedures, including fire and evacuation drills.
Maintenance of fire protection equipment.
Maintenance of the building and its fittings and services.
Maintenance of escape routes.
Liaison with the Fire Authority and assisting the fire brigade.
Maintaining a fire safety register.
The provision and maintenance of fire safety signs and notices.
If you have any concerns or doubts about any aspect of your Fire Safety Programme you will find that the Fire Authority will provide sound practical advice and guidance tailored to your specific situation. Alternatively call the Fire Fighters 24 Hour Advice Service.

Fire Prevention

Fire prevention arrangements and procedures involve the identification and elimination or control of potential fire hazards both inside and outside the building and the establishment of good housekeeping practices. The arrangements will reflect the nature of the business and the premises in which it is located. You will need to identify the risks and appropriate controls for matters such as:

Waste disposal.
Where people go to smoke.
Use and storage of chemical agents and highly flammable substances.
Use of industrial gases.
Open fires, open flames, and other sources of ignition.
Fuel storage.
Maintenance of electrical equipment.
Kitchen and laundry areas.
The maintenance of fire doors.

Fire doors play an important role in the fire safety programme for every workplace. Unless held open by electro-magnetic devices connected to a fire detection and alarm system fire doors should normally be kept closed. They should never be wedged or propped open. The operation of automatic door releases should be routinely checked as part of the fire alarm test regime.
Intumescent strips and smoke seals should be fitted and properly maintained.

In businesses providing residential or sleeping accommodation doors fitted with an automatic door release should be closed at a predetermined time each night and remain closed throughout sleeping hours. If this is impracticable, it should be the responsibility of a competent member of staff to operate the release mechanism at least once a week to ensure that the mechanism is working effectively and that the doors close correctly onto their frames.

Staff and Management Training

An effective fire safety programme requires management and staff who are aware of and understand their role in fire prevention and safety. They will therefore require comprehensive training and instruction, a record of which should be kept in your Safety Management File. All managers and staff, including temporary and part-time workers, should receive training and instruction in the following: Fire prevention duties.
Emergency procedures, including fire and evacuation drills.
Personal Emergency Evacuation Plans for the vulnerable and people with disability – see also **Guidance Note 2-3**.
The layout of the building including escape routes.
The location of fire alarm call points, and first-aid fire-fighting equipment.
Where the business provides residential or sleeping accommodation, arrangements for the evacuation of residents and the location of places of relative safety.
Arrangements for calling the fire brigade and the ambulance service.
Arrangements for assisting the fire brigade.
Fire control techniques including: - the use of fire extinguishers, fire blankets and hose reels; - closing doors and windows to inhibit fire growth and spread; - shutting off electricity and fuel supplies where appropriate.
The role of fire doors and the importance of not wedging or propping them open.

Emergency Procedures

Should a fire occur it is imperative that management and staff respond effectively by calling the fire brigade and evacuating the premises. A predetermined plan, setting out emergency

procedures for the premises should therefore be included in the fire safety programme. In businesses where large numbers of the public are present and those providing residential or sleeping accommodation the nature of the occupancy is such that effective emergency evacuation procedures are crucial. Typically, the emergency procedures should include A procedure for raising the alarm.
A procedure for calling the fire brigade and the ambulance service.
An evacuation procedure, which includes procedures for dealing with the disabled, vulnerable, and elderly – **Guidance Note 2-3.**
The names of designated fire marshals and fire wardens.
A procedure for investigating automatic alarms.
A procedure for using fire-fighting equipment if it is safe to do so.
A procedure for reporting to a designated location.
A procedure for accounting for each person on the premises. A
procedure for assisting the fire brigade on their arrival.

Fire Wardens

The Responsible Person should where necessarily nominate employees to take responsibility for certain fire safety measures including evacuation in the event of a fire. These people are normally referred to as fire wardens or fire marshals. The need for fire wardens depends on the size and complexity of the premises. You may require one on each floor or department with a chief fire warden (often the Responsible Person or their deputy) coordinating their actions to make sure everybody is accounted for in the event of a fire. They will require special training above the needs of the normal employee; this training can be given in house. They must have an in-depth knowledge of the evacuation plan and their role in implementing it. They should have some knowledge of fire prevention and be able to identify possible fire hazards to prevent fire from occurring.

Immensity HealthCare

Fire and Evacuation Drills

Fire and evacuation drills are important in ensuring that management and staff training in fire procedures is understood and that the procedures themselves are effective. All staff should be made aware of your current fire safety and evacuation procedures and the names of their fire wardens or fire marshals. In smaller premises this can be achieved by posters and displays. In larger premises instruction and refresher training is likely to be required. This is a suitable topic for 'tool-box' training; it should be repeated at suitable intervals and records of the training and attendees kept.

Practice fire drills should be carried out twice a year (more often may be appropriate in higher risk premises). They should take place at different times of day or night, and proceed, as far as is possible, on the basis that a fire situation has occurred and follow the emergency plan.

On conclusion of the fire drill the responsible person should lead a full debrief of the fire wardens considering how the occupants responded, checking that no-one was left in the building, considering the participants' familiarity with procedures, the availability and effectiveness of staff

and shortcomings. Where problems are identified these should be resolved and the procedures adapted and improved, as necessary. If changes are made to the arrangements the workforce will need to be informed and their training updated.

In premises providing residential accommodation or places where large numbers of the public congregate it is important that fire drills take account of the evacuation of these people and any special equipment that may be needed. Where it is not possible to practice a full evacuation, it may be appropriate to simulate an evacuation using volunteers or members of staff.

Details of fire drills should be recorded on form FEE in the annual Fire Safety Log.

Maintenance of Fire Protection Equipment

The safety and protection of staff and occupants of the premises will depend greatly on the reliable functioning of fire protection equipment such as fire detection and alarm systems, emergency lighting systems and fire extinguishing equipment. Details of what is required in this respect can be found in part 1.

In many buildings there will be a high degree of reliance upon these "active" fire precautions. A high level of responsibility rests therefore with the person in control of the premises to ensure that fire protection equipment is installed, tested, and maintained to the relevant standards, namely.

Fire Extinguishers
Monthly – check that all fire extinguishers, spare gas cartridges and replacement charges are in their proper position, have not been discharged, lost, or suffered obvious damage.

Annually –a thorough examination.

Hose Reels
Monthly – check that the inlet valve, the automatic on/off valve (if any), glands, tubing and shutoff nozzle are sound and free from leaks; that the outlet of the nozzle is not choked, and that none of the moving parts are seized.

Annually - the hose should be completely run out and subjected to operational water pressure to ensure that it is in good condition and that all couplings are watertight.

Rising Mains
Rising mains should be inspected every 6 months by a competent person with access to the requisite tools, equipment, and information.

Fire Hydrants
Monthly – check that there are no obstructions impeding access and that hydrant indicator plates are in position.
Annually – thorough inspection and maintenance.

Emergency Lighting

Monthly – check the operation of every lamp, that emergency batteries are charging, that emergency power supply systems are working. Record any faults in a log and check that previously identified faults have been repaired.

Quarterly and annually – detailed examination and test of the system.

Fire Detection and Alarm Systems
Daily – check that the alarm panel indicates normal operation free of faults. Weekly – test at least one operating point or end of line switch on each zone circuit to sound the alarm and operate any other warning devices.

Six-monthly[1] and annually - detailed examination and test of the system.

Sprinkler Systems
Sprinkler systems should be tested weekly and quarterly (or as advised by the system supplier) in accordance with the specifications set out in the supplier's operating instructions.

Specifications for the periodic test and examinations of this equipment are set out in various British Standards. Where servicing is carried out by the supplier or contractor, they will use these standards as the basis of their work. If you should require the detailed requirements for any of these periodic inspections, please call our 24 Hours Advice Service where our consultants will be able to explain what is required.

Details of inspections, tests and maintenance of fire safety equipment should be recorded on forms FAL, FFE and ELI, or in the annual Fire Safety Log.

Building Maintenance
The integrity of walls, doors, or floors, forming part of fire compartmentation or the protection of escape routes, must always be maintained. Regular checks must be made of Fire doors to ensure that they are in effective working order. The intumescent strips and seals on fire doors must also be checked periodically to ensure that they are in place and undamaged.

A record of these checks and deficiencies and remedial and maintenance work should be kept using form FDC, or in the annual Fire Safety Log.

Immensity HealthCare

Maintenance of Escape Routes
Occupants of a building cannot be evacuated quickly and safely if escape routes are obstructed or exits locked. It is an essential element of fire safety management that all escape routes are kept free from obstruction and safe from smoke and fire. This can be achieved only if escape routes are not obstructed, if fire-resisting doors are kept closed (or automatic closers linked to a fire alarm are maintained) and if exit doors are readily available for use at all times. Escape routes should be inspected on a regular basis. If an obstruction is noticed on an escape route it should be removed immediately and steps taken to prevent a recurrence. This may involve additional staff training, or the redesign or reconsideration or a process or working area

Remember that doors identified as "fire doors" must be of fire resisting construction. They should never be wedged open for the sake of providing convenient passage through the building. Unless they are held open by automatic closers linked to a fire alarm system they should normally be

closed. If a fire door is in an inconvenient position the "Responsible Person" should consider whether different arrangements for fire compartmentation and protection might be possible.

Any door which is designated as a fire door, giving protection to an escape route, must be fitted with intumescent strips. As previously stated, if the door is to be an effective fire door in the event of a fire the intumescent strip must be in place. This requires regular and routine inspection; use form FDC, or the annual Fire Safety Log to record these inspections.

Final exit doors, designated as 'Fire Exits,' should open outwards and open with one single action, i.e., one push bolt, bar, or handle.

Liaison with the Fire Authority and assisting the Fire Service

In some cases, it may be appropriate to liaise and consult with the Fire Authority. This is particularly appropriate to hazardous undertakings, those with restricted access and those providing residential accommodation. The purpose of liaison is for familiarisation and to check access and facilities for the fire service, and for the employer to receive assistance and advice on fire safety management and fire safety matters generally.

Fire Safety Records

A record of fire precautions for the premises should be established and maintained. The annual Fire Safety Log has been designed for this purpose. The forms mentioned in the text of this Guidance Note for recording the various checks and inspections are included in the logbook and should be used as a record that you are fulfilling your responsibilities. If the inspections and tests are carried out and the details recorded, they will enable you to demonstrate the actions that have been taken and your commitment to fire safety procedures to your insurers and to the Enforcing Authorities.

(All the forms in the Fire Safety Logbook are also available individually In Blank Forms File.)

The following information should be recorded and available for inspection by the enforcing authorities, your insurers, and others. **:**

The name of the person appointed to take charge of fire safety, on form FRA as part of your Fire Risk Assessment.

Details of specific fire safety duties that have been assigned to specified staff members; this information will form part of the emergency evacuation plan and procedures that you specifically prepare for your site.

Details of instruction and training given to staff who have specific duties under your emergency arrangements – in personnel files as part of their training records.

Training given to employees in the use of fire extinguishers, and by whom; - Annual Fire Safety Logbook or on form FET.

Details of each fire and evacuation drill - Annual Fire Safety Logbook or on form FEE; Details of fire protection equipment and systems in the premises, system plans, details, and instructions; Annual Fire Safety Logbook or on forms FFE, FAL and ELI

Details of inspection and testing of fire protection equipment and systems, with brief comments on the results of the checks and actions taken to remedy defects; Annual Fire Safety Logbook and contractor reports.

Details of maintenance checks on designated fire door - Annual Fire Safety Logbook or on form FDC

Details of all fire incidents and false alarms that occur, and the actions taken as a result – we have not provided a specific form, but form FEE can be adapted for this purpose.

Fire Safety Signs and Notices

Signs should be provided to indicate the position of firefighting equipment and fire alarm call points.

Signs should be provided to indicate the direction of escape and the location of exit doors. They should be prominently displayed and be visible on failure of the mains electrical supply.

Signs should be provided on fire doors, except those held open by electromagnetic devices connected to the fire alarm, to indicate that they should be kept shut. Suitable signs, which meet the requirements of British Standards, are readily available from local sources and via the Internet.

No-smoking signs also should be provided at appropriate locations.

Notices should be provided at appropriate locations to indicate the procedures to be followed by staff in an emergency such as "on discovering a fire", or "on hearing the fire alarm". Fire Fighters form can be used for this purpose.

Further advice and guidance on any of the issues associated with fire safety arrangements and procedures or the advice contained in this guidance note is available.

Immensity HealthCare

FIRE PROCEDURES – REVIEW

Form FPR The person appointed to take charge of fire safety matters should use this form at appropriate intervals, not less than once a year, to confirm that fire safety procedures remain current and that systems are being maintained. Where defects or issues are observed, action should be taken as soon as possible to restore fire safety to the required standard. See guidance in the guidance Fire Risk Assessment, Management, Arrangements and Procedures for further information.

Use the Remarks column to give supporting evidence or to outline changes or defective provisions. Where action is required use form SFF to allocate responsibility.

NOTE: Clients who complete their FRA in Online will not need to use this form when completing their review. They should simply check that the answers recorded in their on-line assessment remain valid, updating where required and resaving the assessment.

Review Date: _____

ITEM	QUESTION	ANSWER	REMARKS (Record supporting evidence or defects) (as for example against Q1)
1. Fire Drill	1.1 Has a six-monthly fire drill been carried out?	Yes/No	If YES, on what date?
	1.2 Have PEEPs been practiced or walked through?	Yes/ No	If YES, on what date(s)?
2. Fire Alarm Testing	2.1 Is the alarm tested?	Yes/No	
	2.2 Is the test carried out weekly?	Yes/No	
	2.3 Are alternative call points used?	Yes/No	
	2.4 Can the alarm be heard throughout the premises?	Yes/No	

	2.5 Have any faults been identified?	Yes/No	
3. Fire Doors	3.1 Are all fire doors identified by means of the approved signage?	Yes/No	
	3.2 Do all fire doors close effectively?	Yes/No	
	3.3 Are the door seals (intumescent) intact?	Yes/No	

ITEM	QUESTION	ANSWER	REMARKS (Record supporting evidence or defects) (as for example against Q1)
4. Emergency Lighting	4.1 Is there emergency lighting within the premises?	Yes/No	
	4.2 Is the illumination satisfactory?	Yes/No	
	4.3 Is emergency lighting tested?	Yes/No	
5. Means of Escape	5.1 Are all the means of escape identified by means of a 'running person' pictogram?	Yes/No	
	5.2 Are all means of escape clear of obstructions outside?	Yes/No	
	5.3 Are all means of escape clear of obstructions inside?	Yes/No	
	5.4 Are escape routes free from differences in floor level?	Yes/No	

	5.5 Have all push bars, self-closers or automatic devices been checked?	Yes/No	
6. Smoke and Heat Detectors	6.1 Are there smoke and heat detectors fitted?	Yes/No	
	6.2 Are these inspected?	Yes/No	
7. Fire Extinguishing Equipment	7.1 Does there appear to be sufficient fire extinguishing equipment available?	Yes/No	
	7.2 Is all fire equipment wall-mounted?	Yes/No	
	7.3 Are wall mounted extinguishers at a height of 1 metre to the top of the extinguisher?	Yes/No	
	7.4 Are fire blankets, readily accessible?	Yes/No	

ITEM	QUESTION	ANSWER	REMARKS (Record supporting evidence or defects) (As for example against Q1)
	7.5 Are hose reels readily accessible and undamaged?	Yes/No	
	7.6 Are hose reels tested for effectiveness?	Yes/No	
	7.7 Is all firefighting equipment regularly serviced?	Yes/No	

8. Fire Training	8.1 Have all employees received fire awareness and procedures training?	Yes/No	
	8.2 Are sufficient numbers of employees trained in the safe use of the fighting equipment?	Yes/No	
9. Fire Procedures	9.1 Are fire and emergency action signs displayed; are there enough?	Yes/No	
	9.2 Is there an alarm zone display panel in the facility?	Yes/No	
	9.3 Is there somebody within your organisation with sufficient knowledge of the operation of the panel?	Yes/No	
	9.4 Has a documented Fire Policy been prepared for the premises?	Yes/No	
	9.5 Is the Emergency Plan current and effective?	Yes/No	
ITEM	**QUESTION**	**ANSWER**	**REMARKS** (Record supporting evidence or defects) (As for example against Q1)

10. Change	10.1 Have there been any changes to buildings, the use of rooms, materials or substances, people using the building or similar that make it necessary for a review of the Fire Risk Assessment?	Yes/No	

Signature of Person Completing this Review: ……

Date of Completion: ……

Immensity HealthCare

FIRE AND EMERGENCY EVACUATION RECORD Form FEE

Use this form to record Emergency Evacuation tests or drills. As a minimum, they should be held at six monthly intervals. Additional information can be found in guidance on Fire Safety Management.

EVACUATION DETAILS	Fire Marshal, Fire Warden Name(s):
Date of the drill: Time of the drill: Evacuation time:	Roll call conducted at assembly point Yes / No All accounted for: Employees Yes / No Contractors Yes / No Visitors Yes / No
Organiser: Premises or areas involved: 1. Was the alarm sounded promptly? Yes/No 2. Could the alarm be heard throughout the premises? Yes/No 3. Did the person chosen at random to sound the alarm understand the routine? Yes/No 4. Did all staff understand the routine and act effectively? Yes/No 5. Is there a need for further staff training or instruction? Yes/No 6. Were a random activation point chosen? Yes/No	State action necessary:
	Number of Employees involved

Immensity HealthCare

7. Were there any other particular problems in the evacuation? Yes/No Record further details overleaf and summarise proposed actions in the next column.

8. Were all employees and visitors accounted for? Yes/No

9. Was this evacuation the result of a false alarm? Yes/No

Dept / Shift	Number of Employees

Person compiling record: ..... Signature: ..... Date: .....

Immensity HealthCare

Use this space to record both positive and negative outcomes from the evaluation. Where problems are identified consider and suggest remedial action. Summarise these in the right-hand column of the previous page.

Immensity HealthCare

FIRE ALARM TEST RECORD Form FAL

Fire alarm systems should be tested subject to a weekly test and check to ensure that they remain operable and can be heard throughout the premises they serve. Every week the fire alarm should be tested following the supplier's instructions at one of the break glass operating points. Test the system from a different point each week so that every operating point is tested in sequence. After operating the alarm, check that it was audible in every part of the building. If the control panel has a display check that it correctly identifies the operating point that was actuated or the zone in which it was located. Report any faults or concerns to senior management and if it is within your authority make immediate arrangements for repair or improvement. Use these pages to record details of weekly checks. See also the Fire Safety Management guidance for additional information.

DATE	CALL POINT TESTED Test a different call point each week	WORKING ORDER Y/N	TESTER Initials	FAULT DISCOVERED Give details or enter 'None'	FAULT CLEARED BY	DATE CLEARED	CONFIRMATION OF WORK COMPLETED (Signature to confirm work completed)

Immensity HealthCare

DATE	CALL POINT TESTED Test a different call point each week	WORKING ORDER Y/N	TESTER Initials	FAULT DISCOVERED Give details or enter 'None'	FAULT CLEARED BY	DATE CLEARED	CONFIRMATION OF WORK COMPLETED (Signature to confirm work completed)

Immensity HealthCare

DATE	CALL POINT TESTED Test a different call point each week	WORKING ORDER Y/N	TESTER Initials	FAULT DISCOVERED Give details or enter 'None'	FAULT CLEARED BY	DATE CLEARED	CONFIRMATION OF WORK COMPLETED (Signature to confirm work completed)

Immensity HealthCare

FIRE FIGHTING EQUIPMENT TRAINING RECORD Form FET

Use this form to record details of training given to staff in the use of fire extinguishers. This may be either theoretical training, a practical demonstration or hand-on training.

DATE OF TRAINING or refresher	NAME OF PERSONS GIVEN TRAINING	TYPES OF APPLIANCES	INSTRUCTOR NAME	INSTRUCTOR SIGNATURE

Immensity HealthCare

NAME OF PERSONS GIVEN TRAINING	TYPES OF APPLIANCES	INSTRUCTOR NAME	INSTRUCTOR SIGNATURE

Immensity HealthCare

FIRE FIGHTING EQUIPMENT INSPECTION RECORD Form FFE

Every workplace must be provided with fire-fighting equipment suitable for the premises. The Fire Safety guidance gives advice and information about the number of units and type of fighting equipment that is likely to be required. Use this form as a record of the fire-fighting equipment that you have provided (fire extinguishers, fire blankets, fixed hose reels) and of the checks that you make to ensure that it remains in place and fit for use. Check that it is in the correct location, in good condition and is ready for use.

Inspections should be carried out at least once per month. If the equipment is not in place and in good operable condition, make a note on your Action Log. When remedial action has been taken update the action page with a note of the action and completion date.

In addition to monthly checks a thorough examination of the equipment should be carried on an annual basis.

If you have arranged for the annual thorough examination to be carried out by a supplier or contracting company, you will have invoices to record that the work has been carried out and which specify any fault they may have identified, and any corrective action taken. These are usually kept with the accounts or held by the accounts department, and it can take some time to check on a date or action. We therefore recommend that the date of the service and maintenance check is entered here so that the information is not lost and is immediately available.

- Blanket (B) - Hose Reel (H)																AL	ANNU

Immensity HealthCare

EQUIPMENT TYPE - Extinguishers (E)	LOCATION OR REFERENCE	DESCRIPTION	DATE OF INSPECTION & CONDITION Enter date of inspection at top of column. Mark individual items ✓ if in good order or if action is required; add the details to your Action Log.

EQUIPMENT TYPE - Extinguishers (E) - Blanket (B) - Hose Reel (H)	LOCATION OR REFERENCE	DESCRIPTION	DATE OF INSPECTION & CONDITION Enter date of inspection at top of column. Mark individual items ✓ if in good order or □ if action is required; add the details to your Action Log.												
															ANNUAL

Immensity HealthCare

EQUIPMENT TYPE - Extinguishers (E) - Blanket (B) - Hose Reel (H)	LOCATION OR REFERENCE	DESCRIPTION	DATE OF INSPECTION & CONDITION Enter date of inspection at top of column. Mark individual items ✓ if in good order or □ if action is required; add the details to your Action Log.											
														ANNUAL

EMERGENCY LIGHTING INSPECTION, TESTING AND MAINTENANCE RECORD **FORM ELI**

When emergency lighting is installed, it must operate on demand. It must therefore be routinely tested and maintained. The best practice standard is set out in BS 5266-8. It specifies

1. A daily visual check of the power supply to confirm that battery power levels are being maintained. We suggest that these checks are logged weekly at the same time as the fire alarm test is recorded.
2. A monthly test to confirm that each emergency lighting unit will switch to emergency mode and that the battery is able to power the light.
3. An annual test of each unit including a full duration discharge.

More detail can be found in the Fire Safety guidance. If you have arranged for the annual test to be carried out by a supplier or contracting company, you will have invoices to record that the work has been carried out and which specify any fault they may have identified and any corrective action taken. These are usually kept with the accounts or held by the accounts department, and it can take some time to check on a date or action. We therefore recommend that a brief note of the service and maintenance check is entered in this section (after the quarterly records) so that the information is not lost and is immediately available.

	Quarter.													
UNIT AND LOCATION	**Week No**	1	2	3	4	5	6	7	8	9	10	11	12	13
	Weekly log (W) or Monthly Test (M)													
	Date of entry													
	Initials of person checking or testing													
	Mark individual items if in good order or if action is required; give details on the Action Page at the back of this log.													

Immensity HealthCare

	Quarter													
UNIT AND LOCATION	**Week No**	14	15	16	17	18	19	20	21	22	23	24	25	26
	Weekly log (W) or Monthly Test (M)													
	Date of entry													
	Initials of person checking or testing													
	Mark individual items ✓ if in good order or if action is required; give details on the Action Page at the back of this log.													

Immensity HealthCare

FIRE DOOR CHECKLIST

Form FDC Fire doors are an important safety feature as they offer resistance to and limit the spread of smoke and fire and allow the safe evacuation of the premises. Their importance is such that they must always be in good working order. They should therefore be subject to routine checks to ensure that self-closing devices are working effectively, and that smoke seals and intumescent strips are in place and undamaged. As a minimum the checks should be carried out once per month, but in some cases, identified during fire risk assessment, the frequency may need to be increased.
Use this page to record details of routine inspections carried out at your premises. If an unsatisfactory condition is found record the details and any action taken in the Action Log pages, at the back of this logbook.
Use this form as a record for periodic checks that self-closing devices on fire exit doors are closing properly and that the intumescent strips are in place.

Door (Reference number description)	**Initials of person making the check**
	Date checked
or	✓ if satisfactory or enter □ if unsatisfactory. An □ requires comment in the Action Log.

Immensity HealthCare

COMMENTS
If any issues are identified in the periodic check please give details here, copy them and pass the form to a senior manager for action. Record the name of the person to whom you have given a copy of this form.

Immensity HealthCare

Introduction

Employers must provide suitable and sufficient provisions for dealing with incidents that require immediate first aid. The extent of the first aid provision required depends on the size of the business, the number of employees and the risks presented by the business. The provision may range from an Appointed Person and basic first aid kit to several First Aiders or an Occupational Health Nurse and a first aid room with substantial supplies in premises where there are significant risks.

Legal Requirements

Current legislation requires employers to provide adequate first aid provision, including competent personnel, as well as suitable and sufficient amounts of first aid equipment, taking into account the site and nature of the business.

The requirements apply to all organisations, including those with less than five employees and to the self-employed. There is no statutory requirement to make provision for people such as customers and clients who are not employed.

Providing First Aid Arrangements

Initially you need to assess the potential for accidents, injuries, and work-related ill health in the workplace. The minimum requirement will be an appointed person to take charge of first-aid arrangements and a suitably stocked first-aid box. Whether you need to provide more and what that provision should be will depend on the outcome of your assessment of need.

In this assessment consider.

The workplace hazards

Minimal risk premises such as offices and shops will require a lower level of provision than those where there are machinery or chemicals hazards.

Where higher level hazards are encountered, you will need to consider providing first– aiders and additional first–aid provisions. This might include additional first-aid supplies or a first-aid room.

If the work involves substances that require specific treatments or antidotes in an emergency situation, they should be made available and additional specific training given to first aiders The number of employees

how many employees require cover? The larger the number the more extensive the provision of first aiders, first-aid supplies and possibly the need for a treatment room. See table 3 below for more detailed information on the number of first aiders that might be required.

whether any employees are inexperienced, disabled or have particular health problems and the effect that this might have. The age profile of the workforce needs to be considered along with the particular needs of employees with health issues such as asthma, diabetes, epilepsy, heart disease, and allergies.

Your accidents and ill-health records what injuries and illnesses have occurred and where they happened. If there is a pattern, make sure it is reflected and taken account of in the numbers and locations of first aiders and first-aid supplies.

Working arrangements where there is shift-working make sure first-aid arrangements are adequate at all times when people are at work.

where employees work off-site consider whether personal first-aid kits are required and how they would communicate with their base in the event of an accident or injury. See also Guidance Note 1-13 Lone Working.

the layout of your workplace. If buildings are spread out or the workplace is multi-storey, consider the needs of each building or floor.

the distance to the nearest hospital and how long it takes the emergency services to get to the scene. If premises are isolated and difficult to reach requirements will be greater than for a workplace close to an accident and emergency department.

where employees work on sites controlled by other employers make sure that they are adequately covered by your business or the business for which they are working. You may need to make an agreement in writing.

cover for absences and holidays. There should be continuity. Cover should always be available for planned absences and consideration needs to be given to the provision of cover in the event of unplanned or exceptional circumstances. Nonemployees

there is no legal requirement in health and safety at work legislation to provide first aid for nonemployees, but it is strongly recommended that you include them in your assessment of first-aid requirements. In some sectors other regulatory bodies such as OFSTED and CQC will require specific first aid training provision relevant to the people and children in their care. OFSTED in particular will require that first aid training must include aspects of paediatric care.

When the assessment or risks and needs is completed use the information that follows to determine the basis of your first aid provision and the number of trained first aiders required.
First Aid Materials

There is no mandatory list of items that should be included in a first aid box and no mandatory requirement that the first aid box should be stocked in compliance with British Standard 8599. The HSE clearly states that different work activities involve different hazards and therefore different first aid provision, based on an assessment of the requirements at each workplace is required. As a guide, and where there are no special workplace risks the HSE suggests that a minimum stock of first aid items would be.

Table 1. Health & Safety Executive Recommended Minimum Contents for a Standard Occupational First Aid Box. (source =HSE. First Aid at Work, Guidance on Regulations, L74.
October 2013)

A leaflet giving general guidance on first aid (for example HSE leaflet '*Basic advice on first aid at work')*
20 individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (dressings should be of a detectable type for food handlers)
Two sterile eye pads
Six safety pins
Two individually wrapped triangular bandages (preferably sterile).
Six medium sized individually wrapped sterile unmedicated wound dressings
Two large sterile individually wrapped unmedicated wound dressings
At least 3 pairs of disposable gloves

Soap and water and disposable drying materials should always be provided for first aid purposes.

Where they are not available, individually wrapped moist cleansing wipes may be used.

Where the nature of the workplace exposes employees to special hazards, such as: - a risk of poisoning by toxic substances, e.g. cyanide compounds; a risk of burns from corrosive or oxidising substances, e.g. hydrofluoric acid.

a risk of accidental exposure to hazardous substances, e.g., toxic, irritant or asphyxiant gases, requiring oxygen for resuscitation; or other specific risks identified in your assessment.

You must also provide any special antidotes or equipment appropriate to the risk posed by that hazard. These should be located as close as possible to the site where the hazardous process is carried on.

Where employees are mobile workers (sales reps, engineers, etc.), whether they use company vehicles of their own, you also need to consider their first aid requirements. In some situations where they may be working alone in a remote or hazardous location you may need to make awfully specific provisions. In most cases however, you are likely to meet your responsibilities through the provision of a basis first aid kit containing the following items.

Table 2 – Recommended contents for a basic Travel First Aid Kit.

Individually wrapped moist cleansing wipes.	Two triangular bandages.
One pair of disposable gloves.	Two safety pins.
A leaflet giving general guidance on first aid.	Two pairs of disposable gloves
One large sterile unmedicated dressing.	
Six individually wrapped sterile adhesive dressings.	
A leaflet giving general guidance on first aid (for example HSE leaflet '*Basic advice on first aid at work*')	

In small workplaces, where a number of employees work in close proximity to each other, first aid provisions should be in a location convenient to the majority of the workforce or where there is greatest risk of an injury occurring. Where there are large numbers of employees divided into several self-contained working areas, consideration should be given to setting up a main facility with supplementary materials in each of the

working areas. Similarly, a large plant with a small number of employees dispersed over a wide area may need first-aid provision in each part of the workplace.

Occupational First Aiders

Where the need for trained first aiders is identified they should have a valid certificate of competence in either first aid at work (FAW) or emergency first aid at work (EFAW). An EFAW certificate enables the first aider to give emergency first aid to anyone who is injured or becomes ill whilst at work. FAW training allows the first aider to also apply first aid to a range of specific injuries.

Where there are specific hazards at the workplace the first aid training given to first aiders must take account of those hazards and train them to deal with the special hazards and special treatments that may be required. Employers will need to identify suitable training providers and assess the adequacy of the training they are able to deliver.

Certificates of competence in first aid are valid for three years. They can be renewed for another three-year period by attending approved refresher training 3 months before or within 1 month of their expiry date. HSE strongly recommends, but does not require, annual refresher training.

First Aid Training

Before October 2013 it was a statutory requirement in both Great Britain and Northern Ireland that first aid training should be delivered by HSE and HSE NI approved training providers. The scope of the training and course content was also subject to approval.

That requirement remains in place in Northern Ireland where there are currently 80 approved first aid training providers.

However, on 1st October 2013 that statutory requirement was repealed for Great Britain (England Scotland and Wales) where there is now no requirement for HSE approval of training providers or course content. Nonetheless, many training providers choose to operate through voluntary accreditation schemes having as their objective the setting and maintenance of best practice standards. Whilst employers may choose to use trainers who operate outside of these schemes the use of a scheme member should always offer a standard of training with appropriate content, suitable trainers and assessors and robust quality assurance.

The Voluntary Aid Societies (comprising St John's Ambulance, British Red Cross, St Andrew's First Aid) are recognised as one of the standard setters for currently accepted

firsts aid practice. Employers should have confidence in training delivered by those organisations of providers affiliated to their voluntary accreditation schemes. Nationally recognised training schemes are also sponsored by Ofqual, SQA and the Welsh Government. Details of training providers and courses can be found on their websites.

Whatever the status of the training provider employers are advised to ensure that first aid training will be delivered in accordance with:

current guidelines published by the Resuscitation Council (UK); and

the current edition of the first aid manual of the Voluntary Aid Societies

(St John's

Ambulance, British Red Cross, St Andrew's First Aid) or other published guidelines, provided they are in line with the above or supported by a reasonable body of medical opinion.

Where a health professional such as a doctor registered with the General Medical Council, a registered nurse or a registered paramedic is an appointed first aider no additional training is required.

Appointed Person

Where an employer has decided that a trained first aider is not required, they must appoint a person to take charge of the first aid provisions, to take control in the event of an incident requiring first aid, and to call and assist the emergency services. The Appointed Person does not require first aid training, but they must be trained as to their role and know their responsibilities. Their task is restricted to looking after the first aid equipment and facilities and calling the emergency services when required. Short training courses are available to provide these people with the basic knowledge and understanding of their role.

In reaching their decision about whether they need to have someone trained in FAW, EFAW or simply to have an Appointed Person employer need to consider their needs. Several factors must be considered, including the numbers employed, the nature of the work, the degree of hazard, their accident history, the size and location of the workplace, the distribution of employees within the workplace, whether there is shift working, and the distance from external medical services.

Number of trained First Aiders or Appointed Persons

Each situation has to be considered on its own against published guidance and standards. Some workplaces with extremely low risks may not need a trained first aider while some manufacturing sites with particular risks of injury will require a higher than average level of provision. For premises with normal risks HSE guidance is that the provision in **table 3** will be sufficient.

Employers are not required by health and safety laws to make first aid provision for members of the public and visitors to their premises. However, it is recommended that they are taken into account if they are regularly present or present in large numbers.

Where a workplace is particularly remote and more than a 1-hour journey to emergency medical assistance the number of trained first aiders should be doubled. Similarly, if mobile workers have to do particularly hazardous work in remote locations they should not be working alone and one of the team, at least, should be a trained first aider.

In temporary and exceptional circumstances, in the unexpected absence of an occupational first aider, the employer may appoint another person to act as an Appointed Person and take charge of an injured or ill person until medical assistance is obtained.

NOTE. In assessing the number of trained first aiders required employers must take account of the need to provide cover for alternative working patterns, holidays, and other foreseeable absences. The Enforcing Authorities do not accept that foreseeable absences, such as planned holidays, training courses and long-term illness are "temporary and exceptional circumstances" or unexpected. In practice, for many businesses, this means that where the need for one trained First Aider is identified the minimum provision should be two; so that absence by one will normally be covered by the other.

Immensity HealthCare

Table 3. Recommended Number of Occupational First Aiders
(from HSE First aid at work. Guidance on Regulations October 2013.)

Category of risk	Number employed at any location	Suggested number of first aid personnel
Low hazard - e.g. shops, offices, libraries.	Fewer than 25	At least one **Appointed**
	25-50	At least one person trained in
	More than 50	At least one person trained in **FAW** for every 100 employees
Higher hazard – e.g. light engineering, assembly	Fewer than 5	At least one **Appointed Person.**
work, food processing, construction sites, slaughterhouses, chemical plants, work with dangerous machinery or sharp instruments, etc	5-50	At least one person trained in **EFAW** depending on the type of injuries that might occur.
	More than 50	At least one person trained in **FAW** for every 50 employees (or part thereof).
	Where there are hazards for which additional first aid skills are necessary.	First aiders trained in **FAW** plus those specific additional skills
EFAW = Emergency First Aid at Work. **FAW** = First Aid at Work		

Renewing Occupational First Aid Training

Workers who successfully complete approved FAW and EFAW training receive a certificate which is valid for three years. On expiry they must refresh their training and obtain certification for another three years. HSE strongly recommends that first aiders, FAW and EFAW, undertake annual refresher training to maintain their basic training and keep up to date with changes in first aid procedures.

Similarly, where special first aid provision has required the provision of higher-level special training this too should be refreshed at suitable intervals. Hopefully, the hazards will be properly controlled and there will be no need for the first aider's skills to be tried in practice. In this situation the need for refresher training is particularly important.

Keep detailed records of all first aid training and refresher training given to first aiders.

Routine matters

All employees should be aware of your first aid provisions. They should first be made aware at their induction training and suitable workplace signs should be used as a reminder.

First-aid boxes should be checked regularly to ensure that they and their contents are maintained in good condition. This should be the responsibility of a competent and reliable person(s). Items that deteriorate over time should be monitored to ensure their timely replacement and be disposed of once past their expiry date.

Appropriate masks or 'life keys' should be provided for use in situations that require mouth-to mouth resuscitation, but medication (pills, mixtures, creams and sprays etc.) should never be contained within first aid boxes or kits. Any person who receives treatment for injuries or ill health at work is required to enter the details in the **Accident Book** and must follow the procedures outlined in the

Employee Safety Handbook.

Further information

Good Governance Policy and Procedure

1. Purpose.

To describe what good governance means to IMMENSITY HEALTHCARE LIMITED and that the term 'good governance' links to a quality management framework within IMMENSITY HEALTHCARE LIMITED. The Quality Assurance Policy and Procedure must therefore be read with this policy.

To specify who has accountability and what action IMMENSITY HEALTHCARE LIMITED takes to continuously improve services.

To ensure that good governance is embedded within IMMENSITY HEALTHCARE LIMITED during rapidly evolving events such as the coronavirus pandemic.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	Are people's needs and choices assessed, and care, treatment and care delivered in line with current legislation, standards, and evidence- based guidance to achieve effective outcomes?
RESPONSIVE	How are people's concerns and complaints listened and responded to and used to improve the quality of care?
SAFE	How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?
WELL-LED	Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- Coronavirus Act 2020
- The Care Act 2014
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974
- The Human Medicines Regulations 2012
- Data Protection Act 2018
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

2. Scope

The following roles may be affected by this policy:

- All staff
- Registered Manager

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Commissioners
- External health professionals
- Local Authority
- NHS
- Care Quality Commission

3. Objectives

To demonstrate that the auditing, identification, and management of governance at IMMENSITY HEALTHCARE LIMITED is effective and clear, with procedures for reviewing and learning from incidents, near misses, accidents, complaints, whistleblowing, and safeguarding concerns.

To ensure that evidence-based care is used to continuously improve quality through a culture of openness and transparency.

To ensure that the management of rapidly evolving events such as the coronavirus pandemic are effective and clear within the governance framework at IMMENSITY HEALTHCARE LIMITED.

4. Policy

IMMENSITY HEALTHCARE LIMITED commits to providing safe, high-quality care. The systems and processes at IMMENSITY HEALTHCARE LIMITED meet legal responsibilities, comply with best practice and the views of our staff and Service Users. IMMENSITY HEALTHCARE LIMITED will.

- Take a human rights-based approach that protects and upholds a Service User's right to privacy, dignity, choice, respect, and control
- Encourage, listen, and respond to the views of Service Users, staff and people who have an interest in IMMENSITY HEALTHCARE LIMITED
- Promote a culture of openness, honesty, and transparency, fulfilling its Duty of Candour responsibilities. Its staff will be knowledgeable and confident to challenge and report risks and concerns
- Have clearly defined roles and responsibilities to ensure accountability
- Identify risks in all areas of IMMENSITY HEALTHCARE LIMITED and will act to remove or reduce these risks

- Analyse governance processes to identify themes and trends and take corrective action where required
- Review all governance processes to ensure that it works innovatively and is effective

IMMENSITY HEALTHCARE LIMITED follows this policy and procedure to create an environment in which excellence in care will flourish.

Accountabilities - IMMENSITY HEALTHCARE LIMITED will:

- Have responsibility for scrutinising governance systems and processes at IMMENSITY HEALTHCARE LIMITED
- Ensure continuous improvement
- Have an organisational structure in place that defines leadership and accountability
- Have effective governance systems and processes in place at IMMENSITY HEALTHCARE LIMITED, including in times of evolving events such as the coronavirus pandemic

Responsibilities - Registered Manager

- Be responsible for the overall management of IMMENSITY HEALTHCARE LIMITED
- Seek and respond to the views of Service Users, staff, health professionals, advocates, and other interested parties
- Delegate responsibility and hold staff to account for agreed actions
- Have governance systems that are effective and fit for purpose and achieve continuous improvement, including in times of evolving events such as the coronavirus pandemic
- Report statutory notifications and escalate concerns to Dorothy Botha
- Take a values-based approach to recruitment and promoting staff retention
- Promote an open, transparent culture and learning environment
- Ensure that there is ongoing compliance with regulatory and contractual requirements
- Ensure compliance with policies and procedures
- Ensure that there are enough staff with suitable skills, experience, and knowledge
- Review and learn from accidents, incidents (including safeguarding) and complaints and share this learning with staff
- Act on results of audits and reviews of the service
- Collate, report, and use data to inform stakeholders of the quality of the service
- Seek expert advice by working with other health professionals
- Work within codes of conduct and act as a role model at all times

Responsibilities - Carer

- Work within their job description Provide the Care as planned
- Raise concerns and suggestions in a timely manner
- Identify personal learning needs
- Follow the policy and procedure
- Work within codes of conduct and act as a role model at all times

5. Procedure

Accountability

- Within IMMENSITY HEALTHCARE LIMITED there is a clear, structured approach to governance with all staff having a line manager and defined accountabilities documented in job descriptions
- Where there is accountability for informing external stakeholders or the involvement of other organisations about any aspect of IMMENSITY HEALTHCARE LIMITED, accountability will be documented
- All staff will ensure that they work within their own professional codes of conduct at all times
- All staff at IMMENSITY HEALTHCARE LIMITED have accountability for ensuring that they work within the safeguarding procedures of IMMENSITY HEALTHCARE LIMITED and those of Buckinghamshire County Council. Any poor practice or failure to follow the procedures will result in disciplinary action

Audit

IMMENSITY HEALTHCARE LIMITED will undertake reviews and monitor systems and processes to identify where quality or safety issues are being compromised and will respond appropriately and without delay. IMMENSITY HEALTHCARE LIMITED will do this by:

- Undertaking audits in areas such as health and safety, medication management, infection control, care planning, safeguarding, environmental etc.
- Using best practice such as NICE guidelines to benchmark standards and performance
- Involving people who use the services where possible
- Put in place an audit cycle and will review themes, trends, and risks from audit at board level as well as operational management level

Effectiveness

Effectiveness is about making sure the right people get the right care at the right place in an effective way. IMMENSITY HEALTHCARE LIMITED will achieve this by ensuring:

- That Care Plan, Service User and care practice reviews are undertaken to ensure adherence to procedures and to identify when any changes or further developments to practice are required
- Nutrition, skin, medication, and falls are included in this process
- That effectiveness is monitored, and additional resources and care identified where appropriate e.g. district nurses, GP, or other community health care
- That when a Care issue is beyond the knowledge, skills and experience of the staff involved, then additional care is identified to ensure that the issues are shared and the outcomes for the Service User improved

Continuing Professional Development

- Staff skills will be regularly reviewed and where additional training is required, this will be identified and provided
- Opportunities will be provided to widen skills, understanding and knowledge
- This will increase the ability of the staff and ultimately, IMMENSITY HEALTHCARE LIMITED, to provide effective, timely and responsive care
- Where incidents arise, a root cause analysis will assess whether training needs to be reviewed

Involvement of Service Users

- In order to ensure that governance is effective and holistic, Service Users will be involved in determining the quality, timeliness and level of care provided and inform the results of any governance processes
- IMMENSITY HEALTHCARE LIMITED will listen to Service Users and IMMENSITY HEALTHCARE LIMITED will adapt the service as a result
- Systems, such as surveys, will be used to gain Service User views
- Any changes made will be fed back to the Service User and recognition given to their views
- This process is central to the concept of 'person-centred care' and continuous improvement
- IMMENSITY HEALTHCARE LIMITED will work to the Accessible Information Standards to ensure equity for the people who use its services

Remedying Underperformance

- Any shortfalls in Care provision will be identified through the governance process

- The reasons for the shortfall will be analysed and if the issue was the result of deficient performance by staff, it will be addressed either through supervision, additional training, disciplinary procedures or ultimately dismissal
- If there are implications for staff teams, it will be addressed through training, supervisions, or team meetings
- Risk assessments, Care Plans and ways of working will be revisited and updated to reassess the issues and develop more robust processes
- External resources may be identified to assist with the delivery of training or to provide guidance on improving practice
- IMMENSITY HEALTHCARE LIMITED will ensure that its staff are aware of key policies and procedures such as Whistleblowing, Safeguarding,

Accident and Incident Reporting and that they adhere to these policies

- All staff have a responsibility for staying up to date with the policies and procedures at IMMENSITY HEALTHCARE LIMITED .
- Dorothy Botha has responsibility for ensuring that the policies and procedures are customised and reflect all aspects of governance processes within IMMENSITY HEALTHCARE LIMITED and that staff have read and understood the documents

Risk Management

IMMENSITY HEALTHCARE LIMITED understands that risk management is about minimising risks to Service Users by:

- Identifying what can go wrong during Care
- Understanding the factors that influence this
- Learning lessons from any adverse events, such as evolving events like the coronavirus pandemic
- Ensuring that action is taken to prevent recurrence
- Putting systems in place to reduce or eliminate risks Within IMMENSITY HEALTHCARE LIMITED, we will manage risk by:
- Reviewing complaints, accidents, and incidents, near misses, safeguarding and whistleblowing concerns
- Actively learning from mistakes by reviewing every incident or near miss when it arises, investigating why it happened, how it happened, who was involved and create an action plan that we will follow to stop it happening again. The review of all incidents will be analysed to identify themes or trends so that this will also evidence whether IMMENSITY HEALTHCARE LIMITED is learning from incidents

Staff Management

- Staff will be supervised in line with the Supervision Policy and Procedure and this will be recorded and evidenced
- The supervisions will contain relevant discussions about specific issues of concern, will inform the governance process and identify best practice and areas that need to be redressed
- Staff will be encouraged to share views and opinions and be involved in Care Planning and the development of ways of working
- Staff with accountability for particular areas of work will be informed of these responsibilities and provided with tools and guidance to ensure that they deliver the identified oversight responsibility
- Role-specific codes of conduct will be used as a means of monitoring performance and staff standards

Pandemic Management

During times of rapidly evolving events, such as the coronavirus pandemic, IMMENSITY HEALTHCARE LIMITED will adhere to Government guidance in relation to health and social care and ensure that safe working practices are in place.

A link to the latest Government guidance on the coronavirus pandemic can be found in the 'Underpinning Knowledge' section of this policy.

6. Definitions

Governance

- A framework through which organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in care will flourish

Root Cause Analysis

- A method of problem-solving used for identifying the root causes of faults or problems. It is a useful tool following safeguarding incidents, complaints, accidents, near misses or any other incidents that cause concern

Coronavirus (COVID-19)

- Novel coronavirus is a new strain of coronavirus first identified in Wuhan City, China. The virus was named 'severe acute respiratory syndrome coronavirus 2' (SARS-CoV-2). The disease it causes is called COVID-19

Pandemic

- A pandemic is the worldwide spread of a new disease. COVID-19 was characterised as a pandemic on 11th March 2020

Professionals – key facts

Professionals providing this service should be aware of the following:

- Staff will have regular supervisions and IMMENSITY HEALTHCARE LIMITED will have an appraisal process in place so that staff understand what they are accountable for
- IMMENSITY HEALTHCARE LIMITED has processes in place where Care practices are identified, reported, and monitored and actions are taken to improve practice
- All staff have responsibility for following processes and procedures and using appropriate recording methods, which is all part of robust governance procedures
- IMMENSITY HEALTHCARE LIMITED consistently uses root cause analysis following any incidents, including safeguarding incidents, to understand lessons learnt and prevent issues arising again
- During times of evolving events, such as the coronavirus pandemic, IMMENSITY HEALTHCARE LIMITED will ensure that guidance is followed to ensure the safe delivery of the service

People affected by the service – key facts

People affected by this service should be aware of the following:

- You should be involved, and your opinions sought regarding the care and care provided
- IMMENSITY HEALTHCARE LIMITED has a complaints procedure that it will share with you in a way that makes it easy for you to tell us when something is wrong

Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Government Website - Coronavirus: https://www.gov.uk/coronavirus

NHS - Coronavirus: https://www.nhs.uk/conditions/coronavirus-covid-19/

Skills for Care offers a suite of resources to care with roles and responsibilities alongside governance care guides for social care:https://www.skillsforcare.org.uk/Leadership-management/managing-ahttps://www.skillsforcare.org.uk/Leadership-management/managing-a-service/roles-and-service/roles-and- responsibilities/Roles-and-responsibilities.aspx

Guide 34: Practice development: collaborative working in social care (SCIE, 2010) - SCIE has identified collaborative methodology as one of many

ways of implementing change based on evidence from research and practice. The method presented here has been adapted for social care from the NHS model and represents a simple approach to change management: http://www.scie.org.uk/publications/guides/guide34/

Root Cause Analysis:
http://www.nrls.npsa.nhs.uk/resources/collections/root-cause-analysis/
SCIE: Guide 38 Social Care Governance (SCIE, 2011) - although not updated since 2011, this workbook provides some clear governance practices for England:
https://www.scie.org.uk/publications/guides/guide38/

Immensity HealthCare

Training Policy and Procedure

1.Purpose

To formalise the training opportunities for staff and to define the process for identifying training needs.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	Are people's needs and choices assessed, and care, treatment and care delivered in line with current legislation, standards, and evidence- based guidance to achieve effective outcomes?
EFFECTIVE	How does the service make sure that staff have the skills, knowledge, and experience to deliver effective care and care?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

2. Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Commissioners
- Local Authority
- NHS

3. Objectives

IMMENSITY HEALTHCARE LIMITED ensures that all staff are in possession of the knowledge, skills, and experience necessary to perform their jobs to the standards IMMENSITY HEALTHCARE LIMITED and Service Users expect.

3. Policy

IMMENSITY HEALTHCARE LIMITED believes that continuous improvement of its services is dependent upon the continuous development

of the skills of its workforce. IMMENSITY HEALTHCARE LIMITED will therefore review and plan for that continuous development.

IMMENSITY HEALTHCARE LIMITED will ensure that it reviews (at least annually – see Business Plan for IMMENSITY HEALTHCARE LIMITED) its operational plan and objectives to ensure that all objectives are supported by appropriate training and development.

IMMENSITY HEALTHCARE LIMITED will review the needs of its Service Users (at least annually or when changes occur) to ensure that all needs are supported by appropriate training and development.

IMMENSITY HEALTHCARE LIMITED will review all requests for development against its objectives to ensure that the activity cares the achievement of its objectives.
Staff requesting development which is not required by organisational goals may be authorised by IMMENSITY HEALTHCARE LIMITED for individual reasons, such as a reward for exceptional attendance or performance.

Staff supported by IMMENSITY HEALTHCARE LIMITED to attend external courses will prepare a teaching summary of the course content and an evaluation within seven days of completion of the course. They will also deposit the course material or a copy of the same in a place accessible by all staff.

IMMENSITY HEALTHCARE LIMITED will expect staff undergoing training to remain in employment for 12 months following the end of the training, otherwise a portion of the training costs will be recovered from the individual on termination.

IMMENSITY HEALTHCARE LIMITED believes that in-house resources, in-house training, development events and care are the most effective way of achieving its aims and will use those strategies wherever possible.

5. Procedures

Training Entitlement

- Staff are entitled to a minimum of 3 days paid training per year, including inhouse training
- Focused personal development, such as recorded and focused supervisions and individual coaching also count towards training time and will be recorded as such
- All staff will receive training in their roles and this training will ensure that certain standards of competence are met

Staff undergoing training will be given the Training Approval Form, which can be found in the Forms section of this policy. They will have the recovery scheme explained to them and will be asked to sign the form. If the member of staff refuses to sign the form, the uptake of the training will be at the direction of IMMENSITY HEALTHCARE LIMITED alone.

All staff who attend off site courses will be asked to complete the Training Approval Form which includes an evaluation. The teaching summary, together with all course material (or a copy of the material), will be packaged in a wallet file and stored in a place accessible for reference by other members of staff in accordance with the training philosophy at IMMENSITY HEALTHCARE LIMITED.

All staff who attend in-house courses will be asked to complete a course appraisal form.

IMMENSITY HEALTHCARE LIMITED believes that all members of staff must participate in the identification and dissemination of best practice in their work area. Accordingly, staff will be polled to identify those persons with interests in a specific skill area, or specialist skills, who will then be appointed and recognised as 'Specialists' in that area. The 'Specialists' will:

- Receive prioritised access to all training and development in their specialist area
- Be funded, within the training plan and training budget, to access such training and research the specialism
- Receive training in coaching, training, and presentation skills
- Be responsible for the dissemination of the specialist information to all other staff
- Be responsible for identifying sources of best practice and publicising that standard within IMMENSITY HEALTHCARE LIMITED

The most common form of training at IMMENSITY HEALTHCARE LIMITED is on the-job training provided by colleagues and team leaders. All members of staff are expected to co-operate in training newcomers. IMMENSITY HEALTHCARE LIMITED gives regular tuition on coaching skills. Staff with management responsibility will ensure that all relevant members of staff receive such tuition.

Periodically, IMMENSITY HEALTHCARE LIMITED will organise short courses inhouse, usually where a group of staff require specific additional knowledge or training (e.g. changes in procedures, the introduction of new equipment, and courses for newly promoted supervisors).

IMMENSITY HEALTHCARE LIMITED provides a resource of training materials. All staff are requested to make use of these resources, taking care to return them as soon as possible to ensure that their availability to all is maintained.

4. Definitions

Care Certificate

- The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the minimum standards that must be covered as part of induction training of new care workers
- The Care Certificate was developed jointly by Skills for Care, Health Education England, and Skills for Health. It applies across all of social care and health and covers what is needed to be caring and gives staff a good basis from which they can develop their knowledge and skills
- Designed with non-regulated workers in mind, the Care Certificate gives everyone the confidence that workers have the same induction - learning the same skills, knowledge, and behaviours to provide compassionate, safe, and high-quality care and care
- Although the Care Certificate is designed for inexperienced staff, it also offers opportunities for existing staff to refresh or improve their knowledge
- The standards cover 15 areas:
- Understand your role
- Your personal development
- Duty of care
- Equality and diversity
- Work in a person-centred way
- Communication
- Privacy and dignity
- Fluids and nutrition
- Awareness of mental health, dementia and learning disabilities
- Safeguarding adults
- Safeguarding children
- Basic life care
- Health and safety
- Handling information
- Infection prevention and control

Professionals – key facts

Professionals providing this service should be aware of the following:

- Training is important to develop staff and to ensure that they all have the skills needed to undertake their role effectively

- Individual staff training and development needs will be reviewed annually or more frequently dependent upon the needs of the Service Users
- Access to training will be planned and based upon assessed need
- All staff are entitled to at least 3 days paid training per year
- It is expected that all staff will share the knowledge they have gained through training
- Course appraisal forms will be completed for all training undertaken
- Staff with specific interests will be encouraged to undertake

training in the identified area and to develop an understanding of best practice

People affected by service – key facts

People affected by this service should be aware of the following:

- You have the right to be supported by staff that are trained and competent to perform their roles
- IMMENSITY HEALTHCARE LIMITED offers a suite of training for staff. We welcome your views on any ideas or suggestions regarding future training offered within IMMENSITY HEALTHCARE LIMITED

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

SCIE - Training, learning and CPD for health and care:
https://www.scie.org.uk/training/

Outstanding Service

To be ' outstanding ' in this policy area you could provide evidence that:

- Highly specialised and individualistic training is provided
- External courses are sourced to increase the 'best practice' knowledge of staff
- Quality, not cost, is the driving factor in training provision
- Staff report that they are encouraged to develop at IMMENSITY HEALTHCARE LIMITED and that training is embedded into care practice
- Mandatory and minimum requirements for training are seen as that within IMMENSITY HEALTHCARE LIMITED and there are extensive opportunities for training
- IMMENSITY HEALTHCARE LIMITED provides training for other services and is seen as a source of 'best practice'
- Commissioners and other stakeholders consistently report that

IMMENSITY HEALTHCARE LIMITED is innovative in how it delivers training

Staff Rota Policy and Procedure

1.Purpose

To ensure that staffing levels are planned, adequate and compliant with regulations and best practice standards.

To ensure that rota management is resource friendly and promotes a positive work-life balance, whilst meeting the needs of Service Users safely.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	How well do staff, teams, and services within and across organisations work together to deliver effective care, care, and treatment?
SAFE	How does the service make sure that there are sufficient numbers of suitable staff to care people to stay safe and meet their needs?
WELL-LED	Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Care Act 2014
- Employment Rights Act 1996
- Equality Act 2010
- Equality Act 2010: Chapter 1 (Protected Characteristics) Chapter 2 (Prohibited Conduct) and Chapter 3 (Services and Public Functions)
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The Workplace (Health, Safety and Welfare) Regulations 1992

2. Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Commissioners
- Local Authority
- NHS

3. Objectives

To ensure safe and appropriate staffing levels at IMMENSITY HEALTHCARE LIMITED using a fair and consistent duty rota planning system.

To provide clear guidance to staff who are responsible for rota development and management of the minimum standards required.

To improve and standardise the planning of additional days that need to be considered e.g. annual leave (inc. Bank Holidays), sickness, study leave.

To accommodate, where able, flexible working patterns and a positive work life balance in line with service requirements where service needs allow. This promotes the wellbeing of staff, whilst minimising the risks to Service Users.

4. Policy

Dorothy Botha will produce a clear specification of staffing requirements for the 24-hour period and for all departments, specifying qualification, experience, and numbers. Where Service Users have expressed a preference as to the gender of the staff on duty, this too will be taken into consideration.

The specification will take account of the needs and dependency of the Service User group, current risk assessments and regulatory requirements, and will propose reductions in the staffing levels required when subject to lower occupancy or dependency.

The specification will be agreed with IMMENSITY HEALTHCARE LIMITED, who will sign and date the written specification to signify their agreement.

When staff are on holiday, off sick, or absent for any other reason and where occupancy is below that for which the current staffing standard/rota has been set, there will not be an automatic replacement of their hours by another member of staff. However, Dorothy Botha will arrange replacements if the reduction in available hours places the service at significant risk.

There will be a standard 4-week (or longer) rota posted in a staff area. The standard rota will be consistent with the agreed specification. Any amendments to the rota will be recorded on the weekly variation sheet. Copies of completed rota sheets and weekly variation sheets will be retained on file, in accordance with retention schedules held in the Archiving, Disposal and Storing of Records Policy and Procedure at IMMENSITY HEALTHCARE LIMITED.

Staff with similar experience and qualifications may swap shifts occasionally on a one-off basis to allow for personal and social requirements, but will, under no circumstances, swap shifts without informing Dorothy Botha in writing and in advance of the swapped shift. Only Dorothy Botha or other designated staff are authorised to enter the change on the weekly rota sheet.

To ensure the health and wellbeing of staff, the allocation of shifts and breaks both within a shift and for days off must, wherever practicable, comply with the Working Time Directives.

Dorothy Botha will oversee the rota management to ensure that, over a minimum period of 4 weeks, there is an actual staffing level of no less than 95% of the agreed specification, taking into account the occupancy level. Prior to publication, rotas will be signed off as agreed by Dorothy Botha (or a designated senior member of staff).

There will be a fair system in place for the distribution of vacant shifts.

IMMENSITY HEALTHCARE LIMITED will agree what the local rota rules are and this will be added to this policy. Local rota rules will include documented provision for Christmas and New Year rota rules, as well as peak holidays.

5. Procedure

Care Staffing Levels

Dorothy Botha will seek to identify the best method possible to determine the standard staffing levels required to safely meet the needs of Service Users.

The care staffing basic calculation must include the following steps:

Step 1
Determine what the care staff numbers will be for morning, afternoon, evening, and night shifts when IMMENSITY HEALTHCARE LIMITED is full.

Step 2
Decide how many staff need to be on duty to comfortably provide care for the actual occupancy at different times of the day.

Step 3
The core staff will exclude supernumerary staff, such as Dorothy Botha. Dorothy Botha will, as part of the calculation, take into consideration the additional roles that care staff may fulfil such as laundry or kitchen duties.

Step 4
As a minimum weekly, Dorothy Botha will review the Service Users' care needs to determine any changes that may impact on the core staff arrangements.
It is vital that calculations to determine staffing levels are recorded.
Historic staffing levels can be considered. However, there must be evidence of a clear rationale and consideration of its adequacy. Dorothy Botha will seek feedback from staff and Service Users as well as reviewing records of complaints, incidents, inspection reports, internal audit reports, staff, Service User, and family meeting minutes. Any such justification will be reviewed weekly, supported by documented measures, and tracking of the dependency levels of Service Users.

Rota Changes

- Any changes of hours to be worked may be negotiated amongst staff themselves, but Dorothy Botha MUST be notified of changes before the changes take place.
- Only staff of equivalent skills may make such arrangements.
- Dorothy Botha may refuse to accept such changes if they believe that the changes will be detrimental to the smooth running of IMMENSITY HEALTHCARE LIMITED.
- Any gaps in the rota created by holidays, requested days off or sickness will be left as blanks on the weekly rota sheet so that staff can volunteer to cover those shifts affected. Where possible, staff will be made aware of anticipated gaps at the earliest opportunity to enable timely resolution.

Dorothy Botha retains the right to resolve any conflicts relating to the working of the rota.

Principles of Good Rota Design

- For the promotion of continuity of Service User care, staff members who work a weekend will normally work a Monday morning in order to effectively hand over information about the weekend's events to the staff coming on duty during the week.
- All staff will share unsocial hours equally, except for staff who have been specifically recruited to work a limited range of hours, or who have requested such and had those limitations agreed by Dorothy Botha. Favouring a small number of staff with more favourable hours will lead to inflexibility of the rota, difficult recruitment in the future, and the development of dissatisfaction amongst the team.
- In order to maximise the benefit of the one weekend in three that Care Worker staff will normally be off duty, best practice is to rota them to finish on an early shift on the Friday and return to a late shift on the Monday.
- IMMENSITY HEALTHCARE LIMITED will always confirm that the skill mixes on the standard rota is of the agreed standard determined by Dorothy Botha.

When writing the rota, the following rules must apply:

- An identified senior member of staff will be rostered and highlighted on each shift
- There will be an appropriate agreed skill mix on each shift which will be spread evenly throughout the seven-day working week
- The number of staff on shift will be consistent with agreed staffing levels and best practice
- Rota requests will be agreed and prioritised by Dorothy Botha or a delegated other, provided that rota rules with regard to cover, skill mix and annual leave can be met
- Requests will be granted in a fair and equitable way
- Only in exceptional circumstances will staff who are employed on set hours or term-time contracts request alternative shifts or days off.

This will require negotiation with another member of staff to cover their set shift

- Flexibility will be promoted within the team
- Any duty rota changes must be legible, trackable, and agreed with Dorothy Botha or a delegated other
- Where it applies, careful consideration by Dorothy Botha will be given to the appropriateness of rostering two members of staff who are in a personal relationship onto the same shifts. This will be discussed fully with the staff in question

The number of consecutive standard day shifts recommended for staff to work is six. Staff will work no more than this, except in exceptional circumstances (to a maximum of eight).

Night shifts will be worked together where possible. Ideally, no more than five nights in a row will be worked unless requested by the staff member and deemed necessary to meet service needs. There will be a minimum of two days off after being allocated a night shift inclusive of the sleep day.

Dorothy Botha will ensure that all staff are allocated study days and attend the training that is mandatory for their role. These study days will be planned throughout the year. Mandatory training will be given priority over any other training in the rota.

Staff who have an agreed flexible working arrangement under the Flexible Working Policy and Procedure cannot normally work outside this agreed work pattern on Bank shifts. There may, however, be occasions when the member of staff is able to work different shifts as personal requirements occasionally change. The acceptance of any shift which differs from their approved flexible working arrangement will be discussed with Dorothy Botha in the first instance.
Staff who have been off sick will not be booked onto Bank work or overtime until this has been agreed in the Return to Work Interview.

Working Time Directive (WTD) Considerations The WTD gives staff the right to have the following:

- Eleven hours rest before their next shift. Therefore, the pattern of a late shift immediately followed by an early shift will be avoided
- Twenty-four hours rest in every seven days OR forty-eight hours rest in every fourteen days
- A limit of an average forty-eight-hour week over a seventeen-week period on the hours a worker can be required to work. Individuals may choose to work longer by "opting out". Opting out of the forty- eight-hour working week is not encouraged by IMMENSITY HEALTHCARE LIMITED. However, where this does occur then it must be accompanied by a comprehensive individual risk assessment

Sixteen to Eighteen-Year-Old Staff Consideration
IMMENSITY HEALTHCARE LIMITED only employs Care Workers who are aged over sixteen years. Young people between the ages of sixteen and eighteen may provide personal care, subject to:

- Gaining the informed consent of the Service User who may receive the care
- Being supervised by an experienced person over eighteen

- Being enrolled on a recognised care training course
- Not being left alone in sole charge of a service
- A young person's risk assessment being completed, and the risk assessment being shared with the parent/guardian and consent obtained
- Consideration being given to the type of work including night duties they are expected to undertake which must include the legal restriction on working hours
- DBS checks will be required as per an employee over the age of eighteen years old

Review and Evaluation

The rota at IMMENSITY HEALTHCARE LIMITED will be reviewed periodically to ensure that it complies with the contents of this policy and can be used as a quality assurance measure and management performance review: From the rota, IMMENSITY HEALTHCARE LIMITED can review:

- The usage of annual leave, study leave, sickness, maternity leave and other leave
- 4-week roster performance
- Lost contracted hours
- Additional shifts and reasons for booking
- Number of vacant shifts

6. Definitions

Unavailability

- Relates to days that staff are not available for the roster i.e. annual leave, study days, management days, sickness, paternity leave, maternity, and carers' leave, etc.

Planned Rota

- The initial rota that is produced for a 4-week period

Professionals – key facts

Professionals providing this service should be aware of the following:

- Effective rosters take into consideration factors such as Service User, staff, IMMENSITY HEALTHCARE LIMITED and CQC need as well as the workforce and skills required to deliver services and workforce availability

- Maintaining a well-planned rota based on the resources available and the needs of the service is essential for the provision of a safe and effectively run service
- Effective rota management allows a fair and timely distribution of shifts. This not only reflects the ability to appropriately 'run' the service but also allows staff to achieve a positive work-life balance

People affected by service – key facts

People affected by this service should be aware of the following:

- You can expect to be provided with a service that has sufficient staff in place to run smoothly. The use of rotas helps this
- Staffing levels are based on calculating the number of staff required to safely meet the needs of everyone living at IMMENSITY HEALTHCARE LIMITED and take into consideration dependency, occupancy, and the manager's means of calculation
- You are encouraged to feedback any suggestions, comments, or concerns to Dorothy Botha in relation to staffing levels at IMMENSITY HEALTHCARE LIMITED

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

The Royal College of Nursing has published staffing guidance on their website for some services at:

https://www.rcn.org.uk/professional-development/publications/pub-007722 **The Northern Ireland regulator, the RQIA, has published a standard for staffing. While it has no force outside of Northern Ireland, it is one of the very few benchmarks which may provide a useful reference point. The guidance is available at:**
https://rqia.org.uk/RQIA/files/9e/9e59168c-003e-461d-9f1d-a32fa400dd5e.pdf **ISD Scotland has a care home staffing model:**

http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Carehttp://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/Staffing-Model/Homes/Staffing-Model/

NHS Improvement - Nursing and midwifery e-rostering: a good practice guide. This is an NHS e- rostering specific guide. However, there is an audit tool that can be adapted locally to meet service need and tools to aid rota management held within its appendix.

https://improvement.nhs.uk/documents/178/Nursing_and_Midwifery_ehttps://improvement.nhs.uk/documents/178/Nursing_and_Midwifery_e-roster_guidance.pdfroster_guidance.pdf

Outstanding service

To be ' outstanding ' in this policy area you could provide evidence that:

- IMMENSITY HEALTHCARE LIMITED considers staff wellbeing with regard to shift patterns whilst ensuring that the rota meets the needs of Service Users and the business
- Contingencies are in place for the management of short-notice gaps in staffing
- Staff speak positively about their rota and work-life balance. Service Users do not raise concerns about insufficient staffing levels
- Staffing calculations are documented and reviewed at least weekly. Determining staff levels is based on occupancy, need, dependency and skill mix

Immensity HealthCare

Access to Information Policy and Procedure – administration - Communications

1.Purpose

To detail how to manage requests for information from Service Users who have capacity and how to care when the person lacks capacity to make a request, when a Service User has died, or when the request is from someone other than the person with legal power of attorney.

This policy should be read in conjunction with the following policies:

- Data Protection and Confidentiality Policy and Procedure
- Data Security and Data Retention Policy and Procedure
- Overarching GDPR Policy and Procedure
- Subject Access Requests Policy and Procedure
- Accessible Information Standards Policy and Procedure

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
CARING	How does the service care people to express their views and be actively involved in making decisions about their care, care, and treatment as far as possible?
EFFECTIVE	How well do staff, teams, and services within and across organisations work together to deliver effective care, care, and treatment?
SAFE	How do systems, processes and practices keep people safe and safeguarded from abuse?
WELL-LED	How does the service work in partnership with other agencies?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Care Act 2014
- Equality Act 2010
- Freedom of Information Act 2000
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Human Rights Act 1998
- Mental Capacity Act 2005
- Access to Health Records Act 1990
- General Data Protection Regulation 2016
- Data Protection Act 2018

Scope

The following roles may be affected by this policy:

- Registered Manager
- Other management
- Administrator
- Care staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners

3. Objectives

To ensure that IMMENSITY HEALTHCARE LIMITED acts with openness, honesty and integrity whilst promoting the rights of all Service Users to equality and inclusion.
To assure IMMENSITY HEALTHCARE LIMITED and Service Users that there is competent and safe management of records and information.
To facilitate the provision of requests for information from Service Users, other stakeholders, and bodies.

4. Policy

Service Users are able to informally see parts of their care and care records at the discretion of the appropriate health professional or staff member and they are given an explanation of any terms to assist understanding.
Upon receipt of a request for information, IMMENSITY HEALTHCARE LIMITED will identify the correct legislation that the request falls under. Staff will be aware that the request may fall under more than one Act of legislation.
The 6 principles for managing data in accordance with Data protection legislation will be followed. They are:

- Lawful, fair, and transparent use of personal data
- Using personal data for the purpose for which it was collected
- Ensuring the personal data is adequate and relevant
- Ensuring the personal data is accurate

- Ensuring the personal data is only retained for as long as it is needed
- Ensuring the personal data is kept safe and secure

IMMENSITY HEALTHCARE LIMITED will ensure that staff know that Dorothy Botha is the Data Protection Officer for data protection queries.

4.4 Information will not be provided if it identifies or refers to any other named person, unless the information can be anonymised or that named person has provided their consent for it to be shared, or if it is deemed an exceptional circumstance, which the Registered Manager must determine in line with legislation.

4.5 Information access requests made under the Freedom of Information Act 2000 and Data Protection Act 2018 must be made in writing. IMMENSITY HEALTHCARE LIMITED appreciates that this may cause difficulties for some requestors due to communication issues or disability, and it will provide advice and assistance to enable equality of access for all. IMMENSITY HEALTHCARE LIMITED will pay due regard to the Accessible Information Standards Policy and Procedure to enable inclusion for all Service Users.

5. Procedure

IMMENSITY HEALTHCARE LIMITED encourages informal, voluntary arrangements where Service Users are able to ask at any time what has been recorded about them during their care. A request of this nature does not need to be in writing. Service Users are able to view their records and will be given an explanation of any terms to assist understanding. However, there are exceptions (as defined in 5.2). The appropriate member of staff is the person principally responsible for their care and could be the Carer. Service Users should be advised that some information about them will be shared between healthcare professionals, and the rationale for this should be given. Service Users should be provided with an opportunity to disclose anyone else with whom they would like information about them to be shared (e.g. a family member) and this will be recorded.

Upon request, information should not be provided which relates to and identifies another person (such as the name of a Service User, or a note in the records that a relative has provided certain information) unless that other person has consented to the disclosure. Where consent cannot be obtained from the individuals named, staff will discuss this with Dorothy Botha who must deem whether the information can be anonymised or shared in accordance with data protection and sharing of information codes of practice and law.
These provisions do not apply where the person to be identified is a health professional who has compiled or contributed to the health record, or has been involved in the care of the Service User, unless serious harm to that health professional's physical or mental health is likely to be caused.
Staff will be aware that requests for information can be made in a variety of ways. The procedures to follow for responses (including potential charges,

exemptions, and timescales) will vary, depending upon which legislation is relevant to the information requested.

CQC Access to Records

- The CQC has the legal right to request and inspect any records held by IMMENSITY HEALTHCARE LIMITED in the normal course of its business
- The CQC has the legal right to take copies of or remove original data and/or records from the normal place in which the records are held, with due cause
- The Service User's consent will be sought to access their records. If the Service User does not wish for the CQC to access information, a note will be made in the Service User's care records and the CQC informed at the time of inspection
- To care the Service User's understanding, the CQC has produced a Code of Practice on Confidentiality which can be referred to in the Underpinning Knowledge section of this policy

Freedom of Information Requests

- Requests can come from any individual or organisation worldwide
- Requests for information must be made in writing and include the requestor's name, provide a postal or email address for the response, as well as a description of the information being requested
- There is no requirement for the requestor to mention the FOIA (Freedom of Information Act) in the Information Access Request or to prove their identity. They are not obliged to state their reasoning for their request. If a request is not clear or is too general in content, Dorothy Botha will ask the requestor for clarity, as without this they may not be able to answer the request
- Requests under the FOIA will be logged and the information shared will be recorded

Immensity HealthCare

Access to Health Records Act 1990 (AHRA)

Requests for deceased Service User records are made under the Access to Health Records Act 1990. Requests can only be made by:

- The Service User's personal representative (usually the executor of the Will or administrator of the Estate)
- Any person who may have a claim arising out of the Service User's death - release of any information will only be the minimum necessary to process their claim. Only relevant information relating to any claim made should be released.

IMMENSITY HEALTHCARE LIMITED must inspect records taking into account the following:

- If it is known whether the deceased Service User did not wish for their records to be disclosed or the records contain information that the deceased Service User expected to remain confidential
- If the release of the information is likely to cause serious harm to the physical or mental health of any individual IMMENSITY HEALTHCARE LIMITED will consider Information Access Requests but is

likely to deny requests on the grounds of confidentiality in all but exceptional cases.

IMMENSITY HEALTHCARE LIMITED may disclose information about the health or social care of the deceased that is already in the public domain, for example, information considered at an inquest or coroner's court, or recorded on the Death Certificate.

Third Party Access to Information

If information about any staff or Service User is requested by a third party other than the CQC, the information will not be shared unless the relevant staff or Service User has given specific written permission for the data to be released.

IMMENSITY HEALTHCARE LIMITED will not disclose personal information about Service Users in compliance with the requirements of data protection and the Common Law Duty of Confidentiality. There may be occasions, however, when IMMENSITY HEALTHCARE LIMITED receives a request for personal information from third parties and may disclose some or all of the information requested, with or without the knowledge of the individual concerned. This will be in alignment with a legal requirement such as a Court Order, a Health Professional Order 2001 in relation to fitness to practise or a coroner's request in relation to an unexpected or suspicious death.

Other investigatory bodies may also request information, including the Police, and Revenue and Customs (HMRC). They must provide IMMENSITY HEALTHCARE LIMITED with a written explanation as to why the information is required, stating the section in the Data Protection Act under which they are applying, and the likely effect on investigation or prosecution if it is not provided. IMMENSITY HEALTHCARE LIMITED is not obliged to disclose personal information in these circumstances and will take account of all the relevant factors before reaching a decision about whether and how much to disclose.

Unless third parties have a Court Order for original documents, all information disclosed will be copies or retyped extracts from files and records.

A complete record of the Information Access Request, the decision process and outcome will be kept ensuring that disclosures can be justified, if necessary, to the Information Commissioner and/or the individual concerned.

Data Correction

A request for data held by IMMENSITY HEALTHCARE LIMITED to be corrected or deleted can be made by the Service User or their representative and is known as the 'right to rectification'. IMMENSITY HEALTHCARE LIMITED will review the request, which should detail the following information:

- Clearly state what they believe is inaccurate or incomplete
- Explain how IMMENSITY HEALTHCARE LIMITED should correct it
- Where possible, provide evidence of the inaccuracies

A request should be in writing. Where IMMENSITY HEALTHCARE LIMITED can correct the data, an investigation will take place to determine if the data is accurate by considering the request and any evidence provided.

A response will be made within one month of the request, or where further time is needed, a maximum extension period of two months can be applied. Where this is the case, IMMENSITY HEALTHCARE LIMITED will let the requestor know of the extension.

Once the investigation is completed, IMMENSITY HEALTHCARE LIMITED will contact the requestor and either:

- Confirm that it has corrected, deleted, or added to the data, or
- Inform the requestor that it will not correct the data and explain why it believes the data is correct
- Where a change has taken place and the data has been disclosed to others, IMMENSITY HEALTHCARE LIMITED will (where possible) inform them of the data change.
- Where IMMENSITY HEALTHCARE LIMITED receives a data correction request, a record will be kept of the challenge to the data's accuracy.

Data Management

Data will be stored securely at all times, whilst maintaining accessibility for Service Users upon request. Staff should refer to the Archiving, Disposal and Storing of Records Policy and Procedure.

6. Definitions

Requestor

- A requestor is the person making the request for information, whether that is the person whose personal information it is or a third party, or someone requesting corporate information

Third Party

- A third party is an individual other than the requestor, or any external organisation or company other than IMMENSITY HEALTHCARE LIMITED. This includes family members of an

individual, contractors working for, and partner organisations working with IMMENSITY HEALTHCARE LIMITED

Information Commissioner's Office

- The Information Commissioner's Office (ICO) is the UK's independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals

Attorney

- This is someone with the legal authority (registered with the Office of the Public Guardian) to act on behalf of, and in the best interests of, another individual in relation to their welfare, wellbeing, money and/or property

Professionals – key facts

Professionals providing this service should be aware of the following:

- Since the introduction of electronic health records, information is accessible to healthcare professionals across the healthcare system. This allows greater awareness of important details such as medication history and allergies
- Individuals can request information about themselves at any time, and have a right to do so under the Data Protection Act (1998)
- The Access to Health Records Act (1990) allows records belonging to deceased individuals to be accessed, but only where the requestor has the legal authority to access records
- The Freedom of Information Act states that all public authorities must provide information upon request by a member of the public. The request must be granted within a certain time frame
- Information about health and social care service performance is made publicly available by health watchdogs and national bodies such as the Care Quality Commission (CQC), with regularly published reports on availability and quality of care, as well as Service User experiences

People affected by service – key facts

People affected by this service should be aware of the following:

- Service Users have a right to review their care records and documented information about them at any time

- Service Users should also be reassured by the robust laws in place to protect personal information and how this information is shared with others
- Service Users should discuss any queries or concerns that they have in relation to access to information with Dorothy Botha

Reading/Reference

There is no further reading for this policy, but we recommend the 'underpinning knowledge' section of the review sheet to increase your knowledge and understanding.

Outstanding Service

To be ' outstanding ' in this policy area you could provide evidence that:

- Service Users are involved in their care planning and assessments
- Service Users are aware of their rights to access information and have advised IMMENSITY HEALTHCARE LIMITED who they would like information shared with
- Requests for information are acted upon in accordance with legislation and timescales
- Staff demonstrate a good understanding around access to information and have the competence to advise others
- A Data Protection Champion is nominated, who cares with access to information requests

Immensity HealthCare

Missing Service User Policy and Procedure – Administration – Registration and Compliance

1.Purpose

To ensure that IMMENSITY HEALTHCARE LIMITED responds in a proportionate, well-considered and reasonable manner to a missing Service User incident.
To safeguard the wellbeing of vulnerable Service Users.
To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
SAFE	How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Care Act 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Health Act 2007
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

2. Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- A Service Users whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be subject of crime or at risk of harm to themselves or another

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

To ensure that Service Users have freedom of choice and privacy, this includes the choice to leave the service, unless constrained by a Deprivation of Liberty Authorisation or other legal restraint which specifically restricts their freedom in this respect.

To ensure that all staff recognise their responsibility for the safety and security of all Service Users.

4. Policy

IMMENSITY HEALTHCARE LIMITED understands that it provides care for Service Users who may be frail, infirm, or limited in their mobility. Some Service Users may also be confused or easily disoriented, and therefore become easily lost. For these reasons, a Service User going "missing" from IMMENSITY HEALTHCARE LIMITED while under its care may be an obvious cause for concern as to the Service User's safety and should be considered as a potential emergency situation.

Any response to a 'missing Service User will be proportionate, considered and reasonable. IMMENSITY HEALTHCARE LIMITED will ensure that risk assessments are undertaken on admission for Service Users who are known to 'walk' and put themselves at risk. IMMENSITY HEALTHCARE LIMITED will also ensure that up-to-date photographs of Service Users are on file and will consider using the Herbert Protocol for Service Users who are considered at risk.

In the event of a Service User going missing, this policy will be adhered to. It is the policy of IMMENSITY HEALTHCARE LIMITED that all staff recognise their responsibility for the safety and security of all Service Users.

All Service Users have freedom of choice, including the choice to leave IMMENSITY HEALTHCARE LIMITED, unless constrained by a Deprivation of Liberty Authorisation or other legal restraint which specifically restricts their freedom in this respect. However, it is necessary that members of staff collectively are aware of the whereabouts of all Service Users at all times in order to maintain their safety and welfare.

Immensity HealthCare

5. Procedure

Prevention

Whilst the emphasis of this policy and procedure is on when Service Users go missing, it is fundamentally vital that IMMENSITY HEALTHCARE LIMITED does all that it can to reduce the risk of this happening in the first place.

Record Keeping and Consent

- It is essential to keep up-to-date information for all individuals at IMMENSITY HEALTHCARE LIMITED. On moving to IMMENSITY HEALTHCARE LIMITED, full information about the Service User should be taken which includes addresses (previous home,

previous work, family), all known and significant locations, and descriptive information such as skin colour, hair (colour and style), eye colour, height, build, distinctive features (tattoos, physical impairment, etc)

- Where Service Users are known to 'walk about' information on why they 'walk about' (if this is known) should be recorded to assist staff with engaging with the Service User to stay safe and independent
- An up-to-date photograph should also be taken for all Service Users. Where possible, consent must be gained from the Service User to take the photo - however, where a Service User lacks the capacity to consent, a decision to take one must be based on a risk assessment outcome
- This should form the basis of information to be shared with police when reporting a missing incident. Where possible, IMMENSITY HEALTHCARE LIMITED should seek Service Users consent to share their risk assessment information with the police and other relevant agencies in order to inform a search strategy in the event of them going missing. If they do not have capacity to consent, consent should be sought from the health-related power of attorney
- IMMENSITY HEALTHCARE LIMITED should consider the **Herbert Protocol** to assist with obtaining information that will be useful in the event that a Service User goes missing

Risk Assessment Outcomes

Risk assessments to ensure the safety of Service Users when they leave the premises should have one of the following outcomes:

- **Outcome 1:** A general agreement that the Service User is able to maintain their safety while away from the premises alone
- **Outcome 2:** An agreement that the Service User is not able to maintain their safety while away from the premises, except with a companion who is able to maintain that safety and agrees to do so
- **Outcome 3:** An agreement that the Service User is unable to maintain their safety while off the premises in any circumstances

Relating to above Outcomes

- Outcome 1 must be accompanied by a copy of the risk assessment held within the Care Plan
- Either of outcomes 2 or 3 indicate that in the best interests of the Service User, they may be deprived of their liberty

- Where the Service User lacks capacity, in which case this must trigger an immediate referral for an authorisation of the Deprivation of Liberty

Raising the Alarm

Staff should raise the alarm immediately if they suspect that a Service User may be missing by informing the manager in charge. Staff should note that it is often difficult to identify whether or not a Service User has gone missing for certain until the Service User fails to return at their usual time, such as mealtimes or their usual bedtime. Situations where a missing persons incident should be raised include the following:

- Where a Service User has not returned from an arranged outing, activity or walk
- Where a Service User cannot be found in the home or grounds following an open-door search and no arrangements have been made for an outing, activity or walk

Missing Service User Incident Procedure

- Check in the diary that the Service User is not on a prearranged outing, activity or walk. If they are and are overdue, then the senior manager should make efforts to contact the Service User or the people/place they are visiting
- Where contact cannot be made, and the judgement of the senior manager is that they may be at risk, then the police should be contacted, and a suitable entry made in the Service User's record. The manager should consider any medication that might be due or medical or mental health conditions when assessing the risk. Weather conditions should also be considered
- Where a Service User is not on a prearranged outing, activity or walk then the following procedure should be followed The senior manager should:
- Alert all staff to the possibility of the Service User being missing and ask for information or sightings
- Identify who last saw the Service User and question them about the Service User's known plans and movements and what they wear wearing
- Where appropriate, sensitively ask relevant Service Users about the missing Service User's plans and movements
- Arrange an extensive search of the home and grounds, checking that the Service User has not become lost or trapped. Knowledge of the Service User and their usual movements and habits should be used, (i.e. staff should search their favourite

places and, if they are used to visiting relatives nearby, then relatives should be contacted) and staff may be sent to search the local area

- If a Service User has recently been in hospital, contact local hospitals. Be aware that it is not unusual for vulnerable people to be picked up by concerned motorists who may then drop them at hospitals on their journey some distance away
- It is important here that the senior manager has a structured plan to their search and that the search does not place staff or Service Users at risk
- If searching at night, staff safety must be considered. Reflective tabards, torches and a map of the local area should be available for staff to search safely. Staff who are searching on foot should be in pairs. Again, allocating staff to a search must not jeopardise the safety of other Service Users. Staff should carry a first aid kit containing an emergency foil blanket and a charged mobile phone
- If there is no sign of the Service User, or if information provided by either staff or other Service Users raises concern that the Service User may be at risk, then the local police should be alerted, and their advice and assistance sought. Where the police are involved, then the Registered Manager (if they are not the most senior manager on duty) should be informed, as should members of the missing Service User's family, if they have not already been contacted
- The senior manager should, at the earliest opportunity, complete an incident form and record details of the incident in the Service Users records. Times of actions and decisions should be recorded as accurately as possible
- Families should be requested to telephone IMMENSITY HEALTHCARE LIMITED if the Service User contacts them and relatives should be kept informed at each stage of the search
- Once the Service User has been found, it is essential that all the parties who were advised of the emergency are contacted again and informed that the search has been concluded

Incident Review and Notifications

- Following a missing person incident, IMMENSITY HEALTHCARE LIMITED should investigate the incident thoroughly. The investigation should try to establish why and how the Service User went missing. The investigation should include any recommendations to prevent the incident arising again

- IMMENSITY HEALTHCARE LIMITED should refer to CQC statutory notification requirements and submit a CQC notification following the incident
- IMMENSITY HEALTHCARE LIMITED should also review Buckinghamshire County Council safeguarding adult procedures and raise a safeguarding notification with the Local Council safeguarding adults team if there are concerns a Service User has suffered or may have suffered harm or neglect

6. Definitions

Missing Service User

- A Service User who has left the premises but whose ability to manage their personal safety is in doubt, who may or may not be subject to a Deprivation of Liberty (DoL) Authorisation or other legal restraint on their freedom to leave the premises
- A Service User, who has left the premises with the knowledge of staff but whose late return is unusual and causing concern
- Anyone whose whereabouts cannot be established and where the circumstances are out of character, or the context suggests the person may be subject of a crime or at risk of harm to themselves or others

Walking About'

- Many people with dementia feel the urge to **walk about** and, in some cases, leave their homes. Walking is not a problem in itself - it can help to relieve stress and boredom and is a good form of exercise. When a person with dementia often walks about, it can be worrying for those around them and may at times put the person in danger. It may not be clear why the person is walking about, and this is often referred to as **'wandering'**. However, this term is **unhelpful** because it suggests **aimlessness**, whereas the **walking** often does have a **purpose**.

Rather than dismissing it, it is important to think about how the person's independence, safety and dignity can be preserved

Herbert Protocol

- The Herbert Protocol initiative is named after George Herbert, a war veteran of the Normandy landings, who lived with dementia
- It is an initiative adopted by many police forces compiled of useful information, which could be used in the event of a vulnerable person with dementia going missing
- IMMENSITY HEALTHCARE LIMITED should seek advice from their local Police force on the initiative in the local area

Professionals – key facts

Professionals providing this service should be aware of the following:

- IMMENSITY HEALTHCARE LIMITED should ensure that detailed information is recorded when a Service User moves into the home. This information should be checked and updated regularly
- Service User's consent should be obtained before taking a photograph and to share information about them in the event of an emergency
- Staff should be trained to understand the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and how they might apply in the home
- Service User's right to privacy, dignity, respect, and choice should be maintained and this needs to be considered in the context of security within IMMENSITY HEALTHCARE LIMITED

People affected by service – key facts

People affected by this service should be aware of the following:

- Unless you are detained under the Mental Health Act 2007 or subject to a DoLs order, you should be free to come and go from IMMENSITY HEALTHCARE LIMITED
- Your right to privacy should be respected
- You should be asked for your consent prior to any information about you being shared with other agencies

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:
https://www.met.police.uk/herbertprotocol

Outstanding Service

To be 'outstanding ' in this policy area you could provide evidence that:

- The care records and care plans at IMMENSITY HEALTHCARE LIMITED contain information about Service Users and their life, including significant people, events, and places
- There is evidence that the information about the Service User's likes, dislikes and choices are considered and reviewed frequently
- Staff have received training on living with Mental Health Issues and have employed person-centred strategies to care Service Users who walk with purpose to remain safe and engaged in

activities that are meaningful to them. They use life histories to assist with this

- Robust risk assessments are in place and regularly reviewed when there is an incident or near miss, or change in circumstance or health arise
- IMMENSITY HEALTHCARE LIMITED can evidence that there is a clear management escalation plan in place if an incident arises

Immensity HealthCare

Alcohol and Drugs Policy and Procedure – HR – Performance and Discipline

1.Purpose

IMMENSITY HEALTHCARE LIMITED is committed to ensuring that all staff are fit to carry out their jobs safely. Given the nature of business at IMMENSITY HEALTHCARE LIMITED and the duties and responsibilities of each staff member, it is important that this policy is observed in order to ensure a healthy, safe environment for staff and Service Users.

Staff should be aware that IMMENSITY HEALTHCARE LIMITED will not tolerate staff who attend work whilst under the influence of legal or illegal substances if such substances have been misused.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
CARING	How does the service ensure that people are treated with kindness, respect, and compassion, and that they are given emotional care when needed?
CARING	How are people's privacy, dignity and independence respected and promoted?
RESPONSIVE	How are people's concerns and complaints listened and responded to and used to improve the quality of care?
SAFE	How do systems, processes and practices keep people safe and safeguarded from abuse?
WELL-LED	Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- General Data Protection Regulation 2016
- Data Protection Act 2018

2. Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Representatives
- Commissioners
- External health professionals

3. Objectives

To ensure that all staff are clear on their duties and responsibilities when it comes to substance misuse, both personally and in respect of other members of staff.

To protect the health and wellbeing of Service Users and other members of staff, should a staff member have alcohol or drug misuse issues.

To promote a culture of openness in the workplace where members of staff who are suffering with issues of substance misuse are able to discuss these in confidence with their manager.

IMMENSITY HEALTHCARE LIMITED wishes to create awareness of the effects of alcohol and drug abuse and misuse in order that:

- All staff are aware of the impact of substance misuse
- Staff with a drug and/or alcohol problem are able, and actively encouraged, to seek help and guidance at the earliest opportunity
- Affected staff are dealt with sympathetically, fairly, and consistently

4. Policy

This policy applies to all staff members including (but not limited to) employees, workers, officers, consultants, contractors, volunteers, interns, and agency workers.

This policy does not form any part of an employee's contract of employment or any individual's contract and may be amended at any time.

This policy applies to those individuals who may be suffering from an alcohol or drug-related problem. If an individual believes that they have an alcohol or drug related problem, the individual should seek specialist advice as soon as possible. IMMENSITY HEALTHCARE LIMITED will take all reasonable steps to care a member of staff who is open about their substance misuse problems subject always to protecting the health and safety of Service Users, which is paramount. This policy also applies to individuals who may have noticed a change in the pattern of behaviour of a fellow colleague. Individuals should not

try to cover up any issues that another colleague appears to be suffering with as a result of an alcohol or drug-related problem.
Examples of changes in behaviour can include but are not limited to:

- Reduced attendance in work
- Higher number of accidents whilst at work
- Difficulty concentrating
- Irritability
- General confusion
- Increased number of mistakes
- Problems with balance or slurred speech
- Seeming distant and unengaged with the task in hand

Whilst employed by IMMENSITY HEALTHCARE LIMITED, an individual must not be in possession of or under the influence of illegal substances. This also includes the use of "legal highs" or psychoactive drugs which are legal substances which have the effect of illegal drugs.

An individual must not be found to be in possession of or under the influence of alcohol during the performance of their duties.
Individuals are, at all times, also prohibited from using, selling, distributing, dispensing, purchasing, or manufacturing illegal substances on the premises of IMMENSITY HEALTHCARE LIMITED.

Any data collected as part of this policy will be processed in accordance with current Data Protection legislation, the Privacy Notice issued to staff and the Data Security and Data Retention Policy and Procedure. IMMENSITY HEALTHCARE LIMITED appreciates that certain health data and medical reports will be special category data and they will process this data accordingly.

This policy must be read alongside the Capability Policy and Procedure which contains supporting documentation.

This policy does not apply to prescription or over the counter medication, as directed, so long as such medication does not impact on a member of staff's ability to perform their role safely and competently.

5. Procedure

Drugs and Alcohol

If an individual believes that they may have a problem with drugs and/or alcohol, they should seek specialist advice and care as soon as possible. The individual should discuss this in confidence with a member of management. IMMENSITY HEALTHCARE LIMITED may be in a position to

assist the individual with Occupational Health advice and other care where possible.
Given the nature of the business, no individual should drink alcohol before or during the working day including at lunchtime, during breaks and/or at work-based meetings and events. It will be deemed an act of gross misconduct if an individual is under the influence of alcohol whilst working. IMMENSITY HEALTHCARE LIMITED owes a duty of care to all Service Users, and this cannot be jeopardised by individuals who are under the influence of alcohol.

Individuals are expected to arrive at work free from the influence of alcohol and/or drugs and to perform their roles safely and responsibly and provide the highest levels of care for Service Users.
Should an individual be unfit due to alcohol and/or drugs from the night before and fail to attend work and evidence is received which suggests that the individual was drinking heavily and/or under the influence of drugs the night before, IMMENSITY HEALTHCARE LIMITED will draw inferences, conduct an investigation and take disciplinary action.
Drugs (whether prescribed, over the counter or illegal) and alcohol can impair judgement and decision- making, leading to potential health and safety implications for both the individual themselves and any Service Users that they may be responsible for at that time.

Prescription Drugs
IMMENSITY HEALTHCARE LIMITED appreciates that, on occasions, an individual may be required to take medication to treat an illness or condition. Such medication is permitted so long as it has been prescribed or pharmacist advice has been sought where the medication may have side effects that affect an individual's ability to perform their role in a safe way or affect the safety of any colleague or Service User. Should any individual have any concerns about any side effects of any medication which may impact on the above, they are required to disclose these to their manager immediately.
IMMENSITY HEALTHCARE LIMITED wishes to make it clear that any abuse of any medication is prohibited. Individuals who are abusing such substances in this way will be subject to the Discipline Policy and Procedure.

Care for Drug and/or Alcohol Problems
IMMENSITY HEALTHCARE LIMITED recognises that it is possible to become dependent on alcohol or drugs and that this may be as a result of an underlying medical condition, such as depression.
Where an individual believes this applies to them, they are encouraged to raise these issues with their manager in the first instance and as soon as possible. Such conversations will remain confidential. An individual may then be referred to an Occupational Health specialist who can provide a medical report on the nature of this condition and identify any appropriate treatment. The individual may also be referred to third parties who can offer advice and care. IMMENSITY HEALTHCARE LIMITED will have discussions with the individual about their ability to work safely and whether there are any

temporary steps that could be put in place in order that the individual is able to continue working whilst receiving the necessary treatment.

The individual must ensure that they accept the care offered and make every reasonable attempt to overcome their alcohol or drug problems in a reasonable timescale. Failure to engage may result in IMMENSITY HEALTHCARE LIMITED having to consider bringing any arrangement with the individual to an end or progressing with a process under the Capability Policy and Procedure or the Discipline Policy and Procedure as appropriate, which could result in the termination of any employment. The first duty of IMMENSITY HEALTHCARE LIMITED is to ensure the protection of the health and safety of its Service Users, and any risk to this must be minimised as much as possible.

Searches

IMMENSITY HEALTHCARE LIMITED reserves the right to carry out searches for alcohol and/or drugs on the premises for any individual they suspect may be in possession of and/or under the influence of drugs and/or alcohol. This may include but is not limited to searches of the following:

- Clothing, bags, coats, and jackets
- Lockers and filing cabinets
- Personal vehicles parked on the premises
- Desks and drawers, and/or
- Packages

Should any alcohol and/or drugs be found as a result of the search, these will be confiscated, and action may be taken under the Discipline Policy and Procedure. In certain circumstances where it is illegal to be in possession of the specific alcohol or drugs, the matter may be reported to the Police.

Medical Examinations/Testing

- IMMENSITY HEALTHCARE LIMITED reserves the right to require individuals to submit to testing for substances including alcohol and drugs. Similarly, IMMENSITY HEALTHCARE LIMITED may also require an individual to attend a medical examination which may be carried out by a designated medical practitioner. Refusal to undergo a medical examination may constitute gross misconduct under the Discipline Policy and Procedure for employees. Inferences may be drawn from the individual's refusal to consent to a medical examination.
- Medical examinations will be carried out where there is a suspicion that there has been a breach of this policy or, where an individual has previously been found to be in breach of this policy, where it is considered necessary to ensure continued compliance with this policy.
- An individual will be provided with a copy of their results from the medical examination once these are

available. Prior to this happening, should the individual admit that they have an issue with alcohol and/or drugs then, where they are an employee, IMMENSITY HEALTHCARE LIMITED reserves the right to suspend that individual pending a decision on whether or not to treat the matter as a disciplinary offence under the Discipline Policy and Procedure, or whether IMMENSITY HEALTHCARE LIMITED might require the employee to undertake a rehabilitation process with a capability process under the Capability Policy and Procedure to follow. IMMENSITY HEALTHCARE LIMITED may choose to disregard any late admissions of drug and alcohol problems where there has been a reasonable opportunity to seek assistance from IMMENSITY HEALTHCARE LIMITED.

The duty of IMMENSITY HEALTHCARE LIMITED is to protect the health and safety of its Service Users. The abuse of drugs and/or alcohol in the workplace is inconsistent with this duty and IMMENSITY HEALTHCARE LIMITED has no option but to take every instance seriously in order to protect Service Users.

6. Definitions

Occupational Health

- The branch of medicine dealing with the prevention and treatment of job-related injuries and illnesses

Substance Misuse/Abuse

- A patterned use of a drug (which includes legal highs, alcohol and prescription and over-the-counter medicines) in which the user consumes the substance in amounts or with methods which are harmful to themselves or others, and is a form of substance-related disorder

Special Category Data

Special Category Data is a category of data which is more sensitive than normal personal data. This includes data which relates to:

- Race
- Ethnic origin
- Politics
- Religion
- Trade union membership
- Genetics
- Biometrics (where used for ID purposes)
- Health
- Sex life

- Sexual Orientation

Professionals – key facts

Professionals providing this service should be aware of the following:

- IMMENSITY HEALTHCARE LIMITED wants to create an atmosphere where individuals feel able to approach their managers in confidence in order to discuss any issues that they may have with drug or alcohol abuse. IMMENSITY HEALTHCARE LIMITED will care these individuals so long as they report their issues in a reasonable time
- The principal responsibility of IMMENSITY HEALTHCARE LIMITED is for the health and welfare of its Service Users. IMMENSITY HEALTHCARE LIMITED needs to take action should that come to be threatened if an individual appears to be suffering the effects of substance abuse
- IMMENSITY HEALTHCARE LIMITED expects that individuals should report to their managers if they suspect that another individual is suffering the effects of substance abuse
- One-off issues of being under the influence of drugs and/or alcohol at work will be dealt with under the Discipline Policy and Procedure

People affected by service – key facts

People affected by this service should be aware of the following:

- You are our ultimate priority. IMMENSITY HEALTHCARE LIMITED will take all instances of drug and alcohol abuse seriously and operate a zero-tolerance policy in the event that your health and safety is compromised
- Where appropriate, IMMENSITY HEALTHCARE LIMITED will seek your views should there be a suspicion of alcohol and/or drug abuse

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

ACAS - Dealing with someone who has a drug or alcohol problem:
http://www.acas.org.uk/index.aspx?articleid=4387
Health and Safety Executive - Alcohol and drugs at work:
http://www.hse.gov.uk/alcoholdrugs/ NHS - Addiction:
What is it? https://www.nhs.uk/live-well/healthy-body/addiction-what-is-it/

Discipline Policy and Procedure Capability Policy and Procedure

Outstanding Service

To be 'outstanding ' in this policy area you could provide evidence that:

- IMMENSITY HEALTHCARE LIMITED actively puts in place methods to allow confidential communication of substance abuse issues, e.g., confidential phone lines, email, etc. which provides individuals who are suffering from the effects of drug or alcohol abuse with a simple and straightforward method of reporting these issues
- IMMENSITY HEALTHCARE LIMITED provides training on the effects of alcohol and drug abuse and how to identify these effects
- IMMENSITY HEALTHCARE LIMITED appropriately weighs up the care needed to be given to a member of staff against the duty to protect the health and safety of Service Users and takes appropriate action based on the circumstances

Immensity HealthCare

Accident and Incident Reporting Policy and Procedure – Health and Safety

1.Purpose

To comply with statutes regulations and quality standards.

To ensure that accidents and incidents are recorded and analysed by IMMENSITY HEALTHCARE LIMITED in order to satisfy health and safety requirements and provide information for the minimisation of risks.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	Are people's needs and choices assessed, and care, treatment and care delivered in line with current legislation, standards, and evidence- based guidance to achieve effective outcomes?
EFFECTIVE	How does the service make sure that staff have the skills, knowledge, and experience to deliver effective care and care?
RESPONSIVE	How are people's concerns and complaints listened and responded to and used to improve the quality of care?
SAFE	How does the service make sure that there are sufficient numbers of suitable staff to care people to stay safe and meet their needs?
WELL-LED	Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- Care Quality Commission (Registration) Regulations 2009
- Civil Contingencies Act 2004
- Control of Substances Hazardous to Health Regulations 2002
- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Health and Safety (Miscellaneous Amendments) 2002
- The Health and Safety (Miscellaneous Amendments) 2002
- Management of Health and Safety at Work Regulations 1999
- The Manual Handling Operations Regulations 1992
- The Regulatory Reform (Fire Safety) Order 2005
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

2. Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

To ensure that all accidents or incidents are appropriately recorded, and that subsequent actions are managed effectively, with all relevant parties notified of the accident or incident.

4. Policy

Accidents which cause injury to any person on the premises of IMMENSITY HEALTHCARE LIMITED, or employees on duty but not on the premises, or Service Users at any time, will be recorded to promote the analysis and management of risks. The appropriate recording book is “Accident Book B1510”, which can be obtained from good bookshops and online. Where available, IMMENSITY HEALTHCARE LIMITED may have an online accident reporting system which can be used.

5. Procedure

In the event of an accident, or an incident (e.g. a “near miss” which did not result in an injury but which may have done so in different circumstances) an accident/incident form should be completed and immediately submitted to Dorothy Botha, who, after reviewing the facts, will take those actions necessary to minimise danger of the same accident/incident in future. These actions should be noted on the form, using the reverse if necessary. The progress of the treatment of any injury must also be recorded, together with any final outcomes evident at the time of completion and transmission of the form. Dorothy Botha must sign the form on completion of the investigation in order to denote that they have discharged their responsibility.

If the accident or incident involves a Service User, the Duty of Candour Policy and Procedure should also be referred to and, if applicable, followed.

After the accident/incident investigation and when all matters concerned with it are complete, a copy of the signed accident/incident form should be placed in the personnel file of any person(s) affected by the accident, and the original placed in the accident book. In the case of employees, the record must be kept on their personnel file, and in the case of a Service User, kept on the Care Plan.

Records are held by IMMENSITY HEALTHCARE LIMITED to provide a chronological, ordered history of accidents.

Dorothy Botha is responsible for the recording of accidents in accordance with RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013), by:

- Ensuring that the policy and procedure at IMMENSITY HEALTHCARE LIMITED is followed and that all accidents are recorded using the form attached
- Ensuring that all accidents which result in absence from work for more than seven days (not including the day of the accident) are reported within 15 days to the Health and Safety Executive

RIDDOR 2013 Reporting Requirements

RIDDOR puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace **accidents**, occupational diseases and specified dangerous occurrences (near misses).

The types of reportable injuries are:

- Death
- Specified injuries, which are defined by the HSE as fractures, other than to fingers, thumbs, and toes
- Amputations
- Any injury likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which cover more than 10% of the body, or causing significant damage to the eyes, respiratory system, or other vital organs
- Any scalping requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia

- Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness
- Requires resuscitation or admittance to hospital for more than 24 hours

The following occupational diseases are reportable:

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis
- Hand-arm vibration syndrome
- Occupational asthma
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to an occupational exposure to a biological agent
- A worker has been diagnosed as having COVID-19 and there is reasonable evidence that it was caused by exposure at work Dangerous occurrences require reporting, for example:
- The collapse, overturning or failure of load-bearing parts of lifts and lifting equipment
- Explosions or fires causing work to be stopped for more than 24 hours
- An unintended incident at work has led to someone's possible or actual exposure to coronavirus For full details of reporting requirements, go to the HSE website at: https://www.hse.gov.uk/riddor/reportable-incidents.htm. Contacts for the HSE, including for online reporting can be found at:

https://www.hse.gov.uk/contact/contact .htm.

6. Definitions

Immensity HealthCare

RIDDOR

- Reporting of Incidents, Diseases and Dangerous Occurrences Regulations. A legal requirement to report RIDDOR cases to the HSE

Accident

- An accident is an incident which results in an injury to a person

Incident

- An incident is similar, but did not on that occasion result in injury, but is required to be recorded and investigated in order to prevent a recurrence and possible injury in the future. An incident could also include an event which led only to property damage

Responsible Person

Persons filling in the reporting form should not be concerned about differentiating between an incident and an accident if the allocation is unclear. The Registered Manager will complete the allocation on review of the form

Professionals – key facts

Professionals providing this service should be aware of the following:

All professionals of IMMENSITY HEALTHCARE LIMITED must report accidents, incidents and near misses through their Registered Manager and Safety Officer

- Near miss reporting should not be ignored or minimised; it can assist with future trend analysis
- IMMENSITY HEALTHCARE LIMITED should care the Registered Manager and staff with concerns which can improve services and reduce accidents and incidents occurring
- Dorothy Botha should use the Safety Officer as a single point of contact for advice and care with regards to accident and incident reporting

People affected by service – key facts

People affected by this service should be aware of the following:

- You should report any accidents that you have to your Carer so that you receive appropriate care and care

Reading/Reference

There is no further reading for this policy, but we recommend the 'underpinning knowledge' section of the review sheet to increase your knowledge and understanding.

Outstanding service

To be 'outstanding ' in this policy area you could provide evidence that: IMMENSITY HEALTHCARE LIMITED undertakes a root cause analysis of accidents, incidents and near misses and applies lessons learned to care continuous improvement

- IMMENSITY HEALTHCARE LIMITED adopts an open and transparent culture where staff feel comfortable to raise concerns, identify measures to improve safety and share innovative ideas

- There is a regular programme of training and a learning culture that is subject to regular audit

Immensity HealthCare

Assessing and Reducing Risk to Workforce (COVID – 19) Policy and Procedure – Health and Safety COVID -19

1.Purpose

To ensure that IMMENSITY HEALTHCARE LIMITED has systems and processes in place to assess and reduce the risk to the workforce regardless of characteristics or vulnerabilities.

To ensure that IMMENSITY HEALTHCARE LIMITED cares staff who may have factors that make them more vulnerable to COVID-19 or who may have adverse outcomes from COVID-19.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
SAFE	How do systems, processes and practices keep people safe and safeguarded from abuse?
SAFE	How are risks to people assessed and their safety monitored and managed, so they are supported to stay safe and their freedom is respected?
SAFE	How well are people protected by the prevention and control of infection?
WELL-LED	Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?
WELL-LED	How does the service continuously learn, improve, innovate, and ensure sustainability?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Control of Substances Hazardous to Health Regulations 2002
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Human Rights Act 1998
- Management of Health and Safety at Work Regulations 1999
- Access to Health Records Act 1990
- Data Protection Act 2018
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

- Coronavirus Act 2020

2. Scope

The following roles may be affected by this policy:

- Registered Manager
- Other management
- Administrator
- Nurse
- Volunteers
- Care staff
- Maintenance
- Kitchen
- Cleaning
- Laundry
- Activities
- Manager

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

To care the existing workforce, workplace risk assessments and management processes.

Immensity HealthCare

4. Policy

IMMENSITY HEALTHCARE LIMITED recognises that certain factors have been associated with individuals being more vulnerable to severe disease or dying from COVID-19. We have a responsibility to carry out risk assessments and this includes all workers who are identified as being at greater risk. IMMENSITY HEALTHCARE LIMITED will take steps to identify and manage the risks. Additionally, we will include in our assessment, those staff who are not classified as high risk, in line with NHS definitions, but who may have other health concerns or anxieties.

IMMENSITY HEALTHCARE LIMITED will ensure that we are clear with our staff about why we are having conversations with them and that we will follow the

GDPR07 - Privacy Notice Policy & Procedure, ensuring that processing is generally lawful, fair and transparent and complies with all the other principles and requirements of the GDPR.

5. Procedure

Risk Factors

IMMENSITY HEALTHCARE LIMITED is aware that research is evolving about COVID-19 and it will keep up to date with the emerging information. When assessing its workforce, it will consider the following:

- **Age**: Increasing age is a known risk factor. Those age 70 or older are at an increased risk. This will be considered alongside underlying health conditions or other risk factors
- **Ethnicity:** The latest evidence shows that those of a Black, Asian or Minority Ethnic (BAME) background who were diagnosed with COVID-19, had an up to 2 times increased risk of death than white ethnic groups, but it is important to recognise that this data did not account for the effect of occupation, co-morbidities or obesity, which may be associated with the risk of acquiring and/or dying from COVID-19
- **Sex:** The latest evidence shows that working-age males diagnosed with COVID-19 are twice as likely to die as females, but it is important to recognise that this data did not account for the effect of occupation and co-morbidities or obesity, which may be associated with risk of acquiring or dying from COVID-19

Some underlying health conditions including:

- Respiratory diseases, for example asthma or chronic obstructive pulmonary disease
- Hypertension
- Cardiovascular disease
- Diabetes mellitus
- Chronic kidney disease
- Chronic liver disease
- Very obese (BMI 40 or above)

Pregnancy: All pregnant women should have a workplace risk assessment. Specific guidance on COVID-19 and pregnancy can be found in guidance set out by the Royal College of Obstetricians and Gynaecologists (RCOG):

- Women more than 28 weeks pregnant or who have an underlying condition will be recommended to stay at home

Women less than 28 weeks pregnant must only work in direct care roles where risk assessment cares this :

IMMENSITY HEALTHCARE LIMITED will identify staff who are at higher risk.

The Registered Manager has the responsibility for undertaking this activity but IMMENSITY HEALTHCARE LIMITED may delegate this to another member of staff with the skills and competencies to carry out this role.

IMMENSITY HEALTHCARE LIMITED will gather information by:

- Having a conversation with each worker to identify if there are any potential risk factors and if a risk assessment is required and /or
- Requesting all workers to complete a questionnaire individually and then having conversations with those who have been identified as having potential risk factors that require a risk assessment

IMMENSITY HEALTHCARE LIMITED will not make assumptions about any member of the workforce and will engage with all staff.

Care will be taken when asking for personal health information and this will only be asked for when it is required to care the worker. The level of detail provided will be no more than is necessary and reasonable. In the context of this risk assessment, it would be deemed reasonable to request information relating to those factors which may make an individual more vulnerable to infection or have an adverse outcome from COVID-19. IMMENSITY HEALTHCARE LIMITED will follow all the GDPR and Data Protection policies and staff involved in the collection of information will ensure that confidentiality is maintained.

IMMENSITY HEALTHCARE LIMITED will use a risk assessment template and will refer to the vulnerable groups risk assessment template. IMMENSITY HEALTHCARE LIMITED will ensure that a review date is included and that the risk assessment is reviewed and updated when new information arises or circumstances change.

Managing Sensitive Conversations

- IMMENSITY HEALTHCARE LIMITED will be sensitive to the potential barriers to workers feeling able to have an open conversation which may include concerns that disclosing this information may disadvantage them in the future in terms of earnings, work status or terms and conditions of their employment
- Cultural factors will be taken into consideration so that workers have the confidence to openly discuss and resolve their concerns

The following mechanism will be put in place to encourage and care open and confidential discussions:

- Ensuring the conversation is in a confidential setting
- Providing sufficient time for a detailed conversation to take place

- Setting out the purpose of the conversation, including providing workers with reassurance and advising them of the reasons for disclosing information. This will include what will be done with the information and, if necessary, where it will be stored
- Allowing opportunity for workers to raise any concerns
- Where appropriate, involve external networks such as those for Black, Asian, and Minority Ethnic (BAME) or disabled workers
- Documenting the conversation, sharing this with the worker and retaining the information confidentially and securely

Involving Others in Sensitive Conversations

IMMENSITY HEALTHCARE LIMITED will adapt the conversations depending on the role and location of the worker. Measures to care the process may include:

- Conversations being carried out by, or with the care of, occupational health or human resource managers where available
- Third-party individuals being included if the worker wants additional care. This may include a trade union representative, staff networks, or other appropriate individuals
- Trade union colleagues, local partnerships and staff networks may be able to offer care for these conversations or highlight the concerns of BAME colleagues and others who may have risk factors regarding COVID-19 in the workplace

Listening to Concerns

IMMENSITY HEALTHCARE LIMITED is aware of the impact that COVID-19 has had on its workforce and strives to care its workers, encouraging them to share their concerns. As part of the risk assessment process it will:

- Offer opportunities to express concerns
- Ensure its teams have information about the latest research/data
- Review mechanisms available for BAME workers or other vulnerable groups to raise concerns
- Signpost resources with a specific equality focus or content
- Ensure that senior leadership staff endorse the risk assessment and have an awareness of potential increased risk. The aim is to encourage workers to feel able to have these conversations
- Review any staff networks (for example, BAME, disability or health condition groups) available in IMMENSITY HEALTHCARE LIMITED and establish what could be done to better care and strengthen what is available

- Engage with unions regarding management of risk assessments and mitigation of risks

Individual Measures

The options available to reduce the risk to workers at IMMENSITY HEALTHCARE LIMITED will be dependent on the type of work they do and the role they have. IMMENSITY HEALTHCARE LIMITED will consider a range of options which may include:

- Redeployment to a setting or a role where the risks are lower- for example, to care people who are not thought to be infected by COVID-19 or to work remotely where possible, as per the 5 steps to working safely guidance
- Adjustments to work arrangements - for example, reducing or removing the need for workers to use public transport for work or a change in shift patterns where public transport cannot be avoided
- Seeking advice and guidance from an Occupational Health Specialist
- If the workplace is not safe for the employee and the employee cannot work from home or be redeployed, then IMMENSITY HEALTHCARE LIMITED may consider paid or unpaid leave until such time that it is safe for the employee to return to work. If there is a lack of agreement on this, IMMENSITY HEALTHCARE LIMITED will follow the PP04 - Grievances Policy and Procedure to ensure a resolution that is satisfactory for all parties
- IMMENSITY HEALTHCARE LIMITED will consider individual circumstances on a case by case basis when making decisions and assessing workplace risks. Conversations will be documented, and a copy given to the worker
- IMMENSITY HEALTHCARE LIMITED is responsible for ensuring that a system of safe work is set up, implemented, and communicated clearly to all workers. It will follow government advice on COVID-19 risk management
- Where IMMENSITY HEALTHCARE LIMITED has concerns that it cannot resolve within IMMENSITY HEALTHCARE LIMITED, it will seek legal advice

6. Definitions

Comorbidities

- Comorbidity is the presence of one or more additional conditions in addition to another primary condition

Professionals – Key facts

Professionals providing this service should be aware of the following:

- Risk of death among those diagnosed with COVID-19 is known to be higher in males than females. Working-age males diagnosed with COVID-19 were twice as likely to die as females
- People who are born outside the UK and Ireland have a higher death rate from COVID-19
- Death rates from COVID-19 are highest among people of Black and Asian ethnic groups. People of Bangladeshi ethnicity have around twice
- the risk of death than people of White British ethnicity. People of Chinese, Indian, Pakistani, Other Asian, Caribbean, and Other Black ethnicity had between 10% and 50% higher risk of death when compared to White British
- A total of 10,841 COVID-19 cases were identified in nurses, midwives and nursing associates registered with the Nursing and Midwifery Council. Among those who are registered, this represents 4% of Asian ethnic groups, 3.1% of Other ethnic groups, 1.7% of White ethnic groups and 1.5% of both Black and Mixed ethnic groups

People affected by service – key facts

People affected by this service should be aware of the following:

- IMMENSITY HEALTHCARE LIMITED has measures in place to ensure that the risks of exposure to COVID- 19 are eliminated or reduced

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

- Vulnerable Groups Risk Assessment Template
- There is additional content within the resource centre to care discussions with staff, service users and relatives

Outstanding Service

To be ' outstanding ' in this policy area you could provide evidence that:

- Risk assessments are undertaken and regularly reviewed, with staff involved and consulted
- There is a culture of openness and transparency where staff feel free to discuss their concerns

- Business continuity plans at IMMENSITY HEALTHCARE LIMITED reflect the impact of workforce planning and measures are put in place to mitigate the risk from staff shortages
- IMMENSITY HEALTHCARE LIMITED has a mechanism in place for regularly ensuring the wellbeing of staff and acting on any concerns raised
- There is evidence that IMMENSITY HEALTHCARE LIMITED recognises and adapts to change as a result of COVID-19 effectively and safely

Immensity HealthCare

Duty of Candour Policy and Procedure

1.Purpose

To set out the responsibilities of IMMENSITY HEALTHCARE LIMITED under Regulation 20 of the Health and Social Care Act 2008 (as amended)

and detail the steps that IMMENSITY HEALTHCARE LIMITED will take in response to events or incidents.

Procedure

Awareness of All Staff

- All staff must be made aware of their personal responsibility to report incidents, regardless of whether they are covered by the duty of candour
- Each employee will be given the time to read and understand their roles and responsibilities that relate to duty of candour at the point of induction
- Duty of candour will be discussed at one-to-one discussions, supervisions, appraisals, and staff meetings
- Staff will be reminded through these communications that attempts by other staff to prevent them from reporting incidents is bullying and/or harassment, and that they must report this immediately to the most senior member of staff on duty (or if not appropriate, a senior manager within IMMENSITY HEALTHCARE LIMITED)
- Staff will be reminded that if they are unsure whether the incident is reportable, it must be reported anyway

Reporting

- All incidents will be reported immediately to the most senior member of staff on duty at the time. This will be followed up with a written accident and incident record. A copy of this form can be located in the Accident and Incident Reporting Policy and Procedure at IMMENSITY HEALTHCARE LIMITED
- The most senior member of staff will care the member of staff and offer guidance and advice on the next steps to take. They will also ensure that Dorothy Botha is informed

Immensity HealthCare

Make an Initial Assessment

Dorothy Botha will:

- Carry out an initial assessment of whether the report includes details of a notifiable incident under the regulation. If the conclusion is yes, or borderline, continue with this procedure
- Inform Dorothy Botha or their representative of the incident report and agree with them who is the most appropriate person to continue the procedure. If Dorothy Botha takes over the role, Dorothy Botha will continue the process using the following procedure

- If it is considered that the incident is not a notifiable incident under regulation 20, follow normal incident reporting procedures

Notifying Relevant External Agencies

As with all incidents, it is of utmost importance that this policy is used alongside the relevant external notification procedures to:

- Ensure that relevant agencies are notified
- If an investigation is required, that there is an understanding of roles and responsibilities

Notifying the Relevant Person

- One or more suitable representatives of IMMENSITY HEALTHCARE LIMITED will deliver (as soon as possible and in person) a notification of the incident to the relevant persons
- IMMENSITY HEALTHCARE LIMITED must ensure that the relevant person is given the care they need when receiving the information. Depending on the needs of the individual, this may be the offer of an advocate or interpreter, or other communication aids
- There must be a written record taken of the notification in person, which is kept securely by the Registered Manager, along with any other notes that are taken

The Notification to the Relevant Person Must Include:

- An accurate account of the incident
- An apology that the incident occurred
- An offer to the relevant persons/sources of care and information which will assist them, where appropriate. This may include alternative care from within IMMENSITY HEALTHCARE LIMITED Services Ltd and external resources, such as advocacy and information services
- Details of next steps, including timings

Written Notification

As soon as possible after the notification in person, a written notification will be sent or given to the relevant person containing the same information as above, plus:

- The results of any enquiries made since the notification in person
- Any further timescales

Further Notifications to the Relevant Person(s)

- The results of any further enquiries and investigations must also be given or sent in writing to the relevant person if they wish to receive them

Registered Manager's Enquiries and Investigation

- Dorothy Botha will assess the information they will need to carry out an investigation, taking statements and gathering information needed
- Having gathered all the evidence, an investigation must take place
- All information and evaluation of the information will be recorded and kept securely
- The purposes of the investigation are to establish if the incident took place, define its nature, gather facts about the processes around the incident, and identify causes where possible

Final Statement to the Relevant Person(s)

- Prepare a statement to be given to the relevant person and representative stating the outcome of the investigation, remembering that duty of candour focuses on the transparency and openness of the organisation when such events occur
- Include any lessons learned and changes made to the service because of the incident
- The final statement will include a more specific apology as the causes of the incident will now be established

Correspondence with the Relevant Person

- Where for any reason, the relevant person cannot be contacted, or after contact declines to communicate with IMMENSITY HEALTHCARE LIMITED, a written record of all attempts to contact them must be kept
- All correspondence with the relevant persons must be recorded and kept securely

Breach of Candour by a Professionally Registered Person

- If a breach of candour is found to have occurred following investigation, and that this breach was by a professionally registered person, then that person will be reported to their professional registration body for further consideration
- The same action will be taken if, during the investigation, it is found that a professionally registered person had obstructed another person in their professional duty of candour

Reporting a Possible Breach of Candour

- If any individual believes that a breach of candour has taken place, they must report it to Dorothy Botha
- If an individual has been stopped or hindered in their duty of candour, they must report it to Dorothy Botha

- Dorothy Botha will conduct an investigation into the allegations and will report the findings to IMMENSITY HEALTHCARE LIMITED for action if appropriate
- If the allegation concerns Dorothy Botha, the individual must report the matter to IMMENSITY HEALTHCARE LIMITED directly, who will carry out the investigation and take any action which may be required
- If the allegation concerns the actions of IMMENSITY HEALTHCARE LIMITED, the individual must inform IMMENSITY HEALTHCARE LIMITED and if action is not seen to be taken, the matter must be reported to the Care Quality Commission

6. Definitions

Notifiable Safety Incident

Regulation 20 (9) In relation to any other provider other than a Health Service Body: In relation to any other registered person, "notifiable safety incident" means any unintended or unexpected incident that occurred in respect of a service user during the provision of a regulated activity that, in the reasonable opinion of a health care professional, appears to have resulted in:

- The death of the service user, where the death relates directly to the incident rather than to the natural course of the service user's illness or underlying condition.
- An impairment of the sensory, motor, or intellectual functions of the service user which has lasted, or is likely to last, for a continuous period of at least 28 days.
- Changes to the structure of the service user's body.
- The service user experiencing prolonged pain or prolonged psychological harm.
- The shortening of the life expectancy of the service user.

Relevant Persons

In Regulation 20, "relevant person" means the person using the service or, in the following circumstances, a person lawfully acting on their behalf:

- When the person using the service dies.
- Where the person using a service is under 16 and not competent to make a decision in relation to their care or treatment, or

- Where the person using the service is 16 or over and lacks capacity to make decisions. (from CQC Provider Guidance)

Candour

- Any person who uses the service harmed by the provision of a service provider is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it (from CQC Duty of Candour Guidance)

Moderate Harm

- Harm that requires a moderate increase in treatment, including readmission, prolonging of care, admission to hospital, referral to hospital as an outpatient, cancelling of treatment that is otherwise needed, or transfer to another specialist facility or treatment area
- Moderate harm also includes significant (but not permanent) harm

Severe Harm

- A permanent reduction of bodily, sensory, motor, psychological or intellectual functions, including procedures carried out on the wrong person, or wrong area of the body of the right person

Prolonged Psychological Harm

- Psychological harm which a relevant person has or is likely to experience for a continuous period of at least 28 days

Transparency

- Allowing information about the truth about performance and outcomes to be shared with staff, people who use the service, the public and regulators

Openness

- Enabling concerns and complaints to be raised freely without fear and questions asked to be answered (CQC definition)

Professionals – key facts

Professionals providing this service should be aware of the following:

- IMMENSITY HEALTHCARE LIMITED has a duty to be transparent and open about the Service User's care and treatment
- If things go wrong and a notable safety incident occurs, the relevant person needs to be notified in person as soon as possible and followed up by a written notification. These must

both include:- The facts of what has happened- An apology- What the next steps are and timescales

- It is everybody's responsibility to report incidents. Staff will report incidents on the appropriate form to the person in charge
- Staff will not be stopped in reporting incidents. If staff are prevented or discouraged, this will be investigated
- IMMENSITY HEALTHCARE LIMITED will care staff if they need to be involved in a notifiable incident
- Other staff may be asked to care the relevant person when they receive a notification if they are the best person to do this

People affected by service – key facts

People affected by this service should be aware of the following:

- You may get further information before the end of the process. It is up to you whether you want to have that information. IMMENSITY HEALTHCARE LIMITED will respect what you want to do and will make a note of it for their records
- When the process has finished, IMMENSITY HEALTHCARE LIMITED will tell you what happened, and what they are going to do to make it right
- The law says that IMMENSITY HEALTHCARE LIMITED will tell you if things go wrong with your care or treatment, and you are hurt. The provider must tell you what has happened
- When IMMENSITY HEALTHCARE LIMITED tells you, they need to tell you certain things. These are the facts of what happened, what will happen next, and they will also give you an apology
- IMMENSITY HEALTHCARE LIMITED will offer you care to understand this at the time they tell you, and throughout the process
- You will receive a letter which may be given or sent to you in the post (which tells you the same information) shortly after you are told. It will also give you any further dates or information on what has happened since

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Duty of Candour - What it means for patients and their families: https://www.cqc.org.uk/sites/default/files/Duty-ofhttps://www.cqc.org.uk/sites/default/files/Duty-of-Candour-

2016-CQC-joint-branded.pdfCandour-2016-CQC-joint-branded.pdf

Action against Medical Accidents: https://www.avma.org.uk/

Outstanding Service

To be ' outstanding ' in this policy area you could provide evidence that:

- Transparency is embedded in the culture at IMMENSITY HEALTHCARE LIMITED and the same procedures to notify relevant persons are used, even when the threshold for Regulation 20 is not met in regard to the level of harm caused
- Improvements and changes made due to Notifiable Safety Incidents are shared with relevant persons

Immensity HealthCare

First Aid Policy and Procedure

1.Purpose

To comply with health and safety requirements.

To ensure that IMMENSITY HEALTHCARE LIMITED has staff with sufficient skills to meet any situation where first aid is needed.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	Are people's needs and choices assessed, and care, treatment and care delivered in line with current legislation, standards, and evidence- based guidance to achieve effective outcomes?
EFFECTIVE	How does the service make sure that staff have the skills, knowledge, and experience to deliver effective care and care?
SAFE	How do systems, processes and practices keep people safe and safeguarded from abuse?
WELL-LED	Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Care Act 2014
- Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
- Health and Safety at Work etc. Act 1974
- The Health and Safety (First Aid) Regulations 1981
- The Health and Safety (Miscellaneous Amendments) 2002
- Management of Health and Safety at Work Regulations 1999
- The Workplace (Health, Safety and Welfare) Regulations 1992
- General Data Protection Regulation 2016
- Health and Social Care (Safety and Quality) Act 2015
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

2. Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

Staff understand what to expect in the event of an incident and ensure that someone trained in basic first aid skills is able to attend an incident quickly and provide appropriate first aid or take appropriate action.

Incidents are referred on to appropriate healthcare professionals or emergency services if required, and staff do not perform tasks beyond their capability or training.

All incidents are fully reported and analysed for themes, and actions to reduce the possibility of the accident or incident reoccurring, are taken.

4. Policy

It is the policy of IMMENSITY HEALTHCARE LIMITED to be able to provide first aid care to someone who is injured or becomes unwell while in receipt of services, or when involved in activities organised by IMMENSITY HEALTHCARE LIMITED.

IMMENSITY HEALTHCARE LIMITED will ensure that someone trained in basic first aid skills will be able to attend an incident quickly and provide appropriate first aid or take appropriate action.

First Aiders are responsible for:

- Taking control of incidents and summoning appropriate help
- Maintaining up to date first aid skills and attending first aid refresher sessions if they feel the need to update their skills between mandatory training

- Carrying out first aid when requested in accordance with what they have been taught, seeking medical advice and/or contacting the emergency services where required and providing emergency services or medical staff with any relevant information if they deem this necessary
- Only acting within their training and competence
- Maintaining an up-to-date stock of first aid supplies, ensuring that the first aid box for their area is correctly stocked with supplies that are all in date
- Ensuring the reporting of any incident which they respond to and assist with

Employees are responsible for:

- Knowing who their nominated first aid member of staff is and when they are on duty
- Understanding the severity of any accident
- Summoning the appropriate assistance when first on the scene of an accident requiring first aid or the involvement of emergency services
- Reporting any concerns regarding first aid provision to their line manager
- Making themselves available for first aid training if their role has been identified as one where first aid training would be a requirement

Management staff of IMMENSITY HEALTHCARE LIMITED are responsible for:

- Undertaking a risk assessment of the service to highlight potential risks, and accident 'hot spots'
- Nominating an appointed person(s)
- Providing suitable first aid equipment and signage in IMMENSITY HEALTHCARE LIMITED, primarily in locations identified through the risk assessment
- Ensuring that there are suitable numbers of trained first aid staff on duty at all times within IMMENSITY HEALTHCARE LIMITED, and that these are indicated on rotas or other staff scheduling processes
- Ensuring that staff who have been invited to attend first aid training are given time away from their usual roles
- Ensuring that all staff on duty are aware of who the qualified first aid member of staff is on duty at any particular time
- Maintaining awareness of first aid legislation
- Providing details of first aid courses and booking employees on the course Providing first aid supplies when requested and maintaining a central stock
- Ensuring that training is provided for employees prior to the expiry dates of first aid qualifications

Contractors working at IMMENSITY HEALTHCARE LIMITED are responsible for:

- Arranging and maintaining their own first aid provision in line with the risks associated with the work in which they are engaged
- IMMENSITY HEALTHCARE LIMITED will review accidents requiring first aid or emergency services involvement to identify any themes behind why, when or where accidents occur, and will develop processes to reduce the reoccurrence of accidents.
- The management of IMMENSITY HEALTHCARE LIMITED will provide opportunities for employees to be 'debriefed' after any first aid/emergency services involvement to learn from the experience and have the opportunity to share their views in a safe and caregiver environment.
- Failure to comply with this policy could lead to prosecution under UK Health and Safety legislation. In addition, failure to meet the requirements as detailed in the Health and Safety (First Aid) Regulations 1981 and within this policy may lead to reduced first aid provision, or availability, which could worsen the injuries suffered by a member of staff, a Service User, or a visitor.

5. Procedure

First Aid Needs Assessment

In order to decide what first aid provision is required within IMMENSITY HEALTHCARE LIMITED, a first aid needs assessment will be completed.

A template assessment document can be located within the Forms section of this policy. The HSE has guidance and a tool to assist with this and it is available here.

For **Minor Injuries,** the following procedure will be followed:

- Report the incident to a first aider and allow them to provide medical assistance
- If the first aider is unable to effectively treat the injury, inform the Registered Manager and arrange to attend hospital
- Ensure that the accident is reported in the accident book
- The first aider must report accidents to Dorothy Botha in order for them to conduct a full investigation into the reasons for the accident occurring and to review any risk assessment following the outcome of the investigation.

In the event of an accident occurring within the workplace and a requirement for **urgent medical attention** the following procedure will be followed:

- If the first person in attendance is in doubt as to the seriousness of a person's injury, and it is felt that an ambulance is required, then telephone the emergency services on 999
- If the person does not have a telephone with them, they must leave the casualty in order to contact the emergency services
- The operator will ask the caller a number of questions which will help establish the treatment the individual needs but will not delay how long the ambulance takes to reach the incident. The operator may also provide additional first aid assistance to those giving aid
- Following this, if possible, contact a first aider
- In the absence of a first aider and if the person is unsure about what to do, they must stay with the casualty until the emergency services arrive
- When the emergency services arrive, the person will describe the circumstances of the accident and their involvement, and any other relevant information to assist the emergency services

All accidents requiring first aid involvement will be recorded and shared with the management of IMMENSITY HEALTHCARE LIMITED for review and action.

6. Definitions

First Aid

- Basic emergency medical care for the treatment of minor injuries or basic emergency care administered to minimise the consequences of more serious injury and illness until qualified medical assistance is available

Emergency First Aid at Work (EFAW) / First Aid at Work (FAW)

- An Emergency First Aid at Work (EFAW) qualification enables a first aider to give basic lifesaving first aid to someone who is injured or becomes ill. It is normally a 1-day course
- First Aid at Work (FAW) training is more detailed. It includes the same content as EFAW and also equips the first aider to apply first aid to a range of specific injuries and illnesses. It is normally a 3-day course

- EFAW and FAW qualifications are normally valid for 3 years, although the training provider will confirm when refreshers are due

First Aider

- A first aider is a person who has completed an FAW or an EFAW training course whose qualification is up to date, i.e., they have attended re-qualification training where required
- A fully qualified member of the nursing staff who is registered with the Nursing & Midwifery Council and who is considered to be competent in first aid (some members of nursing staff may require additional training in first aid to increase their competency to an acceptable level) is also considered a first aider

Appointed Person

- The role of the appointed person includes looking after the first-aid equipment and facilities and calling the emergency services when required, and supporting any first aider
- They can also provide emergency cover, within their role and competence, where a first aider is absent due to unforeseen circumstances
- To fulfil their role, appointed persons do not need first-aid training

First Aid Box

- A container holding a supply of recommended first aid items

Professionals – key facts

Professionals providing this service should be aware of the following:

- There must be an assessment of the level of first aid provision needed to maintain the health and safety of all people at the service
- This assessment determines how many qualified first aiders will be needed, and the location and content of first aid resources
- All staff in the role of first aider must have the appropriate qualifications awarded by appropriate trainers
- There will always be suitable numbers of staff qualified in first aid on duty
- If in any doubt about the severity of an injury, staff will contact the emergency services

- All incidents and accidents where first aid have been needed will be recorded and shared with the management of the service
- Failure to comply with this policy could lead to prosecution under UK Health and Safety legislation

People affected by service – key facts

People affected by this service should be aware of the following:
You can expect effective and professional first aid care to be provided in the case of an accident or incident

- If there is a need for emergency services this will be arranged in a timely manner, and staff will recognise the limits of what can be provided through first aid
- You will be aware of which staff are first aid qualified

Reading/Reference

There is no further reading for this policy, but we recommend the 'underpinning knowledge' section of the review sheet to increase your knowledge and understanding.

Outstanding Service

To be 'outstanding ' in this policy area you could provide evidence that:

- More staff than the assessment states as necessary are qualified to FAW standard, and first aid equipment is highly visible and easily accessible
- All accidents and incidents requiring first aid are highly and effectively managed
- Accidents requiring first aid are always reported, reviewed, and practices changed to reduce the possibility of the accident reoccurring
- Emergency services are highly satisfied with the first aid undertaken by staff, and report that their involvement has been appropriate, and has improved outcomes for the person using the services
- Service Users report high levels of satisfaction with how the staff have responded to accidents, and the treatment they have received

Food and Hygiene Policy and Procedure

1.Purpose

The purpose of this policy is to provide instructions on the storage, handling, and cooking of food in order to prevent incidents and outbreaks of food-related illnesses and to prevent cross-contamination.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	How are people supported to eat and drink enough to maintain a balanced diet?
SAFE	How well are people protected by the prevention and control of infection?
WELL-LED	Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood/ managed?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Care Act 2014
- Food Safety Act 1990
- The Food Safety and Hygiene (England) Regulations 2013
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Safety at Work etc. Act 1974

2. Scope

The following roles may be affected by this policy:

- Registered Manager
- Other management
- Volunteers Care staff
- Activities staff
- Kitchen staff

2.1 The following Service Users may be affected by this policy:

- Service Users

2.2 The following stakeholders may be affected by this policy:

- Family
- Representatives
- Commissioners

3. Objectives

Clear procedures provide detail around food safety and hygiene practices through IMMENSITY HEALTHCARE LIMITED, and these ensure compliance with appropriate legislation, regulation, and best practice.

Staff involved in any part of the food chain are trained to an appropriate level and provide a high- quality and safe service.

4. Policy

IMMENSITY HEALTHCARE LIMITED will have systems in place to ensure that high standards of hygiene and food quality are achieved at all times.

- In particular, staff will ensure that, at all times, they comply with the Infection Control Policy and Procedure, Appearance Policy and Procedure and the suite of catering policies and procedures at IMMENSITY HEALTHCARE LIMITED
- Dorothy Botha will monitor compliance with all policies as part of the continuous improvement and quality assurance process within IMMENSITY HEALTHCARE LIMITED.
- Any concerns related to staff hygiene and food quality will be reported immediately to Dorothy Botha and the incident reporting procedures will be followed.

The suite of catering policies produced at IMMENSITY HEALTHCARE LIMITED is based upon, and inclusive of the following, to ensure that staff practice lawfully:

- HACCP (Hazard Analysis of Critical Control Point) Article 5 of Regs (EC) No 852 / 2017
- Food Safety (Temperature Control / Regulations 1995 (EC) Regulations 852/ 2013
- Food Allergen & Labelling under the EU Food Information for Consumers 1162/2011

IMMENSITY HEALTHCARE LIMITED will follow good practice in order to comply with Food Hygiene Regulations and the requirements of the Environmental Health Officer.

- Access to catering areas will be controlled in order to exclude, as far as is possible, persons who may unnecessarily increase risk
- All catering staff will be appropriately informed, skilled, and trained in order to carry out their duties and control risks

- The premises and equipment will be built and maintained to a standard which complies with regulations Please see “Industry Guide to Good Hygiene Practice: Catering Guide” for full details.

5. Procedure

Kitchen Access and Facilities

The kitchen must not be used as a thoroughfare and any staff visiting the kitchen must wear a hat and apron before entering the area. Access must be limited to staff associated with catering services.
The dishwashers must be used whenever possible. When manual washing up is undertaken, the double bowl sink unit with an adequate water supply and drainage both for washing and rinsing must be used. Reusable fabric towels must not be used within the catering area for any purposes.

Stock Control System

- There must be a suitable separation between raw and cooked items stored in a refrigerator or any other sterile facility.
- Goods, vegetables, and fruit produce must not be stored directly on the floor.
- Food placed into temperature-controlled storage must be dated, and similar food rearranged so that the oldest is presented for use first.
- On removal of stored food, a check must be made to ensure that the item with the oldest date is used first, checking that it is still 'in date' from both a food hygiene and food quality viewpoint.
- A stock system must be used to control purchasing and stored quantities of non-temperature-controlled goods, such as dry goods, to ensure that:
  - Goods are likely to be used within their hygiene and quality storage times
  - Goods are rotated on the shelf to ensure the use of the oldest item first
  - Due notice must be taken of the manufacturer's storage instructions and dates

Waste Control

Food waste must be regularly removed from the kitchen for disposal.
A lid will not normally cover waste storage containers within the catering area, as this promotes cross- contamination by handling. Storage facilities outside of the catering area must have a lid.
NB: Where bins are foot operated, the foot pedal must be used in order to avoid touching the lid with hands.

General Hygiene Principles - Environment

The kitchen and equipment must be maintained at a high level of cleanliness at all times. The following principles apply:

- Pets and plants are not allowed where food is prepared, cooked, and served
- Hand wash basins which are separate from the kitchen sink must be used in kitchen areas
- There will be separate toilet accommodation with adjacent wash basins easily accessible from the catering area
- Ensure that any spillage of food is cleaned up immediately with a cloth which is disposed of after use
- Personal belongings must not be stored in kitchens at IMMENSITY HEALTHCARE LIMITED
- Ensure that all work surfaces/windowsills are free from clutter
- Do not line drawers or shelves with paper

General Hygiene Principles - Staff

Staff working in the food service areas must maintain a high standard of personal hygiene to include the following principles:

- Staff must keep their hands-off food as far as possible and prepare food as near as possible to the time it is to be served
- Staff must report any ill health to their line manager immediately
- Cuts and sores will be covered with a waterproof, high visibility dressing
- Health clearance will be available for agency/bank staff and newly recruited staff will be screened using the Occupational Health questionnaire
- Dorothy Botha will ensure that contracted caterers have fitness to work assurances in place
- As per the Infection Control Policy and Procedure, if 2 or more members of staff are off duty with a gastrointestinal illness, advice will be sought from Public Health England
- Occasional food handlers will wear the provided uniform protectors during food and drink preparation (refer to the Cross-Contamination Policy and Procedure at IMMENSITY HEALTHCARE LIMITED)
- The Appearance Policy and Procedure and Infection Control Policy and Procedure will be followed in relation to hand washing, uniforms, and the use of PPE. In addition:
- Bare legs will not be acceptable in catering areas
- Nails will be short, clean, and not coated with varnish (no false/acrylic nails)
- Smoking, chewing gum and eating is not allowed in food preparation areas

- False eyelashes must not be worn
- Hair must be clean, tied back (as applicable) and covered
- Staff must avoid strong perfumes and odours on the uniform (e.g., smokers)
- Jewellery must be avoided where possible. However, a plain band wedding ring and small studs in pierced ears are acceptable

If staff have any queries in relation to the above requirements, they must discuss these with Dorothy Botha in the first instance.

Preparation of Food

- Rice and pasta must not be reheated. Other reheated food must be checked with a temperature probe to confirm that the body of the food has reached normal cooking temperatures.
- Ensure that all food is covered, labelled, and stored correctly.
- All opened food items e.g., tea bags, sugar, bread etc. must be stored in washable, lidded containers when not being used.

Fridge Management

- Fridges must not be overfilled to allow air circulation, and must only stock Service Users' food which is in date, labelled and in a sealed container
- Fridges must be regularly defrosted and kept clean; any spillages must be cleaned up immediately
- Jugs of milk must always have lids on and, if stored in the fridge, must be used up and not refilled to prevent contamination. No additional milk will be added to an existing jug of milk which, once used, must be washed thoroughly before filling for the next beverage round
- Any food kept over from the previous day and out of date food must be discarded each morning by a designated member of the catering team
- Staff food must only be stored in staff fridges in a sealed, clean container and labelled with a name and date
- Any damage to seals which prevents the fridge door from closing properly must be reported immediately to the line manager
- No clinical items or medicines must be stored in kitchen fridges
- Where supplied, separate food for night staff must be kept chilled and covered for them

Service Users' Kitchen Areas

For mini service areas for Service Users, the same rules apply. However, cotton tea towels may be used but must be sent for laundering after each Service User's use.

Service Users must be supervised by staff who have received the necessary training in food hygiene. Fresh food must be bought, cooked, and served on the same day. Any raw meat stored in a fridge must be covered and placed on a shelf below the ready-to-eat foods.
Any food prepared must only be eaten by the Service User as intended.

Procedure for the Management of Outbreaks of Food Poisoning and Gastrointestinal Illness The responsibility to manage the outbreak lies with Dorothy Botha or a suitably qualified, experienced, and knowledgeable delegated other in the absence of Dorothy Botha.

1.Immediate action
When the incidence of vomiting, diarrhoea, nausea, or abdominal pain (or any combination of these) exceeds TWO people, the following actions MUST be taken:
Contact the Health Protection Team

- Contact the Environment Protection Team
- Escalate to IMMENSITY HEALTHCARE LIMITED or the Senior Manager (as appropriate) and contact the GPs of all affected Service Users
- Contact the commissioning section for your area and notify them of the incident

2. Information
The following information will be required by some of the above:

- The numbers of people affected (staff and Service Users)
- The date of the onset of symptoms (staff and Service Users); names and dates of birth of Service Users
- The symptoms of affected persons (staff and Service Users); name of General Practitioners for Service Users
- The use of antibiotics for Service Users (where known)

Immensity HealthCare

3. Food Safety Information
The Health Protection Team will require, in addition to the above:

- Copies of all menus for the previous three days; copies of all hot and cold food temperature records
- Access to all employees' food hygiene training records
- Access to any in-house management food safety audits
- Access to kitchen/food storage cleaning schedules

Large Event Catering
Where a planned activity involves catering, the following principles apply:

- Keep food chilled for transportation, especially if the journey is longer than 20 minutes. Food must be kept refrigerated or in a cool box until service time
- Food must be kept covered
- Any remaining food must be disposed of and not kept for consumption later
- Food must be kept on display for a minimal period and certainly for no longer than one and a half hours
- Any meat items, for example, chicken, must be well cooked
- Serving implements are used to handle food

Selling Food

When selling food made within IMMENSITY HEALTHCARE LIMITED e.g., for fetes and events, staff must consider the following:

- Some people have allergies; is there someone who can answer questions about the origin of food and its ingredients e.g., nuts, onions, gluten free, etc? Consider voluntary labelling of the products made
- Transfer all food in closed, sealed containers (temperature controlled where required)
- Keep all food covered, use tongs for transferring to bags or plates once sold
- Due to the high RISK of food poisoning from certain foods, if the temperature cannot be maintained below 5°C it is recommended not to sell high-risk foods e.g., fresh cream cakes, cheesecake, quiche etc. (for food safety reasons these items must be temperature controlled)

Training and Education

- All new Care Workers will be expected to have completed the 'Care Certificate Standard 8 Fluids and Nutrition' or show evidence of completion.
- All staff will be aware of their responsibilities within their role of managing infection control and the prevention of contamination as well as personal hygiene standards and the expectations of IMMENSITY HEALTHCARE LIMITED. This will include personal appearance, hand hygiene, the use of PPE and the appropriate use of uniforms.
- Catering staff will be offered training to meet the needs of the role as detailed within the service training matrix and training needs analysis.
- Food hygiene knowledge will be checked by line managers as part of ongoing quality assurance as well as observation in practice.
- Staff are expected to maintain their knowledge in relation to this policy and this will be reviewed through supervision and discussed within team meetings.

- Staff must have full access at all times to this policy and additional care materials.

6. Definitions

FSA 5 Star Rating Scheme

- The Food Hygiene Rating Scheme (FHRS) in England, Wales and Northern Ireland helps consumers choose where to eat out or to shop for food by giving them information about the hygiene standards in restaurants, takeaways, and food shops

Care Certificate

- The Care Certificate identifies a set of standards that social care and health workers follow. It describes the minimum standards that must be covered as part of the induction and training of new care workers

Professionals – key facts

Professionals providing this service should be aware of the following:

- It is a legal requirement to maintain high food hygiene standards when preparing and serving food to Service Users
- Staff must have access to, and adhere to the 'Industry Guide to Good Hygiene Practice: Catering'
- One of the key practices that can prevent cross-contamination is handwashing and staff must be aware of when and how to handwash effectively
- This policy is part of a suite of catering policies that must be read in conjunction with each other for effective practice
- Food can become contaminated at any point during production, distribution, and preparation. Everyone along the production chain, from producer to consumer, has a role to play to ensure the food we eat does not cause diseases

People affected by service – key facts

People affected by this service should be aware of the following:

- You can expect all staff involved in the preparation and delivery of food to be trained, knowledgeable and skilled
- You can refer to the food hygiene rating scheme as a means of checking how well the service performs in this area
- You are encouraged to feedback to IMMENSITY HEALTHCARE LIMITED any concerns you have in relation to food hygiene or diet and nutrition management

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Food Hygiene - A Guide For Businesses
https://www.food.gov.uk/business-guidance/saferhttps://www.food.gov.uk/business-guidance/safer-food-better-businessfood-better-business **How to Prepare and Cook Food Safely**
https://www.nhs.uk/livewell/homehygiene/pages/foodhygiene.aspx **News and alerts for food safety**
https://www.food.gov.uk/news-alerts

This policy should be read in conjunction with the following policies and procedures:

- Catering Hazard Analysis (HACCP) Policy and Procedure
- Supply of Service User's Own Food Policy and Procedure
- Catering Cleaning Schedule and Audit Policy and Procedure
- Cross Contamination Between Care and Catering Policy and Procedure
- Infection Control Policy and Procedure
- Food Storage Temperatures Policy and Procedure

Outstanding Service

To be 'outstanding ' in this policy area you could provide evidence that:

- IMMENSITY HEALTHCARE LIMITED has achieved and sustained the Food Standards Agency 5-star food hygiene rating
- IMMENSITY HEALTHCARE LIMITED invests in staff and provides training over and above the statutory requirement IMMENSITY HEALTHCARE LIMITED performs audits and self-assessment of performance and standards against national benchmarks and acts on findings

Immensity HealthCare

Risk Assessment Policy and Procedure

1.Purpose

To protect the services, staff, reputation, and finances of IMMENSITY HEALTHCARE LIMITED through the process of early identification of risk, risk assessment, risk control and elimination.

To ensure that during pandemic situations such as the coronavirus, robust risk assessments are put in place to care IMMENSITY HEALTHCARE LIMITED and its Service Users.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
SAFE	How are risks to people assessed and their safety monitored and managed, so they are supported to stay safe and their freedom is respected?
SAFE	How does the provider ensure the proper and safe use of medicines?
SAFE	Are lessons learned and improvements made when things go wrong?
WELL-LED	Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory Requirements are understood?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Health Protection (Coronavirus) Regulations 2020
- Civil Contingencies Act 2004
- Control of Substances Hazardous to Health Regulations 2002
- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- The Manual Handling Operations Regulations 1992
- The Regulatory Reform (Fire Safety) Order 2005
- The Workplace (Health, Safety and Welfare) Regulations 1992
- The Health and Safety (Miscellaneous Amendments) Regulations 2002
- Health and Social Care (Safety and Quality) Act 2015
- Data Protection Act 2018
- The Control of Substances Hazardous to Health Regulations 2002
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012
- Coronavirus Act 2020

2. Scope

The following roles may be affected by this policy:

- All staff
- Contractors

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS

3. Objectives

To ensure that all significant risks to the business are accounted for and that measures are put in place to ensure that those risks are removed or that control measures are put in place to reduce risks to as low as is reasonably practicable.

To set out the approach that IMMENSITY HEALTHCARE LIMITED adopts in managing risk. In a simple, straightforward, and clear manner it will set the intentions of IMMENSITY HEALTHCARE LIMITED for the timely, efficient, and cost-effective management of risk at all levels. This applies during all situations, including pandemics such as the coronavirus.

4. Policy

IMMENSITY HEALTHCARE LIMITED recognises that risk assessments are the most important part of effective health and safety management. Risk assessments help us to prevent accidents and ill health by considering the hazards that exist and how we manage them. From these assessments we can develop safe systems and methods of work and ways to prevent problems occurring.

Specific risk assessments are required by certain regulations. These regulations may contain a specific reference to the requirement for risk assessment or may refer to the Management of Health and Safety at Work Regulations (Regulation 3) for this requirement.
IMMENSITY HEALTHCARE LIMITED recognises that risk assessments change and that documents have to be reasonable and manageable. To ensure that all assessments are current, it is advisable that they are reviewed annually or when there is an accident, incident, near miss or a significant change as outlined in the associated procedure.

IMMENSITY HEALTHCARE LIMITED takes a human rights-based approach to risk management.
It recognises that a Service User has a right to choose to take risk, but IMMENSITY HEALTHCARE LIMITED will care them to ensure that this risk is well informed, that it is clearly documented and that the mechanisms to reduce, minimise or eliminate risk have been discussed and recorded.

IMMENSITY HEALTHCARE LIMITED will:

- Appoint a competent person or persons to carry out risk assessments, recording their details on the Health and Safety Law poster of IMMENSITY HEALTHCARE LIMITED
- Carry out suitable and sufficient risk assessments of the activities of IMMENSITY HEALTHCARE LIMITED
- Identify and carry out those specific risk assessments that it is legally required to carry out
- Carry out detailed risk assessments on hazardous activities
- Implement the control measures and further actions required to reduce risks identified in the assessments
- Agree how long the risk assessment will remain valid and when it will be reviewed
- Bring the significant findings of the risk assessments to the attention of those affected
- Amend risk assessments when changes occur and review them regularly to ensure that they are kept up to date
- Train staff on the principles of risk assessment, in particular, the identification of hazards and the implementation of control measures to remove or reduce the risk

Coronavirus
IMMENSITY HEALTHCARE LIMITED will ensure that risk assessments are in place to protect staff and Service Users from the coronavirus and will include consideration of existing measures in use and the review of their effectiveness. All groups of people who could be affected must be considered. Groups who might be especially at risk will need to be identified and assessed including:

- Vulnerable people (including people at higher risk of coronavirus, such as older people, BAME people and people with health conditions, etc.)
- Pregnant women and new mothers
- Staff members working alone
- Visitors and contractors
- Staff with physical or learning disabilities
- Temporary staff

Assessments must be recorded, dated, and signed with a date for review established in a central risk assessment register or schedule.

5. Procedure

Risk assessing has a number of steps that must be undertaken before risks can be recorded. IMMENSITY HEALTHCARE LIMITED needs to think about what might cause harm to people (this would include accidents and ill health) and decide whether it is taking reasonable steps to prevent that harm.

Identify the Hazards

There are three main areas that need to be covered when identifying hazards:

- **Practice -** Look at the work activities and review any procedures/safe systems of work that are already in place. Identify what in the work activity could be reasonably expected to cause harm. Are any of the work activities carried out in unusual places such as at height or at night? Does the activity involve repetitive motions, etc? Consult with those who are carrying out the work activity as they may have identified hazards that are not immediately obvious. Review the Accident Book to see if there is any history in relation to the activity
- **Equipment -** As part of the activity, consider what equipment or substances are used. Identify the potential/actual hazards associated with the equipment/substances as they are being used. When in use, does the equipment produce excessive noise/vibration? Are there any emissions? Manufacturers' instructions or data sheets can also help to spot hazards
- **Environment -** Are the conditions of the local environment satisfactory for the work activities being performed?

Who Might be Harmed?

IMMENSITY HEALTHCARE LIMITED will consider the people who might be harmed by the activity (at this stage, just the type of people). Special consideration must be given to the following groups:

- New and expectant mothers
- Young people (under 18)
- Night workers Lone workers
- Workers with disabilities

Additionally, IMMENSITY HEALTHCARE LIMITED must consider anyone else who may potentially be affected by the activity or circumstances, for example:

- Service Users
- Visitors/members of the public
- Contractors
- Delivery personnel

Accident statistics and ill-health records can also be helpful with hazard spotting and/or identifying particular groups of people at risk.

Once you have identified who is at risk, consider how they may be exposed to the relevant hazards that have been identified. Identify under what conditions exposure occurs, e.g. routine or non-routine, deviation from normal exposure or an emergency situation such as the spillage of a hazardous substance.

Evaluate the Risk and Decide the Precautions

Having identified the hazards and who might be affected, IMMENSITY HEALTHCARE LIMITED needs to decide what to do about them. IMMENSITY HEALTHCARE LIMITED will need to consider what it is already doing, think about what controls are in place and how the work is organised. This will be compared with good practice to check if there are more controls required. These checks must consider:

- Can the hazard be removed altogether, if not, how can the risk be controlled so that harm is unlikely? Examples of common control measures include:
- Specialist equipment
- Safety signs and signals
- Policies and procedures
- Safe systems of work – including Permits to Work
- Training, instruction, and supervision
- Health surveillance

If the existing measures are not adequate or there are no control measures, then the means of reducing the risk must be identified. Starting with all the extreme or high risks, the following sequence will be applied:

- **Eliminate** - Can the risk be removed? Do we need to carry out this procedure? Can it be done in a different way that eliminates or reduces the risk?
- **Substitute** - Can a different product or way of doing the task, which is less hazardous, be employed instead?
- **Contain/Guard** - Is there any way the hazard can be contained, e.g. Do guards need to be introduced which will prevent the equipment working if the guard is compromised?
- **Remove the person from the risk** - Is it possible to segregate the person from the hazard, e.g. have the hazard in one room and the employee operating the process from a panel in another room or by providing screens, etc?
- **Reduce the person's exposure to the hazard** - This can be done by changing work methods and/or patterns, e.g. ensuring adequate rest breaks, increasing the number of workers, introducing job rotation

- **Utilise Personal Protective Equipment [PPE]** - This must always be considered as a last resort to control any residual risk that cannot be eliminated by any of the above methods. It can include the provision of face masks, gloves, aprons, steel toe-capped shoes, hard hats, etc.
- **Provide welfare facilities such as first aid and washing facilities** Information, instruction, training, and supervision will also be considered. Often good training and information will provide satisfactory control for minor risks, but levels of supervision will be reviewed where young/inexperienced people are employed or where staff turnover is high.

Record Significant Findings

Make a record of significant findings - the hazards, how people might be harmed by them and what is in place to control the risks. Any record produced must be simple and focused on controls.

Review Findings

Risk assessments will be reviewed at least annually unless something changes:

- Legislation and best practice
- An accident occurs
- The environment changes, i.e. change in shift patterns, increase in new workers, etc.
- There are new machines, equipment, substances, and procedures which could lead to new hazards Risk assessments must be signed and dated and the date of the next review documented.

Making Sensible Risk Assessment Decisions

Often, when assessing the care and care needs of Service Users, everyday recreational activities are identified that will benefit their wellbeing, but also put them at some level of risk. This requires a balanced decision to be made between the needs, freedom, and dignity of the individual and their safety. Care assessments must enable Service Users to lead fulfilled lives safely, rather than be a mechanism for restricting their reasonable freedoms.

The risk assessment completed will identify and implement any sensible precautions to reduce the risk of significant harm to the individual concerned.

Coronavirus Risk Assessments

IMMENSITY HEALTHCARE LIMITED recognises that it must protect people from harm.

This includes taking reasonable steps to protect staff, Service Users, and others from the coronavirus. Risk assessments must be put in place to

help manage the risk and protect people within IMMENSITY HEALTHCARE LIMITED. IMMENSITY HEALTHCARE LIMITED will:

- Identify what work activity or situations might cause transmission of the virus
- Think about who may be at risk
- Decide how likely it is that someone could be exposed
- Act to remove the activity or situation
- Where this is not possible, control the risk

All risk assessments must be documented and regularly reviewed as the situation with coronavirus develops. The HSE guidance document 'Working safely during the coronavirus outbreak' can be reviewed for further information.

6. Definitions

Risk Assessment

- A risk assessment identifies the risks that our business presents, identifies those who are affected by that risk and puts measures in place to eliminate or reduce that risk
- This protects all concerned from significant harm by having measures in place to manage that risk effectively

Control Measures

- These are methods to manage any risks which cannot be removed, i.e. hoists to lift Service Users
- This eliminates the need for manual handling by using mechanical means to control the risk

Hazard

- A hazard is anything that may cause harm such as chemicals, electricity, working from ladders, an open drawer, etc.

Risk

- Risk is the chance, high or low, that somebody could be harmed by these and other hazards, together with an indication of how serious the harm could be

Coronavirus (COVID-19)

- Novel coronavirus is a new strain of coronavirus first identified in Wuhan City, China. The virus was named 'severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease it causes is called COVID-19

Pandemic

- A pandemic is the worldwide spread of a new disease COVID-19 was characterised as a Pandemic on 11th March 2020

Professionals – key facts

Professionals providing this service should be aware of the following:

- Managers of IMMENSITY HEALTHCARE LIMITED must ensure that any significant risks to their business operations are risk assessed, including the recent coronavirus pandemic
- Managers to discuss with their staff any significant changes which take place on current risk assessments and ensure that staff are trained to follow them
- Keep an open line of communication between all parties, note any significant changes and seek to continually improve safety to reduce the risk of harm

People affected by service – key facts

People affected by this service should be aware of the following:

- You and any visitors or contractors are to follow the notices provided at all sites belonging to IMMENSITY HEALTHCARE LIMITED to ensure safety
- You and any visitors or contractors are to report any concerns you may have to a member of staff whilst on the site of any premises of IMMENSITY HEALTHCARE LIMITED

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

HSE - Example risk assessments: https://www.hse.gov.uk/risk/casestudies/

Outstanding Service

To be ' outstanding ' in this policy area you could provide evidence that:

- There are open lines of communication between workers and managers to ensure that information is discussed and shared
- Risk assessments are reviewed periodically and at least annually to keep them current or sooner if something significant changes, i.e. an accident
- Managers ensure that all staff receive appropriate risk assessment training and refreshers
- Managers have a maintenance book in which staff can log any concerns with regards to health and safety risks. These entries are reviewed and any amendment to current

risk assessments made, if necessary, and then shared with the staff team

- Handover sessions include any current risks and any management methods put in place to address this A central register or schedule of risk assessment reviews is kept by IMMENSITY HEALTHCARE LIMITED and they are regularly reviewed and updated

Infection Control Policy and Procedure – Health and Safety

1.Purpose

To protect both staff and Service Users from infection through routine, safe and effective care practices.

To ensure that related policies and procedures such as the Personal Protective Equipment (PPE) Policy and Procedure are followed.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	Are people's needs and choices assessed, and care, treatment and care delivered in line with current legislation, standards, and evidence- based guidance to achieve effective outcomes?
RESPONSIVE	How are people's concerns and complaints listened and responded to and used to improve the quality of care?
SAFE	How well are people protected by the prevention and control of infection?
WELL-LED	Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?
WELL-LED	How does the service continuously learn, improve, innovate, and ensure sustainability?
WELL-LED	How does the service work in partnership with other agencies?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Health and Safety (Sharp Instruments in Healthcare Regulations) 2013
- Public Health (Control of Disease) Act 1984 (as amended)
- The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance
- The Care Act 2014
- Control of Substances Hazardous to Health Regulations 2002
- Food Safety Act 1990
- The Food Safety and Hygiene (England) Regulations 2013
- The Hazardous Waste (England and Wales) Regulations 2005
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Health and Safety at Work etc. Act 1974
- Management of Health and Safety at Work Regulations 1999
- Mental Capacity Act 2005
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Coronavirus Act 2020

2. Scope

The following roles may be affected by this policy:

- All staff
- Registered Manager
- Infection Prevention Lead

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- External health professionals
- Local Authority
- NHS

3. Objectives

To set out the framework for reducing the risk of infection and for the control of infection.

To ensure that all staff within IMMENSITY HEALTHCARE LIMITED understand their roles and responsibilities when considering infection control.

To ensure compliance with national best practice, regulation and legislation and that current Public Health England guidance is followed in relation to COVID-19

4. Policy

IMMENSITY HEALTHCARE LIMITED recognises that all staff are responsible for infection prevention and control and is committed to minimising the risk of infection to staff and Service Users by ensuring good standards of basic hygiene and insisting on universal infection control procedures.

IMMENSITY HEALTHCARE LIMITED will do this by providing staff with appropriate training and equipment. It will ensure that all staff understand the importance of good hand hygiene, how to use Personal Protective Equipment (PPE) and follow the COVID-19 Personal Protective Equipment Policy and Procedure at IMMENSITY HEALTHCARE LIMITED.

IMMENSITY HEALTHCARE LIMITED takes its responsibilities seriously in relation to blood-borne viruses, safer use of sharps and safe disposal of waste. It will make sure that risks are identified and that measures to control or prevent these risks are clearly documented and cascaded to all staff, Service Users, and key stakeholders.

Infection Prevention Lead (IPL)

An Infection Prevention Lead will be identified within IMMENSITY HEALTHCARE LIMITED. The IPL, in line with the Health and Social Care Code of Practice on the prevention and control of infections and related guidance (2015) will:

- Be responsible for the infection prevention (including cleanliness) management at IMMENSITY HEALTHCARE LIMITED
- Oversee local prevention of infection policies and their implementation
- Report directly to IMMENSITY HEALTHCARE LIMITED
- Have the authority to challenge inappropriate practices
- Have the authority to set and challenge standards of cleanliness
- Assess the impact of all existing and new policies on infections and make recommendations for change
- Be an integral member of the governance and safety teams and structures at IMMENSITY HEALTHCARE LIMITED where they exist
- Produce an annual statement with regard to compliance with practices on infection prevention and cleanliness and make it available on request
- Ensure that there is evidence of appropriate action taken to prevent and manage infection
- Undertake an audit programme to ensure that appropriate policies have been developed and implemented
- Provide evidence that the Annual Statement from the Infection Prevention Lead has been reviewed and, where indicated, acted upon
- In accordance with health and safety requirements, where suitable and sufficient assessment of risks requires action to be taken, evidence should be available on compliance with the regulations or, where appropriate, justification of a suitable better alternative

IMMENSITY HEALTHCARE LIMITED will ensure that all staff understand the importance of good hand hygiene and how to use Personal Protective Equipment (PPE). Staff can refer to the Personal Protective Equipment (PPE) Policy and Procedure for further information.

5. Procedure

Hand Washing

Most healthcare-associated infections are preventable through good hand hygiene cleaning hands at the right times and in the right way. The aim of routine hand washing is to remove dirt and most transient micro-organisms (germs that can be easily removed by hand washing) found on the hands. All staff involved in

the delivery of care must wash their hands. In Pandemic situations, such as COVID19, the washing of hands must be more frequent:

- Before starting work and going home
- Before eating, preparing, or handling food
- Before and after giving any direct care to each Service User
- Before administering medications
- After any activity that contaminates the hands or when hands are visibly soiled
- After using the toilet
- After sneezing/blowing the nose
- After cleaning activities
- Before providing clinical care, e.g. catheter care, dressing wounds
- Any other occasions when hands are thought to have been contaminated
- Before donning and doffing PPE

Choice of Hand Washing Agent

Hand washing can be improved by the provision of adequate and conveniently located facilities and good hand preparation decreases the risk of contamination. In Pandemic situations, such as COVID-19, the washing of hands must be more frequent. The washing of forearms must also take place when they have been exposed or may have been exposed to respiratory droplets or other body fluids.

Liquid Soap

Hand washing with liquid soap and water removes dirt and organic material and must be used:

- Prior to and following direct contact with Service Users
- Following direct hand contact with body fluids when gloves must be worn
- When hands are visibly dirty or visibly soiled with body fluids and other organic matter
- When caring for Service Users with diarrhoea and/or vomiting, Service Users with COVID- 19, Clostridium Difficile or Norovirus and during outbreaks of these organisms
- After several consecutive applications of alcohol gel/rub

Alcohol Hand Rub

Alcohol hand rub is recommended for routine hand decontamination because:

- It is more effective
- It is quicker and easier to use
- It is better tolerated by the hands
- It can be provided at the point of care
- It can be used when liquid soap is not available

Care Workers must be aware that alcohol gel/rub will not remove dirt or organic material and is not effective against Clostridium Difficile and Norovirus. Alcohol gel/rub is flammable and must be correctly stored.

Muslims and Alcohol-Based Hand Gel

In accordance with the 'Muslim Spiritual Care Provision' in the NHS (MSCP) advice, alcohol-based hand gel contains synthetic alcohol and does not fall within the Muslim prohibition against natural alcohol. Therefore, Muslims can use such gels.

Bar Soap

Bar soap must not be used by staff at IMMENSITY HEALTHCARE LIMITED.

Hand-Washing Technique

Using Liquid Soap

- Expose the wrists and forearms. All parts of the hands and, where exposed, forearms must be included in the process
- Where forearms require cleaning, they must be cleaned first and then the hands
- Wet the hands under warm, running water before applying soap
- Apply liquid soap in the recommended product volume
- Using the six-step technique:
- Rub all parts of the hands vigorously, without applying more water
- Use one hand to rub the back of the other hand and clean in between the fingers. Do the same with the other hand
- Rub your hands together and clean in between your fingers
- Rub the backs of your fingers against your palms
- Rub your thumb using your other hand and do the same with the other thumb
- Rub the tips of your fingers on the palm of your other hand and do the same with the other hand
- Rinse under running water
- The handwashing process must take 40-60 seconds, and a useful tip to check that you are washing your hands for the right amount of time is to sing 'Happy Birthday' twice

Using Alcohol Gel/Rub

- Hands must be free from dirt and organic matter, if not, wash them first
- Avoid using excessive amounts of alcohol gel/rub to minimise skin damage. Apply one shot (approx. 5 ml) of alcohol hand rub

- The hand rub must come into contact with all surfaces of the hands, so hands must be rubbed together vigorously and systemically to include wrists, tips of fingers, backs of hands, palms, thumbs and webs of fingers, for ten to fifteen seconds until the solution has evaporated

Hand Drying

- Improper drying can re-contaminate hands that have been washed
- Dry thoroughly with a disposable paper hand towel
- Dispose of paper towel into bins with foot-operated pedals
- Do not touch the bin with hands

Personal Protective Equipment (PPE)

Staff must wear PPE if there is any risk of exposure to blood or body fluids. PPE includes gloves and aprons and if there is a risk of airborne or droplet infection, masks.

IMMENSITY HEALTHCARE LIMITED staff must refer to the Personal Protective Equipment (PPE) Policy and Procedure at IMMENSITY HEALTHCARE LIMITED for current guidelines in relation to COVID-19. With reference to glove use, refer to section 5.5.

Use of Gloves

The use of gloves does not replace the need for hand hygiene. Gloved hands must not be washed or cleaned with alcohol hand rub. Hands must be washed after the removal of gloves. The use of gloves will be based on an assessment of the risk of contact with blood, body fluids, secretions and/or excretions, non-intact skin, mucous membranes, hazardous drugs, and chemicals, e.g. cleaning agents.

Where a risk exists, gloves will be worn to protect the Care Worker and/or the Service User.

- The use of gloves does not replace the need for hand hygiene
- Gloved hands must not be washed or cleaned with alcohol hand rub
- Hands will be washed after the removal of gloves
- Due to the increasing incidence of latex allergies, IMMENSITY HEALTHCARE LIMITED will supply nitrile gloves as an alternative Gloves will be stored in their original containers, away from direct sunlight, heat sources and liquids, including chemicals. The area will be clean and must protect the gloves from contamination.

Glove Removal

Gloves must be removed by holding at the cuff and peeling the glove over the hand, then folding the second glove off the hand over the first glove, enclosing the first glove within the second glove and disposing of the

gloves in accordance with the Clinical Waste Disposal Policy and Procedure.

Coronavirus and the Use of Gloves

As part of the guidance from Public Health England in relation to Coronavirus, gloves must be:

- Worn when in direct contact with a Service User whether they have symptoms of COVID-19 or not
- Worn when you are within two metres of someone who is coughing, whether providing direct care to them or not
- Worn when providing direct care, such as assisting a Service User to get in and out of bed, feeding, dressing, bathing, grooming, toileting, dressing etc.
- Worn when unintended contact is likely, e.g. with behaviour that may challenge
- Worn when shielding a Service User defined as vulnerable by Public Health England. Changed after completion of a procedure or task Changed if a perforation or puncture is suspected
- Appropriate for use, fit for purpose and well-fitting
- Put on properly (donned) and taken off properly (doffed)
- Disposed of in either clinical waste where this is available or, in the case of use for Service Users with symptoms of COVID-19, double bagged and left in a safe location for 72 hours
- Worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely as per standard infection control procedures outside a pandemic

Disposable gloves are single-use and must be disposed of immediately after completion of a procedure or task and after each Service User, followed by hand hygiene. Care must be taken not to touch the face, mouth or eyes when wearing gloves.

Immensity HealthCare

Skin Damage

Skin damage is associated with poor hand-washing technique or frequent use of hand hygiene agents. Excoriated hands are associated with increased growth of germs and increase the risk of infection. Irritant and hand drying effects of hand preparations are one of the reasons why staff fail to follow hand hygiene guidelines. The best practice below will help to prevent skin damage:

- Staff should be aware of the potentially damaging effects of hand hygiene products
- Avoid putting on gloves while hands are still wet (from washing or applying alcohol rub)
- Avoid rubbing hands with paper towels; the skin should be patted dry
- Avoid over-use of gloves

- Use emollient hand cream regularly, e.g. after washing hands, before breaks, when going off duty and when off duty
- If irritation occurs, review compliance with the hand decontamination technique and then inform your line manager
- Avoid communal 'pots' of moisturiser as they can become a potential source of infection
- Individual tubes of hand creams may be used, provided that care is taken not to contaminate the nozzle Where members of staff continue to experience soreness or sensitivity, this will be discussed with Dorothy Botha.

Uniform and Appearance

The clothes that staff wear must facilitate good practice and minimise any risk to Service Users. Uniforms and workwear must not impede effective hand hygiene and must not unintentionally come into contact with Service Users during direct care activity.

- Staff will follow the Appearance Policy and Procedure at IMMENSITY HEALTHCARE LIMITED
- Staff must change as soon as possible if the uniform or clothing becomes visibly soiled or contaminated
- Wash uniforms and any clothing that has been worn at work at the hottest temperature suitable for the fabric
- Clean the washing machines and tumble driers regularly, in accordance with the manufacturer's instructions
- Staff must have at least enough uniforms available to change each day as this enables staff to start each day with a clean uniform
- Staff must wash heavily soiled uniforms separately. Separate washing will eliminate any possible cross- contamination from high levels of soiling and enable the uniform to be washed at the highest, recommended temperature

To control and prevent the spread of infection, IMMENSITY HEALTHCARE LIMITED will ensure that staff understand the following best practice:

- Nails must be short and clean – no nail polish or extensions
- Wristwatches may not be worn. No other jewellery will be worn around the wrist
- Alert bracelets must be removed and attached to a lanyard or pinned to the uniform
- No rings with stones will be worn – one plain band is acceptable
- Arms must be bare below the elbows

Any individual concerns in relation to the above best practice requirements must be discussed on an individual case-by-case basis with Dorothy Botha.

COVID-19 Uniform Care

- Wash uniforms and clothing worn at work at the hottest temperature suitable for the fabric
- A wash for 10 minutes at 60ºC removes almost all micro-organisms
- Washing with detergent at lower temperatures – down to 30ºC – eliminates MRSA and most other micro-organisms, including coronaviruses

Cultural and Religious Beliefs

We understand the need to be sensitive to the religious and cultural beliefs of our staff whilst maintaining equivalent standards of hygiene. IMMENSITY HEALTHCARE LIMITED recognises that some staff may not wish to expose their forearms and IMMENSITY HEALTHCARE LIMITED will consider the following as part of its local uniform and workwear policy:

Uniforms may include provision for sleeves that can be full length when staff are not engaged in direct care activity

- Uniforms can have three-quarter length sleeves
- Any full or three-quarter length sleeves must not be loose or dangling. They should be able to be rolled or pulled back and kept securely in place during hand washing and direct care activity
- Any Sikh staff wearing a Kara bracelet may be asked to ensure it is pushed up the arm and secured in place with tape for hand washing and during direct care activities

Exposure Prone Procedures (EPP)

- EPPs are those procedures where there is an increased risk that injury to the worker may result if the Service User's open tissues are exposed to the blood of the worker. These include procedures where the workers gloved hands come into contact with sharp instruments, needle tips, etc.
- However, other situations can present a risk such as trauma, Service User biting, leaking wounds or broken skin
- If a worker is known to have, or strongly suspects they may have a BBV (blood-borne virus), the member of staff must inform Dorothy Botha who will seek further advice with regard to working practices

Blood-Borne Viruses (BBVs)

BBVs are viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread to another person. A small risk exists from splashes of blood/body fluids/excretions/secretions (except sweat), particularly to mucous membranes. Therefore, the following measures of good practice should be followed:

- Universal precautions must be taken, as Service Users may not show any symptoms
- All staff at risk of exposure to BBVs must be vaccinated against Hepatitis B

- Cuts and abrasions must be covered with a waterproof dressing before providing care
- Staff with skin conditions must seek advice from their GP to minimise their risk of infection through open skin lesions
- Care Workers must refer to the Sharps and Needlestick Policy and Procedure for safe sharps management

Human Bites

Human mouths contain a wide variety of organisms which have the potential to be transmitted, some of which can be transmitted by bites. Human bites are rare and generally occur in certain Service User groups, However, human bites are more likely to become infected, so it is important that they are treated promptly. Where it is identified that a Service User is at risk of biting others, a risk assessment must be completed as well as a clear set of guidelines to manage the risk.

Procedure:

If a bite does not break the skin:

- Clean with soap and water
- Complete an accident/incident form
- Review the risk assessment and identify if any changes are required to minimise the risk of incidents arising again

If a bite breaks the skin: Refer to the Sharps and Needlestick Policy and Procedure

Respiratory Hygiene and Cough Etiquette

Respiratory hygiene and cough etiquette will be applied as a standard infection control precaution at all times. The measures include:

- Cover nose and mouth with disposable single-use tissues when sneezing, coughing, wiping, and blowing noses
- Dispose of used tissues into a waste bin
- Wash hands with soap and water after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions
- Keep contaminated hands away from the mucous membranes of the eyes and nose To minimise the transmission of COVID-19, the measures that must be taken include:
- Use disposable tissues to cover the nose and mouth when sneezing, coughing, or wiping and blowing the nose
- Dispose of used tissues immediately in the nearest bin
- Used tissues from Service Users with symptoms or confirmed COVID-19 must be disposed of as infectious waste - refer to the Clinical Waste Disposal Policy and Procedure for further details

- Clean hands after coughing, sneezing, using tissues, after any contact with respiratory droplets or objects contaminated with respiratory droplets
- Do not touch your eyes, mouth, and nose
- Wear the correct PPE when coming into contact with a Service User who is coughing

Ensure that when in communal areas, or during transportation, that people with symptoms wear a fluid resistant surgical face mask to minimise dispersal of their respiratory droplets or contamination of surfaces

- Clean frequently touched surfaces

Soiled Linen

The provision of clean linen is a fundamental requirement of care. Incorrect handling, linen processing and storage of linen can pose an infection hazard. Infection can be transferred between contaminated and uncontaminated items of linen and the environment in which they are stored. Specific hygiene measures must be taken to reduce these risks. Linen provided by IMMENSITY HEALTHCARE LIMITED:

- Must be fit for purpose
- Must look clean and be clean
- Must be the right material
- Must be the correct type of linen for the intended purpose
- Must not be damaged or discoloured

IMMENSITY HEALTHCARE LIMITED must ensure that it follows the procedures outlined in the Health Technical Memorandum 01-04: Decontamination of Linen for Health and Social Care (March 2016) for specific information on the handling of linen in order to minimise the spread of infection and staff must refer to the Laundry Policy and Procedure at IMMENSITY HEALTHCARE LIMITED.

As a minimum, when handling soiled linen, Care Workers staff must adhere to the following best practice:

- Gloves and aprons must be used when handling any soiled linen in addition to ensuring good hand hygiene
- Position the laundry basket nearby to reduce handling
- Soiled linen will be contained in red bags and kept in the laundry basket to reduce handling
- Store clean laundry away from soiled linens
- The Service User's dignity will be maintained at all times

Where there is soiled linen from a Service User who has symptoms of or confirmed coronavirus, the current government PPE guidelines must be adhered to. Where items are too heavily soiled, they must be disposed of with the Service User's consent.

Management of Invasive Devices

Invasive devices such as urinary catheters, infusion devices, tracheostomies and

PEGs will increase the risk of a Service User developing an infection and IMMENSITY HEALTHCARE LIMITED must have procedures in place for the management of these devices.

- The use of the device and the reason for its use must be documented in the Service User's Care Plan
- The use of all devices must be reviewed, and the review documented in the Service User's Care Plan
- The device should be removed as soon as it is no longer required
- The Service User must be monitored for signs of infection associated with the device
- Service User may need to be shielded during the COVID-19 pandemic and care must be taken to prevent them being exposed to the coronavirus

Sepsis

Sepsis is a common and potentially life-threatening condition triggered by an infection. Sepsis causes the body's immune system to go into overdrive, and if it not treated quickly, it could lead to multiple organ failure and death. In many cases, however, sepsis is avoidable and treatable and early identification is key to successfully treating it.

- The key to preventing sepsis is to prevent an infection from occurring in the first place
- If an infection does set in, it must be treated as quickly and effectively as possible
- Many illnesses can be and are prevented through regular childhood vaccinations and any vaccinations available as an adult
- The risk of getting an infection also reduces with proper hand washing
- Infections can also be reduced by proper care of all wounds
- Staff must understand and recognise the signs of sepsis

Cleanliness of Care Equipment

Cleaning, disinfection, and sterilisation are all methods of decontamination that reduce or destroy contaminants, thereby preventing microorganisms from reaching a site where they might cause harm. During the COVID-19 pandemic, PHE guidance must be followed.

General Good Practice

- All equipment must be clean, fit for purpose and in a good state of repair
- All equipment must be stored in an appropriate area
- Before purchasing any new equipment, ensure that it can easily be decontaminated and that the recommended cleaning solutions are available

- If there are items of equipment that are not routinely cleaned on a daily basis, there should be a written cleaning schedule and records kept of the cleaning undertaken

Cleaning

Cleaning physically removes the organic material on which microorganisms feed and will also reduce the load of microorganisms. It is suitable for equipment that comes into contact only with intact skin. It is also essential prior to disinfection and sterilisation.

How to Clean

- Wear protective clothing, i.e. apron and gloves
- Prepare a fresh cleaning solution, appropriately diluted for each task
- Make up only the quantity required in a clean, dry container
- Some cleaning products are incompatible; only mix if advised by the manufacturer
- Use warm water, a general-purpose detergent and disposable cloths or disposable paper towels. It is not necessary to use cleaning products that are advertised as being antibacterial
- Change the solution frequently to prevent a build-up of soil or micro-organisms which would contaminate surfaces
- Air drying is acceptable for large surfaces, but small areas should be dried with clean, disposable paper towels/cloths
- Dispose of cleaning solution promptly in a sluice or dirty utility area
- Remove protective clothing and wash hands before carrying out other duties

Single-Use and Reuse Items

Where possible, IMMENSITY HEALTHCARE LIMITED will use single-use and single patient use products. Certain devices (e.g. nebulisers) will need to have the manufacturer's instructions checked to ensure that single-use items or parts of the item are not being reused.

Use of Portable Fans

Portable fans used in clinical areas have been linked to cross infection in health and social care environments. Therefore, before use and reuse, a clinical risk assessment must be completed. The risk assessment must include the following:

- Portable fans are not recommended for use during outbreaks of infection or when a Service User is known or suspected to have an infectious agent
- Availability of the manufacturers' information and advice on how to maintain and decontaminate the fan, which must be consistent with the contents of this policy and any associated national policies

- Consideration must be given to whether the fan can be adequately decontaminated for safe reuse, or whether it should be disposed of after use
- Any assurance and evidence provided by the manufacturer that internal contamination will not be dispersed into the clinical/care area

Staff can refer to the Central Alerting System for further advice.

Food Handling and Hygiene

All staff must adhere to the Food Hygiene Policy and Procedure at IMMENSITY HEALTHCARE LIMITED and ensure that all food prepared is cooked, stored, and presented in accordance with the high standards required by the Food Safety Act 1990 and the Food Hygiene (England) Regulations 2005.

Any member of staff who becomes ill while handling food must report at once to his or her line manager or supervisor, or to the office.

Staff involved in food handling who are ill should see their GP and must only return to work when their GP states that they are safe to do so.

Staff Sickness

- If staff suspect they have symptoms of Coronavirus, they must self-isolate at home for 7 days and not attend work
- It is recommended that any staff member living in the same household of a symptomatic person must self-isolate for 14 days after the onset of symptoms
- Staff with diarrhoea and vomiting must not attend work, but must phone work to report sick
- Should the condition persist, it may be necessary not return to work until medical clearance by a GP is given
- Staff must not attend work until they are clear for 48 hours in order to prevent the spread of infection

Staff Testing - Coronavirus

Testing for all essential workers and their household, who have developed symptoms of the coronavirus, will now take place to care staff to return to work where the test is negative.

Staff can book a test online directly via the online 'arrange a test' form or IMMENSITY HEALTHCARE LIMITED can register and refer self-isolating staff.

This can be discussed with their line manager when staff sickness is reported.

Tests consist of a regional test site drive-through appointment or a home test kit can be selected. Home test kit availability will initially be limited but more will become available.

Working with Other Providers - The movement of Service Users between services

- IMMENSITY HEALTHCARE LIMITED will ensure that it provides suitable and sufficient information on a Service User's infection status whenever it arranges for that person to be moved from the care of one organisation to another, or from a Service User's home, so that any risks to the Service User and others from infection may be minimised
- When information is being shared, consent from the Service User will be obtained. In cases where the Service User lacks capacity, consent must be sought from whoever has power of attorney, or decisions made in the best interests of the Service User following the principles of the Mental Capacity Act 2005

Outbreaks of Communicable Diseases

- An outbreak is defined as two or more related cases of infectious disease and should be reported to Public Health England (PHE) for collation. PHE is responsible for advising on outbreak control and monitoring the outbreak
- Advice on outbreaks can be sought from health protection nurses at PHE, and if it is a suspected food- related outbreak, obtain advice from Environmental Health Departments
- During the current pandemic situation, staff must observe all Service Users for signs and symptoms of Coronavirus and advise to self-isolate. The Care Quality Commission MUST be notified, and staff must follow the Coronavirus Policy and Procedure advice
- Care Workers must be aware of the signs of infection. They must also know to report these signs immediately to senior management when they occur
- Where staff contract a communicable disease, advice should be sought from their GP. The Registered Manager should seek health advice where necessary
- For employees where a Registered Medical Practitioner has confirmed that an acquired disease is attributable to a work activity, a report must be submitted to the Health and Safety Executive (RIDDOR). This applies to the coronavirus. It also applies where staff may have been exposed, for example, where PPE is not available and there is a suspected case of COVID-19
- Localised business continuity plans must include provisions made for outbreaks of communicable diseases, e.g. a pandemic
- Refer to the Outbreak Management and Barrier Nursing Policy and Procedure for standards in the management of an outbreak

Reporting Public Health

- Dorothy Botha should be aware that medical professionals are duty bound to report certain diseases and should refer to the following GOV.UK resource for reportable disease notifications: https://www.gov.uk/guidance/notifiable-diseases-and-causativehttps://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-reportorganisms-how-to-report#list-of-not if able-diseases

RIDDOR

- Dorothy Botha is duty bound to report cases of certain diagnosed reportable diseases which are linked with occupational exposure to specified hazards, and should refer to: http://www.hse.gov.uk/riddor/occupational-diseases.htm

The Care Quality Commission (CQC)

- IMMENSITY HEALTHCARE LIMITED will ensure that the CQC is notified of incidents relating to infection control and disease outbreaks in line with regulatory requirements

Records of any such outbreak, such as coronavirus, must be kept, specifying dates and times and, in the event of an incident, the Registered Manager is responsible for informing the HSE.
COVID-19 is now reportable under RIDDOR and Dorothy Botha must follow reporting procedures.

Communication

- IMMENSITY HEALTHCARE LIMITED should ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection. This could be done through (but is not limited to) job descriptions, induction, training, supervision, and team meetings
- Contractors working in Service User areas need to be aware of any issues with regard to infection prevention and obtain 'permission to work'
- Where staff undertake procedures, which require skills such as aseptic technique, they must be trained and demonstrate proficiency before being allowed to undertake these procedures independently
- IMMENSITY HEALTHCARE LIMITED will ensure its policy on the control of infection is shared with Service Users and other stakeholders
- Outcomes of investigations into incidents must be shared with the person concerned and, where relevant, their families, carers, and advocates. This is in keeping with Regulation 20: Duty of Candour

Risk Assessment

- Risk assessments are vital for protecting Service Users and staff as well as ensuring that IMMENSITY HEALTHCARE LIMITED complies with the law

- A suitably qualified, knowledgeable, and experienced member of staff will ensure that risk assessments are carried out where risks are present, to protect Service Users from the harm of acquiring an infection
- This involves a simple review of what could cause harm to Service Users in IMMENSITY HEALTHCARE LIMITED, including the risk of infection so that judgements can be made that adequate protection is in place to reduce the risk
- Staff should refer to the Health and Safety Policy of IMMENSITY HEALTHCARE LIMITED for standards with risk assessment and appropriate documentation. All relevant staff are responsible for having an awareness of the risk assessment and the actions necessary to reduce the risk of infection
- Risk Assessments must be carried out to decide what Personal Protective Equipment is required during the COVID-19 pandemic

Training

- Staff and volunteers must be made aware of this policy and trained appropriately to ensure they are suitably skilled and competent.

6. Definitions

Needlestick or Sharp Injury

- A needlestick (or sharp) includes items such as needles, sharp-edged instruments, broken glassware, or any other item that may be contaminated with blood or body fluids and may cause laceration or puncture wounds - such as razors, sharp tissues, spicules of bone and teeth

Sepsis

- Sepsis is a life-threatening condition that arises when the body's response to an infection causes it to attack its own tissues and organs. In sepsis, a Service User's immune system goes into overdrive, setting off a series of reactions including widespread inflammation. This can cause a significant decrease in blood pressure, reducing the blood supply to vital organs and starving them of oxygen. Sepsis can lead to multiple organ failure and death, especially if not recognised early and treated quickly. Care staff who see someone regularly can spot the early signs of sepsis by using the Sepsis Tool

Outbreak

- An outbreak can be defined as two or more cases of infection occurring around the same time, in a Service User and/or their

careers, or an increase in the number of cases normally observed. The most common outbreaks are due to viral respiratory infections and gastroenteritis. The organisms may be spread by hand contact and, on occasion, by other routes, which may include food

Communicable Diseases

- Communicable diseases can be defined as illnesses caused by microorganisms and transmitted from an infected person or animal to another person or animal. Some diseases are passed on by direct or indirect contact with infected persons or with their excretions. Most diseases are spread through contact or close proximity because the causative bacteria or viruses are airborne, i.e. they can be expelled from the nose and mouth of the infected person and inhaled by anyone in the vicinity. Such diseases include diphtheria, scarlet fever, measles, mumps, whooping cough, influenza, smallpox, and COVID19. Some infectious diseases can be spread only indirectly, usually through contaminated food or water, e.g. typhoid, cholera, dysentery. Other infections can also be introduced into the body by animal or insect carriers, e.g. rabies, malaria, encephalitis

Pandemic

- An epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

- RIDDOR requires employers and others to report deaths, certain types of injury, some occupational diseases, and dangerous occurrences that 'arise out of or in connection with work.' Generally, this covers incidents where the work activities, equipment, or environment (including how work is carried out, organised, or supervised) contributed in some way to the circumstances of the accident

Immensity HealthCare

Professionals – key facts

Professionals providing this service should be aware of the following:

- Washing hands correctly is the single most effective way of controlling the spread of infection
- Wear PPE when there is likely to be exposure to body fluids
- Avoid the use of sharp objects if the work activity could result in a cutting injury, then avoid the use of sharp knives, needles, or glass wherever possible
- Ensure immunisations are up to date

- Dispose of waste correctly using the correct bins, ensure the working areas are kept clean, wash your hands afterwards and dispose of all contaminated waste safely
- Ensure staff have up-to-date training on infection control • Ensure that there is a nominated lead for infection

People affected by service – key facts

People affected by this service should be aware of the following:

- Obtain advice from the GP on any available and recommended vaccinations
- Ensure you wash your hands as this will help prevent the transmission of infection

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Public Health England Donning and Doffing PPE Video: https://youtu.be/-GncQ_ed-9w

Helping to prevent infection - A Quick Guide for Managers and Staff in Care Homes: https://www.nice.org.uk/about/nice-communities/socialhttps://www.nice.org.uk/about/nice-communities/social-care/quick-guides/helping-to-prevent-infectioncare/quick-guides/helping-to-prevent-infection **First Steps - Sepsis:**

https://rcni.com/hosted-content/rcn/first-steps/sepsis

The Royal Marsden Hospital Manual of Clinical Nursing Procedures: Chapter 10 : Ninth Edition This infection control policy should be read in conjunction with other relevant policies at IMMENSITY HEALTHCARE LIMITED :

- Pets Policy and Procedure
- Health and Safety Policy and Procedure
- Clinical Waste Disposal Policy and Procedure
- Blood Spillage Policy and Procedure
- Risk Assessment Policy and Procedure
- Sharps and Needlestick Policy and Procedure
- Outbreak Management and Barrier Nursing Policy and Procedure
- Food Hygiene Policy and Procedure
- Laundry Policy and Procedure

Outstanding Service

To be ' outstanding ' in this policy area you could provide evidence that:

Infection Control audits are undertaken as part of the ongoing quality monitoring process to identify and drive forward any improvements required

- Care records evidence that staff had made referrals to external healthcare professionals when needed
- Changing needs are identified promptly and staff ensure that these needs are met through the involvement of other agencies
- Staff wear PPE appropriately and are aware of the importance of good hand hygiene

Immensity HealthCare

Financial Administration Policy and Procedure

1.Purpose

To ensure the competent financial management of IMMENSITY HEALTHCARE LIMITED.

To explain the overall financial processes of IMMENSITY HEALTHCARE LIMITED in broad terms. This policy should be read in conjunction with the suite of financial administrative policies and procedures.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	How are people's individual needs met by the adaptation, design, and decoration of premises?
WELL-LED	Does the governance framework ensure that responsibilities are clear, and that quality performance, risks and regulatory requirements are understood and managed?
WELL-LED	How does the service continuously learn, improve, innovate, and ensure sustainability?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- Coronavirus Act 2020
- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Companies Act 2006
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Data Protection Act 2018

2. Scope

The following roles may be affected by this policy:

- Registered Manager
- Other management
- Administrator

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Commissioners
- Local Authority
- NHS

3. Objectives

To ensure that responsibility for every aspect of financial administration is assigned to a responsible individual, that there is a clear audit trail and assurance of accurate, open, and transparent management of finances.

To ensure that every financial administration element is achieved in accordance with best practice, legislation, and regulation and that this is consistent throughout IMMENSITY HEALTHCARE LIMITED.

That staff are fully engaged, understand and are aware of the importance of clear financial administration at times of change such as the COVID-19 (Coronavirus) pandemic.

4. Policy

IMMENSITY HEALTHCARE LIMITED will follow good practice, financial control, and risk management procedures through an open, transparent, and honest financial management approach.

Key staff responsible for any aspect of the financial management at IMMENSITY HEALTHCARE LIMITED will be competent, skilled, and experienced to deliver their role and duties in line with the expectations of IMMENSITY HEALTHCARE LIMITED and this policy and procedure.

5. Procedure

Arrangements will be made for contemporaneous accounting for financial transactions between IMMENSITY HEALTHCARE LIMITED and its Service Users and suppliers.

Insurance cover will be in place against loss or damage to the assets of the business, at full replacement cost. The insurance will cover business interruption and third-party insurance for a minimum of £5m.

IMMENSITY HEALTHCARE LIMITED will prepare an Annual Business Plan before the start of the year to which it refers, and this will:

- Confirm the objectives, mission, and vision of IMMENSITY HEALTHCARE LIMITED
- Show that objectives have been reviewed and are appropriate, during the year
- Demonstrate the effects of changing objectives on the various activities of the business
- Consider recently published financial results for IMMENSITY HEALTHCARE LIMITED, estimate the current position and assess the effect of that information on the future strategy

- Consider changes to the business environment of IMMENSITY HEALTHCARE LIMITED, physical, legal and/or financial known to be occurring in the near future
- Consider the totality of service quality information which has been generated during the previous year
- Consider all policies and procedures at IMMENSITY HEALTHCARE LIMITED and ensure that they reflect existing practice within IMMENSITY HEALTHCARE LIMITED
- Review staffing levels against current needs and prepare an action plan for matters which require attention
- Show that all the above reviews have been carried out with the involvement of staff
- Set out a planned maintenance programme
- Set out a training plan

For all outstanding areas, an action plan will be included with the Business Plan.

5.4 IMMENSITY HEALTHCARE LIMITED will prepare an annual Financial Plan before the start of the year to which it refers.
IMMENSITY HEALTHCARE LIMITED should review the results of the previous 2 years in practice, for example, one audited year and one estimated year, and estimate the performance of IMMENSITY HEALTHCARE LIMITED for the following 2 years ahead, utilising the Business Plan in regard to any changes to the business environment.

Dorothy Botha will attend management meetings with IMMENSITY HEALTHCARE LIMITED at intervals locally agreed. They will ensure that they have prepared the following to inform IMMENSITY HEALTHCARE LIMITED of the financial performance of IMMENSITY HEALTHCARE LIMITED:

- Enquiries, admissions/service commencements, discharges, and occupancy
- Cost reports
- Financial results
- Business plan review

Where it applies, IMMENSITY HEALTHCARE LIMITED will source a statement letter of financial viability from a financial specialist (e.g. accountant, bank or financial service firms) and submit this statement to the Care Quality Commission in order to provide high level consistency, transparency and assurance that IMMENSITY HEALTHCARE LIMITED is meeting Regulation 13 of the CQC (Registration) Regulations 2009.

All applications during the COVID-19 pandemic which intend to:

- Deliver services which provide additional health and social care capacity in an area, or:
- Contribute to the control of the outbreak of coronavirus or the treatment of people who have contracted the illness

must follow the CQC's COVID-19 Registrations process. Any other applications to the CQC will follow the normal process and the usual timescales will apply.

Audit and Review

IMMENSITY HEALTHCARE LIMITED will identify and agree with Dorothy Botha the local arrangements for audit and review of the financial administration at IMMENSITY HEALTHCARE LIMITED.

Internal Audits will be undertaken, in order to:

- Establish and monitor the achievement of the objectives of IMMENSITY HEALTHCARE LIMITED
- Identify, assess, and manage the financial risks to IMMENSITY HEALTHCARE LIMITED
- Ensure the economical, effective, and efficient use of resources
- Ensure compliance with policy, procedures, laws, and regulations
- Safeguard the assets and interests of IMMENSITY HEALTHCARE LIMITED from losses of all kinds, including those arising from fraud, irregularity, or corruption
- Ensure the integrity and reliability of information, accounts, and data, including reporting and accountability processes

Findings will be recorded on an action plan and acted upon. Audits will be repeated to ensure that changes have been embedded and sustained.

6. Definitions

Business Plan

- A document that summarises the operational and financial objectives of a business and contains the detailed plans and budgets showing how the objectives will be realised

Financial Plan

- Financial Planning is the process of estimating the capital required and determining its competition
- It is the process of framing financial policies in relation to procurement, investment, and administration of funds of an organisation

COVID-19

- Novel coronavirus is a new strain of coronavirus first identified in Wuhan City, China. The virus was named 'severe acute respiratory

syndrome coronavirus 2' (SARS-CoV-2). The disease it causes is called COVID-19

Pandemic

- A pandemic is the worldwide spread of a new disease. COVID-19 was characterised as a pandemic on 11th March 2020

Professional – key facts

Professionals providing this service should be aware of the following:

- Good financial management is key to the success of IMMENSITY HEALTHCARE LIMITED
- IMMENSITY HEALTHCARE LIMITED is registered with the Care Quality Commission and is required to submit a financial statement to provide assurance that IMMENSITY HEALTHCARE LIMITED is meeting the registration regulations
- In order to achieve strategic financial aims, there has to be effective and efficient management of finances, managed by knowledgeable, competent, and skilled members of staff
- Financial administration is subject to robust, routine audits to ensure compliance with legal, regulatory, and best practice standards

People affected by service – key facts

People affected by this service should be aware of the following:

- You have a right to expect that IMMENSITY HEALTHCARE LIMITED will be run on a sound financial basis with robust procedures for dealing with money and accounting
- IMMENSITY HEALTHCARE LIMITED has an open, honest, and transparent culture to assure you that financial management is trustworthy
- There is a clear audit trail available for all spending as well as plans, projections and budgets set to forecast how finances are and will be used for the benefit of Service Users
- You are encouraged to discuss any aspects of the financial administration with Dorothy Botha

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

The Chartered Institute of Public Finance and Accountancy:
https://www.cipfa.org/policy-and-guidance/publications/a/an-introductoryhttps://www.cipfa.org/policy-and-guidance/publications/a/an-introductory-guide-to-adult-social-care-finance-bookguide-to-adult-social-

care- finance-book **Government Website - Coronavirus: https://www.gov.uk/coronavirus NHS - Coronavirus:** https://www.nhs.uk/conditions/coronavirus-covid-19/

Outstanding Service

To be ' outstanding ' in this policy area you could provide evidence that:

- There is an open, honest, and transparent culture in relation to financial management
- A clear audit trail is available for all aspects of financial administration
- Business plans, financial budgets and projections are subject to constant review and are discussed between Dorothy Botha and IMMENSITY HEALTHCARE LIMITED
- Satisfaction surveys, comments and feedback from Service Users suggest a positive experience in relation to all aspects of their finances being managed

Choice Policy and Procedure

1.Purpose

To establish a framework of good practice for implementing core standards and promoting a culture within IMMENSITY HEALTHCARE LIMITED that empowers Service Users choice, independence, and control in line with legislation, rights, and guidance.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
CARING	How does the service care people to express their views and be actively involved in making decisions about their care, care, and treatment as far as possible?
EFFECTIVE	How does the service make sure that staff have the skills, knowledge, and experience to deliver effective care and care?
EFFECTIVE	Is consent to care and treatment always sought in line with legislation and guidance?
RESPONSIVE	How do people receive personalised care that is responsive to their needs?
SAFE	How do systems, processes and practices keep people safe and safeguarded from abuse?
WELL-LED	Is there a clear vision and credible strategy to deliver high quality care and care, and promote a positive culture that

is person-centred, open, inclusive, and empowering, which achieves good outcomes for people?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Care Act 2014
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice

2. Scope

The following roles may be affected by this policy:

- All staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners

3. Objectives

To raise awareness and understanding of legal obligations in ensuring that control, choice, and empowerment are promoted by staff.

To provide a set of practical standards that will enable staff to work within an expected culture that is offering choice at every opportunity.

4. Policy

IMMENSITY HEALTHCARE LIMITED actively seeks to enable Service Users to exercise as much choice as possible in their lives.

Staff will ensure that Service Users are supported to make their own decisions as far as they are able.

Service Users who lack the capacity to make some choices may require a best interest decision in line with the Mental Capacity Act 2005 (see the Mental Capacity Act 2005 Policy and Procedure).

Dorothy Botha will nurture a culture where enablement of choice is a routine, natural practice. If failings in enabling Service User choice do occur, these will be managed by providing staff care. However, if necessary, disciplinary action may be taken.

5. Procedure

The Key Principles of the Care Act 2014 that Underpin this Choice Policy
The Care Act 2014 sets out some 'Key Principles' on how staff must work with Service Users. IMMENSITY HEALTHCARE LIMITED staff will familiarise themselves with these principles and abide by them. These principles are:

- The Service User knows best
- The Service User's views, wishes, feelings and beliefs must always be considered
- The main staff focus must be on the Service User's wellbeing, on reducing the need for Care, and on reducing the likelihood that there will be a need for care and care in the future
- Any decisions made must take into account all relevant circumstances
- Any decisions must be made with the Service User's involvement
- Wellbeing must be balanced with that of any involved family and friends
- Staff must always work to protect Service Users and other people from abuse and neglect
- Staff must ensure that any actions taken to care or protect Service Users affects their rights and freedom as little as possible

It is vital that Dorothy Botha promotes a culture that abides by these key principles and that all staff are supported to understand and develop skills in this area.

Assessment of Needs
An assessment will be completed for every new Service User to ensure that their needs can be met by IMMENSITY HEALTHCARE LIMITED. This will enable staff to:

- Develop an understanding of the Service User, their likes, dislikes, and normal routines
- Offer choice around abilities and wishes for the future
- Ascertain ability to choose and control future Care Planning and care
- Involve family members and others involved in Care (as agreed by the Service User)
- Be encouraged to think about what outcomes the Service User wants to achieve in their life

The Carer will take the time to understand and get to know the Service User, their previous life, and past achievements.
To help gather information, IMMENSITY HEALTHCARE LIMITED will promote the use of a personal history document to capture information. This will be completed by

the Service User (and/or by the Service User's representatives if there is an assessed lack of capacity to undertake the task, with the care they require).

Choice and Control in Daily Practice

- All members of staff at IMMENSITY HEALTHCARE LIMITED will treat people as individuals, ensuring that they remain in control of what happens to them. For those Service Users who are unable to be in control, staff will act in their best interests in accordance with the Mental Capacity Act 2005
- Service Users will be empowered by ensuring that they have access to jargon-free information about services, when they want or need it, and staff will care Service Users to locate this information
- Staff will ensure that Service Users are fully involved in any decision that affects their Care, including personal decisions (such as what to eat, what to wear and what time to go to bed), and wider decisions about the service where possible
- Staff will value the time spent supporting people with decision making as much as the time spent doing other tasks
- At every opportunity, people will be encouraged to participate as fully as they can at all levels of the service, including the day-to-day running of the service
- Where Service Users choose not to partake in suggestions from staff, this will be respectfully accepted, and staff will seek to identify and revisit the Service User's wishes
- Service Users have the right to live their lives to the full as long as that does not stop others from doing the same
- Where Service Users have capacity, they have the right to take risks, even if those risks appear to be unwise

Financial Control

- It is important that the Service User has the care they need to cope with the administrative and management aspects of their finances
- Staff can refer to the Service User's Finances Policy and Procedure for further information and guidance

Community Links

- Where possible, and at every opportunity, IMMENSITY HEALTHCARE LIMITED will encourage and care people to participate in the wider community
- IMMENSITY HEALTHCARE LIMITED will promote a culture that is involved in community activities and is able to offer services and care from groups in the local community

Advocacy

People who are unable to make choices or decisions about their care due to mental impairment are protected by the Mental Capacity Act.

Local Advocacy services must be accessed when there is a need for a Service User to receive impartial care for:

- Protection from abuse
- Combatting discrimination
- Securing and exercising rights
- Being involved in decision making
- Being heard

Staff can refer to the Advocacy Policy and Procedure at IMMENSITY HEALTHCARE LIMITED for further guidance and information.
IMMENSITY HEALTHCARE LIMITED will work to ensure that local advocacy services are available to access and will raise general awareness of their services.

Breaches in Choice of the Service User
IMMENSITY HEALTHCARE LIMITED will treat any allegations of Service Users not being provided with choice and control with the utmost seriousness and, where required, safeguarding and regulatory bodies will be informed in accordance with legislation. Staff found to be purposefully failing to enable choice will be managed through the disciplinary process at IMMENSITY HEALTHCARE LIMITED.

Training
IMMENSITY HEALTHCARE LIMITED will ensure that staff have the necessary skills to include:

- Working with people with cognitive or communication difficulties in decision making
- Person-centred Care Planning and outcome-based care delivery
- Promotion of choice, independence, and control versus risk management
- A working knowledge of the underpinning rationale, legislation, and content of this policy

All new Care staff will be expected to complete the Skills for Care 'Care Certificate Standards 5 - Work in a Person Centred Way' or show evidence of completion.

6. Definitions

Choice

- The right or ability to make choices at every opportunity. It is about putting people first to ensure that they maintain control of their care and any treatment that is received

Advocate

- Health and social services staff have a duty of care to the people they work with, which means they cannot care you in doing things they think will be bad. An advocate is an independent person who will listen to Service Users and will represent their wishes without judgement or giving a personal opinion

Assessment

- The assessment is a comprehensive needs assessment that is completed before Care is agreed. The assessment ensures that the Care needs of the Service User can be met. This allows for a person-centred approach to the planning and delivery of Care

Accessible Information

- The Accessible Information Standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with care, so that they can communicate effectively with services. Since 1st August 2016 onwards, all organisations that provide NHS care and/or publicly funded adult social care are legally required to follow the Accessible Information Standard

Professionals – key facts

Professionals providing this service should be aware of the following:

- Where there is a risk to health or safety, it is important to think of ways that the Service User can be supported to maintain their independence, rather than preventing them from doing the things they want or doing things for them
- Central to the Care Act 2014 is the principle of wellbeing. At the heart of the principle of wellbeing is control by the individual over day to day life, including over care and care and the way it is provided
- Choice and control is fundamental to help people achieve the outcomes that matter to them in their lives

People affected by service – key facts

People affected by this service should be aware of the following:

- You have the legal right to make choices and have control within IMMENSITY HEALTHCARE LIMITED. Staff will care you where you may need help to do this
- Staff will care you to be as independent as possible and ensure that you have access to community life as you wish
- Where you are unable to make choices, decisions will be made in accordance with the law and will always be in your best interest. Advocates will also be used, where necessary, to ensure that all choices made on your behalf are the right ones that you would want
- Staff supporting you will make efforts to get to know you and your wishes and your views and choices about care to enable them to ensure these are met
- You will be supported by staff who are trained to promote choice, control and independence and you must not expect to be treated in any other way

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Care Quality Commission - Equality and Human Rights:
https://www.cqc.org.uk/sites/default/files/20181010_equally_outstanding_ehr_resource_nov18.pdf

Age UK offers a range of resources promoting independence and choice for older people: http://www.ageuk.org.uk

Social Care Institute for Excellence (SCIE) offers a range of resources, training, and information for promotion of all aspects of social care, including dignity and choice in all environments: https://www.scie.org.uk/

Outstanding Service

To be ' outstanding ' in this policy area you could provide evidence that: Staff have successfully integrated many aspects of community life within IMMENSITY HEALTHCARE LIMITED such as hosting care groups, art therapy etc.

- All Service Users have a personal history completed and staff are able to use this in practice to care them
- Service Users are used in staff recruitment, attend staff training sessions and care staff in certain areas at IMMENSITY HEALTHCARE LIMITED
- Service User records evidence their input in care reviews, risk assessments and any other plans of care to show that choice is maintained

Restraint Policy and Procedure

Purpose

To provide staff with clear guidance (using a legal framework and guiding principles) that relates to duty of care and restraint.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
EFFECTIVE	How does the service make sure that staff have the skills, knowledge, and experience to deliver effective care and care?
EFFECTIVE	Is consent to care and treatment always sought in line with legislation and guidance?
SAFE	How do systems, processes and practices keep people safe and safeguarded from abuse?
WELL-LED	Is there a clear vision and credible strategy to deliver high quality care and care, and promote a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Care Act 2014
- Equality Act 2010
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice
- Mental Health Act 2007
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

Scope

The following roles may be affected by this policy:

- Registered Manager
- Other management
- Nurse
- Care staff
- Activities

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners

3. Objectives

Any restrictive practice in use within IMMENSITY HEALTHCARE LIMITED is carried out within a clearly defined legal framework, is proportionate to the level of risk, is the least restrictive and only ever for the minimum duration.

4. Policy

All staff will understand the actions/interventions that are defined as restraint or restrictive practice.

The policy will follow the five principles of the Mental Capacity Act 2005 and any decision made to consider the use of restraint will only be made under legal best interest with relevant parties who can represent the views and wishes of the individual Service User as well as any other healthcare professionals involved in their Care.

Care Plans will focus on avoiding or reducing the need for restraint by ensuring that there is a detailed personal history and an up-to-date risk assessment in place for individual Service Users.

Care Plans will contain details of techniques and strategies, such as diversion, prevention, or consideration of allowing the Service User to have their preference used before any type of restraint is considered as an option.

Before any staff use restraint, other than short-term restriction of the person's freedom of movement, or in an unforeseen emergency, they will receive training and be competent. Knowledge and practice will be reviewed on an annual basis.

5. Procedure

Before Using Restrictive Practices or Restraint

Staff will be familiar with the definition of restraint and the types of restraint. They will also be clear that, in accordance with the Mental Capacity Act, when considering using any form of restraint with a Service User who lacks capacity, the following two conditions **must** both be met:

- The Carer taking action must reasonably believe that restraining is necessary to prevent harm to the person who lacks capacity, **and**
- The amount and type of restraint used and the amount of time it lasts must be a proportionate response to the likelihood and seriousness of harm

The following must be assessed:

- The Service User's behaviour

The Service User's underlying condition and treatment

The Service User's mental capacity in relation to making decisions about their behaviour which is leading staff to consider using restraint. This is to include completion of the Mental Capacity Assessment records

- The communication needs of the Service User
- The impact of the use of the type of restraint on the Service User

It is unlawful to restrain a Service User in a way that deprives them of their liberty unless the procedures set out in the Mental Capacity Act (MCA) 2005 Policy and Procedure and the Deprivation of Liberty Safeguards (DoLS) Policy and Procedure at IMMENSITY HEALTHCARE LIMITED are followed.

Assessing staff will ensure that they have considered all other options to ensure the Service User's safety and wellbeing, and this is the last resort. Staff can refer to the Restraint Flow Chart included in the Forms section of this policy which provides a guide to decision making.

When a decision has been made, a risk assessment will be completed, and a Care Plan produced. A separate risk assessment for the use of bed rails can be found in the Use of Bed Rails Policy and Procedure.
Staff must refer to the Behaviour that Challenges Policy and Procedure to understand how to care and assess Service Users with behaviours that may challenge.

Capacity and Consent

Staff must ensure that they assess the Service User's mental capacity, as consent for the use of any type or method of restraint must be gained from

Service Users, unless they lack the mental capacity to make the decision. To summarise:

- If a Service User has capacity, does not consent and there is no risk of harm to other people, then restraint is not acceptable and could result as civil or criminal assault
- If a Service User lacks capacity, staff at IMMENSITY HEALTHCARE LIMITED must follow the MCA guidance to assess and record decisions that are being made on a Service User's behalf

Incidents of Restrictive Practice or Restraint

In line with NICE recommendations, staff in community settings must not use manual restraint. In situations of medium risk, staff must consider using de-escalation (refer to the Behaviour that Challenges Policy and Procedure) or where trained to do so in high risk areas, the breakaway technique.

In situations of high risk, staff must remove themselves from the situation and, if there is immediate risk to life, contact the Police.

Where a non-planned and documented form of restraint has been used, the following information must be documented:

Why restraint took place

What happened, when and who was involved?

- How long the restraint lasted
- What form did the restraint take?
- Was there any impact on the wellbeing of the Service User, were vital signs taken (as recommended)?
- Have relevant people been informed?

It is imperative that after the event, staff will evaluate and reflect on the incident as a means of learning and reviewing how to care the Service User in a positive way.

Notifications

Due notifications will be made to the CQC in accordance with its notification expectations. Local County Council safeguarding teams will also be duly notified where any concerns are raised regarding the inappropriate use of restraint that affects Service User safety and wellbeing.

Dorothy Botha will monitor and maintain a register of restraint used in IMMENSITY HEALTHCARE LIMITED. This register will be used to review practice and allow for the opportunity to reduce and eliminate the need.

Dorothy Botha will oversee and ensure that any Service User having any form of restraint or restrictive practice in place has the necessary procedures followed as detailed within this policy.

During the Coronavirus Pandemic

Difficulties may arise when Service Users are self-isolating. Some Service Users (due to cognitive impairment or difficulty in understanding the importance of this action) may walk into other Service User's rooms or they may not maintain social distancing.

Staff at IMMENSITY HEALTHCARE LIMITED may consider limiting the area available to Service Users to ensure limiting direct contact and keeping all Service Users safe. Considerations must be given to alternatives during this period. Whilst this is a restrictive action, the outcome of keeping people safe is a reasonable intervention.

6. Definitions

Restrictive Practice

Restrictive practices are defined as: “Making someone do something they don’t want to do or stopping someone doing something they want to do.” (Skills for Care & Skills for Health, 2014, p. 9)

Restricting practice risks a breach of the following human rights:

- The right to freedom from torture, inhuman and degrading treatment
- The right to liberty and security
- The right to respect for private and family life, home, and correspondence

Examples of restrictive practice include:

- Use of blanket rules (routine locking of doors, observation levels, use of seclusion, restraining an aggressive Service User, sedation with medication)

Restrictive Interventions

This is a specific set of interventions. They are deliberate acts (that could be seen to restrict a Service User's movement, liberty, or freedom to act independently) placed on a person to:

- Take immediate control of a dangerous situation (where there is the risk of harm to the person or others if no action is taken) and
- End or significantly reduce the danger to the person or others

Examples could include:

- Physical interventions and restraint (including mechanical restraint)
- Seclusion
- Rapid tranquilisation
- Personal and other searches
- Enhanced supervision
- Withholding of information or equipment
- Blanket restrictions

Coronavirus

- Novel coronavirus is a new strain of coronavirus first identified in Wuhan City, China. The virus was named severe acute respiratory coronavirus 2 (SARS-CoV-2). The disease it causes is called COVID-19

Pandemic

- A pandemic is the worldwide spread of a new disease. COVID-19 was characterised as a pandemic on 11th March 2020

Professionals – key facts

Professionals providing this service should be aware of the following:

- The prevention of the use of any form of restraint is the main objective of Care
- The Care Plan must detail specific behaviour, de-escalation techniques, alternative approaches to reduce the need for restraint, and clearly state that restraint must only be used as a 'last resort'
- The use of any restraint must be accurately recorded and shared with the management of IMMENSITY HEALTHCARE LIMITED and, if ongoing, be subject to regular review
- When restraint is used, this must be used for the shortest time possible and with the minimum possible restriction by staff with the relevant training
- The capacity of the Service User must be considered, and action must be taken in line with the five principles of the MCA

People affected by service – key facts

People affected by this service should be aware of the following:

- You have the right to live your life with freedom, choice, and control
- Where a Service User presents with a behaviour that may challenge and places a risk to themselves or others, IMMENSITY HEALTHCARE LIMITED will ensure that it works within the law to care that individual safely and effectively whilst considering their rights at all times
- Care Plans are used to enable IMMENSITY HEALTHCARE LIMITED to capture your preferences and wishes and provide staff with clear guidance about how they provide you with Care. These Care Plans include your views and wishes that relate to areas that could have the potential to restrict your freedom or choice

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

RCN "Let's talk about restraint" Rights, Risks and Responsibility:
http://restraintreductionnetwork.org/wphttp://restraintreductionnetwork.org/wp-content/uploads/2016/11/Lets-talk-about-restraint.pdfcontent/uploads/2016/11/Lets-talk-about-restraint.pdf

Restraint Reduction Network:

https://restraintreductionnetwork.org/

Outstanding Service

To be 'outstanding ' in this policy area you could provide evidence that:

- There are no recent incidents of restraint at IMMENSITY HEALTHCARE LIMITED despite the fact that Service Users have a history of presenting behaviours that have resulted in restraint in the past
- IMMENSITY HEALTHCARE LIMITED can demonstrate that it is open and transparent in the area of restraint, learning from individuals and their relatives or friends about how it can be avoided
- Care documentation is very clear and shows innovative and creative ways in which behaviour is managed, without the need for restraint
- Service Users and their representatives are extremely satisfied with the way that care and care is provided by IMMENSITY HEALTHCARE LIMITED
- All relevant staff are fully aware of the issues surrounding restraint and understand the implications of restraint for themselves and the Service User
- Stakeholders are extremely satisfied with the service. The way in which IMMENSITY HEALTHCARE LIMITED manages behaviours that might lead to restraint is seen as 'best practice'
- Other services have learnt from the way in which IMMENSITY HEALTHCARE LIMITED manages behaviour that might lead to restraint, without the use of restraint

Continuity of Care Policy and Procedure

1.Purpose

The purpose of this policy is to ensure that IMMENSITY HEALTHCARE LIMITED recognises the importance of continuity of care for all Service Users.

To care IMMENSITY HEALTHCARE LIMITED in meeting the following Key Lines of Enquiry:

Key Question	Key Lines of Enquiry
CARING	How does the service ensure that people are treated with kindness, respect, and compassion, and that they are given emotional care when needed?
EFFECTIVE	Are people's needs and choices assessed, and care, treatment and care delivered in line with current legislation, standards, and evidence- based guidance to achieve effective outcomes?
SAFE	How are risks to people assessed and their safety monitored and managed, so they are supported to stay safe and their freedom is respected?
SAFE	How does the service make sure that there are sufficient numbers of suitable staff to care people to stay safe and meet their needs?
WELL-LED	Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed?

To meet the legal requirements of the regulated activities that IMMENSITY HEALTHCARE LIMITED is registered to provide:

- The Care Act 2014
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice

2. Scope

The following roles may be affected by this policy:

- Registered Manager
- Care staff

The following Service Users may be affected by this policy:

- Service Users

The following stakeholders may be affected by this policy:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- NHS

3. Objectives

For Service Users to receive a seamless service that meets their needs and is of a consistently high standard.

For staff to have a good understanding of the systems and processes in place for effective continuity of care and to have an awareness that the lack of continuity of care can be a safeguarding and human rights issue.

4. Policy

Providing continuity of care to all Service Users will be viewed as central to providing a high- quality service at IMMENSITY HEALTHCARE LIMITED.

IMMENSITY HEALTHCARE LIMITED understands that “Continuity of Care” means that the Service User must have the minimum number of changes of Carers in order to minimise disruption to their routines and ensure consistency and quality of care. A key worker must also be allocated, where possible, for each Service User.

Each Service User will be offered staff who are matched to them in order to meet their needs, expectations and wishes. IMMENSITY HEALTHCARE LIMITED will do this by following NICE guidelines ensuring that:

- The Service User is supported to develop a professional relationship with the Carer and IMMENSITY HEALTHCARE LIMITED so that IMMENSITY HEALTHCARE LIMITED is familiar with how that Service User likes their Care to be given, and can readily identify and respond to risks and concerns
- The Service User is introduced to new Carers before the Care starts
- There are sufficient numbers of staff to build a team of Carers around the Service User
- The Service User is informed in advance if Carers are changed and provided with an explanation as to why

- Service Users are involved in negotiations regarding any changes to their Care, for example, when visits will be made
- The major changes that can make people feel unsafe are recognised,

Carers are able to deliver Care in a way that respects the Service User's cultural, religious and communication needs and reflects all of the 'protected characteristics' in the Equality Act 2010

IMMENSITY HEALTHCARE LIMITED will maintain a clear register of Carers who have the relevant skills and knowledge and who have been matched to the Service User to meet their needs. This register will be held in line with Data Protection requirements.

Where Service Users are assessed as lacking mental capacity, IMMENSITY HEALTHCARE LIMITED will ensure that the staff coordinating the Care prioritise the need to ensure consistency of Care and that additional measures are in place to ensure that Carers adhere to the agreed Care Plan scheduled visits.

IMMENSITY HEALTHCARE LIMITED will comply with any contractual requirements in terms of the numbers of Carers required where this is applicable.

The Care Act ensures that people receive continuity of care when they move from one place to another. IMMENSITY HEALTHCARE LIMITED will ensure that partnership working is effective. For Service Users living in their own homes, IMMENSITY HEALTHCARE LIMITED will ensure that there are robust communication mechanisms if Service Users are admitted to hospital or respite or if they move between care providers.

IMMENSITY HEALTHCARE LIMITED recognises that, where there are issues with continuity of care, it may indicate that there are recruitment pipeline issues. Dorothy Botha will ensure that, where staff coordinating the Care are struggling to allocate regular Carers to a particular Service User, the root cause of why this is occurring will be investigated and action will be taken to rectify the issue as quickly as possible.

5. Procedure

IMMENSITY HEALTHCARE LIMITED will plan for a reasonable number of Carers per Service User, depending on the complexity of the Service User's care needs and the number of visits required. This will be reviewed to ensure that IMMENSITY HEALTHCARE LIMITED can safely meet the Service User's needs and promote continuity of care.

- All Service Users will be allocated key workers. Their role is to care the Service User, ensuring that robust communication is in place between the Service User and IMMENSITY HEALTHCARE LIMITED and supporting communication between other healthcare professionals. The key worker role is designed to enable the Service User to have familiarity with key staff and yet still allow for

the operational management of meeting the needs of the Service User with different Carers.

- IMMENSITY HEALTHCARE LIMITED recognises that having a key worker may be challenging but recognises the importance of having continuity of care for Service Users being allocated the same regular Carer as far as possible.

Keyworker System

Dorothy Botha or a delegated other will match the requirements of the Service User with the most suitable Carers.

IMMENSITY HEALTHCARE LIMITED will communicate this information to the Service User and any family members, informing them prior to the Carer's arrival of the name of the Carers and the time and dates of their visit. Dorothy Botha will not make unnecessary changes to the identified key workers, and they will only be changed for legitimate reasons, such as:

- Sickness, annual leave, training, or the key worker leaving IMMENSITY HEALTHCARE LIMITED
- The needs of the Service User have changed, and the key worker does not have the necessary skills to provide the service
- The key worker is unavailable for specific times or additional hours
- The Service User requests a change of key worker
- There are professional boundaries issues
- Safeguarding concerns arise

Carer Allocation

The Carer will be matched to the Service User following an assessment of the Service User's needs. The Carer will have the skills, experience, and training to meet the needs and expectations of the Service User as outlined in the Care Plan.

The Service User has a right to request or change a Carer and this decision must be respected and accepted. Service Users must be asked if they would like a Carer of the same gender.

The Carers assigned to the Service User must have an understanding of the Service User's particular needs and abilities.

Carer Management

Dorothy Botha is responsible for ensuring that there is a sufficient pool of Carers who are able to engage in a positive relationship with the Service User. Dorothy Botha must ensure that all Carers are suitably trained and fully competent to carry out the duties required. They may decide that a Carer for a Service User must change if:

- The Service User complains that the relationship is not working
- The Carer leaves IMMENSITY HEALTHCARE LIMITED

- The Carer is unable to establish a positive relationship with the Service User
- Dorothy Botha believes that the relationship is not in the best interests of the Service User or the Carer
- The Service User's needs change and it is apparent that the Carer does not have the skills, knowledge, or experience to care the Service User
- Professional boundaries are breached and there is a risk of a safeguarding incident arising, putting the Service User at risk
- Carers are having to travel far to visit Service Users and this is impractical, unsustainable, and leading to late or missed calls

Systems of Communication

Successful continuity of care is based on IMMENSITY HEALTHCARE LIMITED having effective communication channels. IMMENSITY HEALTHCARE LIMITED will have local systems in place to promote effective communication between Carers in order to maintain the current understanding of Service Users' needs.

Dorothy Botha will ensure that all relevant staff are aware of these communication channels. Systems will be subject to ongoing review to ensure that they remain fit for purpose and are effective. Systems identified include, but are not limited to:

- Handover procedure between the Branch and the Carer caring for the Service User
- Care Plan and Service User daily visit records
- Communications with other healthcare professionals e.g. pharmacists, GP
- IMMENSITY HEALTHCARE LIMITED will have a system in place to ensure that any changes in the Carer are communicated to the Service User before the visit is due to take place
- IMMENSITY HEALTHCARE LIMITED will have a system in place to ensure that the Service User knows who will be visiting them each week and at what time. This may be in the form of a weekly rota
- Where the Carer is unable to attend at short notice, the Service User must be contacted to advise them that a replacement will be sent and at what time they will arrive
- Carers will all carry their identification badges and show them to the Service User when they arrive
- Dorothy Botha will conduct regular audits on consistency of Care to ensure that Service Users are not having too many changes of Carers

Transferring Between Providers

Care Assessment

Before commencing a care service, a full assessment must be undertaken to identify as much information as possible to aid continuity of care. Where care needs are complex, staff will gather information from any other professionals currently supporting the Service User. Consent will be gained, as necessary, from the Service User for the sharing of information.

Where a Service User lacks the capacity to consent to the sharing of information, the Mental Capacity Act will be followed, and decisions made in the Service User's best interest. Staff will refer to the Mental Capacity Act 2005 Policy and Procedure at IMMENSITY HEALTHCARE LIMITED.

Transfer of Care

In the event of a Service User transferring to another care provider, IMMENSITY HEALTHCARE LIMITED will ensure that the provider has information available to them to continue to deliver care safely. This will consist of:

- Details of Care Plans and risk assessments
- Details of medication care
- Infection control status
- Any other concerns

Links with Other Healthcare Professionals

- All new referrals to healthcare professionals will be recorded within the Service User's Care Plan once IMMENSITY HEALTHCARE LIMITED is made aware
- Ongoing visits will be recorded within the Care Plans and communicated to the relevant Carers, with contact details clearly documented
- Systems will be in place to easily identify communications taking place between staff and regular visiting professionals such as GPs or district nurses
- Copies of email requests will be held as an audit trail to effective communication until it is deemed safe to destroy them by confidential means

Late or Missed Visits

IMMENSITY HEALTHCARE LIMITED must ensure that staff understand the Late and Missed Visits Policy and Procedure at IMMENSITY HEALTHCARE LIMITED and as a minimum:

- The Carer must avoid missing visits. They will be aware that missing visits can have serious implications for the Service User's health and wellbeing

- IMMENSITY HEALTHCARE LIMITED will closely monitor for risks associated with missed or late visits and take prompt remedial action, recognising that Service Users living alone or those who lack capacity might be particularly vulnerable if visits are missed or late

Ensure plans are in place for missed visits. These plans could include:

- Making arrangements for a family member, carer, or neighbour to visit
- Giving the Carer contact details for the Service User
- Setting out clearly in the Service User's risk assessment what must happen if a visit is missed
- Put contingency plans into action when visits are missed or late
- Ensure monitoring of missed and late visits are embedded in the quality assurance system of IMMENSITY HEALTHCARE LIMITED and discuss at contract monitoring meetings
- Ensure that the Carer contacts IMMENSITY HEALTHCARE LIMITED if they will be late or unable to visit, so that their manager can inform the Service User

Record Keeping

- Staff must ensure that Service Users' records are contemporaneous, person-centred, and kept up to date, whilst ensuring, where possible, that the Service User is involved in their own care planning and decision making
- Records will be stored in line with the Data Protection Act
- Staff must document any changes to a Service User and contact IMMENSITY HEALTHCARE LIMITED immediately to ensure good communication and ensure that any action required can be undertaken
- Staff can refer to the care planning and record-keeping policies at IMMENSITY HEALTHCARE LIMITED for further information

Training

- All staff responsible for the care of Service Users will be aware of the communication systems in use at IMMENSITY HEALTHCARE LIMITED
- This will include record keeping of both Service Users' records and the communication channels at IMMENSITY HEALTHCARE LIMITED
- Carers will be taught to use the communication tools used at IMMENSITY HEALTHCARE LIMITED to aid effective communication with other professionals

- Staff meetings, supervisions and appraisals will be used to inform staff of communication systems as well as in daily practice

Recruitment

IMMENSITY HEALTHCARE LIMITED will consider values-based recruitment to ensure that Carer values align with the values and ethos of IMMENSITY HEALTHCARE LIMITED.

The recruitment pipeline must be regularly reviewed to ensure there are sufficient pools of staff to meet the needs of the Service Users. Consideration must be given to any cultural or language requirements to ensure that staff can communicate effectively with Service Users, whilst eliminating any barriers to high- quality care being given.

Audit and Evaluation

- Service User records will be subject to audit in accordance with local governance arrangements. Findings will be discussed with individual Carers and themes shared at staff meetings. Audits will be used to drive continuing review of practice and quality assurance
- Dorothy Botha will seek feedback from Service Users, their families and visiting professionals about communications in the home as a means of identifying if changes need to be made
- All accidents/incidents, complaints and suggestions will be reviewed as part of governance activity and any themes around communication and continuity of care will be investigated and reflected upon. Events will be used as an opportunity to learn and introduce measures to reduce the risk of reoccurrence

6. Definitions

Continuity of Care

- Continuity of Care means ensuring that the same regular Carers are allocated to a Service User. Service Users will ideally have a pool of Carers whom they are familiar with in order to ensure 'continuity of care'

Keyworker

- A key worker's role is to understand a Service User's particular needs and coordinate and organise the service to meet those needs. With regard to continuity of care, they help to facilitate colleagues with knowledge and care to meet the needs of the Service User in their absence. A key worker may be a senior care worker, team leader or a Carer who visits frequently and has a good relationship with the Service User. It does not have to denote the level of seniority or pay scale

Values Based Recruitment

- Values based recruitment (VBR) is an approach to help attract and select employees whose personal values and behaviours align with the Organisation's values

Professionals – key facts

Professionals providing this service should be aware of the following:

- Continuity of care and coordination of care is essential for safe, effective, and high-quality care
- To ensure that care is continuous (and optimal), all staff involved must have complete, up-to-date, and accurate information about Care that has been delivered on each visit
- Successful key working involves good communication with the Service Users, their families, colleagues and visiting healthcare professionals, as well as maintaining and reviewing current Care Plans which reflect the needs and wishes of the Service User
- Communication is the key to ensuring robust continuity of care, not only with colleagues but with the Service Users, their families and visiting professionals

People affected by the service – key facts

People affected by this service should be aware of the following:

- IMMENSITY HEALTHCARE LIMITED will ensure that you are allocated regular Carers who can meet your needs and expectations
- IMMENSITY HEALTHCARE LIMITED will communicate any changes in Carers before your visit is due
- Where there is a change at short notice due to sickness or unplanned absence or a delay in your regular Carer arriving, IMMENSITY HEALTHCARE LIMITED will aim to offer you a replacement Carer that is known to you, as far as possible
- If Service Users feel that the care is not of a consistently high standard, they will discuss this with Dorothy Botha

Reading/Reference

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

SCIE - Personalisation for residential care homes: https://www.scie.org.uk/personalisation/practice/residential-care-homes

NICE: https://www.nice.org.uk/guidance/qs182/chapter/Quality-statement-3-Continuity-ofhttps://www.nice.org.uk/guidance/qs182/chapter/Quality-statement-3-Continuity-of-care-and-supportcare-and-care
My home life: http://myhomelife.org.uk/
A Better Home Life: http://www.cpa.org.uk/bhl/bhl05.html

Key working in Social Care: A Structured Approach to Provision - Author: MALLINSON Ian Publisher: Whiting and Birch Publication year: 1995 Pagination: 224p. bibliog. Place of publication: London

This book provides a review of the keyworker systems and offers a new analytical framework, using real-life examples, of current practice.

Outstanding Service

To be ' outstanding ' in this policy area you could provide evidence that:

- IMMENSITY HEALTHCARE LIMITED has an awareness of best practice documents in relation to continuity of care
- IMMENSITY HEALTHCARE LIMITED has a robust recruitment strategy which enables the matching of Carers to Service Users and sufficient pools of suitably skilled and qualified Carers
- IMMENSITY HEALTHCARE LIMITED has sufficient numbers of staff coordinating the Care in IMMENSITY HEALTHCARE LIMITED with the knowledge and skills to respond to the challenges of managing a Care rota effectively
- Care Plans and risk assessments are clear, current, and meet the needs of the Service Users
- Service Users know who their Careers are and when they are due to visit
- Thematic audits are completed to review compliance with this policy and procedures. Where actions are identified, these are discussed with staff, changes made and embedded in practice

PROFESSIONAL BOUNDARIES

Policy Statement

This organisation believes that staff need to observe professional boundaries in their relationships with service users and their relatives, friends, visitors and representatives, and that behaviour outside those boundaries should be regarded as abusive and a reason for disciplinary action. We recognise that it is often difficult to draw precise lines defining appropriate behaviour, so we encourage staff to be transparent in their dealings with service users and others, and to discuss with managers any ambiguities which arise. The starting

point is that the needs of service users should be at the centre of our care practice; any relationship that might jeopardise that objective should be questioned.

The Policy

The aim of this policy is to lay down the principles and values underlying our approach to professional boundaries in relationships with service users and their relatives, friends, visitors, and representatives.

The Parties Involved:

Staff

This policy applies to all staff of the organisation, including temporary staff and volunteers, not merely those who have regular contact with a service user in a care-giving capacity.

Service Users

The term 'service user' is used in this policy to include current service users, past service users and anyone whose contact with the organisation is concerned with either their being currently, or having previously been, a user or potential user of services.

People Associated with Service Users

This policy includes relationships with people directly associated with service users in a personal capacity, i.e. their relatives, friends, visitors, and representatives.

Professional Boundaries

Professional relationships must be distinguished from personal relationships. Although we believe that staff can, quite properly, gain satisfaction from developing and sustaining relationships with service users, the key consideration should always be the needs of the service user, as opposed to the personal or mutual satisfactions that characterise personal relationships. Staff must therefore on occasions refrain from allowing a relationship to develop to the extent that they would find personally satisfying or to include a dimension that they would find personally satisfying in order to ensure that the needs of the service user remain paramount. Any member of staff who feels that a relationship is developing that might be judged as inappropriate should discuss the situation with their manager. The action to be taken may include varying the staff member's duties in order to limit contact with that person; discussing the situation frankly with the person in order to re-establish appropriate boundaries; or, in extreme circumstances, controlling an individual's contacts with the organisation.

Professional Codes of Practice

All staff should be familiar with and comply with the code of conduct skills for care, copies of which are supplied to all staff. Nursing and other professional staff should, in addition, comply with the standards of conduct and practice set by their own regulatory bodies. Breaches of any of these codes by staff will be reported, and the organisation will cooperate with any action taken by a regulatory body.

Action Outside the Work Situation

Although we do not, in general, seek to regulate the private behaviour of staff, we recognise that occasionally an individual's behaviour outside of work may call into question their suitability to work in social care services. It is the responsibility of all staff therefore to behave, both at work or otherwise, in ways that uphold their own credibility and the organisation's reputation.

Related Policies

Code of Conduct for Workers

Monitoring and Accountability

Recruitment and Selection

Social Media and Networking

Training Statement

All staff will be encouraged to read this policy and related policies as part of their induction process and will be provided with training on professional boundaries.

This policy will be reviewed by the Director/Registered Manager or an appointed member of staff.

Immensity HealthCare

RELIGION AND BELIEF

Policy Statement

Each individual has a very different value and belief system, which is almost invariably viewed in the light of a religion. IMMENSITY HEALTHCARE LIMITED believes in the individual's right to their own values, faith, religion and beliefs, no matter what form these may take. This is a particularly sensitive area for the individual and the worker. It is core to the delivery of the service that every service user must be free to choose and to follow wherever their value, faith, religion, or beliefs leads them.

This document outlines the policy of IMMENSITY HEALTHCARE LIMITED in relation to the religion and beliefs of service users. IMMENSITY HEALTHCARE LIMITED believes that every service user has the right to freedom of religion and belief, and that this includes opportunities and facilities to practice their religion. We will do everything possible to ensure that the way in which our service is delivered does nothing to compromise this right.

The Policy

- We will ensure that the information about the service that we provide to prospective service users informs them of their rights in respect of their religion and beliefs and of what help we can provide to further that right. We recognise that for some ethnic minorities, religion is inexorably linked with culture—and sometimes with language—and will therefore make every effort to ensure that this information is accessible, comprehensible, and expressed sympathetically for all who need to understand it.
- In the course of making or considering the assessment of the needs of a prospective service user, we will seek and record information regarding their

religious needs so that we can give assurances that our workers can respond appropriately when they provide care.

• If we honestly feel that we would not be able to provide appropriate care because of a prospective service user's religious needs, we will advise the person and, if necessary, their care manager, relatives and representative, accordingly.

• In each service user's plan of care, we will, in collaboration with the service user, outline what involvement, if any, IMMENSITY HEALTHCARE LIMITED expects to have in relation to the service user's religious needs.

• We will brief all relevant staff on each service user's religious needs, ensuring that they understand what IMMENSITY HEALTHCARE LIMITED has undertaken, and that they take all necessary steps to fulfil these elements of the Care Plan.

• We recognise that contacts with places of worship and fellow believers are for many service users an important element of their continued integration with the community; if asked to do so, we will take steps to make such continued contacts possible and meaningful.

• The staff who visit a service user's home will respect the necessary space and privacy that the service user needs to engage in personal religious practice such as prayer, worship, meditation, or the reading of scriptures, when they wish to.

• If staff are involved with food preparation they will make every possible effort to observe any dietary requirements that are based on a service user's religious beliefs, and to take account of any special requirement of the service user in relation to festivals and anniversaries related to their faith;

• We acknowledge that at the time of dying and death religious belief and practice may assume a significance. If our workers are involved at such times, we will try to observe any requests for special treatment, ritual, or family and community contacts that are requested, for service users close to death and afterwards, and for their friends and relatives.

• We recognise that for some people the expression of personal and spiritual values takes forms outside a structure of religious belief and practice. In such instances we will do everything possible to facilitate that expression in ways appropriate to the individual, in order to facilitate their maximum personal fulfilment.

• We know that some people with severe disabilities, communication difficulties, mental disorders or terminal illnesses retain a sense of the importance of their personal faith — we will respect and try to respond to this need in any appropriate way.

• We will take vigorous steps to ensure that no service user is the subject of discrimination because of their religious beliefs or practices. A lack of respect for religious needs on the part of any member of staff will be the subject of disciplinary action.

• We will seek in the makeup of the staff group to reflect the diversity of faiths and cultures, both among service users and in the local community, as a way of

helping our service users to feel accepted and respected. Applicants for posts in IMMENSITY HEALTHCARE LIMITED will not be discriminated against on the grounds of religion, and we will attempt to accommodate staff whose personal religious beliefs require them to be away from work at certain times or on specified days.

- We see our efforts to promote appropriate responses to service users' religious needs as a part of our wider efforts to provide each service user with as fulfilling and participative a lifestyle as is possible according to their personal preferences, needs and choices.

Related Policies

Equal Opportunities

Equality and Diversity

Training Statement

All staff members will be given a copy of this policy during induction. If any new service user presents religious needs with which staffs are unfamiliar, we will take steps to ensure that the relevant staff receive appropriate briefing and training in order to provide good care in this regard.

This policy will be reviewed by the Director/Registered Manager or any appointed member of staff

Immensity HealthCare

Dress Code Policy

Policy Statement

This policy sets out the requirements of all categories of staff within this organisation in relation to the wearing of uniforms and standards of dress.

The definition of staff is all workers, staff, and management. This includes volunteers, agency workers and self-employed contractors who must be appropriately dressed at all times
Students undertaking placements are expected to adhere to the policies agreed between this organisation and the relevant education provider.

The Policy

- To clarify the requirements on all staff with regard to standards of dress. Health and safety demands are such that clarity needs to be in place to ensure that our duty of care to staff and residents is understood and respected.
- The standard of dress must care infection prevention and control requirements of the Care Quality Commission (CQC) Regulations.
- The standards of dress are such that it enhances the safety and wellbeing of staff and presents a professional image to our multi agency partners, service users and local community.

This organisation whilst implementing a dress code nonetheless recognises the diversity of cultures, religions, and disabilities of its employees where necessary and will take a sensitive approach when this affects dress or uniform requirements.

The Dress Code Policy is designed to guide managers and employees on the application of standards of dress and appearance. The policy sets out acceptable and unacceptable standards of dress. Staff should use common sense in adhering to the principles underpinning the policy.

All employees are supplied with this organisation identity/security badge which must be worn and be visible during working hours, or when representing this organisation in an official capacity.

All staff are required to comply with the principles of the Dress Code Policy. Failure to adhere to this organisation standards of dress may constitute misconduct and may result in formal disciplinary proceedings.

Employees are responsible for following the standards of uniform/dress laid down in this policy and should understand how this policy relates to their working environment, health and safety, infection control, particular role, and duties, and contact with others during their employment.

Managers are responsible for ensuring that the Dress Code Policy is adhered to at all times by the workers they manage, and must be mindful of the requirements regarding contractors, agency staff and volunteers etc.

Uniform

All staff delivering personal care to service users must:

• Wear the uniform if provided by this organisation in a clean and presentable fashion and have access to a spare uniform in case one becomes soiled during the shift

• Use appropriate PPE, e.g. gloves, aprons, bacterial gel, masks.

All staff delivering care to residents must:

• Wear the uniform provided by this organisation in a clean and presentable fashion and have access to a spare uniform in case one becomes soiled during the shift.
This includes chefs, ancillary staff and agency workers employed by this organisation

Volunteers, contractors, or self-employed must:

○Be appropriately dressed for the task for which they are engaged to do. Common sense should be the guiding principle, but at all times the following applies:

- All tops must cover upper torso completely, vests are not acceptable.
- Shorts if worn must be knee length, tailored for both men and women.
- Shoes must be appropriate for the task, and open toe sandals should not be worn.
- Denim of any type is not acceptable. Chino cottons, linens and similar fabrics are appropriate.
- All appropriate clothing must be safe and acceptable in the workplace, e.g. mini, maxi type clothing is not acceptable.
- Clothing should be clean, serviceable, and fit for the task.

Managers and office staff

○The dress code for this group of staff is not definitive but must adhere to the following standards:

Immensity HealthCare

- Skirts, trousers, and tops must be serviceable and of the right length and coverage as detailed above **[TO DETAIL SPECIFIC ORGANISATIONAL REQUIREMENTS].**
- No staff in this category are allowed to wear shorts either in the office or whilst visiting prospective residents.
- Shoes should be carefully selected, e.g. open-toe sandals or similar footwear should not be worn for days when spot checking is happening

General

- The uniforms issued must not be altered or added to by the individual. If changes are required, it must be discussed with your line manager.

- All staff delivering personal care or care should change out of their uniform before going off duty. If this is not possible then staff are permitted to travel between homes and work in their uniform as long as it is fully covered by a coat. This should be discussed with the appropriate manager to seek agreement for the staff member.

- The wearing of this organisation uniform in public places such as a supermarket is not acceptable.

- The ID badge should be removed on leaving the premises.

- Maternity uniforms will be provided for staff where necessary.

- This organisation does not provide a laundry service, but staff must ensure that uniforms are laundered in accordance with guidance provided on the uniform. In the event of any confusion, staff should contact the ICP lead in the organisation for guidance on appropriate washing temperatures.

- All staff leaving this organisation who have been provided with a uniform must return their uniform to their line manager. [COMPLTE AND SIGN HAND OVER FORM IN FULL].

- Nail varnish, false nails and false eyelashes are not permitted. Nails should be sufficiently short to ensure safe service user contact and good hand hygiene.

- Visible tattoos are to be discouraged and where present should not be offensive to others. Where they are deemed to be offensive, they should be appropriately covered.

- Jewellery must be kept to a minimum for staff delivering care or care; a plain/wedding ring and one pair of discreet stud earrings are permitted. Wrist watches must not be worn when providing care or care. [these must be kept in staff lockable drawers**]**

Facial/body piercing can be a Health and Safety issue and must be removed before coming on duty.
If staff have piercings for religious or cultural reasons, these must be covered and must not present a quantifiable health and safety risk, or an infection prevention and control risk.

- Hair should be neat and tidy at all times, and long hair should be tied back for a care and care environment. Headscarves worn for religious purposes are permitted in most areas, however they are excluded in any clinical areas where they could present a health and safety and cross-infection hazard. Beards should be short and neatly trimmed, unless this reflects the individual's religion, in which case it should be tidy. Beards should be covered with a hood when undertaking aseptic procedures.

Related Policies

Code of Conduct for Worker
Protective Clothing and Equipment

This policy will be reviewed annually by the Director/Registered Manager or an appointed member of staff.

The Environmental Management Policy and Procedure

IMMENSITY HEALTHCARE LIMITED believes that environmental issues such as pollution, waste management, energy and water conservation, transport issues and the recycling of resources, should be important items on the agenda of the modern employer. IMMENSITY HEALTHCARE LIMITED believes that it has a duty to act in a responsible, sustainable, and ethical way and to work towards contributing to nationally agreed environmental objectives. The organisation understands that the aim of such sustainable development is to maintain the quality of the environment, both now and for generations to come. This includes:

- The conservation of energy, wood, paper, horticulture, and water
- The reduction of pollution, especially pollution by ozone depleting substances, vehicle emissions, asbestos, hazardous substances, batteries, solvents and paints, biodegradables, and litter
- The procurement of supplies and resources from renewable or environmentally friendly sources
- Responsible waste management.

The Policy

In order to improve its environmental management and to ensure that all of its activities and developments are as sustainable as possible IMMENSITY HEALTHCARE LIMITED will:

- Adopt and implement an environmental and sustainable development policy which will be agreed with all members of staff
- Ensure that all organisations with whom the organisation contracts with and purchases from will be asked if they too have similar policies, and the organisation will gradually move its systems of procurement to more environmentally friendly sources
- Conduct a regular audit of its processes and wastes to identify areas where it can commit to long-term waste reduction targets

- Reduce waste levels by reusing whatever can be reused
- Maintain a recycling system in collaboration with local authorities, other local businesses, and waste disposal organisations, particularly in regard to materials such as paper, tins, glass, plastic, cardboard, and other packaging
- Recycle printer ink cartridges and consumables wherever possible
- Dispose of all electrical equipment according to the Directive on Waste Electrical and Electronic Equipment (the WEEE Directive), including such things as computer equipment, fridges, and freezers
- Use energy efficient and low-power equipment wherever possible
- Ensure that all buildings, pipes, and lofts are properly insulated and maintained in such a way as to be as energy efficient as possible
- Conserve power and water by encouraging staff to: turn off non-essential lights and power sources when not in use to keep windows and doors closed when using heating
- Report and repair malfunctioning thermostats on radiators and dripping taps immediately
- Only use as much water as is necessary
- Reduce the harmful effects of car exhausts and congestion by maintaining vehicles in good condition and by cutting back on unnecessary journeys wherever possible
- Ensure that potentially dangerous substances are used as little as possible and are disposed of properly
- Ensure that staff are trained to comply with these policies.

All new staff should be encouraged to read the policy on environmental management as part of their induction process.

Related Policies

Good Governance

Premises and Resources

Premises and Management

This policy will be reviewed annually by the Director/Registered Manager or an appointed member of staff.

BUSINESS CONTINUITY - CONTINGENCY AND EMERGENCY PLANNING

Policy Statement

IMMENSITY HEALTHCARE LIMITED is aware of its responsibilities in respect to delivery of its commissioned services. This policy sets out the contingency arrangements which can be implemented when an unplanned critical or emergency event or *force majeure* situation arises.

The Policy

This policy aims to enable service delivery to take place even in unplanned situations. Working with multi-agency partners, IMMENSITY HEALTHCARE LIMITED would seek to ensure the following measures were in place to minimise any disruption to planned services and to co-operate in any way possible to assist in any *force majeure* situation which may arise.

Procedures

The following sets out how we at IMMENSITY HEALTHCARE LIMITED would seek to minimise the impact of unplanned situations.

Utilities Failure

From time to time a utilities failure occurs that impacts upon the service user's home. We would be able to access camping gas and water to enable the service users' to be supported for in terms of personal care, warmth, and nutritional needs. We would keep in contact with the family (where applicable), the utility agency (to ensure we could respond appropriately) and, where a large section of the community was affected, the relevant statutory agencies (e.g. police, social services) and the emergency civil planning department of the council where necessary.

Adverse Weather/Winter Planning

In situations such as these it would mean rescheduling of visits. Families and social services would be contacted, informed and an explanation given of why the changes had been implemented.

To minimise travel, Carers would be scheduled to start as close to home as possible and some could be scheduled to walk where flooding or snow and ice were present. The employment of locally based staff would assist in this situation.

The involvement of family and neighbours would be considered for service users whose needs could be met by this assistance. All service users would be contacted and given information and advice pertinent to the service user, e.g. the times of visits and who would be making them. A statutory notification must be sent to CQC if the adverse weather was likely to last more than 24 hours.

Force majeure Situations

Where a *force majeure* was in place, e.g. major flooding, fuel shortages, road closures, winter conditions, we would take advice and co-operate in any way possible with the Civil Emergency Team and the statutory agencies involved.

This could include:

- Emergency centres being utilised
- Evacuation procedures
- Staff secondment to assist
- Assisting other providers with visits

We have good local knowledge and our relationship with our multi-agency partners would enable us to deliver the service except where advice was given to the contrary. We are aware of winter plans from our local authority and the NHS and would seek appropriate advice immediately in order to manage the situation effectively.

A statutory notification must be sent to CQC if any of the above situations were likely to last more than 24 hours.

Related Policies

Co-operating with Other Providers

Continuity of Care and Carers

Duty of Candour, Notifications

Training Statement

Managers will be kept up to date with relevant local plans, as appropriate, at least annually, in order to respond in an effective and efficient manner.

This policy will be reviewed by the Director/Registered Manager or an appointed member of staff.

Immensity HealthCare

DIGNITY AND RESPECT

Policy Statement

IMMENSITY HEALTHCARE LIMITED is committed to the delivery of a quality service that maintains the privacy, dignity, and respect of service users at all times. It is often complacency that threatens to undermine these principles, and staff in particular need to be mindful that they are in the client's home by invitation only. Therefore, the role of your relationship should be that of a respectful guest. As some tasks that are undertaken by the staff are of a very personal and sensitive nature, it is imperative that boundaries are in place to protect the privacy, dignity, and respect of the service user in these circumstances.

The Policy

This document outlines the policy of IMMENSITY HEALTHCARE LIMITED in relation to providing services that respect the privacy and dignity of our service users. IMMENSITY HEALTHCARE LIMITED aims at all times to respect the right of its service users to privacy and dignity, recognising that these values can easily be threatened by the processes covering the provision of care in a service user's home.

Assessing Care Needs

We recognise that making an assessment of the needs of a service user can be very intrusive.
We are obliged to ask questions about the most intimate areas of a service user's life, and it is helpful at the outset of our contact to observe a service user in their own private environment where care will be delivered. We will do everything possible to limit the embarrassment a service user can experience at this stage and to provide all possible reassurances about the nature of our operations generally, but particularly the confidentiality of our information systems and the sensitivity of our workforce.

Some potential service users will wish a care staff or representative to be present during the assessment interviews, but we do not assume that they will necessarily be privy to all of the information the service user has to provide about themselves. If it seems helpful, we will arrange for some parts of the interview to take place with the service user alone.

During the period when we are providing services, we occasionally need to review the situation to ensure both that our services remain appropriate, and to make adjustments to respond to changing care needs. If the staff who undertake a review are not already known to the service user then additional sensitivity will be required since, from the service user's point of view, they are confronting a stranger. Staff too may pick up some information about a service user's changing care needs during the process of service delivery. The staff should check with the service user whether they have any objection to details being recorded, though they may have to explain that information does indeed have to be shared with colleagues in the company.

Handling Information about Service Users within this organisation

When information about service users must be passed from a staff to a manager, or between staff, it will always be treated with respect. Arrangements for processing, handling, and storing data are based on the need to retain as much privacy for our service users as possible.

Behaviour of Staff

Staff are instructed never to forget that they are guests in the service user's home, and to be careful that familiarity does not blunt the respect they should continue to show to their host.

We know that some service users have forms of address for themselves to which they are particularly attached, or, conversely, forms they find particularly offensive. Our staff will make note of and observe such individual preferences; staff will always address a service user by their chosen name and know that the acceptable usage may vary between people or over time.

We know that many people receiving domiciliary care find it important that they are helped at a time of day which is convenient for them and we will try to respect service users' preferences in these areas.

Staff who carry out tasks which relate to service users' personal appearance will provide tactful help to ensure that their service users look as they would wish.

We recognise that the carrying out of some tasks, particularly those relating to intimate bodily functions, places service users' privacy and dignity at severe risk. We will ensure that our staff demonstrate great tact in such situations.

Some situations may carry additional sensitivity if the staff member is of a different sex from the service user; if asked, we will attempt to provide service users with same-sex staff.

Staff have been instructed to be alert to the potential invasion of privacy involved in handling service users' personal possessions or documents and will always respect boundaries a service user chooses to set.

If a service user is particularly sensitive about their privacy or dignity in any other area of their lifestyle, staff will tread with particular care.

Service Users from Minority Groups

We are aware that issues of privacy and dignity may be especially relevant when the service user is from a minority group. We seek to make our staff alert to points of cultural difference they may encounter in their work, and we encourage our service users to draw to our attention any particular matter of which we should be aware. For example, in certain cultures the men are the head of the household and women cannot be spoken directly to or asked any questions

of. During the assessment process care must be taken to ensure that these cultural differences are taken into account. Please refer to the Equality and Diversity Policy, PART TWO.

Related Policies
Adult Safeguarding

Assessment of Need and Eligibility

Care and Care Planning

Continuity of Care or Carers

Consent

GDPR 2018 and Data Protection Act

Duty of Candour

Equality and Diversity

Good Governance

Handling of Money – Service Users

Ill Treatment and wilful Neglect

Information Security

Meetings Needs

Service Users Records (HOME)

Service User's Home Security

Social Inclusion

Training Statement

This is a fundamental core of delivering services and will be re-enforced during day to day practice.

Immensity HealthCare

MOBILE PHONE USE

Policy Statement

This organisation recognises its responsibility to ensure that all reasonable precautions are taken to provide and maintain working conditions which are safe, healthy, and compliant with all statutory requirements and codes of practice.

The Policy

Immensity HealthCare

The organisation maintains the following policies regarding mobile phone use.

- The organisation will provide mobile telephones for business use wherever this is deemed appropriate and approved by the manager of the organisation.
- A mobile phone will be available for security reasons for any staff visiting a service user's home. All staff using such a phone should sign for it and be instructed in its use prior to taking it out. All phones are pre-set with the organisation's number in case of emergencies. All staff issued with a phone should follow the guidance below regarding the use of mobile phones:

- Staff issued with mobile phones by the organisation for use in the course of their work must ensure the security of the phone at all times.

- The use of any mobile phone should be kept to a minimum, and landlines used where possible.
- As with the use of other telephones in the organisation, personal (non-business) calls should be avoided and, where this is not possible, should be very short.
- Under no circumstances should mobile phones be used while driving or whilst operating machinery.
- Members of staff should be aware of the possible health risks associated with the excessive use of mobile telephones. A Department of Health leaflet issues guidance to mobile phone users regarding health and safety in relation to their use (Department of Health leaflet "Mobile Phones and Health"). These should be observed at all times by staff. They include:

    - Only making short essential calls on mobile phones
    - Choosing phones with relatively low specific absorption ratings (SAR) - Keeping the mobile phone away from the body when it is in standby mode - Only using the phone when the reception is strong.

- All users of one of the organisation's mobile phone will be issued with an itemized bill each month. If any personal calls are made the member of staff concerned must annotate the call listing to show which calls were private and submit details of these calls. They will then be charged for them.
- Loss or theft of a mobile phone must be reported to the manager.

It is organisational policy that business calls from landlines to mobile phones be kept to a minimum, as calls to mobile phones cost more than four times as much as calls to a landline.

Mobile Phones and Driving

In line with legislation, drivers of any vehicle must not use a hand-held mobile phone or similar hand-held device whilst in control of the vehicle. This includes periods when the vehicle is stationary with the engine on. In addition, the Department for Transport has advised that a driver may risk prosecution for failing to have proper control of a vehicle if the driver uses a hands-free phone when driving. If there is an incident, the use of any phone or similar device might justify charges of careless or dangerous driving. For this reason, the organisation's policy for the use of mobile phones is that: neither hand-held nor hands-free models are to be used by the driver whilst any vehicle is under their control and on care organisation business; and that care organisation business is not to be conducted on a hands-free or hand-held phone by a driver of any vehicle at other times. It is therefore recommended that all phones should be switched off whilst driving, with voicemail activated to allow messages to be left if necessary.

Related Policies

Code of Conduct for Workers

CONSENT POLICY

Introduction

This policy is designed to set out the principles and procedures underpinning IMMENSITY HEALTHCARE LIMITED 's approach to gaining Consent of our service users.

Aims

The aim of IMMENSITY HEALTHCARE LIMITED 's Consent Policy is to ensure that.

- Service Users and staff members are aware of our Consent procedure
- IMMENSITY HEALTHCARE LIMITED are fully compliant with *CQC Regulation Outcome 2: Consent to care and treatment*

Policy Statement

Clients have a fundamental and ethical right to determine what happens to them. Valid consent is therefore central to providing care. It is important to gain a client's consent before carrying out any care.

A client who is able to give consent can also withhold it and this should be respected. Consent can never be implied; it can either be given or withheld. A person may indicate their consent by their actions and thereby allow care to be carried out. Staff must not rely on a client's apparent compliance with a procedure as a form of consent.

IMMENSITY HEALTHCARE LIMITED discusses client's needs with them and will gain the client's consent to care being given. As part of the initial assessment IMMENSITY HEALTHCARE LIMITED will determine whether the client has made any advanced decisions or had a legally appointed representative. Under the Mental Capacity Act (2005), a clients' capacity' to consent means the client must be assessed to be able to make a specific decision at the time it needs to be made.

The assessment of a client's capacity, and in the event that a client is assessed to lack capacity, the decision to give treatment in the best interest of the client will be made by the Director/Registered Manager or another, following advice from other professionals.

If a client is assessed to lack capacity to make a specific decision, then consideration needs to be given to any 'advanced decisions' which may be available. In the absence of any 'advanced decisions' a legally appointed representative or a person given power of attorney should be consulted. In the absence of either advanced decisions or a court appointed person, the care staff under the guidance of the Registered Manager, will consider whether it is in the client's best interests for treatment to be given.

In order for staff to be protected from any liability which could arise from this, they must.

- Have taken reasonable steps to assess capacity
- Reasonably believe the person lacks capacity and
- Reasonably believed that the decision is in the client's best interests
- In our actions, IMMENSITY HEALTHCARE LIMITED will follow the 5 guiding principles of the Mental Capacity Act 2005:
- Assume our clients have capacity
- Care clients to make decisions
- Accept clients have a right to make eccentric or unwise decisions
- Act in client's best interests
- Assist clients to choose a least restrictive option

12 KEY POINTS ON CONSENT

When do social care professionals need consent from Service Users?

- Before you provide care to the Service Users you must obtain their consent.

- Adults are always assumed to be competent unless demonstrated otherwise.

If you have doubts about their competence, the question to ask is: "can this Service User understand and weigh up the information needed to make this decision?" Unexpected decisions do not prove the person is incompetent but may indicate a need for further information or explanation.

Service Users may be competent to make some health care decisions, even if they are not competent to make others.

- Giving and obtaining consent is usually a process, not a one-off event. Service Users can change their minds and withdraw consent at any time. If there is any doubt, you should always check that the Service User still consents to your caring for or treating them.

Can children give consent for themselves?

- Before examining, treating, or caring for a child, you must also seek consent. Young people aged 16 and 17 are presumed to have the competence to give

consent for themselves. Younger children who understand fully what is involved in the proposed procedure can also give consent (although their parents should ideally be involved). In other cases, someone with parental responsibility must give consent on the child's behalf, unless they cannot be reached in an emergency. If a competent child consents to treatment, a parent cannot over-ride that consent. Legally, a parent can consent if a competent child refuses, but it is likely that taking such a serious step will be rare.

Who is the right person to seek consent from a Service User?

- It is always best for the person actually treating the Service User to seek consent. However, you may seek consent on behalf of colleagues if you are capable of performing the procedure in question, or if you have been specially trained to seek consent for that procedure.

What information should be provided when seeking consent?

- Service Users need sufficient information before they can decide whether to give their consent: for example, information about the benefits and risks of the proposed treatment or course of action, and appropriate alternatives. If a Service User is not offered as much information as they reasonably need to reach an informed decision, and in a form, they can understand, their consent may not be valid.

Is the Service User's consent voluntary?

- Consent must be given voluntarily: not under any form of duress or undue influence from health professionals, family, or friends.

Does it matter how the Service User gives consent?

- No: consent can be written, oral or non-verbal. A signature on a consent form does not itself prove the consent is valid – the point of the form is to record the Service User's decision, and also increasingly the discussions that have taken place. Your Trust or organisation may have a policy setting out when you need to obtain written consent.

Refusals of treatment

- Competent adult Service Users have the right to refuse treatment, even where it would clearly benefit them. A competent pregnant woman may refuse any treatment, even if this would be detrimental to the foetus.

Mental Health Legislation

- Mental health legislation provides the possibility of treatment for a person's mental disorder or its complications without their consent. This legislation does not give power to treat unrelated physical illness without consent.

Adults who are not competent to give consent

11. No-one can give consent on behalf of an adult who is not deemed competent. However, you may still treat such a Service User if the treatment would be in their best interests. 'Best interests' go wider than best interests, to include factors such as the wishes and beliefs of the Service User when competent, their current wishes, their general well-being and their spiritual and religious welfare. People close to the Service User may be able to give you information on some of these matters. Where the Service User has never been competent, relatives, care staff and friends may be best placed to advise on the Service User's needs and preferences.

12. If people no longer have capacity but have clearly indicated in the past that they would wish to refuse such treatment in the circumstances in which they now find themselves, (an "advance refusal"), the refusal must be accepted.

Additional IMMENSITY HEALTHCARE LIMITED Policies and Documents which relate to our Consent Policy

Care Plan

Safeguarding Policy

Medication Policy

Immensity HealthCare

Disciplinary Policy

Introduction

This policy is intended to set out IMMENSITY HEALTHCARE LIMITED 's procedures in dealing with matters associated with disciplinary and grievances of employees.

Aim of the Policy

The aim of IMMENSITY HEALTHCARE LIMITED 's Disciplinary and Grievance Policy is to ensure that.

- Employees are dealt with fairly and appropriately in their employment
- Employees are aware of how to raise a grievance in an appropriate manner

Policy Statement

The Company Disciplinary Procedure will be used only when necessary and as a last resort. Where possible, informal and/or formal counselling or other good management practice will be used to resolve matters prior to any disciplinary action being taken. The procedure is intended to be positive rather than punitive but takes cognisance of the fact that sanctions may have to be applied in some circumstances.

An employee can discuss any part of this policy with their Union Representative or their Line Manager. They can help clarify an employee ‘s rights as well as give guidance and care where it may be needed. Every individual has the right to representation at any point during the disciplinary process.

Suspension

Suspension is not disciplinary action. The purpose of suspension is manifold and can be used when it is necessary to remove a member of staff from the workplace pending an investigation for example, to allow time for a 'cooling down period' for both parties, for their own or others protection, to prevent them influencing or being influenced by others or to prevent possible interference with evidence. Only the Director/Registered Manager in charge of that individual, at that time or their superior, have the authority to suspend an individual.

An employee suspended from duty will receive written confirmation within three days of:

- the reason for the suspension
- the date and time from which the suspension will operate.
- the timescale of the ongoing investigation.
- the right of appeal to the immediate manager of the suspending manager should the suspension last more than 7 days

Counselling

Counselling is an attempt to correct a situation and prevent it from getting worse without having to use the disciplinary procedure. Where improvement is required, the employee must be given clear guidelines as to:

- what is expected in terms of improving shortcomings in conduct or performance
- the time scales for improvement
- when this will be reviewed
- the employee must also be told, where appropriate, that failure to improve may result in formal disciplinary action.

A record of the counselling should be given to the employee and a copy retained in their personnel file. It is imperative that any counselling should be followed up and improvements

recognised and recorded. Once the counselling objectives have been met, any record of the counselling will be removed from the employees file.

If during counselling it becomes clear that the matter is more serious, then the discussion should be adjourned, and pursued under the formal disciplinary procedure.

Procedure for formal investigation

1. Formal investigations should be carried out by the most appropriate manager who is not directly involved with the incident being investigated. This manager may involve others to assist with the investigation process. All the relevant facts should be gathered promptly as soon as is practicable after the incident. Statements should be taken from witnesses at the earliest opportunity. Any physical evidence should be preserved and/or photographed if reasonable to do so.
2. A report should be prepared which outlines the facts of the case. This should be submitted to the appropriate Director/Registered Manager who will decide whether further action is required. Where appropriate, this report may be made available to the individual and their representative.

3. In most circumstances where misconduct or serious misconduct is suspected, it will be appropriate to set up an investigatory hearing. This would be chaired by the appropriate Senior Manager / Director, who would be accompanied by another manager. The investigating manager would be asked to present his/her findings in the presence of the employee who has been investigated. Witnesses should be called at this stage, and the employee (or their representative) allowed to question these witnesses. The employee has a right of representation at this hearing.

4. Following the full presentation of the facts, and the opportunity afforded to the employee to state his side of the case, the hearing should be adjourned, and everyone would leave the room except the Director/Registered Manager hearing the case, and the other manager. They would discuss the case and decide which of the following option was appropriate: take no further action against the employee
    - recommend counselling for the employee
    - proceed to a disciplinary hearing

5. All parties should be brought back and informed as to which option has been chosen. Should the decision be taken to proceed to a disciplinary hearing, then this may follow on immediately from the investigatory hearing if the following criteria have been met:
    - the employee has been informed by letter that the investigation may turn into a disciplinary hearing, and that he has the right of representation
    - he has been told in advance what the nature of the complaint is, and had time to consult with a representative

- all the facts have been produced at the investigatory hearing, and the manager / Director is in a position to decide on disciplinary action.
- the manager should inform the employee and their representative that the hearing would now become a formal disciplinary hearing and invite them to say anything further in relation to the case.

6. It may be appropriate at this point to adjourn proceedings, whilst necessary arrangements are made for a representative to attend the hearing at the request of the employee.

7. Should anyone who is subject to disciplinary action resign during the course of it, the action will cease unless there are extenuating circumstances which require its continuance. The subject of the discipline may also request that the disciplinary action continue.

Warnings

Examples of Minor Misconduct

Below are listed examples of misconduct which may warrant either a Verbal Warning or a First Written Warning. It is stressed however that this list is not exhaustive and that on all occasions a full and proper investigation must take place prior to the issue of a warning.

- Persistent lateness and poor timekeeping.
- Absence from work, including going absent during work, without valid reason, notification, or authorisation.
- Smoking within unauthorised areas.
- Failure to work in accordance with prescribed procedures.
- Unreasonable standards of dress or personal hygiene.
- Failure to observe Company regulations and procedures.
- Incidents where a lack of attention / focus has led to an incident

Verbal Warning

A Verbal Warning is appropriate when it is necessary for the manager in charge to take action against an employee for any minor failing or minor misconduct.

First Written Warning

A First Written Warning is appropriate when:

- a verbal warning has not been heeded and the misconduct is either repeated or performance has not improved as previously agreed.

- an offence is of a more serious nature for which a written warning is more appropriate.
- the recurrence or accumulation of an offence/offences, if left, will lead to more severe disciplinary action.

Examples of Gross – Misconduct

Listed below are examples of misconduct which may be considered to be Gross Misconduct and may warrant a Final Warning, Demotion or Dismissal. It is stressed however that this list is not exhaustive and that on all occasions a full and proper investigation must take place prior to the issuing of a Final Warning, Demotion or Dismissal.

- Theft, including unauthorised possession of Company property.
- Breaches of confidentiality, prejudicial to the interest of the Company, • Being unfit for duty because of the misuse/consumption of drugs or alcohol.
- Refusal to carry out a management instruction which is within the individual's capabilities and which would be seen to be in the interests of the Company.
- Breach of confidentiality / security procedures.
- Physical assault, breach of the peace or verbal abuse.
- False declaration of qualifications or professional registration.
- False declaration of any unspent criminal convictions • Failure to observe Company rules, regulations, or procedures.
- Wilful damage of property at work.
- Incompetence or failure to apply sound professional judgement. Bribing or attempting to bribe another individual, or personally taking or knowingly allowing another person to take a bribe.

Final Written Warning

A Final Written Warning is appropriate when:

- an employee's offence is of a serious nature falling just short of one justifying dismissal.
- an employee persists in the misconduct which previously warranted a lesser warning.

Downgrading or Transfer to another Post

This action is appropriate when:

- previous attempts, via the disciplinary procedure, to rectify a problem have failed and this is a final attempt to solve a problem without having to dismiss an employee.
- an employee is considered by the Manager of the department to be incompetent or otherwise unfit to fulfil the duties for which he is employed but where dismissal is not thought to be appropriate.

Dismissal

Dismissal is appropriate when

- an employee's behaviour is considered to be Gross Misconduct.
- an employee ‘s misconduct has persisted, exhausting all other lines of disciplinary procedure.

Time Scales for the expiry of Warnings

Warnings issued to employees shall be deemed to have expired after the following periods of time.

- Verbal Warnings: 6 months
- First Written Warnings: 12 months
- Final Written Warnings: 18 months (or as agreed and recorded at the hearing)

These time scales remain provided that during that period, no further warnings have been issued in respect of the employee's conduct.

Letter of Warning
All Warnings must contain the following information:

- The letter must be issued within 7 days of the date of the disciplinary hearing.
- The nature of the offence and where appropriate, that if further misconduct occurs, more severe disciplinary action will be taken.
- The period of time given to the employee for improvement.
- The employees right to appeal to the manager directly above that of the one issuing the warning.
- A copy of the warning and any supporting documentation must be attached to the individuals personnel file.

- The employee must also receive a copy of the warning which in the case of any written warning will be sent to their home address by recorded delivery if not handed to them in person.
- In the case of a final written warning, reference must be made to the fact that any further misconduct will lead to dismissal, and that the employee has the right of appeal, and to who they can make that appeal.

The letter confirming dismissal will contain the following information:

- The reason for dismissal and any administrative matter arising from the termination of their employment.
- The employees right of appeal and to whom they should make that appeal

Appeals

Every employee has the right to appeal against the outcome of a disciplinary hearing. The basis of an appeal should normally relate to one of the following areas:

- that the Company's' Procedure had not been followed correctly.
- that the resulting disciplinary action was inappropriate.
- that the need for disciplinary action was not warranted.
- that new information regarding disciplinary action has arisen

An appeal should be put in writing to Head Office. The letter of appeal may be constructed by the employee or their representative. The letter should contain the grounds for appeal and should be lodged within 10 days of receipt of the warning / dismissal letter.

An appeal will be arranged within 20 working days of receipt of the appeal letter.

Appeals against Verbal and First Warnings

In the case of verbal and first warnings, the appeal will be heard by the manager next in line to the one who issued the warning.

Appeals against Downgrading, Final Warnings and Dismissal

The hearing and determining of appeals against final warnings and dismissal will be heard by the Managing Director. They may also involve another Director/Registered Manager not previously involved with the case.

When dealing with an appeal against a Final Warning or Dismissal written statements of case may be submitted no later than 2 days prior to the date of Appeal Hearing. No

additional written evidence will be admitted by the Appeal Committee on the date of the Hearing.

Witnesses may be required by either party at an appeal hearing, dependent upon the circumstances and nature of the case. However, there is no specific obligation on either party to produce a witness. Either party must give 5 days prior notice that they intend to call specific persons involved or associated with the case under consideration.

It is the responsibility of the management representative and for the appellant to each arrange for the availability and attendance of any witness they wish to call.

WHISTLEBLOWING POLICY

Introduction

IMMENSITY HEALTHCARE LIMITED believes whistleblowing to be the informing of the management by staff, with the good of service users or the Company in mind, of any malpractice or of mistakes or of causes for concern to do with other staff. IMMENSITY HEALTHCARE LIMITED recognises that in many organisations in the past a culture of secrecy or intimidation has existed whereby staff were discouraged from informing on fellow staff.

Aim of the Policy

This policy is intended to set out the values, principles and policies underpinning the Company's approach to whistleblowing.

Policy Statement

All organisations face the risk of things going wrong or of unknowingly harbouring malpractice. IMMENSITY HEALTHCARE LIMITED believes it has a duty to identify such situations and to respond appropriately to remedy the situation. The Company believes that by encouraging a culture of openness within the organisation it can help prevent malpractice.

IMMENSITY HEALTHCARE LIMITED fully adheres to *Standard 14– Protection of the Person* of the *National Minimum Standards for Domiciliary Care.*

All staff at IMMENSITY HEALTHCARE LIMITED are encouraged to raise any genuine concerns about any malpractice, suspected crime, breach of legal obligations, miscarriage of justice, danger to health and safety or the environment, financial malpractice, fraud, corruption and breach of Company regulations or any cover-up of these, that they may come across, which affects the Company, its service users or other staff.

Staff may be worried that by reporting such issues, they will be opening themselves up to the risk of victimisation or may be risking their job security. This policy is designed to give staff who raise concerns about other staff opportunity and protection.

Staff should not hesitate to blow the whistle on suspected of actual malpractice.

All staff have statutory protection in line with the **Public Interest Disclosure Act 1998,** provided that concerns are raised in the right way and they are acting in good faith.

The fear of being mistaken should not prevent a member of staff from raising concerns, provided that they are acting in good faith and have a reasonably held suspicion.
All staff that have a reasonably held suspicion, who raise concerns in the right way and are acting in good faith will be protected from reprisal or victimisation and will not be risking their job security.

The types of disclosure that this policy is intended to cover include the following:

- A criminal offence
- A failure to comply with a legal obligation
- A miscarriage of justice
- Endangering the health and safety of any individual
- Damage to the environment
- Financial malpractice, including fraud, theft corruption and deliberate damage to property
- Clinical incompetence
- Concealment of information relating to any of the above
- Staff who fail to follow this procedure and knowingly withhold information of evidence on any of the above occurrences or areas may be subject to disciplinary action, or criminal proceedings in the event of a criminal investigation.

Procedure

If concerned about any form of malpractice or any of the areas listed above staff should:

Normally first raise the issue with the immediate line manager.

In cases where staff do not feel that they can tell their immediate line manager, for whatever reason, they may raise their concerns with.

Dorothy Botha, IMMENSITY HEALTHCARE LIMITED.

If these channels have been followed and staff still have concerns, or they feel the matter is so serious that they cannot discuss it with any of the above post holders, then staff should contact the local branch of the National Care Standards
Commission or the local Social Services Inspectorate .
Failure to follow the appropriate route for raising concerns may constitute a disciplinary offence.

Staff who are unsure whether to use this procedure of who want independent advice at any stage should contact their union's representative for advice.

Alternatively, or if they are not a member of a union, they may contact the independent charity Public Concern at Work on 020 7404 6609. Their lawyers can give confidential advice on how to raise a concern about a serious malpractice at work.

Any disclosure made to a lawyer, in the course of seeking advice on the procedure or the **Public Interest Disclosure Act 1998**, is protected under the Act.

Training

All new staff should be encouraged to read the policy on whistleblowing as part of their induction process. Whistleblowing should also be included in foundation training and in regular in-house training updates.

Immensity HealthCare

GDPR Policy

This policy is to ensure that we are in compliance with new data protection regime, the General Data Protection Regulation (“GDPR”), that came into force on 25 May 2018.

The IMMENSITY HEALTHCARE LIMITED(") respects an individual's right to data privacy and data protection in line with the General Data Protection Regulation (GDPR).
This Privacy Statement has been developed in order to advise you of how IMMENSITY HEALTHCARE LIMITED will collect, store, use, share, and protect (collectively known as 'process') the personal/special category information (collectively known as 'information') it comes into contact with. If you have a tenancy or other written agreement with us it may contain further information about our processing of your information.
By giving IMMENSITY HEALTHCARE LIMITED your information or by using our website or platforms you are confirming that you are accepting the practices outlined in this Privacy Statement. If you do not accept the outlined practices, please do not give us any information, or use our website/platforms/portals.
We reserve the right to make changes to this Privacy Statement at any time and we recommend that you regularly review this Privacy Statement to ensure that you are aware of any changes and how your information may be used.
For the purposes of the GDPR, IMMENSITY HEALTHCARE LIMITED is the Data Controller (i.e. the company who is responsible for and controls the processing of your personal information) of the information that you supply it with and on occasion this information may be shared with a third party who will act as a Data Processor to carry out a specified function on behalf of.

What does this Privacy Statement apply to?

This Privacy Statement applies to personal/ special category information (collectively known as 'information') that we collect from or about our staff, customers or visitors to our websites, platforms, or portals.
We also collect information from other sources, for instance, we may hire a third party organisation to collect information on our behalf to conduct tenancy surveys, and this would be done in order to provide us with additional information on our tenants in order to shape service delivery.

What information is being collected?

How you interact with us determines what information we collect from you.
We aim to limit the amount of information we process to that which is reasonably necessary to provide you with our services.
We will not combine information given for one purpose with other noncompatible purposes.
The types of information that we collect from you can be categorised as:

Personal Information

This is information that could be used to identify you as an individual and includes your:

- **Name (including previous names)**
- **Date of birth**
- **Marital status**
- **Nationality**
- **Residential status and National Insurance Number**

This type of information is what IMMENSITY HEALTHCARE LIMITED would have collected from you when you were accessing a service or applying for/entering into a contract with.

Information about other individuals

If you want to act on behalf of someone else, we need to have the consent of that person to do this. To be able to act as an 'Authorised Person' for someone else you have to consent to us processing your information for this purpose. This consent by either party can be amended or withdrawn at any time.
In acting as an Authorised Person, you confirm that you are acting on their behalf and have consent to discuss their information subject to any restrictions that they have imposed.

Monitoring

We may monitor and record communications with you (such as telephone conversations and emails) for the purposes of quality assurance, staff training, fraud prevention and dispute resolution.

What do we use your information for?

The following describes the various purposes for which IMMENSITY HEALTHCARE LIMITED might process your information and the different types of information that might be collected from you.
Please note that not all of the uses will be relevant to every staff member/customer/visitor.
We occasionally run competitions through our websites or third-party platforms such as Facebook or Twitter. Entry to these requires the use of your personal and contact information, if you are lucky enough to win, we will seek your consent before any of your information is shared.

Tenancy management

Service provision

Customer services

Customer/visitor engagement

Competitions and promotions

Communications

Direct Marketing

Website improvement and personalisation

Monitoring requirements

Protecting your personal information

We are committed to ensuring that your information is secure.
At all times IMMENSITY HEALTHCARE LIMITED will take both technical and organisational measures to protect the confidentiality and security of personal information, irrespective of the method of collection.

Refusing to give us personal information

There are occasions where you may not want to share with us your information or you may want to withdraw previously given consent to hold information. This is well within your Rights however it may impact upon the service we are able to provide you and we will have to record the refusal or withdrawal of consent.
Please note that there are some items of information that you cannot refuse or withdraw consent from if you wish to enter into or remain in a contract with.

Disclosing your personal information

We will never share information with any third party that intends to use it for direct marketing unless specific consent has been given by you for this purpose.
IMMENSITY HEALTHCARE LIMITED may share information gathered by one part of the Group with another part of the Group which it has control through direct and indirect ownership (collectively known as) as defined in section 1159 of the UK Companies Act 2006.

There are occasions where we will need to share your information with selected third parties, on these occasions IMMENSITY HEALTHCARE LIMITED will have a Data Sharing Agreement in place which ensures that the third party keeps information private, secure and processed only in the way specified by .
Information will only be shared with the following types of third parties:

Contactors

In order to provide a service to you it may be necessary for IMMENSITY HEALTHCARE LIMITED to appoint a contractor, an example of this would be carrying out your annual gas service when the contractor would need to know your name and address as well as your contact information in order to organize and carry out an appointment as well as correctly completing the Gas Safety Certificate.

Research companies

Local Authority departments

Councillors / MPs

Emergency Services

Solicitors / Insurance providers

Out of Hours

Court

Regulatory Authorities

Auditors

Legal and Business transfers

Internet Based Transfers

Given that the Internet is a global environment, using the internet to collect and process personal information necessarily involves the transmission of information on an international basis. Therefore, by browsing this web site and communicating electronically with us, you acknowledge and agree to our processing personal information in this way.

Accessing and amending your personal information

You have Rights under the General Data Protection Regulation regarding the information IMMENSITY HEALTHCARE LIMITED processes about you.
These Rights include:
Right to object

You have the right to ask us not to process your information for direct marketing purposes. We will ask you when we collect your personal information if we can use your information for such purposes or if we can disclose your information to any third party for such purposes. You can opt-out of receiving such marketing at any time without prejudice

Immensity HealthCare

Right to access

Right to rectification

Right to erasure/ right to be forgotten

Consent

Tracking technology

Cookies

We use cookies in order to gain an understanding of how you use our website and platforms. Cookies can contain your IP address, operating system, and browser address. By having cookies stored on your device it enables us to improve and personalise your experience, if you want to you can turn off cookies in your device's browser, however, this may impact upon your experience and require you to log back into certain areas on each visit.

Spamming

Spamming is where unsolicited e-mails are sent to you containing advertisements or marketing related materials without your consent.
IMMENSITY HEALTHCARE LIMITED will not send you spam emails and we will not share your email address with third parties for them to use in this way.
If for some reason you believe you have received spam e-mail from IMMENSITY HEALTHCARE LIMITED, please contact us at : 7 Needlepin Way, Buckingham, Bucks, United Kingdom, MK18 7RE

Email Address : info@immensityhealthcare.co.uk

Where we store your personal information

The information that we collect from you may be transferred to, and stored at, a destination outside the European Economic Area ("EEA"). It may also be processed by staff operating outside the EEA who work for us or for one of our suppliers. Such staff may be engaged in, among other things, the fulfilment of your order, the processing of your payment details and the provision of care services.

By submitting your personal information, you agree to this transfer, storing or processing. We will take all steps reasonably necessary to ensure that your information is treated securely and in accordance with this privacy policy.

All information you provide to us is stored on our secure servers. Any payment transactions will be encrypted.

Where we have given you (or where you have chosen) a password which enables you to access certain parts of our Site, you are responsible for keeping this password confidential. We ask you not to share a password with anyone.

How long do we keep your personal information?

We will only keep your information as long as is reasonably necessary and in line with our Data Retention Schedule. This does mean that your information may be retained for a period

of time after you have stopped using IMMENSITY HEALTHCARE LIMITED or the website/platforms.

Children

In accordance with the General Data Protection Regulation, IMMENSITY HEALTHCARE LIMITED will also seek consent from children in order to process their information as of their 13th birthday.

Links to third party sites

On occasion our website/platforms may have links to third party sites, visiting these sites is done so at your own risk and we do not control or have any responsibility or liability for the content or practices of any third-party site, application, or feature.
Please check the relevant third party's privacy policies before you submit any personal information to these websites.

Immensity HealthCare

Modern Slavery Act Statement

Immensity Healthcare(hereafter referred to as "the Company") is committed to the eradication of modern slavery and human trafficking in all its forms. This declaration, made pursuant to section 54 of the Modern Slavery Act 2015, outlines the actions taken by the Company during the financial year ending 31 March 2024 to prevent and address these abhorrent practices within our operations and supply chains.

1. Organizational Structure and Business Activities

Immensity Healthcare is care and support service provider based in England, with registered address: Office 5, Unit 4 - Clayfield House Tickhill Road, Balby, Doncaster, South Yorkshire, DN4 8QG. We provide of homecare and supported living services to vulnerable adults within the community. Our commitment to ethical and responsible business practices is an integral part of our corporate values.

2. Policies and Procedures

The Company maintains a comprehensive set of policies and procedures to ensure compliance with the Modern Slavery Act and promote ethical conduct throughout our organization. These policies include, but are not limited to:

- Anti-Slavery and Human Trafficking Policy
- Supplier Code of Conduct
- Whistleblowing Policy

3. Supply Chain Due Diligence

We recognise the importance of supply chain transparency and have implemented measures to assess and mitigate the risks of modern slavery within our supply chains. This includes:

- Identifying high-risk suppliers and conducting risk assessments
- Engaging with suppliers to communicate our expectations regarding ethical conduct
- Evaluating supplier compliance with our Supplier Code of Conduct

4. Training and Awareness

Immensity Healthcare is committed to raising awareness of modern slavery among our employees and suppliers. We provide training to relevant employees to ensure they understand the signs of modern slavery and know how to report concerns effectively.

5. Reporting Mechanisms

We have established clear and accessible reporting mechanisms for employees and stakeholders to report any concerns related to modern slavery. These mechanisms are outlined in our Whistleblowing Policy, and we encourage open and transparent communication.