

Summary Policies and Procedures for Domiciliary Care



Please find below a summary of our Policies and Procedures for Domiciliary Care. You can view and download the full set of policies and procedures from our website www.rdcare.co.uk/policies. You can also request specific or the full set of policies and procedures to be printed for you from the office.

Contents

1.	Access to Records — Service Users (England) Policy	3
1.	Accessible Information (England) Policy	3
2.	Advocacy (England) Policy	4
3.	Autonomy and Choice in Domiciliary Care (England) Policy	4
4.	Basic Life Support, Resuscitation and DNAR Policy	5
5.	Care and Support Plans (England) Policy	6
6.	CCTV in Service Users' Homes in Domiciliary Care Policy	7
7.	Commitment to and Upholding of Human Rights (England) Policy	8
8.	Concerns and Complaints (England) Policy	8
9.	Consent to Care and Treatment (England) Policy	9
10.	Continuity of Care or Support Workers in Domiciliary Care (England) Policy	10
11.	Control of Substances Hazardous to Health in Care (England) Policy	11
12.	Data Protection and Compliance with the General Data Protection Regulation (England) Policy	12
13.	Delays and Missed Visits: Contingency Planning and Arrangements Policy	13
14.	Dress Code and Wearing of Uniforms Policy	13
15.	Equality, Diversity and Inclusion (England) Policy	14
16.	Falls Prevention and Risk Assessment in Domiciliary Care Policy	15
17.	Food Safety and Hygiene Policy	15
18.	Gifts and Legacies Policy	17
19.	Harassment Policy	18
20.	Health and Safety Policy	18
21.	Human Rights and Deprivation of Liberty in Domiciliary Care (England) Policy	19
22.	Key Holding in Domiciliary Care (England) Policy	20
23.	Intimate Personal Care and Contact (England) Policy	21
24.	Involving Service Users in Their Care (England) Policy	21
25.	Medication Management in Domiciliary Care (England) Policy	22
26.	Nutrition in Domiciliary Care (England) Policy	22
27.	Pets in Service Users' Homes Policy	23
28.	Privacy and Dignity in Domiciliary Care (England) Policy	23
29.	Quality Assurance and Management (England) Policy	24
30.	Records Kept in Service Users' Homes in Domiciliary Care (England) Policy	25
31.	Respecting Service Users' Religion and Belief Policy	25
32.	Safeguarding Service Users from Abuse or Harm in Domiciliary Care (England) Overarching Policy	26
33.	Security of and Access to Service Users' Homes Policy	27
34.	Service Users Who Lack Mental Capacity to Take Decisions: Implementation of the Mental Capacity Act (England) Policy	27
35.	Sharing Information with Other Providers and Agencies in Domiciliary Care (England) Policy	28
36.	Working with Other Providers and Agencies in Domiciliary Care (England) Policy	28

1. Access to Records — Service Users (England) Policy

This policy sets out the values, principles and procedures underpinning this care provider's approach to enabling service users to have access to their records and other information held by the service about them, and when third parties can have authorised access to a service user's records.

Principles and Policies

Service users should have access to their own records in line with data protection requirements.

Any access to records must always be considered in terms of the care service's [confidentiality policy](#). This means that such information must not be made available to other people and anyone else mentioned in the records should have their identity protected. Data protection law does not give the user the right of access to information about other people.

The implication of the legislation is that records are shared with the individuals concerned as they are made. This allows for openness, agreement between worker and service user and the potential for greater accuracy. Only in rare circumstances should access be refused. The person seeking access to information should have the care service's policy carefully explained to them.

Any request from service users for access to their personal file must be discussed with the registered manager, who takes the decision as to what may or may not be shared.

1. Accessible Information (England) Policy

The document sets out the values, principles and policies underpinning this care service's approach to providing accessible information for services users, their relatives and carers. It should be used in relation to the [Service Users with Communication Difficulties Policy](#).

Policy Statement

This care provider recognises the importance of effective communication with service users, their relatives and carers, and the importance of providing information that enables them to receive appropriate person-centred care and support. It also recognises that people must receive safe care and are not put at risk of harm because of lack of or ineffective communication with their service provider.

The care service understands that communication and the provision of information is a fundamental part of treating people with dignity and respect and in providing good, compassionate care. Furthermore, the service recognises that effective communication can be affected by conditions such as dementia, stroke, hearing conditions, sight loss or cases where the service user lacks capacity to make decisions.

2. Advocacy (England) Policy

Policy Statement

This care service is based on person-centred values and principles, which emphasise that its users should express their views as clearly and candidly as they wish to get the kind and quality of service they expect. The service also recognises that some service users may not be able to communicate their feelings and views easily, so, we encourage and enable them to have access to advocates or an advocacy service, where this is appropriate, which will help them to express to us, their care service, their wishes and ideas about the services they need or any concerns and complaints.

The care service's approach to advocacy is consistent with all statutory requirements and guidance relating to the Health and Social Care Act (2008) (Regulated Activities) 2014, particularly concerning mental incapacity and deprivation of liberty and the safeguarding duties of local authorities under the under the Care Act 2014.

This policy aims to help service users to express their views to both the care service and to other bodies, and to feel that their views are understood and respected by using the help of an advocate or advocacy service, where this is considered appropriate and needed.

3. Autonomy and Choice in Domiciliary Care (England) Policy

Policy Statement

Every service user has the right to freedom and choice over how they wish to live their lives and to live with as much independence as is possible.

This policy describes this care service's approach to the autonomy and independence of its service users in line with its underpinning values and purpose and to comply with its registration conditions.

It is written in line with Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, particularly 9: Person-centred Care, 10: Dignity and Respect, and 11: Need for Consent.

The Care Service's Understanding of Autonomy and Choice

The care service understands autonomy to be the freedom to choose and the right to live an independent life. It understands autonomy, as it applies to people receiving care and support in their own homes to cover basic choices.

The care service also recognises its legal and moral duty to protect and care for service users, some of whom are vulnerable and may not always be capable of making choices that are in their best interests. It will, however, ensure that such service users are enabled to

exercise as much choice as possible, eg having access to people and services that help them to express and exercise whatever choices they can make.

The service will also ensure that where people are unable to choose because of lack of mental capacity it will ensure all decisions taken on their behalf are in line with their best interests under mental capacity / incapacity law.

4. Basic Life Support, Resuscitation and DNAR Policy

Policy Statement

This policy applies to all situations in which basic life support including resuscitation may be indicated or needed in the context of care service delivery. It describes the responsibilities of staff present at the time and the limits to those responsibilities. Its purpose is to identify the policy and procedures on the resuscitation of service users requiring emergency care following sudden collapse or illness. It can be referred to by all care providers.

The policy needs to be implemented in the contexts of the care of terminally ill people, their palliative care and symptom and pain control, and in cases where a service user suddenly collapses and similar medical emergencies.

It is based on the principle that everyone has the right to make choices and decisions about their treatment in the event of their needing to be resuscitated and these wishes should be respected if the situation arises. As far as possible, people's wishes should be ascertained and recorded on their care and support plan; taking into account that this process will require sensitive and careful handling.

The person's capacity to take decisions for him or herself will need to be taken into account, but once taken it needs to be respected as will any associated wish such as keeping the decision confidential from relatives and others. The care service may need to clarify its ethical and legal position in cases, for example, where there are doubts about a person's capacity.

The current coronavirus (COVID-19) pandemic has raised specific challenges for care home service users, their families and staff. Care home service users are particularly vulnerable to the infection and those who contract the infection can deteriorate very quickly. Service users are known to be vulnerable to the infection due to advanced frailty and complex multimorbidity and the prognosis for most is poor if they become hypoxic secondary to COVID-19.

Service users will be encouraged to lodge any Advance Treatment Directive, DNAR, or Living Will with their medical practitioner and, where applicable their care provider, (see below) if they do not wish to be resuscitated in a life-threatening or emergency situation involving cardiac arrest.

During the COVID -19 pandemic the importance of services users having an advanced care plan (ACP) in place or being able to review existing ACPs is of high importance. This incorporates discussion around how COVID-19 may cause service users to become critically unwell, and a clear decision about whether hospital admission would be considered.

Consequently, advance care plans may also result in the discussion and completion of Do Not Attempt Resuscitation (DNAR) or Resuscitation Council UK Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) forms.

During the COVID-19 pandemic, some service users will become critically ill and their lack of clinical progress will induce regular review of their likelihood of benefitting from CPR. Royal College of Nursing (RCN) guidance states it is likely during the pandemic, more Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) decisions will be made for those critically unwell from COVID-19, based on clear clinical grounds that CPR would not be successful.

All staff will receive guidance and learning opportunities to clarify their attitudes and feelings over such issues and to understand their respective roles and responsibilities in such situations.



5. Care and Support Plans (England) Policy

Policy Statement

This care service always develops an individual plan of care which describes what care and support is needed and how it will be delivered. It recognises the key role of well-documented care in the provision of high-quality care in line with the requirements of the Care Act 2014, and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care and support plan is drawn up with people's involvement after a thorough assessment of the prospective service user's needs, strengths, abilities and aspirations. It could be based on the following sources of information.

1. A summary of the care plan prepared under any previous health and care assessments.
2. An assessment made by the care service's own staff (including where the care and support is being obtained privately).
3. A plan produced under the (mental health) Care Programme Approach (if applicable).

In line with the relevant care regulations, the assessment covers all aspects of the prospective service user's health, personal and social care needs. The ensuing care and support plan sets out in detail the actions to be taken to meet the service user's care and support needs.

A care and support plan will follow all appropriate clinical guidelines produced by relevant professional bodies. It includes the person's care goals and how they will be achieved within agreed timescales and staff responsibilities.

Any service user who has learning disabilities will have access to health services in line with Health Action Planning policies and will have the opportunity for an annual health check in addition to any other healthcare and treatment needed. *(Include where applicable.)*

The service recognises its duty to provide safe care and, accordingly, assesses all risks that threaten individual safety and wellbeing. The service user is always central to the procedures for planning their care. The service user must, therefore, sign or otherwise signify active consent to their plan of care and to the attendant risk assessments.

6. CCTV in Service Users' Homes in Domiciliary Care Policy

Policy Statement

This policy is written to explain the response of this domiciliary care service to the use of closed-circuit television (CCTV) and similar devices such as webcams inside and/or outside the homes of its service users, which record the actions of its staff while working, including when entering and leaving the home.

It should be used with reference to the agency's policies on [Data Protection](#) and [Stress at Work](#).

The agency understands that visual images such as photographs and video recordings are defined as data and are covered in the same way as written records by data protection principles in organisations, where the GDPR and Data Protection Act 2018 applies. However, it also understands that private dwellings are not covered by the Data Protection Act, which means that the guidance produced by the Information Commissioner's Office on the use of CCTV does not extend to its use in private households.

The agency recognises that it is providing a social service, which in line with its registration responsibilities, has a duty to make sure on the one hand that its service users are kept safe from harm and on the other that its staff are not subject to undue harassment or pressures that could impair the quality of their care and their welfare.

The agency is therefore aware that service users, relatives and representatives might seek to use CCTV and similar devices to record the care being given to service users as a protective measure, but this might also have the effect of increasing staff stress and be counterproductive in terms of achieving the standards of care that are expected of them.

The agency has therefore devised its own Code of Practice, which it applies in those homes where it knows that CCTV or similar devices have been installed (or are planned to be installed), which could record the actions of its staff while carrying out their caring duties. The code does not apply to houses where CCTV has been installed for external security

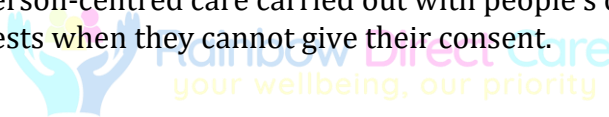
purposes only and which would not record such as times of workers entering or leaving the house. It does apply where such actions are routinely recorded.

7. Commitment to and Upholding of Human Rights (England) Policy

Policy Statement

This policy sets out the values, principles and policies underpinning this care service's approach to the human rights of its service users in line with the requirements of the Human Rights Act 1998 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, particularly in relation to Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment.

This service recognises its legal and moral responsibilities to respect the rights of its service users at all times: by treating them kindly and compassionately and with respect so that they can keep their dignity and independence. It also recognises its responsibilities to provide person-centred care carried out with people's consent and/or in their assessed best interests when they cannot give their consent.



8. Concerns and Complaints (England) Policy

Policy Statement

This policy sets out the values, principles and procedures underpinning this care service's approach to handling complaints to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 16: Receiving and Acting on Complaints. This regulation requires care providers to have an effective system to identify, receive, handle and respond appropriately to complaints and comments made by service users, or persons acting on their behalf, and others involved with the service.

Regulation 16 is one of the fundamental standards with which providers must comply to meet their registration requirements. It states the following.

1. Any complaint received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation.
2. The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.
3. The registered person must provide to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request, a summary of:
 - a. complaints made under such complaints system

- b. responses made by the registered person to such complaints and any further correspondence with the complainants in relation to such complaints
- c. any other relevant information in relation to such complaints as the Commission may request.

To be compliant with this regulation, the care service will:

- bring the complaints system to the attention of service users and people acting on their behalf in a suitable manner and format
- facilitate the making of complaints when one is being made
- acknowledge and investigate all verbal and written complaints and (where relevant), work with other services where the complaint is of a joint nature to address the issues raised
- ensure that service users have access to and the help of an independent advocacy service, which they might need to make a complaint where they lack the capacity or means to make the complaint without such assistance; an advocate can assist the person at all stages in the complaints process (see also the separate policy on [Advocacy](#)).

9. Consent to Care and Treatment (England) Policy

Policy Statement

This policy is written to comply with Regulation 11: Need for Consent of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and the accompanying guidance issued by the Care Quality Commission.

Regulation 11 expresses a requirement on all care providers to seek the consent of service users to carry out any proposed care and treatment, and to follow specific procedures in line with the Mental Capacity Act 2005 where people are unable to give their informed consent.

It has always been the policy of the care service to empower its service users to lead their own lives, enabling them to exercise choice and to maximise their independence, while offering them the care and support that they need. This involves obtaining service users' agreement in respect of any proposals or plans for their care and treatment and making sure that such agreements are fully recorded.

Reflecting our acceptance of service users' human rights, the care service works on the basis that everyone is competent to take their own decisions about their care and treatment needs unless it can be shown otherwise.

The care service then makes sure that any service user who might not have the mental capacity to give informed valid consent about any care and treatment proposed is properly assessed in line with the requirements of the Mental Capacity Act 2005. If from the assessment it is clear that the person cannot give their informed consent on account of their mental incapacity, a decision will be taken in their “best interests” following Mental Capacity Act procedures.

To make sure that a decision is in a person’s best interests, the care service will always encourage and enable the person to have the services of an independent advocate if needed. If the care and treatment proposed implies a deprivation of that person’s liberty in any way the care service will always invoke established deprivation of liberty safeguarding procedures.

10. Continuity of Care or Support Workers in Domiciliary Care (England) Policy

Policy Statement

This agency aims to be fully compliant with current staffing regulations as set out in Regulation 18: Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It is therefore committed to ensuring that staffing levels, in terms of both numbers and skills, are appropriate for the number of service users being cared for and to meet their assessed needs.

The agency recognises that service users often prefer to receive care from a single worker or small group of workers with whom they have built a relationship and it will endeavour to ensure that care is delivered by these workers as much as possible.

General Rules for Replacing Workers

A manager or supervisor who has to arrange for a replacement worker should observe the following general rules.

4. Consult the service user or their representative if possible and if there is time. This is advisable in every case if the change is permanent or likely to last longer than 30 days.
5. Always, unless the previous worker was found to be unsatisfactory, use a worker who as near as possible replicates the skills, experience and knowledge of the worker being replaced.
6. If the service user has several workers supplying service, consider whether one of the other existing workers could be available, by extending hours or by shifting from other duties but avoid setting off chains of changes which disrupt several service users.
7. If the service user has had other workers in the past and was satisfied with them, consider whether they could be available.

8. Ensure that the newly allocated worker is briefed both by you and, if feasible, by the worker being replaced.
9. If there is time, ensure that the newly allocated worker receives appropriate specialist training before starting to provide service, or as soon after as possible.
10. Apologise fully, express sympathy and as far as possible provide support to the service user and their carer or representative throughout the process.
11. In cases where a service user has communication or comprehension difficulties, take special care to ensure, as far as possible, that they understand what is happening, and that the position has been explained to the service user's relative or representative if there is one.
12. In cases where a service user is receiving substantial help from a carer, ensure that the situation is fully explained to the carer as well as to the service user.
13. Remember that we have obligations to staff as well as to service users. In particular, be careful not to reveal confidential information about a staff member.
14. In communicating with a service user or their representative, always consider whether it would be best for a care worker who is familiar with the service user to carry out this function on the agency's behalf.

11. Control of Substances Hazardous to Health in Care (England) Policy

Policy Statement

This care provider recognises that staff, service users and visitors should be as safe as possible from the threat of harm through contact with chemicals or other dangerous substances.

It recognises that the best way to ensure this state of safety exists is to comply fully with the law as set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH) and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which sets out standards of safe care.

The service acknowledges that no substance can be considered completely safe. All reasonable steps will be taken to ensure all exposure of employees, visitors and service users to substances hazardous to health is prevented or at least controlled to within statutory limits.

12. Data Protection and Compliance with the General Data Protection Regulation (England) Policy

Please note that all Croner-i policies are templates and should be amended to fit your requirements.

Aim and Scope of Policy

The policy, which is in line with UK data protection laws, shows how this care service complies with the data protection requirements found in Regulation 17: “Good Governance”, of the Health and Social Care Act (Regulated Activities) Regulations 2014.

To comply with these regulations the care provider must have good governance of record keeping resulting in records that are comprehensively fit for purpose and securely maintained.

The care provider recognises that it must keep full, accurate, up-to-date records on people receiving care, staff and other aspects concerning the running of the service in line with data protection, confidentiality, secure storage and authorised access policies and procedures.

This care provider also understands that all records required for the protection of people receiving care and for the effective and efficient running of the care service should be collected, maintained and kept according to the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

This data protection policy applies to all manual and digital records kept by the service in relation to people receiving care, including those involved with them, whose personal data might be found on their records. This includes all staff and any third parties (agencies and professionals) with whom anyone’s personal data information held by the service might have to be disclosed or shared.

The policy is used with other relevant record-keeping and information governance policies.

Policy Statement

The care service recognises it must keep all records required for the protection and wellbeing of people receiving care, and those for the effective and efficient running of the care service such as staff records to comply currently with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR), which came into force in May 2018.

In line with its registration under the Data Protection Act, and to comply with GDPR, the service understands that it will be accountable for the processing, management and regulation, and storage and retention of all personal data held in the form of manual records and on computers.

13. Delays and Missed Visits: Contingency Planning and Arrangements Policy

Purpose and Scope of this Document

This document outlines the organisation's procedures in relation to any external circumstances that might mean a need to change the agreed service at short notice.

This includes situations where care workers have been unavoidably delayed in visiting at the agreed time or are likely to miss a visit, because of, for example, an accident or car breakdown.

The policy focuses on the arrangements needed when individual staff members are unavoidably delayed or their visiting schedule disrupted by circumstances beyond their control.

It also covers situations where a number of staff could be unavailable due to the spread of infectious illness, adverse weather conditions, industrial actions producing transport difficulties, security alerts, etc. That is, any set of circumstances where it becomes difficult to apply the cover arrangements that are made for individual service users as described in the continuity of care and responsive services policies.

14. Dress Code and Wearing of Uniforms Policy

The Equality Act 2010 requires all employers to ensure that their rules on dress and appearance are applied fairly and do not result in employees being disadvantaged or unfairly discriminated against because of their gender, ethnicity, religion, cultural traditions, disabilities and other characteristics that are protected by the Act.

Any employees with protected characteristics can expect their employer to make reasonable adjustments to their dress and appearance requirements so that they are not subject to any form of discrimination.

To comply with these equality requirements, this organisation will ensure that its policy on dress and appearance is applied consistently, flexibly and fairly and does not disadvantage or discriminate against any individual.

Policy Statement

This policy sets out the values, principles and procedures underpinning this care service's approach to dress codes and the wearing of uniforms. The policy is in line with national care standards and the Equality Act 2010.

15. Equality, Diversity and Inclusion (England) Policy

Introduction

The purpose of a policy on equality, diversity and inclusion is to make sure that the service is fully committed to these principles and values and to communicate this commitment to all stakeholders. The policy should always be referred to wherever differences of view based on lack of understanding or prejudice about diversity, equality and inclusion are evident. The commitment to equality, diversity and inclusion should be included in the care service's statement of purpose and information produced for the people who use its services. It should be instrumental in many aspects of the care service's practice including in its capacity to provide a responsive service to meet diverse needs and corresponding staff recruitment and selection.

Aims

15. To ensure that no person applying for a service will be refused on discriminatory grounds, eg because of their ethnicity, sexual orientation, etc when they meet all other admission criteria.
16. To ensure that inferior or substandard services are not provided because of a person's ethnicity, sexual orientation or any grounds on which discrimination can occur.
17. To work out with each service user what they want and need and how they will be provided with the required service. This will be influenced by the individual's gender, culture, personal choices and other characteristics and it should not be assumed everyone wants the same thing.
18. To encourage service users and staff to relate to one another on the basis of equality and respect for individual differences.
19. To develop an attitude of self-awareness among the staff and service users to ensure any form of discriminatory behaviour, such as offensive or abusive language, does not occur and to communicate that it is unacceptable in whatever form it might take and from whichever person.
20. To ensure that service users and staff are continuously aware of the procedures for dealing with complaints and allegations of discriminatory or oppressive language or behaviour.
21. To ensure that all complaints and allegations are addressed properly and in non-discriminatory ways.

16. Falls Prevention and Risk Assessment in Domiciliary Care Policy

Policy Statement

This policy shows how the agency assesses service users' risks of falling and how it can prevent their suffering from falls. It aims to promote service users' independence and choice but help them avoid taking unnecessary risks. The policy follows current NICE guidance, CG161: *Falls in Older People: Assessing Risk and Prevention*, and should apply generally.

The policy links to that on *Slips, Trips and Falls* which addresses the service's responsibilities under health and safety legislation to prevent injuries to employees from falls.

Procedures

The agency recognises that many of its service users will receive help with problems associated with falls from other community and health services, including falls prevention specialist teams. However, it also recognises that it can make an important contribution to any falls risk assessments and prevention programmes required by its service users, particularly those who are paying for their own care and support services.

Each service user has a full risk assessment conducted at the time of the start of the service which includes their risk of falls. This is recorded in their service user plan (care/support plan) and must be read by all care workers to ensure that they are aware of each person's support needs.

17. Food Safety and Hygiene Policy

Policy Statement

This policy describes the approach taken to ensure high standards of food safety and hygiene in line with all statutory requirements and regulations.

It should:

22. ensure that service users benefit from having food provided for them that is of high quality, well presented and prepared and is nutritionally sound
23. protect staff and service users from food-related illness.

With respect to the food that it provides or that is brought into it, the home has a duty to ensure that all staff and service users should be kept as safe as possible from food poisoning and related food associated illness by the adoption of high standards of food hygiene and food preparation.

Poorly prepared, stored or contaminated food can be the source of potentially fatal infections such as Salmonella and Listeria. Managers or owners of care homes are responsible for the food hygiene standards within their organisations. This home believes that the effective management of food safety relies heavily on having written operational policies for the safe preparation, storage and handling of food.

Procedures

Food Preparation Facilities

In line with food safety and hygiene regulations:

24. all food preparation areas will be designed to permit good hygiene practice and be easy to clean and disinfect
25. all food preparation and storage areas will be designed and sited to provide adequate ventilation and to protect food against external sources of contamination such as pests and vermin — adequate pest control measures will be taken to ensure that the risk of contamination is minimised
26. all food preparation areas, storage areas and serving areas will be kept in good repair and condition at all times — regular risk assessment and maintenance checks will be made with the findings recorded and logged
27. all food preparation areas, storage areas and serving areas will be kept clean at all times — kitchens will be subject to regular cleaning by cleaning staff using colour coded equipment solely for use in kitchen areas in accordance with an established rota; catering staff will be expected to clean food preparation surfaces, equipment and utensils at regular intervals and as required during food preparation and cooking; records of cleaning activity will be kept and random quality checks made by the care home manager
28. adequate sanitary and handwashing facilities will be made available for all catering staff
29. lavatories will not lead directly into food handling areas
30. any “mini-kitchens” designed for residents to be able to prepare their own snacks and drinks will be kept in a clean and hygienic condition and to the same standards as larger kitchens.

18. Gifts and Legacies Policy

Policy Statement

This policy sets out the values and principles underpinning this care service's approach to the giving of gifts to staff by service users or their relatives. It also aims to set out its policy on legacies.

This care service considers that its users have a right to expect that it will be run on an honest and sound financial basis with robust procedures for dealing with and protecting the financial interests of service users. The service fully complies with all regulatory guidance, which expects care providers to enable and encourage service users to remain in control of their money and financial affairs for as long as possible in order to retain their independence and personal dignity.

Policy on Gifts and Legacies

It is not uncommon for service users who have developed sometimes long and close relationships with individual staff to offer gifts or gratuities or to seek to include a member of staff in their will. However, such activities can lead to accusations of coercion, exploitation and fraud.

It is vitally important to the care service that its staff at all times uphold the highest standards and always act in an honest manner with the best interests of service users in mind. Therefore, in this care service:

31. personal gifts should never be accepted by a member of staff if the value of the gift is estimated to be more than £5
32. staff should never, under any circumstances, accept valuables belonging to a service user or monetary gifts
33. any gift given to a member of staff must be declared as soon as is reasonably practicable and details recorded in the gifts record in the office; this must include the date that the gift was given and its monetary value and it must be signed by the recipient
34. staff should never become involved with the making of service users' wills or with soliciting any form of bequest or legacy from a service user, and should never agree 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 they should 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
35. failure to declare a gift, the accepting of a gift in excess of £5, 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 the staff member subject to the provider's disciplinary procedures and possibly criminal proceedings.

19. Harassment Policy

Policy Statement

This care service forbids all forms of harassment at work (and at work-related events, including social events) and seeks to ensure that the working environment is comfortable for all its employees. The following procedure informs employees of the types of behaviour that are unacceptable and provides employees who are the victims of harassment with a means of redress.

Harassment on the grounds of sex, transgender status, pregnancy, sexual orientation, race, colour, nationality, ethnic or national origins, religion or belief, marital status, civil partnership status, disability, age or on any other grounds is unacceptable. It is equally unacceptable for an employee to harass a colleague because they associate with someone of a different race, religion, sexual orientation, age, etc, for example because they are married to someone of a minority ethnic origin or chooses to socialise with gay or lesbian friends.

The prohibition on harassment applies equally to situations where someone thinks or perceives that a colleague is of a different race, sexual orientation, religion, age, sex or that they have a disability, is a transgender person, or is pregnant, irrespective of whether that perception is right or wrong.

Implementation of the policy is the duty of all managers and supervisors. All employees are expected to comply. (The care service welcomes the support of the recognised trade union(s) in seeking to eradicate all forms of harassment from the workplace.)

Procedure

Generally, harassment is unwanted conduct related to a protected characteristic which has the purpose or effect of violating the person's dignity or of creating an intimidating, hostile, degrading, humiliating or offensive environment for that person.

20. Health and Safety Policy

Policy Statement

This care service ensures, so far as is reasonably practicable, the health, safety and welfare of its employees and the health and safety of other persons who may be affected by its activities.

Both the staff and management will work in partnership to ensure that its statutory duties with regard to safety are met at all times.

The service will comply with all applicable legal and regulatory requirements and guidance relating to the safety of staff and service users.

Key regulatory requirements include:

36. the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Key guidance includes:

37. *Guidance for Providers on Meeting the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014*

38. *How CQC Monitors, Inspects and Regulates Adult Social Care Services*

39. HSG220 *Health and Safety in Care Homes*, published by the Health and Safety Executive.



21. Human Rights and Deprivation of Liberty in Domiciliary Care (England) Policy

Introduction

The Mental Capacity Act 2005 and the MCA (Amendment) 2019, which reforms the DoLS applies to England and Wales.

The purpose of this document is to explain the service's approach to service users who might lack the mental capacity to take decisions about their care and treatment and who could have their freedom restricted to the point where they are deprived of their liberty.

The service's policy has been established to comply with the provisions of the Human Rights Act 1998, the Mental Capacity Act 2005, the Care Act 2014, and the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is aware that mental capacity laws and deprivation of liberty authorisations continue to apply during the coronavirus outbreak, though the processes of best interests' decision-making are being adapted to the current circumstances.

Loss of liberty safeguarding principles

This care service recognises that people receiving its services have the same freedom and rights as anyone else. It will not accept for service provision anyone who is being deprived of his or her liberty unless it can be clearly shown that it is in his or her best interests.

It would always seek or recommend safeguarding service users' human rights in the relevant circumstances where they apply and where there are clear grounds for thinking that the person is already being deprived of his or her liberty or is at risk of being deprived of his or her liberty because of the decisions being considered or taken.

This care service understands that there is no statutory definition of "deprivation of liberty" (other than that provided by the Supreme Court) and that each case must be assessed on its merits. As a guide, the service uses the case examples identified in The Law Society's (2015) guidance (Chapter 8 — Deprivation of Liberty at Home) that indicates the situations that might be interpreted as deprivation of liberty and therefore requiring safeguards to be put into place.

As a domiciliary care service provider, this care service is therefore aware that there are circumstances in which it might become involved in the care of people who are subject to or could require deprivation of liberty safeguarding. It will then exercise its duty of care to raise the matter with the relevant statutory bodies such as the local authority and/or an NHS body and express any safeguarding concerns to the local safeguarding adults' authority.



22. Key Holding in Domiciliary Care (England) Policy

Policy Statement

Key holding by staff is sometimes an essential part of providing high-quality care to certain service users who are infirm or immobile or otherwise are assessed as having difficulty in getting to the door and letting in a home care worker. In such cases it is far safer for the home care worker to hold a key to the home than for the service user to leave a door unlocked or use a similar strategy such as hiding a key outside the house in a known place. Such strategies represent obvious security risks.

This policy describes the key holding arrangements made by this service. It is in line with Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which, with regard to home security, states that risks to the health and safety of the service user should be assessed and, where possible, any risks mitigated.

The aim is to ensure that service users are protected and are safe and secure in their homes and that where keys are held by staff to effect entrance to the home, those keys are kept securely.

The care expects its care and support workers always to ensure the security and safety of service users and their homes when providing personal care and that they must therefore take great care of a service user's key.

Safe key holding, the showing of identity cards and following correct procedures when using safety alarms and similar devices are all important parts of the agency's provision of safe, effective, caring, responsive and well-led care to people in their own homes.

23. Intimate Personal Care and Contact (England) Policy

Policy Statement

This policy is for care workers employed by any care service providing personal care to adults on the issues raised by their having to carry out activities of an intimate personal nature that could result in the person receiving the service feeling embarrassed and distressed. The care might involve physical contact and touching so the policy is intended to make clear the difference between appropriate and inappropriate contact and touching, and the procedures to be followed if inappropriate touching occurs.

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 contain the following regulations that apply to intimate personal care.

40. Regulation 9: Person-centred Care — requires service providers to ensure that the care and treatment of service users must be appropriate, must meet their needs, and must reflect their preferences.
41. Regulation 10: Dignity and Respect — requires that service users must be treated with dignity and respect, including being treated in a caring and compassionate manner; personal preferences, lifestyle choices and choices relating to care and treatment of service users must be respected by staff at all times.
42. Regulation 11: Need for Consent — requires that care and treatment — including intimate personal care — is only provided with the consent of the relevant person.

24. Involving Service Users in Their Care (England) Policy

Policy Statement

This policy shows how this care service sets out to involve its service users in their care and support in line with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to be person-centred in everything it does.

The service fully endorses the principles of maintaining service users' dignity, privacy and independence by always treating them with consideration and respect and enabling them to make and take part in all decisions regarding their care and treatment.

The service does this by providing users with the information they need to take their own decisions and to inform staff what they need to do to provide fully person-centred programmes of care and treatment.

Service users are always involved in decisions about their own care and treatment equally and inclusively, irrespective of their age, gender, sexual orientation, religious persuasion, racial origin, culture, language and disabilities. Care staff are expected and trained to make sure that they always treat the people who they are supporting with consideration, respect and involvement. They do this, for example, by carefully listening to service users and their representatives and by paying attention to their views and experiences.

25. Medication Management in Domiciliary Care (England) Policy

Policy Statement

Most people receiving care in their own homes are prescribed some form of medication at some time as part of their treatment by their doctor or nurse and many have multiple medication needs.

While many service users manage their medication effectively themselves with the appropriate support from their informal carers, some ask for or need support with their medicines from their social care provider, as reflected in their needs assessment and care plans, and local commissioning agreements. Their needs will range from simple reminders and help with packaging through to actual administration of medication.

In some cases, this might include the administration of “controlled” drugs, which requires care workers to know how they are being safely stored and administered in the home setting.

This care service recognises that the correct and effective administration of medication is essential for the safety and wellbeing of its service users. Service users must, therefore, receive the help identified in their care plan for the administration of medication only by trained and competent staff.

26. Nutrition in Domiciliary Care (England) Policy

Policy Statement

This policy together with a separate Hydration policy shows how this care service meets service users’ nutritional and hydration needs when required. Both policies are in line with Regulation 14: Meeting Nutritional and Hydration Needs of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which requires care providers to ensure that it meets fully the nutritional and hydration needs of all service users where they are responsible for providing them with food and drink.

As a domiciliary care organisation we are committed to meeting service users nutritional and hydration needs as part of its service provision if required. A healthy, nutritious and balanced diet is of vital importance for the health and wellbeing of service users and care staff should wherever appropriate, support service users in all aspects of achieving an adequate diet, including where they have special dietary needs and preferences.

Where the care service is responsible for obtaining, preparing, cooking and serving of food for service users, it will always ensure that it adopts high standards of food hygiene, food preparation, preparation, serving and help with eating and drinking.

27. Pets in Service Users' Homes Policy

Policy Statement

This policy provides guidance to care workers on the implications of service users having pets in the homes that they visit. By pets are meant dogs, cats, fish, birds, hamsters, exotic animals, etc — any animal that is a member of the service user's household.

This domiciliary care service works on the basis that the care of any pet will remain the full responsibility of the service user or other members of their household. It will only take part in the care of any pet if it has been agreed as part of the contract with the service user and the tasks are clearly stated in the service user plan. By care of the pet is meant the usual daily tasks involved in feeding, grooming, toileting and exercise. It does not mean that care workers should not interact in any way with a pet animal, particularly if they share a common interest with the animals and it is helpful to their relationship with the service user.

The care service also recognises that service users will often have a strong attachment to their pets and there are clear benefits to them in keeping them. It will not seek to influence or intervene in any situation that it comes where pets are present unless there are strong grounds for doing so, which are discussed below.

28. Privacy and Dignity in Domiciliary Care (England) Policy

Introduction

This policy sets out the values and principles underpinning this care service's approach to privacy and dignity. Privacy is an absolute right of every service user and is integral to the preservation of each individual's personal dignity.

The care service will work with all legal and caring agencies to uphold these rights.

Our approach ensures compliance with Regulation 9: Person-centred Care and Regulation 10: Dignity and Respect of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policy Statement

The right to privacy is one of the fundamental rights of service users and must be referred to in care plans. Service users' preferred style of address must always be used, respect must always be shown by care workers to people in the home, to the household, to the home and to domestic routines.

Care workers should only enter those parts of the premises for which they have been given explicit permission, must seek personal information only where it is essential to the service, should always respect privacy and dignity in giving intimate care, and should treat information about service users confidentially, participating in personal meetings and conversations only with permission and where it is necessary.

This home care agency recognises that every service user has the rights to live their life with privacy, dignity, independence and choice. The agency will always work in collaboration with all legal and caring agencies to uphold these rights.

The agency recognises that its service users should control their own environment, have their privacy respected by care staff, who are regarded as visitors to their homes and expect confidentiality in all matters. The agency's staff are expected to obtain a service user's permission when using any of their possessions, including materials and equipment, and to treat all information disclosed by the service user and their relatives in line with the agency's confidentiality of information policy.

29. Quality Assurance and Management (England) Policy

Introduction

It has been long recognised as good commercial practice for businesses to check that their goods and services meet customer expectations and comply with industry standards.

Quality assurance is also an industry with organisations set up to assess if a business is meeting the standards expected of them and accrediting them if they do. Being awarded a benchmark or kitemark, the business can then show that it is providing quality, which should help it commercially.

In health and social care, the relevant regulators assure quality by inspecting a registered service against the relevant standards and regulations. Local service commissioners will also check that services under contract to them are achieving their quality standards and are providing value for the public monies that they are investing in them. If services are not meeting the required standards, they will be expected to make the necessary improvements and will be penalised if they fail to do so.

All forms of quality assurance require systems and processes for checking that the organisation is working correctly and effectively to achieve its goals and to take corrective actions if it is not. Through the information obtained from the various management

activities involved in monitoring, reviewing and auditing, the organisation can judge its own performance. The information will also feed into the information base of any outside assessors (inspectors or local authority quality standards sections) and contribute to their respective assessments.

This policy can apply to all care services registered with the Care Quality Commission.

30. Records Kept in Service Users' Homes in Domiciliary Care (England) Policy

Policy Statement

This policy sets out the values, principles and policies underpinning this domiciliary care provider's approach to record keeping, data protection and access to records, which are kept in the service user's home.

It is written in line with:

43. *Regulation 9: Person-centred Care*, which requires care providers to consider fully the rights, wishes and preferences of the people receiving their services
44. *Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities 2014)*, which requires care providers to have secure record-keeping systems with policies on authorised access and sharing.

The policy should also be read and used in relation to other policies on record keeping, data protection and confidentiality of information.

This organisation considers that all records required for the protection of service users and for the effective and efficient running of the organisation should be maintained accurately and should be up to date, that service users should have access to their records and information about them and that all individual records and organisation records are kept in a confidential and secure fashion.

31. Respecting Service Users' Religion and Belief Policy

Policy Statement

This policy sets out the principles and procedures underpinning the care provider's approach (care home or domiciliary care) to service users' religion and beliefs. It is set in the context of the service's respect for and commitment to human rights and policies on equality, diversity and inclusion.

The care service, in line with its registration requirements, accepts that every service user has the right to freedom of religion and belief and this includes opportunities and facilities

to practice their religion without interference or stigma. We will do everything possible to ensure that all service users enjoy this right to the full.

32. Safeguarding Service Users from Abuse or Harm in Domiciliary Care (England) Overarching Policy

Policy Statement

This policy is written to show how this care service protects its service users from abuse or harm in line with its legal requirements and best safeguarding practice guidance. It reflects in particular:

45. Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
46. the statutory guidance for the Care Act 2014 (Chapter 14: Safeguarding), which describes the duties and responsibilities of local authorities and its partner organisations to protect adults with care and support needs from abuse, neglect and other sources of harm.

The care provider will continue to exercise its safeguarding responsibilities to the full in any state of emergency including the Covid-19 outbreak.

More specifically, it also reflects the [local safeguarding adults' authority] policies and procedures.

The service shares and is committed to the vision of the local safeguarding authority, which is to empower and protect adults who are at risk of abuse and neglect, as defined in legislation and statutory guidance.

The service understands that local safeguarding arrangements and developments follow a government strategy based on:

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

Our service recognises that safeguarding involves a range of responses to different forms of abuse and potential sources of harm and the different contexts in which abuse occurs. Accordingly, this policy should be read and used in association with a suite of policies all designed to make sure that users are safe from abuse and the risks of their coming to harm are kept to the minimum and well managed.

33. Security of and Access to Service Users' Homes Policy

Policy Statement

This organisation recognises that home care and support workers should ensure the security and safety of service users and their homes at all times when providing personal care.

Aim

The aim of the policy is to ensure that service users are protected and are safe and secure in their homes.

Policy

Care and support workers should ensure the security and safety of the home and the service user at all times when providing personal care.

34. Service Users Who Lack Mental Capacity to Take Decisions: Implementation of the Mental Capacity Act (England) Policy

Policy Statement

This care service complies with the principles of the Mental Capacity Act 2005, which applies to England and Wales, by first treating all of its service users and prospective service users on the basis that they are able to take their own decisions and give valid consent to their care and treatment.

Consistent with the legislation, the care service is prepared to take a decision for a person in their best interests if there is evidence that they cannot take the decision (at the time it needs to be made) because of mental incapacity.

It is recognised that decisions under the Act include those to be made about matters of personal health, such as consent to medical intervention, care, general welfare and finance.

The service is aware that mental capacity laws and deprivation of liberty authorisations continue to apply during the coronavirus outbreak, though the processes of best interests' decision-making are being adapted to the current circumstances.

35. Sharing Information with Other Providers and Agencies in Domiciliary Care (England) Policy

Policy Statement

This care provider accepts that to provide the highest standard of care for our service users it is vital to work in partnership with other professionals and services. The service is committed to achieving the standards set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A key aspect of partnership working is the sharing of relevant information, which in line with confidentiality and data protection rules, should always be on a “need-to-know” basis.

This policy sets out the values, principles and procedures underpinning the service’s approach to sharing information about service users with other providers.

This policy should be used with the [Working with Other Providers and Agencies in Domiciliary Care \(England\) Policy](#)

Policy on Sharing Information with Other Providers

The service recognises that its services form one element in the range of care, treatment and support with which its service users need to be engaged, and that, to provide optimal care, it needs from time to time to share information with other health and social care providers. Subject to our obtaining the express consent of service users, including written consent where important, there is a particular responsibility for such information sharing:

36. Working with Other Providers and Agencies in Domiciliary Care (England) Policy

Policy Statement

This care service accepts that to provide the highest standard of care for our service users it is vital to work in partnership with other professionals and services. The service is committed to achieving the standards set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This policy should be read in relation to the corresponding policy on [Sharing Information with Other Providers and Agencies \(Domiciliary Care\)](#).

The service understands that to comply with this regulation we need to:

53. work closely with other services that are also involved in providing care, treatment and support to our service users and that may have a shared responsibility with us for

them; notably GP, hospital and other medical services and adult care services, but also other community services, and the safeguarding authority where required.

54. share and exchange information with such other services that enables our service users to obtain the services they need in timely, seamless ways that minimise disruption to their lives and any distress they might experience (see separate policy on [Sharing Information with Other Providers in Domiciliary Care](#))
55. make sure that when obtaining or passing on relevant information to other services our policies on [consent](#), [confidentiality](#) of information, data protection and the sharing of information (which is based on the “need-to-know” principle) are all followed
56. work closely with other services and previously agreed protocols when emergency situations arise such as outbreaks of infectious illnesses
57. support service users to access other health and social care services that they need.