Custom Home Care

ensuring the care in home care

Policies and Procedures

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Throughout this publication, the generic term *'office staff'* refers to a senior member of staff including (but not limited to) a supervisor, training manager, quality assurance manager, and the Registered Manager.

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Produced by:	Katia M. Davis
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Policies and Procedures

Social Media / Messaging App Employee Code of Conduct Statement

This statement outlines the types of negative behaviour when using social media and messaging apps that will result in disciplinary action. You can read further details in our Internet, Email, and Mobile Phone Policy.

Custom Home Care employees using social media sites and apps must be mindful when commenting or posting. Adverse comments about Custom Home Care and its employees can put the company in an unfavourable light and damage its reputation. Employees should not post or pass on adverse comments about the company or its employees when they are part of online discussions.

Employees must also be aware any form of behaviour that may be construed as bullying or harassment of colleagues, managers, or clients is not permitted. If such behaviour is brought to the attention of management, the appropriate disciplinary action will be taken.

It is good practice not to discuss the company, its clients, or its employees on social media sites and apps. Even using coded or vague phrasing may be considered inappropriate. For instance, if someone always uses a particular word/phrase when referencing the company, an employee, or a client; or it is clear what/who is being discussed from the context, and the comments are derogatory, inappropriate, or libellous.

To be clear, employees of Custom Home Care using social media or messaging apps must not:

- Bring the company name into disrepute
- Post or share harmful contents
- Make inappropriate or damaging posts/comments about colleagues, managers, or clients
- Bully or harass colleagues, managers, or clients
- Conspire with others to bring the company name into disrepute or damage the reputation of the company and/or its employees.
- Use code words or vague phrases to disguise any of the above.

Should Custom Home Care be made aware of any such behaviour, the individual(s) concerned will be subject to the appropriate disciplinary procedures. Bringing the company or its name into disrepute is considered gross misconduct and may result in dismissal after investigation. Depending on the severity of the policy breach, gross misconduct may result in immediate dismissal.

Complaints and Compliments Policy

Policy and Procedure Aim

This document details the procedures by which clients may complain about our service or praise our staff. It is designed to address any concerns clients may have and provide feedback to Custom Home Care Ltd. so the company can continue to improve and offer a better service to our clients.

Complaints Procedure

We hope our clients will never have cause to complain, but should we fall short of expectations, we will address any issues or concerns without delay. Our complaints procedure is in line with current regulations. A written copy of our procedure is included in the Client User Guide and copies can be supplied upon request.

There is a staged process for dealing with complaints:

1. The complaint will be formally acknowledged and logged.
2. Depending on the nature of the complaint, an *Investigating Officer* will be allocated. This will normally be a senior member of the office staff.
3. We would normally like to discuss the complaint with the complainant either by visiting in person or by telephone.
4. Actions will be agreed to resolve the matter.
5. The outcome, details of the investigation, and actions taken will be recorded in writing.
6. The client will be contacted by the *Investigating Officer* at a later date to check whether issues have been resolved and the service is satisfactory.

Any complaint will be acknowledged within two working days unless resolved at first point of contact. We have a target of resolving all complaints within five working days of receipt. If, in exceptional circumstances, the complaint requires extended investigation and/or the involvement of an independent third party, this may take up to twenty-eight days. All complaints including details of the investigation, outcome and actions are recorded and audited internally and regularly inspected by the Care Quality Commission. We take complaints very seriously and regularly review all complaints received across our business so we can improve our service. The information gathered through analysing our complaints tells us what our Clients think about us and presents a learning opportunity.

If a client wishes to complain, they can:

- Contact our office on 0114 275 9703. A member of the office staff will listen to the complaint and if possible, resolve the issue at first point of contact. A log will be made of all concerns and office staff will make contact to ensure the client is satisfied with the outcome. The client will receive a letter of resolution within five working days.

- If it is not possible to quickly resolve the issue, the concerns will be escalated to a senior member of the office staff. The client will be contacted and the complaint investigated. A log will be made of all concerns and contact will be made to ensure the client is satisfied with the outcome. The client will receive a letter of resolution within five working days.

- If the complaint is very serious (maltreatment, gross misconduct etc.), the Registered Manager will deal directly with concerns. An investigation will take place, possibly involving an independent third party. All matters relating to the investigation will be recorded. We aim to provide a resolution to very serious complaints within twenty-eight days.

- If a complaint is in relation to the Registered Manager, please report directly to the Administrative Manager or the CEO. An investigation will take place, possibly involving an independent third party.

- A complaint can also make your complaint in writing, addressing concerns to:

  The Administrative Manager
  Custom Home Care Ltd.
  560 City Road
  Norfolk Park' Sheffield, S2 1GE

- If the client wishes, they can fill in the Client Complaint Form (Appendix 1), which is available at the rear of their Client User Guide and post it to the above address.

- If the complaint is not dealt with satisfactorily at any stage, the client may contact our Regulator. The details are:

  Care Quality Commission
  National Correspondence
  Citygate, Gallowgate
  Newcastle upon Tyne, NE1 4PA, Tel: 03000616161

- If the client is completely dissatisfied with the response to their complaint once Custom Home Care Ltd.'s

complaints procedure has been exhausted, the client may write to the Local Government Ombudsman at the following address:

The Local Government Ombudsman
PO Box 4771
Coventry, CV4 0EH

To phone, use 0300 061 0614. An online complaint form is available by following the links at: http://www.lgo.org.uk/ .

Compliments Procedure

It is always nice to know when someone is doing a good job. Due to company policy, none of our staff are able to accept any form of gratuity such as money, cheques etc. An employee must **NEVER** ask to borrow money from a client nor accept it if offered by the client. However, something such as a small box of chocolates may be accepted by staff, on the grounds that the client **must** have capacity and the client's next of kin and/or responsible individual are aware. Any item received by staff must be declared to management for recording purposes. If a client would like to compliment any of our staff verbally or in writing for a job well done, one of the following methods can be followed.

- Contact our office by telephone on 0114 275 9703. A member of the office staff will make a record of the compliment information and pass the thanks on to the individual(s) concerned.

- The client may also write to the office addressing the letter to:

  The Administrative Manager
  Custom Home Care
  560 City Road
  Norfolk Park
  Sheffield
  S2 1GE

- If the client wishes, they can fill in a Client Compliment Form (Appendix 2), which is available at the rear of the Client User Guide and post it to the above address.

We ask that clients do not include any form of gratuity such as money or cheques with the letter as we are unable to accept them. If the client does send gratuity of a monetary nature, this will be recorded and returned. This request is not intended to be offensive, it in no way lessens the compliment or generosity.

- The client may also email the office on wecare@customhomecare.org or fill in the contact form on our web site.

Appendix 1 – Client Complaint Form

Client Complaint Form – Custom Home Care Ltd.			
Client Name:			
Client No. (if known):			
Address:			
Tel. No.:			
Details of complaint (continue overleaf if necessary)			
What outcome would you like to see as a result of your complaint?			
Signature:		Date:	

Appendix 2 – Client Compliment Form

Client Compliment Form – Custom Home Care Ltd.			
Client Name:			
Client No. (if known):			
Address:			
Tel. No.:			
Details of compliment (continue overleaf if necessary)			
Is the compliment about a member of staff or a general compliment?	STAFF ☐ GENERAL ☐		
Staff Member Name (if known or applicable):			
Position: (E.g. Carer, Senior Carer, office team member, Manager etc.)			
Please provide details of the nature of the compliment:			
Signature:		Date:	

Disciplinary and Grievance Policy

Introduction

This disciplinary policy will apply to all employees of Custom Home Care Ltd. The policy aims to help and encourage all employees to achieve and maintain standards of conduct and job performance which ensures a safe, effective, and disciplined working environment.

The policy and procedures are based on best practice and follow those outlined in the ACAS disciplinary and grievance advice, which is available for viewing and download at acas.org.uk/disciplinary-and-grievance-procedures.

Custom Home Care Ltd. acknowledges employees generally behave in a reasonable and acceptable manner, but breaches of discipline and inappropriate standards of behaviour occur from time to time. This policy is intended to deal with such situations.

Disciplinary procedures are primarily intended to help staff achieve an improvement in conduct, practice and performance when this falls below the expected standard. The following principles have therefore been adopted in devising this policy:

- The achievement and maintenance of the required standard of conduct, practice and performance by all staff as set out in the Code of Conduct developed by Skills for Care, commissioned by the Department of Health. A copy is available for download at skillsforcare.org.uk/Document-library/Standards/National-minimum-training-standard-and-code/CodeofConduct.pdf, or a copy is held on the company server.
- Disciplinary action will not be taken against an employee until the matter(s) have been thoroughly investigated.
- Employees will be treated fairly and consistently in accordance with the principles of natural justice.
- Managers will exercise the authority delegated to them to manage, organise and supervise the work of staff under their control and to take any necessary and authorised disciplinary action.
- Employees will be advised of the nature of any complaint against them and be given the opportunity to state their case before any disciplinary action is taken. Employees will also be advised when their performance does not reach the required standard. Letters sent to employees will include the following standard information:

    - Details about the nature of the allegation recognising that sometimes the initial information is vague and may only be in terms of general outline
    - Their right to be accompanied at any subsequent interview
    - The name of a Fair Treatment Advisor allocated to provide the “keep in touch” support
    - A reminder about any support available through the company and outside support
    - Any additional specific information such as restrictions to working arrangements

- If an employee fails to attend an investigatory hearing, disciplinary hearing or appeal hearing, a decision whether to postpone or adjourn the hearing or to proceed with it in the employee's absence will be taken by the person(s) conducting the hearing. In the event of a hearing proceeding in the absence of the employee he/she will be given the opportunity to submit any written representations, witness statements and documentary evidence which he/she wishes, and these will be considered at the hearing. In addition, the employee may be represented as provided for in the following bullet point and have his/her case presented by their representative. Custom Home Care Ltd. will normally require written confirmation from the employee's medical attendant if the employee is unable to attend any hearing or interview for health reasons.
- Employees will have the right to be represented and accompanied by his/her trade union representative, or by another employee who is not involved in the investigation or disciplinary procedure at each stage of the disciplinary procedure and the initial investigation.
- Employees will have the right of appeal at all stages of the disciplinary procedure.
- Any disciplinary measures imposed other than dismissal, will be disregarded for any future disciplinary purposes after the period specified by the Disciplining Officer or disciplinary panel has elapsed.
- Custom Home Care Ltd. will ensure that all investigations and disciplinary matters are handled as promptly as is reasonably practicable.
- Where an employee is charged with a criminal offence, the fact that the criminal offence has not yet been tried in the courts will not prevent disciplinary action being taken, arising from the same event(s) / incident (s).
- Wherever possible, problems relating to unsatisfactory performance or conduct will be dealt with by the nearest level of management / supervision to the individual or source of the problem.
- If a member of staff is an accredited representative of a recognised Trade Union, then no disciplinary action will be taken against them until all the circumstances of the case have been provided and discussed with a full time official of that said Trade Union.

Counselling Interview

- The immediate line manager should consider whether the matter warrants disciplinary action or is of a very minor nature not justifying any stage of formal disciplinary warning.
- Where the immediate line manager considers the matter is of a minor nature not justifying any stage of formal disciplinary warning then he/she should:

    - Discuss the matter with the employee on an informal basis with no other party or representative present.

- Explain any shortcomings in conduct or performance and encourage improvement. Feedback should be constructive with an emphasis on finding ways in which the employee can remedy any shortcomings.
- Listen to any explanations put forward by the employee – if it becomes clear that there is no case to answer this should be made clear to the employee.
- Where an improvement is required make sure that the employee understands what needs to be done, how performance or conduct will be reviewed, and over what period. The employee should be told that if there is no improvement the next stage would be the formal disciplinary procedure.
- Take care that a counselling interview does not turn into a formal disciplinary hearing as this may unintentionally deny the employee certain rights, e.g., to be accompanied. If during the interview it becomes obvious that the matter is more serious the discussion should be adjourned. It should be made clear that the matter will be pursued under the formal disciplinary procedure.
- Keep a brief note of any counselling for reference purposes using Custom Home Care Ltd.'s Supervision Note Form (Appendix 1).

- Counselling does not constitute disciplinary action or any stage in the formal disciplinary procedure and this should be clearly explained to the individual at the beginning of the discussion.

Disciplinary Procedure

Investigation

All employees have a responsibility to bring any inappropriate behaviour or improper conduct to the notice of their line manager / supervisor. Where a line manager / supervisor considers that a breach of discipline may have occurred he/she should inform the Registered Manager or Nominated Individual.

If the Registered Manager or Nominated Individual, considers that a breach of discipline may have occurred they, in conjunction with the appropriate line manager / supervisor, will agree the further action necessary. Where an investigation is required an outline action plan will be prepared by the line manager / supervisor and a person appointed to undertake the investigation.

Investigations will normally be undertaken by the Registered Manager or someone in higher authority within the company.

The employee(s) concerned must be informed an investigation is to be carried out and must be told of the subject of that investigation. It is expected that the employee concerned will need to be interviewed during the investigation and he/she will therefore be informed of his/her right to be accompanied by a Trade Union representative or work colleague.

The investigation whenever possible should be started immediately and completed as soon as is reasonably practicable in accordance with the timescale in the complaints and compliments policy. The purpose of the investigation is to establish whether there is a case to answer.

The objective of the investigation is to obtain all relevant information. This will include interviewing all relevant witnesses, taking statements, obtaining any documentary evidence, and contacting any appropriate agencies outside Custom Home Care Ltd. In this respect it should be noted that the company is required to inform the CQC of allegations and complaints.

Custom Home Care Ltd. also operates in accordance with the policy concerning the Disclosure Barring Service (DBS). Allegations made which have a bearing on the service provided to clients will be referred to and dealt with under the DBS operating procedures. The investigation procedures will therefore be determined by those procedures and may vary from those stated in this policy where only Custom Home Care Ltd. determines the investigation procedure.

The investigation should be undertaken by an officer other than the one who carries responsibility for disciplining the employee concerned. Only in exceptional circumstances, where there is no practicable alternative, should an officer carry out an investigation which may lead to disciplinary action for which he/she is the responsible designated officer.

Investigations will be undertaken in accordance with the timescales provided for under CQC regulations.

DBS may direct an investigation to be undertaken involving a range of interested parties. Wherever possible, Custom Home Care Ltd. will seek to be a party to the investigation as this will ensure Custom Home Care Ltd.'s direct interest is maintained as the employer of the person against whom allegations have been made. When Custom Home Care Ltd. is not a party to the investigation then there will usually be a need for Custom Home Care Ltd. to undertake its own investigation in order to comply with a range of employment legislation as well as the requirements of referral to the DBS list if required. The outcome of the investigation will usually take the form of a written report containing the appropriate information and consideration of evidence including conclusions reached, if necessary, on the balance of probabilities. The report will be confined to consideration of whether there appears to be a case to answer.

The Registered Manager must be satisfied that a thorough investigation has been undertaken. If satisfied there is a case to answer, the matter should be referred for a formal disciplinary hearing. Where it is decided there is no case to answer the individual must be informed accordingly without delay.

Action when an employee leaves Custom Home Care Ltd. employment

In some cases, an employee may leave before the investigation has been completed. Employees may also leave after the investigation has been completed but before it has been possible to arrange a disciplinary hearing. Proceeding to a

disciplinary hearing will not always be appropriate and there are likely to be a range of options. Custom Home Care Ltd. will consider the appropriate action in such cases and discuss the matter with the DBS.

Anonymous informants – Custom Home Care Ltd. will act on allegations from anonymous sources. Custom Home Care Ltd. reserves the right to safeguard the identity of informants where it believes that individuals may be at risk because of their disclosure of information. See also the Custom Home Care Ltd. policy on Whistle blowing.

Prior to or during an investigation it may become necessary to suspend an employee from duty to safeguard individuals and maintain the integrity of the investigation process. In such circumstances the employee will receive normal pay entitlement i.e., the normal contract hours payment that would be receivable had the period of suspension been worked. Suspension from duty is a neutral act, not disciplinary action and the employee concerned should clearly understand this when being suspended.

The main criteria on which suspension should be considered are when continuing attendance could:

- Compound an alleged offence.
- Frustrate or interfere with any investigation.
- Jeopardise the safety or wellbeing of the employee against whom the allegations are made.
- Be perceived as not being in the interests of, or for the protection of clients and/or other staff.
- Suspension may be also directed because of a DBS strategy meeting. Suspension should not be prolonged and should not last longer than necessary.

If suspension is made verbally then the decision to suspend should be confirmed in writing no later than the following working day. No appeal will be permitted against a decision to suspend.

Any suspension should be as short as possible and will not normally last longer than twelve (12) weeks. However, where other agencies are involved then the investigation and disciplinary process may be extended.

Suspension periods – no matter how short – will inevitably be traumatic for the individual concerned. Custom Home Care Ltd. will therefore arrange “keeping in touch” requirements as required / necessary.

During suspension staff should not visit their place of work (unless invited for appropriate meetings) and will be requested to hand over any keys they hold, Custom Home Care Ltd. paperwork or any other Custom Home Care Ltd. property in their possession. Staff members who are completing an NVQ will also be suspended from this. During suspension staff will be required to make themselves available for interview and should inform the Administrative Manager if they are not available.

Staff who have been suspended where there is no subsequent disciplinary outcome will have any period of suspension removed from their personnel records.

The decision to suspend will usually be agreed between the line manager and the Registered Manager and will normally be invoked / implemented at management level or above, although in exceptional circumstances, e.g., where there is imminent danger or unacceptable risk, it may be necessary for a different level of person to suspend initially and subsequently have this action confirmed by a manager or above. Suspension will be confirmed in writing.

Where an employee has been suspended, the line manager(s) should consider the need to inform other people who may be affected, such as clients, relatives, and other staff. Such notification will usually be subject to DBS restrictions.

Custom Home Care Ltd. regards suspension as very much a last resort (unless the reason warrants immediate suspension) and will actively seek other means of responding to allegations to continue to support staff. Measures such as:

- Ensuring that an individual does not work alone while the investigation proceeds.
- Some restrictions to working only contracted hours.
- More frequent supervision or a combination of these.

Each individual situation will be considered according to the circumstances and our proposals will be made, where appropriate to the DBS. However, it should be noted that the final decision on a response to an allegation will be confirmed after the allegation has been considered by a DBS strategy meeting and any recommendations that have been made.

Notification to the Barred List

The Disclosure Barring Service (DBS) is responsible for maintaining the previously titled PoVA and PoCA lists and terms them the DBS Barred Lists. Further information regarding this is available on the DBS website at gov.uk/disclosure-barring-service-check/dbs-barred-lists.

Custom Home Care Ltd. is required to notify the Disclosure Barring Service (DBS), of any employee who is suspected to have harmed a vulnerable adult. This can only be done when it has been found that allegations against an individual have some element of substance after completion of an investigation. The DBS Referral Guidance and official form is available on the company server or for download at gov.uk/government/publications/dbs-referrals-form-and-guidance. A copy of the Guidance is also shown in Appendix 7.

See also the DBS Reporting Procedure in this publication.

Disciplinary Hearing

Where there is a case to answer, the employee should be informed in writing of the allegations made against him/her and should be given five (5) working days' notice of the time and date of the hearing. The employee will also be provided with a copy of the report prepared by the investigating officer including the evidence gathered on which the decision that there is a case to answer has been based and a reminder of his/her right to be accompanied.

Where witnesses are required to attend, arrangements should be made by those calling them to ensure their availability at the hearing.

There is a duty upon every employee to co-operate with any investigation personnel when required by giving evidence and/or appearing as a witness. Every effort should be made to release witnesses without compromising the service provided by Custom Home Care Ltd.

Individuals who make allegations under whistle blowing provisions will have their identity safeguarded by making transcripts etc. presented at hearings anonymous.

The Registered Manager and a senior office staff member will be present at all disciplinary hearings and will have a full involvement in the disciplinary proceedings and deliberations.

The disciplinary hearing itself should usually take the following pattern, requiring the designated disciplining officer to:

- Introduce those present.
- Explain the purpose of the hearing i.e., indicate that it is a disciplinary hearing convened in accordance with Custom Home Care Ltd.'s Disciplinary Policy to address the allegation(s) as outlined and (where applicable and appropriate) to consider a report concerning the issue(s) together with any other evidence relevant to the case.
- Outline the nature of the hearing i.e., that the allegations(s) is/are viewed seriously and may result in disciplinary action including dismissal, where appropriate.
- refer to the principles which govern the hearing:
    - That full and fair consideration will be given to all issues pertinent to the case.
    - That all relevant evidence will be considered.
    - That the employee or his/her representative will have the opportunity to present his/her case, deny, or answer and defend him/herself against the allegation(s).
- Describe the procedure to be followed and ensure this is understood by the individual:
    - At any time during the hearing the disciplining officer shall have the right to ask questions of anyone present.

- The employee or his/her representative shall have the right to ask questions of any witness. For this purpose, the employee concerned will be counted as a witness. Where (under Whistle blowing provisions) the identity of a witness is being protected then questions may be asked of the investigating officer.
- The disciplining officer will consider the investigation report (where applicable and appropriate) and any other documentary evidence.
- The investigating officer shall remain in attendance throughout the hearing. Provided he/she is not the officer responsible for taking disciplinary action he/she shall present the findings of the investigation.
- The investigating officer shall answer questions from the employee and/or his/her representative and from the disciplining officer and/or personnel representative.
- Any witnesses called either by the investigating officer or the employee should not be present at the hearing before giving evidence. Witnesses called in support of the allegations shall first be questioned by the employee or his/her representative and then from the disciplining officer. After giving evidence witnesses may be asked to remain available for clarification purposes but shall not remain in attendance thereafter. Custom Home Care Ltd. will agree to witnesses being supported if they wish. Every effort will be made to give reasonable opportunity to employees to attend hearings.
- The employee or his/her representative will be invited to make statements and present evidence whether oral and/or in writing to explain, deny, offer mitigating circumstances, or otherwise comment on the allegation(s).
- The employee and/or his representative will then answer questions from the disciplining officer and then from the personnel representative.
- An opportunity will be given for any other relevant remarks from any party.
- All parties, including the investigating officer shall then withdraw. The disciplining officer and Director will then deliberate in private. When a conclusion is reached the disciplining officer should give his/her decision orally to the employee at the time of the hearing or defer the decision for further consideration. The outcome must be confirmed in writing within five (5) working days of the decision. If the decision takes the form of any disciplinary action, then such written confirmation will detail the right of appeal and the means of making an appeal.

The disciplining officer will usually be the formal line manager two (2) levels above the person against whom allegations are made.

When considering the need for disciplining action the disciplining officer must be satisfied that:

- An investigation and hearing have been conducted in accordance with the procedure.
- The offence(s) has/have taken place on the balance of probabilities.
- The disciplinary rules have been considered and applied.

- The disciplinary outcome contemplated is reasonable in the circumstances and reflects the seriousness of the offence.

Disciplinary Outcomes

Where a disciplinary offence has occurred, the disciplining officer has a range of sanctions available. Before determining the appropriate sanction/penalty it will be necessary to distinguish between different levels of seriousness of conduct or behaviour. The level of outcome will reflect the seriousness of the offence together with the employee's previous disciplinary record, if applicable. Any level of outcome may be given for a first offence i.e., it will not be automatic that a first offence will result in a 'first warning'. A first offence, if sufficiently serious may result in a 'final' warning or in cases of gross misconduct even dismissal. Where disciplinary action is required, the following warnings will normally apply:

Formal Oral Warning – usually for minor offences. Individuals should be told that a note will be kept on file for three (3) months.

First Written Warning – usually for more serious offences or where there is an accumulation of minor offences. Individuals should be told that a copy will be kept on file for six (6) months.

Final Written Warning – usually where the employee has received a previous warning and further misconduct may warrant this level of warning. There may be occasions when misconduct is considered not to be so serious as to justify dismissal but serious enough to warrant only one written warning which will be both first and final. A final written warning should contain a statement that any further misconduct will lead to dismissal. Individuals should be told that a copy will be kept on file for twelve (12) months.

Dismissal – either with contractual notice or pay in lieu of notice or dismissal without notice in cases of gross misconduct.

There may be occasions when, depending on the seriousness of the misconduct involved, it will be appropriate to enter the disciplinary procedure at first or final written warning stage. There also may be occasions when dismissal without notice is applicable.

Reprimand – Line managers may need to reprimand staff because of an isolated and minor offence that may not warrant formal disciplinary action. Such action would normally be undertaken using the Custom Home Care Ltd. supervision procedure.

In any incident involving a shortfall of monies or materials with a monetary value as a result of the improper actions of an employee, such as theft, falsification of records or claims or malicious damage, Custom Home Care Ltd. reserves the right to make good the shortfall via an agreed deduction from salary, after formal disciplinary action under this policy.

Where the amount of any shortfall exceeds any salary that may be due then Custom Home Care Ltd. will consider pursuing recovery by other means.

The date of the disciplining officer's decision will be the effective date of dismissal or the date from which notice will take effect in cases where notice is given. The date of the disciplining officer's decision will also be the effective date of commencement of any other disciplinary penalty.

The outcome of the disciplinary hearing may also be subject to further procedures under the Disclosure Barring Service – see Appendix 2.

Appeals

Principles to be upheld

The following principles will need to be upheld when considering appeals:

- Employees have the right to appeal against a disciplinary warning or penalty only after it has been imposed. Appeals will usually be considered by a manager who is senior to the disciplining officer with support from a Director. The officer hearing the appeal will not have been involved in the circumstances or procedures leading to disciplinary action. Appendix 3 details the allocation of responsibility for appeals.
- The process will be carried out fairly and objectively.
- Any warning/penalty/decision will stand until any appeal submitted has been considered.
- Whatever the outcome, making the appeal will not be held against the appellant.
- Appeal hearings will be a one stage process where the decision is final.

Appeals should be made in writing to the Administration Director within five (5) working days of receipt of the written confirmation of the disciplinary outcome. Employees have the right of appeal on any grounds but appeal hearings are usually requested on one or more of the following grounds:

- Procedural defects in the investigation.
- Insufficient evidence in the findings.
- Penalty imposed believed by the appellant to be too severe on the basis of the facts.

- Failure to consider any mitigating circumstances.
- Inconsistency.

Individuals will have the right to submit relevant additional material or information but should explain why (if appropriate) they didn't submit it when asked to state their case during the investigation or disciplinary procedures.

Appeals Procedure

The appellant will be given notice in writing at least seven (7) calendar days in advance of the time and place of the hearing. Appellants will be able to be represented by his/her Trade Union Representative or another employee and will be allowed to call witnesses and produce/present relevant documents at the hearing. The Investigating Officer and the appellant or his/her representative should advise each other of such documents and/or witnesses to be presented seven working days prior to the hearing. Any new evidence to be presented should be copied in advance to any relevant involved parties. No evidence will be presented to the appeal hearing on the day of the appeal hearing.

The Investigating Officer will summarise the investigation report which will incorporate the consideration of any additional information that may have been provided since the disciplinary hearing in the presence of the appellant and his/her representative and may call witnesses.

The appellant and/or representative will have the opportunity to ask questions of the Investigating Officer and to call witnesses.

The Appeal Officer may ask questions of the Investigating Officer and witnesses.

The appellant and/or representative may put his/her case forward in the presence of the Investigating Officer and may call witnesses.

The Appeal Officer may ask questions of the appellant and witnesses.

The Investigating Officer will have the opportunity to sum up the case for the company.

The appellant or representative will have the opportunity to sum up his/her case.

As a matter of course, any witnesses will withdraw immediately after giving their evidence. If, for some exceptional reason any witnesses remained in the hearing they will withdraw at this point. The Investigating Officer, the appellant and his/her representative will also withdraw at this point.

The Appeal Officer will make their decision in private. No person who has acted in the capacity of Investigating Officer for the case being considered may be present.

Before making the decision, the Appeal Officer may recall any of the previous participants to the hearing, to clear any points of uncertainty ensuring the recall takes place in the presence of both the investigating officer and the appellant and his/her representative.

The Appeal Officer should give their decision orally at the time of the hearing or defer their decision for further consideration. In any event, the decision of the Appeal Officer will be given to the appellant in writing within seven (7) calendar days of the appeal hearing. If the appellant has exhausted the internal procedures, he/she may have the right to refer their case to an Employment Tribunal.

If the decision of the Appeal Officer is to reinstate an appellant whom the Disciplining Officer has dismissed the reinstated employee will be entitled to normal pay (contracted hours) for the period between the original dismissal and the date of the reinstatement.

Appeals against an oral warning shall be made to and heard by the disciplining officer's appropriate line manager. This may be the officer to whom the disciplining officer reports or someone more senior, if appropriate. An employee who receives an oral warning must be informed of his/her right of appeal and the arrangements for making such an appeal including the identification of the officer to whom the appeal should be made.

There will be no further right of appeal under Custom Home Care Ltd.'s Disciplinary Policy following a decision by the Appeal Officer.

Code of Conduct

Reasonable standards of behaviour and conduct are expected of all members of staff. At no time should the conduct of employees be detrimental to the interests of clients, staff, and the public image of Custom Home Care Ltd.

All employees are required to adhere to the Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England as determined by Skills for Care. The Code of Conduct is available on the company server or for download at http://www.skillsforhealth.org.uk/component/docman/doc_download/2246-code-of-conduct-healthcare-support.html.

Custom Home Care Ltd. will adhere to the Code of Practice for Employers of Social Care Workers determined by the General Social Care Council for England. The Code of Practice is available on the company server or for download at

http://www.skillsforcare.org.uk/Document-library/Standards/codes-of-practice/Codesofpracticeforemployersofsocialcareworkers.pdf. All employees have access to these Codes of Practice.

Custom Home Care Ltd. and its employees are also subject to the requirements of the Disclosure Barring Service (DBS), a summary of which can be found at Appendix 2.

Misconduct

The following is a guide to actions that will be considered as misconduct, unless there are clear and mitigating circumstances:

- Unauthorised absence and poor timekeeping.
- Unsatisfactory record of attendance or reliability.
- Refusal to carry out a reasonable instruction.
- Lateness, unpunctuality, or failure to comply with notified and agreed shift rota.
- Leaving the workplace without permission or without due cause.
- Negligent performance in respect of Health & Safety rules.
- Disorderly behaviour whilst on duty.
- Negligence causing injury or damage to property.
- Improper use of working hours on Custom Home Care Ltd. equipment or materials including telephone, office equipment, stationery, postage and internet access and transmission. **N.B**. – These actions may constitute gross misconduct – depending upon the circumstances.
- Disclosure of confidential information to unauthorised or inappropriate contacts. Such action could be considered as gross misconduct depending upon the circumstances.
- Receiving or obtaining a benefit from outside Custom Home Care Ltd. where the benefit or payment is to influence or can be seen to influence future decisions of Custom Home Care Ltd.
- Failure to comply with Custom Home Care Ltd. rules and specific workplace rules, i.e., individual support guidelines (where applicable) relating to performance, safety, or conduct.
- Failure to comply with the non-smoking policy, e.g., smoking in a prohibited area.
- Unhygienic, improper, or unsuitable appearance or condition which can reasonably be expected at work.
- Motoring offences, e.g., speeding, using a mobile phone whilst driving, committed whilst on duty.
- Plagiarism or collusion with others in the completion of NVQ work and submitting such work as their own.
- Failure to adhere to the Code of Practice for Healthcare Workers.

The foregoing offences do not constitute a comprehensive or exhaustive list of those regarded as misconduct. Offences other than those listed may also be regarded as misconduct.

Gross Misconduct

The following is a guide to actions that will be regarded by Custom Home Care Ltd. as gross misconduct. An employee who commits any of these offences will therefore be regarded as having fundamentally breached his/her contract of employment and can expect to be summarily dismissed in accordance with Custom Home Care Ltd.'s Disciplinary Policy. Summary dismissal, which is defined as termination of employment following an investigation but without notice or payment in lieu of notice, will be the usual action taken against an employee on the first occasion on which any of these offences is committed.

- Theft, attempted theft or unauthorised possession of a client's property or money, or that of a fellow employee, or visitor, or Custom Home Care Ltd. property or money.
- Malicious damage to property belonging to a client, or fellow employees or Custom Home Care Ltd.
- Falsification of any document or documentation requiring completion during employment which undermines the relationship between the employee and Custom Home Care Ltd. as his/her employer, for example, client documentation, application form, expense claim, sick certificates, or timesheets.
- Unacceptable behaviour towards staff, clients, or visitors in the course of the work of Custom Home Care Ltd., or on Custom Home Care Ltd. premises, client premises or premises where the client is the tenant or owner involving:
    - Violent behaviour including assault or physical provocation or threat.
    - Extreme verbal abuse or insolence.
    - Obscene or indecent behaviour in the course of work or on Custom Home Care Ltd. premises.
    - Colluding with other employees to improperly influence the outcome of an investigation.
    - Gross negligence in the performance of duties.
    - Sexual, racial harassment, victimisation and/or bullying.
    - Discrimination on the grounds of sex, race, religion, ethnic origin, disability, age and sexual orientation.
    - Serious and deliberate violation of Health & Safety rules and standards which cause or could cause risk to the individual, other employees, clients, or the public.
    - The consumption of alcohol or illegal drugs while on duty or being found to be under the influence of alcohol or illegal drugs whilst on duty.
    - Sleeping on duty.
    - Neglect of clients for whom Custom Home Care Ltd. has responsibility.

- Criminal conduct outside the workplace, which reflects adversely upon Custom Home Care Ltd., or on the employee's suitability for the job.
- Misusing information subject to the Data Protection Act 1998.
- Unauthorised use of personal computer disks or storage devices not approved and checked by Custom Home Care Ltd.'s Administrative Manager.
- Disclosure of confidential information to unauthorised or inappropriate contacts.
- The discovery of a conviction not declared under the Rehabilitation of Offenders Act, knowingly not disclosed at the time of employment.
- Failure to adhere to the Code of Practice for Healthcare Workers.
- The discovery of inclusion on the barred list indicating that the individual has been excluded from working with vulnerable adults.

The foregoing offences do not constitute a comprehensive or exhaustive list of those regarded as gross misconduct. Offences other than those listed may also be regarded as gross misconduct.

Feedback

Investigation and/or disciplinary proceedings into allegations of misconduct (whether proved or not), results in tensions and usually influence other staff, clients, and relatives. It is therefore important that the outcome of any allegation is communicated to all the people involved and/or likely to be affected.

The actual feedback could be a delicate issue that will need to be handled sensitively and with due consideration to any question of confidentiality. The appropriate line manager should therefore arrange to provide feedback to the relevant people.

It is not possible to specify the exact arrangements, but it is likely that feedback will consist of a combination of written and oral communication including individual or group meetings as considered necessary in the circumstances. Guidance will be taken from the DBS as appropriate.

Return to Work Meeting

On return to work following disciplinary action the employee will need to discuss and agree with his/her line manager an action plan and any support or training to bring about any necessary improvement. Such support should be monitored, and progress assessed as part of Custom Home Care Ltd.'s supervision procedure. The DBS may contribute to the action plan and will ask to have a copy of the plan and review updates.

On return to work where there has been no case to answer the employee will need to be supported. The extent and nature of support should be considered and agreed as part of Custom Home Care Ltd.'s supervision procedure. The external counselling service could be helpful in such circumstances.

Custody and Retention of Documents

The investigation and disciplinary procedures will generate papers, e.g., investigation reports, records of disciplinary and/or appeal hearings. All papers related to investigation and disciplinary procedures will be retained by the Administrative Manager who will ensure they are scanned, saved to a file and the file be encrypted as per the company's confidentiality policy.

Performance Management Procedures

The aim of the procedures set out in this section are intended to provide a performance management system that addresses situations when employees fail to meet and maintain the required standards of performance.

As outlined in previous sections of this policy, Custom Home Care Ltd. will ensure that all matters considered with regards to performance management are dealt with in a fair and consistent manner.

Procedure

It is important that steps are taken to ensure that inadequate performance is dealt with as soon as possible so that remedial action can be taken. This will usually be done as part of the supervision process when performance is discussed. Line managers therefore have an important formal role in identifying where the performance by individuals falls short of requirements. Line Managers also have a very important informal role during the initial identification of inadequate performance when very often pointing out minor deficiencies and supporting individuals will generate the necessary improvement. The recording of such discussions will be required in all cases and will become essential in those cases where improvement does not occur.

If standards are falling short of expectations, this should be clearly explained to the employee, and they should be given the opportunity to explain the reasons for this.

It is vital that the causes of the failure to meet the required standards are fully considered so that issues such as lack of training or support can be addressed.

Discussions of this nature must be clearly recorded and documented e.g. in supervision notes. Discussions may also take place outside the formal supervision process and notes of any discussions of this nature should also be made and kept with the supervision file for the employee concerned.

If the work performance of the individual does not reach the required standards following these discussions and a reasonable time of work has elapsed, the Line Manager should discuss the issue with the Registered Manager or Nominated Individual. If, following this discussion it is felt that further formal action is required then the Line Manager will plan to hold a formal performance interview.

Formal Performance Interview

Stage 1

After hearing the reasons for failing to achieve the required standard of performance, the Line Manager may deem it appropriate to register with the employee that his/her performance is a cause for concern and will issue a verbal warning. It is stressed that at this stage, the employee should be informed about what is expected of his/her future standard of performance. The interview notes should clearly outline:

- The improvement expected.
- The time within which that improvement is to be attained.
- How and when that improvement will be assessed and by whom.
- What will be the likely consequences of not achieving such improvement?

A date should be set to review the position depending on the individual circumstances. The note of the interview (Appendix 6) will be kept with the local supervision notes (Appendix 1) and copied to the Administrative Manager who will issue written confirmation of the verbal warning.

Note – at this stage there would be a range of potential consequences depending on the individual circumstances. During the probationary period for example a short period of time in which to demonstrate improvement to the required standard would be appropriate with an early consequence of dismissal with contractual notice of one week should the improvement not be achieved. For employees outside of the probation period, they will be afforded an appropriate time scale to demonstrate improvement to the required standard with escalating warnings and possible eventual dismissal or downgrading where relevant.

Stage 2

If the Line Manager believes that there has been no improvement or insufficient improvement following the verbal warning, then the employee will be instructed to attend a further performance interview. The instruction, which must be in writing must give the employee at least seven (7) working days' notice of the interview, details of the concern and remind the employee of their right to be accompanied by a Trade Union representative or a fellow employee.

The performance interview will be conducted by the relevant person (refer to Appendix 3). The Registered Manager will also be involved.

After listening to the employee's reasons for failing to achieve a satisfactory improvement, the line manager may wish to offer further support as appropriate. The involved Director may also feel that the reasons for not achieving the required standard are unacceptable and would then need to advise the employee that their performance is still a cause for concern, and unless there is an early and sustained improvement there would be a further performance interview.

In some cases, after listening to the reasons for failing to achieve a satisfactory improvement, the Registered Manager may feel that sufficient support and training has already been provided and that it would be appropriate to consider disciplinary action including the possibility of termination of employment. Where the Registered Manager feels that there are insufficient reasons given for failing to achieve the required level of performance then a written warning will be administered. The Registered Manager or Nominated Individual would give advice where termination of employment is being considered.

Where the Registered Manager wishes to offer further support to help the employee achieve the required standard then an action plan will be prepared by the Director involved and agreed by the employee. The action plan will outline the practical arrangements including individual tasks, responsibilities, and timescale together with an agreed date when performance will be reviewed.

Stage 3

If the work performance of the individual does not reach the required standard following the interview at Stage 2, the Administrative Manager should be consulted. If appropriate, then the Registered Manager should arrange a Stage 3 interview accompanied by the Nominated Individual. If following discussion, the employee fails to offer satisfactory reasons for under achievement, the Registered Manager should issue a final written warning. Clear expectations of performance should then be set out and it should be explained that unless an immediate improvement is achieved and sustained then any further demonstration of failing to reach the required standard will result in dismissal. This will be confirmed in writing.

Stage 4

If the employee fails to achieve the required standard of performance following action at Stage 3, the Registered Manager or Nominated Individual will convene a further interview with the employee.

Unless there are extenuating circumstances and if in the judgement of the Registered Manager or Nominated Individual, the employee is unable to achieve the required level of performance, the employee should be dismissed with contractual

provisions. This is to be confirmed in writing with the reason for the dismissal being that the employee is incapable of meeting the requirements of their job.

Appeal

Any individual shall have the right of appeal at stages one to four by writing to the Administrative Manager within five (5) working days of the receipt of the letter confirming the action. The appeals procedure is detailed in the previous appeals section under Disciplinary Hearings. Appendix 3 details the allocation of responsibility for appeals.

Grievance Procedure - Also see related policy – Complaints and Compliments Policy.

Introduction

The Grievance Procedure provides employees with a mechanism to address problems or concerns that are affecting them while at work. These concerns may be about their work, their working environment, the people we support or working relationships with colleagues or management.

Custom Home Care Ltd. also has a Mediation Policy and procedure to assist in the resolution of conflict at work. It is not possible to provide a comprehensive list of all the issues that might give rise to a grievance but some of the more common issues include:

- Terms and conditions of employment.
- Health and Safety.
- Relationships with colleagues or management.
- New working practices.
- Operational and organisational change.
- Equal opportunities.

Employees can seek confidential advice from the Nominated Individual or Administrative Manager at any time regarding any aspect of their employment with Custom Home Care Ltd. If staff are in any doubt about how to proceed with a grievance, they can contact the Nominated Individual or Administrative Manager directly in confidence.

Principles

- The process will be carried out fairly, objectively and will be free from any discrimination.
- Individuals have the right to submit relevant material or evidence. They may be asked to explain why their concerns have not been raised earlier, in relevant circumstances.

- Any decision made that caused the employee to raise a grievance will stand until the grievance or appeal process has been concluded.
- If the grievance is supported, that decision may be overturned or amended.
- Whatever the outcome, lodging a grievance will not be held against an individual unless the grievance is found to be malicious. In such circumstances, the employee raising the grievance may be subject to formal action under Custom Home Care Ltd.'s Disciplinary Policy.
- Individuals have the right to be accompanied by a work colleague, Fair Treatment officer or their Trade Union representative at any formal meeting relating to their grievance.
- This procedure should be used in conjunction with the Employee Formal Grievance Recording Form (Appendix 4), and the Complaints and Compliments Policy.

Procedures

There will be 3 stages to the grievance procedure:

1) Informal stage.
2) Formal stage.
3) Appeal stage.

Any grievance regarding Custom Home Care Ltd.'s policy or practices should be referred to the Administrative Manager or Registered Manager.

Informal stage

Anyone with a grievance should, wherever possible, raise the matter with their immediate line manager. In cases where sensitivity is required, for example, bullying, intimidation, sexual and/or racial harassment, or where the complaint is about immediate line management it may not be possible for the employee to raise their concerns with their line manager. In such instances, it is appropriate for the employee to seek confidential advice from the Registered Manager or Nominated Individual, another line manager, or their Trade Union representative before invoking the formal grievance procedure.

If the grievance is about a decision made by the line manager, he/she should try and resolve the matter with them informally first. The line manager should:

- Arrange to see the employee at the earliest opportunity.
- Keep comprehensive notes of the discussion and any outcomes of the meeting (Appendix 5).

- Fully consider their complaint, considering any further information or explanation. Inform them that you may need to involve others at this stage.
- Discuss the situation and try to give them a better appreciation of the basis for the decision (about which the staff member is aggrieved).
- Give them a response to their grievance with an explanation and make a record of the response.
- Advise them of the formal grievance procedure if they are still dissatisfied.
- Keep a note of the discussion and discuss with their line manager at their next supervision.

If the employee's immediate line manager is unable to resolve the grievance for example, if the complaint is not about a decision that has been made by that line manager, or if it is out of the remit of that line manager, then the employee should approach the person who is responsible. If the aggrieved is unhappy with the outcome of the informal meeting, the employee must put their grievance in writing within one (1) month.

Formal Stage

It is preferable to deal with complaints informally if possible. However, individuals have the right to invoke the formal grievance procedure if their concerns are of a more serious nature or if they are dissatisfied with the outcome of the informal stage.

All formal grievances must be made in writing within one (1) calendar month of the issue/decision that has caused the grievance. Staff should clearly state that it is a grievance. A grievance can be raised by one or more employees. Line managers who receive a formal grievance in writing should forward it to the Administrative Manager or Registered Manager. When a grievance has been received, the Registered Manager in discussion with a relevant manager or the Nominated Individual, will decide which manager is to consider the grievance.

Formal procedure:

1) A formal meeting should be arranged within fourteen (14) days following receipt of the grievance.
2) The employee will be notified of the date, time, and location of the meeting by letter from the Administrative Manager.
3) The letter will inform the employee of their right to be accompanied at the meeting by either a work colleague, or Trade Union Representative.
4) The employee should not be accompanied by a companion whose presence would prejudice the hearing.
5) The employee and their companion should make every effort to attend the meeting. If the date and time are inconvenient the meeting will be re-arranged up to a maximum of two occasions.

6) The companion will be able to address the hearing or to assist the employee in putting their case across, however they will not be allowed to answer questions on the employee's behalf.
7) The meeting is an opportunity for the employee to explain their grievance and how they think it should be resolved.
8) It may be necessary to adjourn the meeting for any further investigation that may be necessary. When considering the formal grievance, the manager must:

    - Ensure they understand the basis for the grievance.
    - Check the grievance has been submitted within the time limit or agree to consider the grievance in exceptional circumstances where the time limit has not been met.
    - Ensure all the information relating to the grievance is available.
    - Ensure all aspects of the grievance are considered and responded to individually.
    - Check that procedures have been followed correctly.
    - Check that the management decision was reasonable in the circumstances.
    - Check there has been no discrimination at any stage on grounds of age, sex, race, marital status, colour, sexual orientation, or disability.

9) Following the meeting and any subsequent investigation the manager hearing the appeal will decide what action, if any, is required.
10) The Administrative Manager will notify the employee of the outcome of their grievance in writing, setting out within the bands of confidentiality what action Custom Home Care Ltd. intends to take to resolve the grievance.
11) The letter will also inform the employee of their right to appeal if they are unhappy with the outcome. The manager hearing the grievance must be prepared to overturn or amend a previous decision if it becomes apparent that it was not soundly based.

Appeal Stage

Where the employee feels that their grievance has not be satisfactorily resolved they have the right to appeal the decision. Appeals should be made in writing to the Registered Manager or Administrative Manager within seven (7) days of receipt of the written confirmation of the outcome.

Employees have the right of appeal on any grounds, but appeals are usually based on one or more of the following:

- Procedural deficiencies.
- Insufficient evidence or information.

- Inconsistency.
- Failure to consider any extenuating circumstances.

Individuals will have the right to submit any relevant additional material or information at the appeal but may be asked to explain why they did not provide it earlier.

The appeal will be dealt with impartially by a manager more senior to the one who heard the grievance and has not previously been involved in the matter.

The Administrative Manager will write to the employee inviting them to attend an appeal hearing. The letter will notify them of their right to be accompanied at the meeting by a work colleague, or Trade Union Representative.

The manager considering the appeal will follow the same guidelines as above and will also need to consider the action taken in response to the grievance. The manager hearing the appeal must also be prepared to overturn or amend a previous decision if it becomes apparent that it was not soundly based.

The Administrative Manager will notify the employee of the outcome of their appeal in writing within seven (7) days of the hearing. The letter will also inform the employee that the appeal decision is final. There is no higher internal process to appeal the decision of the grievance; however, the employee may exercise their statutory right to make a claim at an Employment Tribunal.

Action after consideration of grievance

If the line manager decides to overturn or amend the original decision, then he/she must:

- Speak to the original decision-maker first explaining the reasons for the decision to overturn or amend.
- Consider whether any further training or development for the original decision maker is necessary or if there is any action which can be taken to prevent inappropriate decisions being made in future.

If the line manager decides **NOT** to overturn or amend the original decision, then he/she must:

- Speak to the original decision-maker explaining the reasons for the decision.

Overlapping grievance and disciplinary cases

Where an employee raises a grievance during a disciplinary process the disciplinary process may be temporarily suspended in order to deal with the grievance. Where the grievance and disciplinary cases are related it may be appropriate to deal with both issues concurrently.

Allocation of Responsibilities – Disciplinary and Grievance Policy

The following table details the allocation of disciplining responsibility.

Cases relating to:	Investigating Officer	Disciplining Officer	Level of Appeal
Care Worker	Line Manager	Registered Manager / Nominated Individual	Director
Office Based Works co-ordinators	Line Manager / Administrative Manager	Registered Manager / Administrative Manager	Director
Senior Care Workers	Line Manager / Registered Manager	Nominated Individual	Director
Line Managers	Registered Manager	Nominated Individual	Director
Registered Manager / Nominated Individual	Director	Director	Board Member *
Senior Management	Director *	Chief Executive Officer	Board Member *
Director	Chief Executive Officer	Board Member	Chairperson of the Board*
Chief Executive Officer	Board Member *	Chairperson of the Board	*

*An appropriately skilled person from an external agency may be appointed.

Allegations made or concerns raised against a Board member will be referred to the Chairperson for consideration.

Glossary

Disciplining Officer – an individual appointed to run a disciplinary investigation.

Fair Treatment Officer – an individual appointed by the directors of the company to ensure the employee under disciplinary action is treated fairly and in accordance with regulations.

Anti-Bribery, Corruption, and Professional Boundaries Policy

Aim

The purpose of this policy is to establish controls to ensure compliance with all applicable anti-bribery and corruption regulations, and to ensure that the Company's business is conducted in a socially responsible manner. It also sets out the principles of professional boundaries between management and care staff, and management/care staff and clients/families/representatives.

Statement

Bribery is the offering, promising, giving, accepting, or soliciting of an advantage as an inducement for action which is illegal or a breach of trust. A bribe is an inducement or reward offered, promised, or provided to gain any commercial, contractual, regulatory, or personal advantage.

It is Custom Home Care Ltd.'s policy to conduct all our business in an honest and ethical manner. We take a zero-tolerance approach to bribery and corruption. We are committed to acting professionally, fairly and with integrity in all our business dealings and relationships wherever we operate and implement effective systems to counter bribery.

Custom Home Care Ltd. will uphold all laws relevant to countering bribery and corruption and will be bound by the laws of the UK, including the Bribery Act 2010, in respect of our conduct.

Bribery and corruption are punishable for individuals by up to ten years' imprisonment and a fine. If we are found to have taken part in corruption, we could face an unlimited fine, be excluded from tendering for public contracts and face damage to our reputation. We therefore take our legal responsibilities very seriously.

It is important to observe professional boundaries between management and care staff as well as clients and their relatives, friends, visitors, and representatives. Behaviour outside these boundaries should be regarded as potentially abusive and a reason for disciplinary action.

Scope

Who is covered by the policy?

In this policy, *third party* means any individual or organisation with which an employee comes into contact during their work. For Custom Home Care Ltd., this includes actual and potential clients, families, suppliers, business contacts, advisers, representatives, and officials.

This policy applies to all individuals working at all levels and grades, including senior office staff managers, directors, employees (whether permanent, fixed term or temporary), consultants, contractors, trainees, seconded staff, home workers, volunteers or any other person associated with Custom Home Care Ltd.

The term *professional boundary* is defined as a limit to a set of behaviours that allows all parties to engage in a supportive professional relationship based on trust, respect, and the appropriate use of power. Professional boundaries are the limits which protect the space between staff/management and a client's or employee's vulnerability.

It covers:

- Bribes.
- Gifts and hospitality.
- Professional Relationships.
- The use of banter.

Bribes

Individuals must not engage in any form of bribery, either directly or through any third party (such as an agent or distributor).

Gifts and Hospitality

It is often difficult to prevent elderly clients from showing their gratitude for excellent service. Therefore, upon discussion with the Director and senior office staff, an exception to gratuity was agreed. A client who is deemed to have capacity may personally thank a carer by giving them a low cost, small box of chocolates. In all other circumstances, Custom Home Care Ltd. staff are not permitted to accept gratuity of any kind. An employee must **NEVER** ask to borrow money from a client nor accept it if offered by the client. Please see the Complaints and Compliments Policy for further information.

It is prohibited for an employee to use a 'bonus card' when shopping for a client as this is considered theft, or at the very least may be construed as improper gratuity. A 'bonus card' is a card offered by a store that accrues points etc. on purchases that can be used to make purchases in store or on-line. For instance, if a care worker shops for a client at a supermarket that offers a 'bonus card', it is considered a breach of trust for the employee to collect the points etc. on their own card and the disciplinary procedure will be invoked.

Employees must not offer or give any gift or hospitality:

- Which could be regarded as illegal or improper, or which violates the recipient's policies.
- To any public employee or government officials or representatives.

- Which exceeds £5.00 in value.

Employee's responsibilities

It is the employee's responsibility to ensure that they read, understand, and comply with this policy.
The prevention, detection and reporting of bribery and/or other forms of corruption are the responsibility of all those working for Custom Home Care Ltd. All employees are required to avoid any activity that might lead to, or suggest, a breach of this policy.

Each employee must notify their Line Manager or manager as soon as possible if they believe or suspect that a conflict with or a breach of this policy has occurred or may occur in the future.

Any employee who breaches this policy will face disciplinary action, which could result in dismissal for gross misconduct. Custom Home Care Ltd. reserves the right to terminate the contractual relationship with workers if they breach this policy.

Record –keeping

Custom Home Care Ltd. has a strict record keeping policy and keeps financial records and has appropriate internal controls in place which will evidence the business reason for making payments to third parties.

Each employee must declare and keep a written record of all hospitality or gifts accepted or offered, which will be subject to managerial review.

All accounts, invoices, memoranda and other documents and records relating to dealings with third parties, such as clients, suppliers, and business contacts, should be prepared and maintained with strict accurate and completeness. No accounts must be kept 'off-book' to facilitate or conceal improper payments.

How to raise concern

Each employee is encouraged to raise concerns about any issue or suspicion of malpractice at the earliest possible stage. If an employee is unsure whether a particular act constitutes bribery or corruption, or if they have any other queries or concerns, these should be raised with the Line Manager or one of the company directors.

What to do if an employee is a victim of bribery or corruption

It is imperative the employee informs the Line Manager or one of the company directors as soon as possible. If offered a bribe by a third party, is asked to make one, suspects that this may happen in the future, or believes that they are a victim of another form of unlawful activity.

Protection

Employees who refuse to accept or offer a bribe, or those who raise concerns or report another's wrongdoing, are sometimes worried about possible repercussions. Custom Home Care Ltd. aims to encourage openness and will support any employee who raises genuine concerns in good faith under this policy, even if the allegations are mistaken.

Custom Home Care Ltd. is committed to ensuring no employee suffers any detrimental treatment because of refusing to take part in bribery or corruption, or because of reporting in good faith their suspicion that an actual or potential bribery or other corruption offense has taken place or may take place in the future. Detrimental treatment includes dismissal, disciplinary action, threats, or other unfavourable treatment connected with raising concern. If an employee believes that they have suffered such treatment, they should inform the Registered Manager or Responsible Individual directly. If the matter is not remedied, the employee should raise it formally using the company's grievance procedure.

Professional Relationships

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 clients and others, and to discuss with managers any difficulties which arise. The needs of clients is at the centre of our practice. Likewise, the company also has a duty of care to staff; any relationship which might threaten that objective should be questioned.

Professional relationships must be distinguished from personal relationships. Although we believe that staff can quite properly gain satisfaction from developing and sustaining relationships with clients, the key consideration should always be the needs of the person rather than the personal or mutual satisfactions which characterise personal relationships. Staff must therefore on occasions hold back from allowing a relationship to develop a dimension or to a degree which they personally would find satisfying, in the interests of ensuring the needs of the client remain paramount.

Any member of staff who feels a relationship that might be judged inappropriate is developing should discuss the situation with their manager. The action to be taken might include:

- varying the staff member's duties to limit contact with that person
- discussing the situation frankly with the person to re-establish appropriate boundaries
- having a chaperone present whenever there is any contact
- moving either the client or the staff member to another work setting.

Where the overstepping of professional boundaries has resulted in harm to the client, the staff member will be subject to a disciplinary investigation (following local safeguarding procedures). This could result in the person being dismissed and referred to the DBS for possible inclusion on its barred list(s).

The Use of Banter

It is well known in the care industry that the use of banter both between staff and between staff and clients may sometimes be used to alleviate stress or as a method of superficial communication. Banter can, however, be harmful if

used sarcastically with the intent to cause emotional distress, or if the communication is perceived by others as inferring a relationship beyond the professional.

Employees who engage in banter must be aware of the potential for their behaviour to be misconstrued with the consequence of individuals believing they have formed a friendship with the user. In a power setting, such as between a member of management and a subordinate, or a carer and a client, this can lead to the inference of an inappropriate relationship. It is best practice for all members of Custom Home Care Ltd. To limit their use of banter, although we do understand it may play a role in forming a therapeutic relationship with clients. Staff should examine their motives for the use of banter and closely monitor the response of a client to it, ensuring the underlying motive for their interaction is purely professional (e.g., to help put a client at ease or diffuse a stressful situation).

Sexual Boundaries

To maintain professional boundaries and the trust of clients, staff must never display sexualized behaviours towards a client. These may be defined as *acts, words, or behaviour designed or intended to arouse or gratify sexual impulses or desires*. Sexual behaviours can include but are not limited to sexual advances. They refer to a full spectrum of behaviours, actions and attitudes ranging from naïve understanding of relationships to predatory behaviour. All forms of sexual behaviour between staff and clients are inappropriate as they are likely to impair judgement of the staff member and/or constitute abuse of trust or authority. Some examples of sexualized behaviours include:

- physical contact which might be seen as suggestive
- sexual innuendo and/or insinuation
- inappropriate dress (please see Dress Code)
- inappropriate use of language (verbal and body) that satisfies the need of the staff member and not have any benefit for the client.
- Flirtatiousness

There are also several behaviours, while not necessarily a breach of sexual boundaries, may inadvertently lead to displaying sexual behaviour towards clients or carers. All employees must be self-aware and recognise these behaviours. They include:

- Revealing intimate details about oneself.
- Giving or accepting social invitations where this may be sexually motivated (including where this may be misconstrued).
- Seeing a client outside of the normal working environment (e.g., visiting a person's home unannounced and/or without a prior appointment/call time.
- Communications that are not relevant to the client's care.

All staff must be aware that some breaches of sexual boundaries may be deemed a criminal offence under the Sexual Offences Act 2003.

Training and Communication

All employees are made aware of the bribery, corruption, and professional boundaries policy during induction training and are required to read the relevant sections of the Staff Handbook. All employees are asked to formally accept conformance to this policy on an annual basis (Appendix 1). All employees must sign a Professional Boundaries Declaration to indicate they understand and accept the company's policy and procedures (Appendix 2).

Our zero-tolerance approach to bribery and corruption must be communicated to all suppliers and third parties at the outset of our business relationship with them and as appropriate thereafter.

Who is Responsible for the Policy?

The company CEO has overall responsibility for ensuring this policy complies with our legal and ethical obligations, and that those under our control comply with it. The CEO is also bound by the terms of the policy.

The Administrative Manager in conjunction with the Registered Manager, has primary and day-to-day responsibility for implementing this policy, and for monitoring its use and effectiveness. They must also deal with any queries on its interpretation. Management at all levels are responsible for ensuring those reporting to them are made aware of and understand this policy and are given adequate and regular training on it.

Monitoring and Review

The Administrative Manager will monitor the effectiveness and review the implementation of this policy. They will annually consider its suitability, adequacy, and effectiveness. Any improvements identified will be made as soon as possible and employees updated of the changes made.

All employees are responsible for the success of this policy and should ensure they use it to disclose any suspected danger or wrongdoing.

Appendix 1 – Anti-Bribery and Corruption Employee Conformance Statement – Custom Home Care Ltd.

Name:	
Employee No.:	
Address:	
Conformance Statement: I, the undersigned, being an employee of Custom Home Care Ltd., hereby acknowledge that I have read the Anti-Bribery and Corruption Policy and agree to adhere to the standards detailed therein. **Signed:** **Date:**	
Supervisor:	
Signed:	
Date:	
OFFICE USE ONLY	
Recorded by:	
Signed:	
Date:	

Appendix 2 - Professional Boundaries Declaration

I _____ have been informed not to breach professional boundaries when working with either colleagues or clients and their families. This includes the following list but is non-exhaustive.

(1) Any personal information about yourself or family that may put yourself or others at risk from any form of discrimination or abuse and could involve the following: the office, police, Social Services and the CQC, or even possible legal action against yourself and the company.

(2) Do not accept gifts under policy and procedures over the value of five pounds (£5.00) and if you do receive a gift, you must report this and must be registered in the office gift and gratuities book.

(3) Do not accept any money from clients as this could put you at risk of a Safeguarding investigation that could involve the following: the office, police, Social Services and the CQC, or even possible legal action against yourself and the company.

(4) Do not discuss anything with clients or their families and/or friends that may be classed as inappropriate or offensive to others. This may include such things as: language, swearing, and inappropriate materials such as certain types of magazines.

(5) Do not invite clients or their families to your property.

(6) Do not discuss anything you have heard within your office environment, such as discussions about staff, clients, or the business.

(7) Do not slander or give the company a bad name as under your contract terms and conditions. This could be classed as gross misconduct and you could be dismissed. This statement also includes periods of training, as the trainer will inform your manager.

(8) You must report anything that may be classed as a safeguarding concern to your manager immediately. If you fail in your responsibility to report this, it could result in disciplinary action or dismissal.

(9) You must not overstep any training professional boundaries when dealing with our clients, such as invasive procedures for which you have not been properly trained or authorised in writing to do, as it could lead to a safeguarding investigation.

(10) You must, under Health and Safety legislation, report any health issue you may have, and update your health declaration form when something has changed, or when you have been asked to complete a new form. This allows the company to fulfil its duty of care.

Please sign the declaration over the page.

I am signing to indicate I have read and understood and am in receipt of a copy.

Staff Member:

Print Name	
Sign Name	
Date	

Custom Home Care Ltd. Representative:

Print Name	
Signature	
Date	
Position	

Confidentiality and Data Protection Policy

Custom Home Care Ltd. is registered with the Information Commissioner's Office on the Data Protection Register and complies with the Data Protection Act 1998.

The Data Protection Act 1998 (www.gov.uk)

The Data Protection Act 1998 controls how personal information is used by organisations, businesses, or the government.

Everyone who is responsible for using data must follow strict rules called *data protection principles*. They must make sure the information is:

- Used fairly and lawfully.
- Used for limited, specifically stated purposes.
- Used in a way that is adequate, relevant, and not excessive.
- Accurate.
- Kept for no longer than is necessary.
- Handled according to people's data protection rights.
- Kept safe and secure.
- Not transferred outside the UK without adequate protection.

There is stronger legal protection for more sensitive information, such as:

- Ethnic background.
- Political opinions.
- Religious beliefs.
- Health.
- Sexual health.
- Criminal records.
- Sexual orientation.

Purpose of this document

- To provide our staff and clients with mechanisms that will ensure the protection of their data.
- To ensure the required rules are followed regarding data protection.

Statement Regarding All Electronic Data

All electronic data held by Custom Home Care Ltd., whether this be personnel records, client records, files relating to policies and procedures, legislation, Health and Safety Executive documentation, correspondence by letter/compliment

slip, images, scanned documentation relating to the day to day running of the company (e.g., banking, insurance, bills), and files relating to Custom Home Care Ltd.'s website are stored on a password protected server. Any data stored using People Planner and its affiliate software is protected by Access UK Ltd and Access Care Planning security protocols. Shared data relating to Sheffield City Council clients is sent via Secure File Transfer provided by AnyComms, coded so no personal information is discernible, or is sent via password protected and encrypted e-mail.

Computer use is also confidential. Initial log on screens require the entry of a password. Screen savers are set to activate after five (5) minutes of inactivity and require a password to be entered upon resumption of activity.

Electronic Mail

Custom Home Care Ltd.'s business email package is provided through IONOS 1&1. It includes password protection, automated server back-ups and SSL-Certified data transfers which are managed from high security data centres. An anti-spam and anti-virus package has also been purchased as an add-on to the standard business email account. In addition, any email sent from @customhomecare.org includes a disclaimer stating:

This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

Written Materials

All written materials are treated carefully; materials containing personal information no longer of use are destroyed. Such materials include, print screens, handwritten notes of a person's name and telephone number, anything whatsoever from a candidate file including copies of CV's, any training or knowledge materials such as presentation handouts/weekly statistics/call logs etc. Any information pertaining to client's personal information that is no longer in use or relevant is destroyed if not a matter for record or stored securely in a lockable filing cabinet if retention is required. Upon offer of employment, individuals are required to complete a detailed health questionnaire and equal opportunities form. These forms are marked 'CONFIDENTIAL' and are kept in a locked filing cabinet.

Desks should not have confidential information left out on display where someone walking by the desk could view such information.

For ease of disposal of all confidential material a paper shredder is provided in the office. If access to the shredder is not available, the material is cut up or torn to the smallest size possible before disposal.

Verbal Communications

All conversations related to the company or any of its staff, clients, finances, strategic plans, or any other knowledge a staff member has because of working for the company, whether conducted inside or outside the organisation should be of a professional nature and should not disclose any information that is not already held within the public domain.

Should a staff member receive a telephone call enquiring about any details held they must first validate who the caller is and make sure they are talking to the correct person. They must ask at least three questions which only the caller would be able to answer easily. These questions include personal information such as date of birth, place of birth, postcode, mobile number, or other information.

Staff are not permitted to make statements to the media. If approached by a member of the media so not respond to any questions they ask. All communications to the media must be made through the office by the CEO, the Registered Manager of an officially appointed individual. If staff discuss company business with the media, the disciplinary procedure may be invoked.

Personal Data

Custom Home Care Ltd. will hold computer records and personnel files relating to staff and clients. These will include staff employment applications, references, bank details, performance appraisals, holiday and sickness records, remuneration details and other records (which include data relating to the employee's health and data held for monitoring purposes). Custom Home Care Ltd. requires such personal data for personnel, administration, and management purposes and to comply with its obligations regarding the keeping of records. The employee's right of access to this data is as prescribed by law.

In terms of the employee's contract, Custom Home Care Ltd. may process personal data of an employee for personnel, administration and management purposes (including data relating to the employee's health and data held for monitoring purposes) and may, when necessary for those purposes, make such data available to its advisors, to parties providing products and/or services to the company (including, without limitation, IT systems suppliers, pension benefits and payroll administrators), to regulatory authorities such as the Care Quality Commission, to any potential purchasers of the company or its business (on a confidential basis) and as required by law.

Custom Home Care Ltd. may, in terms of the employee's contract, handle, process and divulge (whether in the UK, the European Union or elsewhere) such information as may be necessary for the company or its agents to perform its business or duties.

Personal data held by Custom Home Care Ltd. relating to clients, will always remain confidential, unless requested by a verified, legitimate individual (e.g., the client themselves or an individual with Power of Attorney), or as required by law (e.g., in the event of a criminal investigation or death of a client). Paper records will be held in a lockable filing cabinet in

a secure building monitored by CCTV. Electronic records will be encrypted, kept on password secured computers and a secure server. Staff will not be permitted to remove personal data from the office to work on an unsecured system. Portable devices for use with domiciliary software will hold no personal data regarding clients, information will be accessed through username and/or password/PIN verified software.

Confidentiality Policy

Staff may not (except in the proper course of his/her duties or unless ordered to do so by a court of competent jurisdiction) during, or at any time after employment, divulge to any person, or otherwise make use of any confidential information. He/she shall use his/her best endeavours to prevent the improper use, disclosure, or communication of confidential information.

Confidential information will be deemed to extend to all confidential technical and commercial information including, but not limited to the contents of reports, specifications, quotations, computer records, client lists, price schedules, appraisals etc.

These restrictions above shall not apply in respect of any information which is or has become available in the public domain (otherwise than by a breach by the employee of this clause), or which he/she is required to disclose by court or competent authority, or which by virtue of the employees' assignments are part of his/her own skill set and knowledge.

Subject Access

Employees and clients have a general right of access to their own personal data if it is held and processed in an automated system or in a relevant manual filing system that is structured in relation to individuals.

The amount of personal data we hold about a person and how we process it depends on the nature of their relationship with us. We may therefore hold some documents or other records that refer to people by name but that are not classed as accessible personal data because they are not held in a relevant filing system.

Access requests must be made in writing, with enough information to find the data requested and proof that you are the subject in question. We need two proofs of identity such as a copy of a birth certificate, passport, driving licence, council tax bill or a letter to you from us or from a government department. At least one item must include a photograph or a signature.

You can request access to your personal data by telephoning 0114 275 9703 or by emailing your request to wecare@customhomecare.org.

Once we have all the information we need to deal with a request, we will respond within 40 days.

There are some exemptions to the right of subject access. For example, we can withhold data that refers to other people who have not consented to disclosure or might cause serious harm to you or anyone else.

You only have the right to access your own personal data. You do not have the right to access personal data about other members of your family or your friends unless you have written proof of your authority to act on their behalf. Even if you meet this requirement, we may need to ask you for more information before replying or refuse your request because of our duty to keep personal data confidential.

Under the Data Protection Act, we must try to keep personal data accurate and up to date. If you think that your personal data is inaccurate, you can write explaining why and asking us to correct it. We will reply within 21 days to advise you how we have processed your request.

Consent Policy

Introduction

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 obtain a client's consent before performing any care. A client who can 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. Employees of Custom Home Care Ltd. must not rely on a client's apparent compliance with a procedure as a form of consent.

Custom Home Care Ltd. discusses client's needs with them and will gain the client's consent to care being given. As part of the initial assessment, Custom Home Care Ltd. will determine whether the client has made any advance decisions or had a legally appointed representative.

Under the Mental Capacity Act 2005, a client's '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.

'Consent' refers to the permission given by a client or a legally appointed individual. For consent to be valid it must be voluntary, informed, specific and current.

Purpose

The purpose of the Consent Policy is to inform care workers who need to obtain consent either directly from a client or from a legally responsible individual for activities undertaken during care.

Policy Statement

- In the first instance, clients are presumed to have the capacity to make their own decisions
- A presumption of capacity applies each time a client is required to decide about a new issue or a new situation.
- Clients may expect to be supported to make decisions that affect them if support is required.
- Decisions about day-to-day issues such as what to wear, are made by clients and if support is required, families, a legally responsible individual or close friend may provide it informally.
- When a client is unable to make a critical decision without assistance, the family, or a legally responsible individual, regarding the best interests of the client, may provide informal support to make the decision.
- In cases of disagreement about what constitutes the best interest of the client or particularly critical decisions, a legally responsible individual; with specific decision-making function may be required to give or withhold consent.

- In the absence of any 'advanced decisions' or a court appointed person, the carer, under the guidance of the Registered Manager, will consider whether decisions are in the client's best interests.
- For employees of Custom Home Care Ltd. to be protected from any liability which could arise from a scenario such as this, they must:

  - Have taken reasonable steps to assess capacity.
  - Reasonably believe the person lacks capacity.
  - Reasonably believe that the decision is in the client's best interests.

- Regarding medications, clients are required to sign a Medication Administration Authorisation Form (Appendix 1). If a client is unable to sign, then an appointed representative may do so on their behalf.

Appendix 1 – Medication Administration Consent Form

I hereby give authorisation for Custom Home Care Ltd. to arrange for a Care Worker to assist with the administration of medication as prescribed by my doctor, dentist, nurse prescriber, or other authorised prescriber.

I also give authorisation for the Care Worker to administer non-prescribed medication in accordance with the agreed non-prescribed medication list. Any changes or additions will have to be checked and authorised in the same way.

I understand that:

- The Care Worker cannot administer anything which is not already in the Medication Administration Record (MAR) Chart.
- The Care Worker will not assist me with any medication that is above prescribed or recommended dosage.
- Anyone who assists me with my medication to record full details of any assistance and medication given – Prescribed medication must be recorded on the Medication Administration Record (MAR) Chart and non-prescribed medication on the Non-prescribed Medication List.
- Social Services may need to ask me and maybe other people about what medications I am taking.

I agree that:

- I will make available to the Care Worker the MAR Chart and communication records relating to my medication and care.
- I authorise my Care Worker and/or their managers to liaise with my GP, Pharmacist or any other prescriber about my medication and any arising issues.
- I will give full information to my Care Worker about my medication including what I have and have not taken.
- I will give full co-operation in the implementation of this agreement and issues concerning my medication including the storage and disposal of medication that is no longer prescribed, out of date or is spoilt and cannot be used safely.

Please fill in details on next page

Client Details	
Date:	
Surname:	
First Name(s):	
Date of Birth:	
Address:	
Signature:	
Assessor Details	
Assessor Name:	
Signature:	
Tel. No.:	
GP Details	
GP Name:	
Surgery:	
Tel. No.:	Fax No.
Pharmacy Details (nominated by client)	
Pharmacy:	
Tel. No.:	Fax No.:
How prescription will be supplied to Pharmacist:	
Pharmacy agreement to supply MAR Charts	YES ☐ NO ☐
Hospital Pharmacy agreement (where applicable)	YES ☐ NO ☐

N.B.: Copies of this form must be:

- Kept in the client's file
- Sent to the client
- Sent to Custom Home Care Ltd.
- Faxed to the Pharmacist
- Faxed to the GP

The Pharmacist will Supply MAR Charts only in receipt of this Authorisation Form

Continence Policy

Introduction

Custom Home Care Ltd. understands that incontinence (loss of bladder or bowel control) can be a difficult and embarrassing issue for those who suffer from it. Custom Home Care Ltd. believes in a positive and constructive policy of continence promotion. The company believes that incontinence is not a 'normal' or 'inevitable' part of ageing, although it may happen to more people as they grow older. Therefore, with good advice and support, sufferers may be able to learn to manage their continence or be treated to reduce the effects of incontinence. Custom Home Care Ltd., therefore, aims to promote and maintain the continence of its clients for as long as possible, and believes that the management of incontinence should be based on high quality individualised care aimed at meeting the client's individual needs. This will in turn assist with maintaining their dignity and independence as far as is always possible.

Aim

This policy outlines the values, principles and procedures relating to Custom Home Care Ltd.'s approach to continence care.

Policy

Custom Home Care Ltd. believes in providing high quality continence care based upon individual client's needs. These needs are recorded in the individual's care plan when the individual becomes a client. Each plan is determined by a full needs assessment drawn up in partnership with the client or their representative, it includes an assessment of the client's continence needs.

Custom Home Care Ltd. believes that it is important that care staff can identify developing continence problems in clients early so that they can be assisted in receiving prompt and fair access to medical or other health care resources. Incontinence has many causes, and many types can be treated or cured, despite age, especially if diagnosed at an early stage.

Therefore:

- Where continence problems are identified, the client should be fully assessed to establish the cause of the problem, and this should be reflected in the care plan. This should be conducted by someone qualified to perform such an assessment such as a Senior Care Worker with experience in continence care, and / or a district nurse where relevant. The care plan should include a description of help required by care staff (e.g., help to get to the toilet etc.), and the use of any continence aids.

- Where necessary, an office staff member will contact the client's GP or district nurse who in turn will make a referral to a local specialist continence service (generally based within the local NHS hospital).

- Initial or ongoing care options which should be available to clients and supported by care staff include:

  - Access to supply of pads, continence aids and / or other supplies.
  - Assistance with access to toilet facilities or the use of aids.
  - The option for referral to the client's GP or Continence Nurse.

- Staff should be aware for information purposes, that if the client is referred to their GP or continence nurse, the GP or continence nurse may be able to assist with such things as:

  - General advice regarding healthy living, in particular diet, and drinking appropriate fluids.
  - Reviewing medication.
  - Bladder and bowel training programmes.
  - Pelvic floor exercises.

- Clients who suffer from incontinence should be assisted by care staff to:

  - Maintain dignity.
  - Maintain personal hygiene.
  - Use appropriate continence aids effectively.

- Service users should be assisted to the toilet if it is indicated in their plan of care.
- All precautions should be taken to avoid accidents and spillage of urine, etc.
- Spillage and accidents should be cleaned up as soon as identified using the materials and protective clothing available for this purpose.

Individuals with urinary incontinence may become dehydrated either through fluid loss, or fear of drinking fluids and having 'an accident'. It is important that staff encourage clients to drink adequate amounts of the right fluids.

At all times, staff should be aware that incontinence can be a source of significant embarrassment for many clients. Staff must therefore treat clients with dignity, privacy and understanding at all times.

Training

All new staff should be encouraged to read the company policy on continence and a section of the Induction Programme is devoted to this. Care staff must be aware of the incontinence aids available, their correct use, capacity and when they will need to be changed / replaced.

DBS Reporting Procedure

Overview

The Disclosure Barring Service (DBS), is responsible for maintaining the previously titled PoVA and PoCA lists and terms them the DBS Barred Lists. Further information regarding this is available on the DBS website at https://www.gov.uk/disclosure-barring-service-check/dbs-barred-lists.

The Disclosure Barring Service Barred List regulations is set out in the Safeguarding of Vulnerable Groups Act 2006. Custom Home Care Ltd. is required to notify the Disclosure Barring Service (DBS), of any employee who is suspected to have harmed a vulnerable adult. This can only be done when it has been found that allegations against an individual have some element of substance after completion of an investigation. The DBS Referral Guidance and official form is available on the company server or for download at https://www.gov.uk/government/publications/dbs-referrals-form-and-guidance.

Who is checked against the Barred List?

There is a statutory requirement on providers of care to check if an individual is included on the Barred List if they are about to offer an individual employment in a support/care position:

- In a care home involving regular contact with residents; or
- Providing personal care in individual's own homes.

The DBS check should be made prior to the appointment of the care worker to the care position. Employment must not be offered to an individual who is on the Barred List.

Checks against the Barred List can only be made via the DBS as part of a Disclosure under the Police Act 1997. This is undertaken by Custom Home Care Ltd. as an essential part of the recruitment process.

Referring Persons for inclusion on the Barred List

There is a statutory requirement on Custom Home Care Ltd. to refer care workers to the Disclosure Barring Service for possible inclusion on the Barred List in the following circumstances:

- Custom Home Care Ltd. (the provider) has dismissed the worker on the grounds of misconduct (whether or not in the course of his/her employment) which harmed or placed at risk of harm a vulnerable adult.
- The worker has resigned, retired, or been made redundant in circumstances such that the provider would have dismissed him/her, or would have considered dismissing him/her, on such grounds if he/she has not resigned, retired, or made redundant.

- Custom Home Care Ltd. (the provider) has on such grounds, transferred the worker to a position which is not a care position, or
- Custom Home Care Ltd. (the provider) has on such grounds suspended the worker or provisionally transferred him/her to a position which is not a care position but has not yet decided whether to dismiss him/her or to confirm the transfer.

In deciding whether an individual should be referred to the Disclosure Barring Service for inclusion on the Barred List, Custom Home Care Ltd. must decide whether, in their view, the individual has been guilty of misconduct which harmed or placed at risk of harm a vulnerable adult.

The Safeguarding Vulnerable Groups Act 2006 (SVGA) places a legal duty on employers and personnel suppliers to refer any person who has:

- Harmed or poses a risk of harm to a child or vulnerable adult
- Satisfied the harm test, or
- Received a caution or conviction for a relevant offence.

Referral following police charges

A referral to the DBS should also be made in circumstances where a care worker has been suspended, dismissed, or resigned after having been charged by the police with offences against vulnerable adults, and is awaiting the outcome of criminal investigation or trial.

Custom Home Care Ltd. Procedure Following Disciplinary Outcome

When a disciplinary outcome includes any of the situations outlined in the four points above, Custom Home Care Ltd. will be required to inform the Disclosure Barring Service for consideration of inclusion on the list. Referral to the DBS will be made after completion of Custom Home Care Ltd.'s internal procedures, that is, after any appeal hearing or after expiry of the period in which to make an appeal.

Information to be provided with a referral

Please see the Disclosure Barring Service document *DBS Referral Guidance: Completing the Form* - Appendix #. This document is also available online at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279926/dbs-referral-form-guidance.pdf

Implications of Inclusions on the Barred List

For providers of care

The Act requires providers of care to check the DBS Barred List before offering any individual employment in a care position. If they discover that the individual is included on the list, the provider of care must not offer that individual employment in a care position.

Additionally, where a provider of care discovers, through whatever means, that an individual already occupying a care position, is included on the DBS Barred List, the provider must cease to employ that individual in a care position.

For Individuals

An individual who is included on the Barred List either as a confirmed or provisional listing may not be offered work in a care position.

It is a criminal offence for an individual confirmed on the Barred List to knowingly apply for, offer to do, accept, or do any work in a care position. It is not a criminal offence for an individual who is provisionally listed to seek employment in such a position.

Provisional inclusion on the DBS Barred List

The DBS will initially examine the quality of the information submitted in the referral form. They may decide not to proceed if the case is clearly not suitable for inclusion or may seek more information from the provider before considering whether to proceed with a decision to provisionally include the individual on the Barred List. The aim will be to make decisions about the provisional listing of individuals as quickly as is reasonably practicable.

Having been that the information provided with the referral form is complete, the DBS will decide about provisional listing. If it appears from the information submitted that it may be appropriate for the individual to be included on the list the DBS will provisionally include him/her.

Action following provisional listing

If an individual is provisionally included on the Barred List the DBS will confirm this with the organisation (the person who made the referral) and will immediately inform the individual by letter sent by “Special Delivery”. The individual then could make written representations direct to the DBS as to why he/she should not be confirmed on the Barred List. The DBS will provide the individual with full details of the information submitted by the referring organisation and will usually copy all papers to the individual.

The individual will be given twenty-eight (28) days in which to make written observations, or to indicate that he/she intends to make observations within a reasonable period. If observations are not received, the DBS will make their decision based on all available evidence.

All representations made by the individual will be passed to the referring organisation for comment. Similarly, the DBS would expect to be able to provide the individual concerned with copies of all papers submitted to them from the referring organisation. This process of information gathering, and exchange will continue for as long as it takes for the DBS to be satisfied that he has sufficient information to enable them to come to the opinion which they are required to reach.

If the DBS determines that the individual's name should not be confirmed on the Barred List, they will immediately remove the provisional entry from the list.

If the DBS determines that the individual's name should be confirmed on the Barred List for children, they will then decide, in the light of all information before them.

If the information is such that there is no indication that the individual presents a risk to children, then their name will only be confirmed on the Barred List for vulnerable adults.

Immediately the DBS has made his decision notice of it will be sent by "Special Delivery" to the individual and to the referring organisation. At the same time the individual will be either removed from, or confirmed on, the list.

Appeals against provisional listing

An individual who has been provisionally included on the Barred List for more than nine months, may seek leave of the Care Standards Tribunal (the Tribunal) to have the issue of his/her inclusion on the list determined by the Tribunal instead of by the DBS. If the individual has also been provisionally included on the Barred List for children, he/she may, if he/she so wishes, only seek leave of the Tribunal to determine his/her position on that list.

If the individual who is provisionally included on the Barred List for adults, is also the subject of any civil or criminal proceedings in connection with the allegations of misconduct he/she cannot apply to the Tribunal until six months after those proceedings have been disposed of. This may mean that the nine-month delay before applying to the Tribunal has to be extended.

The Tribunal has issued its own guidance for appellants in how to use its services and how to lodge appeals. Copies of this guidance are available from the Care Standards Tribunal Secretariat at 18 Pocock Street, London SE1 0BW. This guidance is also available on the Tribunal website http://www.justice.gov.uk/tribunals/care-standards.

Regulatory Bodies

As soon as a care worker is provisionally included on the Barred List, prompt referral to appropriate regulatory bodies such as the Care Quality Commission must be considered by the person who made the referral to the Barred List. Where a worker is removed from the Barred List, the person who made the referral, if he/she is aware of the removal, should inform the regulatory body of the removal.

Confirmed listings – removal from the Barred List

There are three ways in which individuals may seek removal from the Barred List namely:

- Secretary of State's power to remove an individual from the list
- Appeal to the Care Standards Tribunal
- Application for review of inclusion on the Barred List

Further details of the appropriate circumstances, practical arrangements, and procedures applicable together with other relevant information can be obtained from the Department of Health, PO Box 777, London SE1 6XH, telephone 0870 155 5455 or mail to doh@prolog.uk.com.

Additional guidance and related material can be accessed on the internet at https://www.gov.uk/government/organisations/department-of-health. For a quick find, type "Vulnerable Adults" into the search box.

Dress Code Policy

Introduction

Custom Home Care Ltd. is a company that supports and seeks to encourage individuality and cultural differences. One way that people with whom we work and people that work for us can express their individuality is by how they dress and present themselves. Custom Home Care ltd. acknowledges that fashions and conventions for dress will change on a regular basis and as such expects to see this reflected in the way some people choose to dress.

Custom Home Care Ltd. also believes that people should be judged and accepted by their conduct and personality rather than how they are dressed.

The dress code will also need to apply differently to the various roles for people who work for Custom Home Care Ltd. There will be significant health and safety issues which require certain standards of dress which may exclude the wearing of jewellery and certain types of footwear. These standards are set out within the company's Health and Safety Policy.

Most staff and managers employed by Custom Home Care Ltd. are role models for the people we support, and work to ensure that people do not draw negative attention to themselves especially whilst in the community. Therefore, we must be mindful of the image we are presenting especially whilst being associated with vulnerable adults.

This dress code aims to set some helpful indicators as to the principles of Custom Home Care Ltd.'s Dress Code rather than be prescriptive about what people should wear, thus stifling individuality.

Legislation

The dress code has also been produced in line with the following legislation:

- Sex Discrimination Act 1975.
- Religious or Belief Regulations 2003.
- Disability Discrimination Act 1995.

Sex discrimination

Custom Home Care recognises that within this dress code it is important that we ***do not*** implement different requirements for men and women, such as:

- Women must wear skirts.
- Men should not have long hair.
- Men must wear a collar and tie.

Rather than rules imposed as above the company expects that both sexes are required to dress to the same overall standards to ensure that neither is treated less favourably.

Religious or Belief Standards

People will be allowed to dress differently due to their religion, culture, ethnic origin, or belief reasons. There have been many cases recently reported within the media of people having restrictions placed upon their clothing.

Whilst Custom Home Care Ltd does not wish to restrict anybody's clothing on religious grounds, there may be overriding health and safety concerns which will mean the wearing of some clothing is not safe for the staff or person they are supporting.

Where this is the case, any decisions must be evidenced clearly under appropriate legislation such as health and safety regulations. If any member of staff believes that their clothing is being discriminated against on religious or belief grounds Custom Home Care Ltd encourages the staff member to follow the grievance policy to have the matter dealt with urgently and formally.

Disability Discrimination

Custom Home Care ltd. will not discriminate against clothing that needs to be worn or maybe cannot be worn (such as a tie due to neck injuries) and will be sensitive to a person's needs. In addition, Custom Home Care Ltd. would not expect staff to wear clothing which could highlight disability or other health issues such as the wearing of a colostomy bag.

Custom Home Care Ltd. will also support variations in dress code for reasons related to someone's impairment or long-term medical condition. Line Managers need to be aware that there may be the need for reasonable relaxation to the dress code. Staff who may need such support should be made to feel confident and aware that they can ask for it. Even if someone is not legally "disabled", relaxation may be helpful to allow return to work following an accident for example.

If a person believes that they are being discriminated against on these grounds they should make their line manager aware or follow the Grievance Policy procedures.

Different Roles

Office Based Workers

The overriding principle is that office-based staff should present a clean image with clothing of their choosing appropriate to the tasks they are required to carry out otherwise known as 'FIT FOR PURPOSE'. Some staff will naturally want to present a smart/formal image whilst others will be more comfortable in casual clothing. Those wishing to present themselves in a more formal way will often value having a separate wardrobe of clothes which are set aside for work, whilst that may not be such an issue for those dressing in a more casual style. This dress code allows for either style for these staff within reason.

Staff and managers should use an element of their judgement and common sense in determining the most appropriate dress code for the people they will be in contact with. This is especially applicable when travelling to work with external partners.

Staff working with clients in their homes

Staff working with clients in their homes must follow the standard dress code for care workers. This includes:

- Black trousers (leggings, jeggings or jeans must not be worn).
- Sturdy flat black shoes that cover the toe.
- Appropriate tunic.
- Appropriate PPE.
- ID badge.

Clothing should allow unrestricted movement; shoes should have a good grip to avoid slipping. Tunics and PPE will be provided by Custom Home Care Ltd.; however, it is the employee's responsibility to outfit themselves with shoes and trousers. Custom Home Care Ltd. reserves the right under health and safety regulations to intervene in some instances regarding the suitability of clothing and footwear.

Unacceptable Clothing Standards

The following items of clothing are not accepted regardless of role or gender:

- Discriminatory clothing
- Clothing with slogans or text which could be considered offensive
- Clothing with slogans or text of a sexual nature
- Clothing which is overly provocative or skimpy
- Clothing which is unhygienic
- Clothing which restricts the ability of the staff to carry out their work safely

The above applies equally to both sexes.

Jewellery

Staff will need to be aware of the potential hazard that can be created by wearing certain jewellery e.g., necklaces or chains, large earrings in pierced ears or body jewellery in other parts of the body.

A risk assessment of wearing such jewellery will need to be undertaken and local action to remove the risk. If necessary, this will be done by asking staff to refrain from wearing it whilst at work.

False Nails and Nail Varnish

While not wanting to undermine nor remove an individual's freedom of choice, Custom Home Care Ltd. do not advocate the wearing of false nails or nail varnish (even when applied to the person's own nails) by any of their care staff. The duties of the care staff may be impeded by doing so and could lead to cross-contamination or infection of the client or themselves.

Monitoring the Dress Code

It is the responsibility of the Line Manager(s) to ensure that the dress code is adhered to. They will inform the individual(s) if it is deemed that their standard of dress is inappropriate. This will be stated giving a clear rationale (within policy guidance) rather than exercising opinion.

Issues relating to dress code should be addressed at the time rather than wait for supervision as it is difficult to recall specific detail about clothing worn previously.

Training

Potential staff should be informed of the dress code upon offer of employment. A copy of the dress code is available in the Staff Handbook and all staff will be required to make themselves familiar with the policy during induction.

Duty of Care Policy

Introduction

Duty of Care is defined simply as a legal obligation to:

- Always act in the best interest of individuals and others.
- No act or failure to act in a way that results in harm.
- Act within your competence and not take on anything you do not believe you can safely do.

A care worker owes a duty of care to the people they support, their colleagues, their employer, themselves, and the public. Everyone has a duty of care – it is not something that can be ignored.

When acting in a person's best interest, a care worker must do so with that person's consent unless the care worker has evidence that the person lacks capacity to make that decision at the time it needs to be made.

If the care worker is employed directly to support someone in their own home, duty of care still applies.

Essential Standards

- People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.
- People should receive safe and appropriate care that meets their needs and supports their rights.
- People should have their complaints listened to and acted on properly.
- Keep your knowledge and skills up to date.
- Provide a service of no less a quality than that to be expected based on the skills, responsibilities, and range of activities within your trade or profession.
- Be able to know what must be done to ensure that the service is provided safely.
- Keep accurate and contemporaneous records of your work.
- Not delegate work, or accept delegated work, unless the person to whom the work is delegated is competent to carry out the work concerned in a safe and appropriately skilled manner.
- Protect confidential information except where the wider duty of care or the public interest might justify disclosure.

How duty of care contributes to safe practice

Duty of care means that employees must aim to provide high quality care to the best of their ability and say if there are any reasons why they may be unable to do so.

When professionals act within a duty of care they must do what a reasonable person, with their training and background, can be expected to do. So, for example, an accountant must get their sums right and apply for the right tax exemptions for

their clients. In the same way, a care provider is expected to be trustworthy, in accordance with their code of practice, and apply suitable skills when carrying out care services.

Providers and care workers must always take reasonable care. This means they must:

- Keep their knowledge and skills up to date.
- Provide a service of no less quality than that to be expected, based on the skills, responsibilities, and range of activities within their work or profession.
- Be able to know what must be done to ensure that the service is provided safely.
- Keep accurate and up-to-date records of the care and support provided, including any assessment of someone's capacity and the rationale for any decisions that are taken on their behalf.
- Not delegate work, or accept delegated work, unless the person to whom the work is delegated is competent to carry out the work and vice versa protect confidential information except where the wider duty of care or the public interest might justify making it known.

All these things help to ensure that employees are working safely and professionally. The Mental Capacity Act (MCA) provides a framework to empower and protect people who may lack capacity.

The legal principles of the MCA state that we must:

- Assume people have capacity unless there is evidence to suggest otherwise.
- Do all we can to maximise someone's capacity to make their own decisions.
- Not assume that someone who makes an unwise decision lacks capacity.
- Act in a person's best interest.
- Apply the least intrusive intervention.

Why is it important to let people make their own decisions whenever possible? People can become depressed, demotivated and more dependent if they are not allowed to make their own decisions and take risks.

Know how to recognise and handle comments and complaints

In any type of job that involves working with people there will be complaints. Some of them will seem trivial (but should not be dismissed as there could be something more serious underlying the complaint). Others may indeed be more serious. As well as complaints, you may receive comments about the quality of care provided or suggestions as to how to improve things. All comments and complaints should be treated seriously and not just dismissed. Comments and complaints can help improve the service provided to the people being cared for and supported. See Custom Home Care Ltd.'s Complaints and Compliments Policy and Procedure for further information.

It is important to be aware that people who use Custom Home Care Ltd.'s services and their families may see things quite differently from the employee. They have different lifestyles, histories, expectations, and situations. Complaints, properly handled, are an excellent way of improving the service Custom Home care Ltd. provides.

Know how to recognise and handle adverse events, incidents, errors and 'near misses'

Risk management and assessment helps keep people safe. Part of risk management involves recognising and reporting adverse events, incidents, errors and 'near misses'. These can cover a wide range of activities:

- Trips and falls.
- Medication errors.
- Challenging behaviour.

A care worker needs to know how to respond. It's all part of the duty of care. Knowing the correct responses will also help to prevent similar things happening in the future. See the Health and Safety Policy for further details

When your employer's instructions conflict with your duty of care

It is Custom Home Care Ltd.'s aim to not have these situations arise. However, if such a situation did occur, the following information is relevant. There may be times when the duty of care may require an individual or group of staff to question or challenge their employer's instructions. For example, when there is a conflict between what the employer expects them to do and what they believe is in the best interest(s) of patients/service users, the health of colleagues or themselves, or the wider public interest.

Your obligation to work in accordance with the lawful contractual instructions of your employer may be challenged in certain circumstances.

For instance:

- Where an instruction is unlawful – for example requiring individuals to drive vehicles or operate machinery they are not qualified to drive or operate.
- Where an instruction is clearly unsafe – either in breach of a statutory requirement or a serious health and safety risk.
- Where an instruction conflicts with statutory rights and obligations – for example insisting staff breach anti-discrimination legislation or the Working Time Regulations.
- Where an instruction is outside the employer's contractual authority – for example imposing obviously and intolerably unfair requirements on employees.
- Where there is insufficient direct instruction – for example where there are conflicting instructions from different managers.
- Where an instruction conflicts with implied contractual duties – especially the individual's duty of care or their Code of Professional Conduct.

Before any changes are made to working arrangements, services or resources, employers and employees must ensure that all the duty of care requirements can be met. If you become worried that a situation could lead to your duty of care being compromised, then you should raise these concerns to ensure your duty of care and the public interest is safeguarded.

Some examples of situations where the expectations of your employer may conflict with your duty of care might include:

- Being expected to undertake an excessive or unsafe workload, for example being expected to take on too many calls or cope with inadequate ratios of staff.
- Being asked to implement questionable delegation of tasks or roles, for example being asked to take on tasks you are not trained for or to delegate tasks to someone else who is not properly trained.
- Being told to follow potentially unsafe instructions, for example, being asked to undertake a task with inadequate or faulty equipment.
- Being expected to work in an environment which is unsafe for staff or patients/service users, for example poor hygiene leading to infections.
- Being harassed at work by other staff, managers, or members of the public or suffering from bullying or stress.
- Working in a workplace where a climate of fear prevents proper concerns about patient/service user care or staff safety being raised.
- Being asked to collude in inappropriate allocation or reduction of resources not in the best interests of patients/service users.

Whistleblowing and the Public Interest

Under the Public Interest Disclosure Act 1998 workers have a right to 'blow the whistle' if management instructions are conflicting with their duty to act in the public interest. Examples might include where an individual believes clinical practices or equipment are dangerously unsafe, or where serious misuse of funds or resources (e.g., fraud or waste) is discovered. Every employer should have a whistleblowing procedure in place to facilitate the disclosure of this kind of sensitive information.

Someone making such a disclosure must do so in good faith (even if later it turns out to be untrue) and must believe that at least one of the following tests is met:

- That a criminal offence has been or is likely to be committed.
- That someone is failing, or will fail, to comply with legal obligations.
- That a miscarriage of justice will occur or has occurred.
- That there is a health and safety risk or there is a risk of damage to the environment.
- That information about these issues has been, or is likely to be, deliberately concealed.

For further information, please see our Whistleblowing Policy.

Equality Legislation

The Equality Act 2010 outlines antidiscrimination legislation covering six main equality strands: age, disability, gender, race, religion and belief and sexual orientation.

As part of the Equality Act in England, Scotland and Wales, any public authority or organisation which carries out a public function, is legally obliged to eliminate discrimination for service users and staff by adhering to the public sector equality duty. The duty covers the six strands outlined above as well as gender reassignment, pregnancy, and maternity. Custom Home Care Ltd. must have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and foster good relations between different groups. Discrimination is a breach of the duty of care and must be challenged.

Please see Custom Home Care Ltd.'s **Whistleblowing and Ant-discrimination Policies** for further information.

Emergency Contingency Plan - General

A contingency plan is required to ensure service delivery for vulnerable and high-risk clients during adverse situations. This general contingency plan is implemented if staffing levels drop to a level where usual operations cannot take place. The most likely reason for the implementation of the plan is multiple staff absences at the same time. Please also see the ***Emergency Winter Contingency Policy*** for procedures during operational disruption in winter.

It is the responsibility of the Registered Manager or the most senior staff member on duty to make the decision to initiate the Contingency Plan. All clients are categorised by the severity of their care needs. A traffic light system (RAG – see below) is in place to highlight those most at risk. This information is recorded in People Planner / Access Care Planning.

Critical risk – client is reliant on time critical medications and/or has no potential support from family, friends, neighbours etc.

Moderate risk – client is not reliant on time critical medication and has some potential support

Low risk – client can manage for brief periods, is not reliant on time critical medications and has some support from family, friends, neighbours etc.

- Clients in the red category will be attended to as a matter of priority.
- Once the contingency plan has been initiated, office staff will contact each client or client's representative by telephone to update them on the current situation.
- Those clients at low risk will receive well-being calls throughout the day to ensure they are coping.
- If at any time during well-being calls, it appears that the client is unable to cope with the situation, a decision will be made to escalate their priority.

Contingency arrangements under high pressure circumstances may also include:

- Changing call times so vulnerable clients with no other support networks, who require critical medical and physical support, or who are wholly dependent on the care and support of our care staff, have their needs met first.
- Contacting clients and their family to ask for assistance with some support calls we would normally attend.
- Altering the length of calls to include critical support only.

It is the responsibility of the Registered Manager or the most senior staff member on duty at the time to conclude Emergency Contingency Plan protocols. All staff currently working, and all affected clients will be informed when the protocol has ended.

For information related specifically to **COVID-19**, please see ***Covid-19 Statement and Govt. Guidance***.

Emergency Winter Contingency Policy

Aim

All companies that work in the field to deliver a service are often crippled by adverse weather conditions, particularly in winter. When a company is providing an essential service, such as domiciliary care, and has a duty of care to its clients, it becomes essential to have a winter contingency plan to ensure delivery of service.

Custom Home Care Ltd. is committed to ensuring continuity of care during the winter months and has developed a contingency plan for such a purpose. This document sets out the steps that are taken by Custom Home Care Ltd. to ensure appropriate arrangements are in place to provide high quality and responsive services through harsh winter weather conditions.

What are harsh winter weather conditions?

For the purposes of this contingency plan, harsh winter weather conditions are described as enough snow or ice or a combination of both, that creates severe disruption to transportation, and makes travelling difficult or impossible.

Activation of the plan

- During winter, senior office staff, will monitor weather forecasts daily to ensure the company is fully aware of potential disruptions.
- Upon the forecast of inclement weather, the Registered Manager, or designated person for the shift, will put the company on alert.
- A message will be sent to all staff expected to work upcoming shifts indicating they should be prepared for the implantation of the contingency plan.
- The Registered Manager or designated person for the shift, will make the decision prior to the start of the shift to implement the plan if necessary.
- Once the decision has been made to implement the plan, a message will be sent to all staff expected to work the current shift that the plan has been implemented and they will be asked to contact to office to indicate whether they are able to make their way to work.

Prioritising care calls

- All clients will be categorised by the severity of their care needs.
- A traffic light system (RAG) is in place to highlight those most at risk. This information is visible against everyone in the client database.

Critical risk – client is reliant on time critical medications and/or has no potential support from family, friends, neighbours etc.

Moderate risk – client is not reliant on time critical medication and has some potential support

Low risk – client can manage for brief periods, is not reliant on time critical medications and has some support from family, friends, neighbours etc.

- Clients in the red category will be attended to as a matter of priority.
- Once the contingency plan has been initiated, office staff will contact each client or client's representative by telephone to update them on the current situation.
- Those clients at low risk will receive well-being calls throughout the day to ensure they are coping.
- If at any time during well-be ing calls, it appears that the client is unable to cope with the situation, a decision will be made to escalate their priority.

Facilities available for the contingency plan

- 4x4 off-road vehicles.
- regular vehicles.
- Provision for emergency accommodation of some staff, if necessary, at City Road.

Once the plan is implemented

- Staff who can attend work through their own means will work as normal.
- Staff who are unable to attend work as normal will be assessed by their proximity to areas of work, and feasibility of pick up.
- The 4x4 vehicles will be given to those staff who will attend Critical and Moderate risk clients. A tracker is installed on vehicles for safety and insurance purposes.
- If necessary, in extreme circumstances, the 4x4s will be used for dropping several care workers at Critical calls and pick them up before moving on to the next set of Critical calls.
- In relation to office staff, there will always be at least two staff available to:
    - Make outbound call updates.
    - Make well-being calls.
    - Answer incoming calls to field enquiries from clients.
- If weather conditions are very severe, Custom Home Care Ltd. has the facility for office staff to stay overnight in nearby accommodations.
- The on-call 24/7 facility will function as normal.

This plan is updated prior to each Winter.

End of Life Policy

The Death of a Client

Domiciliary care often involves situations where expected and unexpected death may occur. While it may not be possible to anticipate the timing of death, Custom Home Care Ltd is committed to providing professional, dignified, and respectful service should such an event occur. This encompasses suitable and sufficient guidance for the care worker who is present, and the provision by the Client of appropriate contact details for his/her relatives.

Responsibilities

The Training Officer is responsible for ensuring all care workers are versed in the End of Life Policy and Procedure. The Registered Manager is responsible for ensuring that all staff comply with the policy and procedure.

Procedure

Upon the death of a Client, the Registered Manager must be immediately informed.

When death is expected, to ensure that the Clients' last days are spent in comfort and dignity and their wishes are observed throughout, the following points will be dealt with by the Registered Manager in conjunction with the relevant emergency/social services departments.

- Details of next of kin.
- Final wishes.
- People to be informed on the death of the individual.
- Existence and location of any will or advance statement, next of kin or executor instructions or LPA (see Mental Capacity policy).
- Preferences related to the funeral and disposal of the body.
- Religious and cultural practices to be observed.
- Person to be responsible for making arrangements and taking responsibility for the Client's property.
- Any personal requests.

To ensure the physical, psychological, spiritual, and emotional needs of the Client are met throughout the process of dying and death, the following must be arranged:

- Staff training to care for people who are dying so that the staff can make every effort to ensure that the Client experiences a peaceful and pain free death wherever possible.

- Physical care to be given in private and the dignity of the Client to be always maintained.
- Client's wishes regarding terminal care and death should be discussed, respected, and carried out within the bounds of current laws.
- Every effort must be made to prevent and minimise pain and pain control measures should be assessed and monitored using criteria explicit to the individual.
- Supporters, (whether family, friends or spiritual) of a Client who is dying are empowered to stay with him/her for as long as they wish, unless the Client makes it clear that he/she does not wish them to.
- The needs of the supporters are to be attended to along with the needs of the dying Client.
- After death the body of the Client who has died has to be handled in accordance with the religious and cultural beliefs of the Client and removed with dignity.
- All arrangements for the funeral to be made by the next of kin or in the event of there being none, arrangements to be in accordance with the Client's wishes.

In order to ensure the death of a Client is communicated fully, as required by legislation and good practice, the following must be informed where required by the Registered Manager:

- Care Quality Commission.
- GP.
- Family/friends as identified in care plan.
- Any involved religious leader/minister.
- Any involved Local Authority Departments or Department of Health.
- Finance Department.

In the event of sudden and unexpected death, the following must be informed or dealt with:

- Registered Manager who will inform Directors.
- Emergency services (Ambulance, Police).
- GP.
- The Director(s).
- And to refer any members of media to the Chief Executive or relevant Director(s).

If a family member or the Client's representatives are unable to assist or there are none, the matter must be referred to the Social Services who will deal with:

- Completion and storage of personal records (see Record Management Policy).

- Disposal of medication (see Medication Policy and procedures).
- Collection and listing of personal jewellery, money, and property.
- Arrangements for the dispersal of property to the authorised recipient.

Bereavement

The loss of someone close is always a painful experience thus family, friends, and staff alike, may require support at this time.

Assistance can be offered by:

- Acknowledging loss.
- Showing genuine concern.
- Support whilst making funeral arrangements.
- Offering time.
- Supporting family and/or friends after funeral if appropriate.
- Offering staff counselling.

Equality / Anti-discrimination / Cultural Awareness Policy

Statement

Custom Home Care Ltd. is committed to achieving a working environment which provides equality of opportunity and freedom from discrimination on the grounds of race, national or ethnic origin, religion or belief, gender, gender reassignment, sexual orientation, class, marital status (including marriage equality relating to sexual orientation), pregnancy and maternity, age, disability, or special need. The company is also committed to building a workforce that is diverse and reflects the local community. Custom Home Care Ltd. understand the issue around the lack of male carers in the care industry and employs male carers. Being an Equal Opportunity Employer, Custom Home Care Ltd. strives to ensure the talents and resources of all our employees are utilised to the full. As such the company is committed to adopting, implementing, and monitoring a Policy of Equal Opportunities for all employees guaranteeing the non-existence of discrimination in the workplace.

Definition of Discrimination

The company interprets discrimination as the treatment of an individual less favourably on the grounds of race, national or ethnic origin, religion or belief, gender, gender reassignment, sexual orientation, class, marital status, civil partnerships, pregnancy and maternity, age, disability, or special needs.
Discrimination can take many forms:

Direct Discrimination – Custom Home Care Ltd. defines direct discrimination as the treatment of an individual unfavourably because of a particular characteristic which is protected by law. The refusal to appoint someone to a particular post because of their race would be an example of direct discrimination.

Indirect Discrimination – Occurs when an unnecessary condition or requirement is imposed, such that a considerably smaller proportion of members of one group could comply as compared to the remainder of the relevant population, e.g.:

- Job advert stating good standard of written English is needed for a job as a labourer.
- Promotion is offered based on continuity of service. Women employees will have shorter continuous service than men because of career breaks for family reasons.

Victimisation - is the less favourable treatment of an individual because he/she has asserted their rights under the equal opportunity law or assisted a colleague to assert their rights in this regard.

Harassment - is any unwanted conduct that violates an individual's dignity or results in an intimidating, hostile, degrading, humiliating or offensive environment for them.

Disability Discrimination - is the less favourable treatment of an individual because of a characteristic relating to the individual's disability. There are exceptions in the Equal Opportunity Act 2010 in which discrimination may not be regarded as unlawful. For example, an individual may be discriminated against based on disability to meet the special needs of that individual, such as providing specific services and facilities designed to improve access for people with a disability.

Areas of Discrimination

- Recruitment and Selection.
- Promotion, advancement, and retention.
- Service delivery and publicity.

Setting Equality Priorities, Targets & Plans

Our services are designed to support people to remain in the community, to minimise dependency and to reflect diverse lifestyles. The approach described below reflects how we address setting targets and developing action plans while considering equality priorities in service delivery.

We consider the following areas when we are setting priorities and targets for clients and creating a care plan to address them:

- Disability, diversity, race and culture, gender, gender reassignment, sexual orientation, age, religion, and spiritual needs.
- Ability and willingness to be supported to self-care.
- Support networks.
- Can specialist equipment or assistive technology improve things?
- Information needs.
- Communication needs.
- Ability of person to identify own risks and solutions.
- Least restrictive options.
- Social isolation or exclusion, plus opportunities for inclusion.
- Quality of life outcomes and risks to independence of not supporting choice.
- Language needs.

The same process applies to our actions as an organisation in respect of:

- Recruitment.
- Dismissal and retirement.

- Managing Staff.
- Pay and benefits.
- Working hours.
- Training and development.

Implementing Equality of Opportunity

The Registered Manager and Administrative Manager of the company oversee effective implementation of our policy.

It's the Line Manager's responsibility to ensure that all staff are adhering to the policy and if not, take the appropriate action.

Recruitment and Selection

Recruitment and selection decisions will be made based on fair and objective criteria and in accordance with Custom Home Care Ltd.'s recruitment and selection policy.

All staff involved in recruitment and selection will be trained and fully aware of Custom Home Care Ltd.'s Equal Opportunity and Recruitment and Selection Policies.

Job and person specification will be limited to those requirements, which are necessary for the effective performance of the job.

The company will positively seek to encourage applicants from the local community by circulating job advertisements through local media including newspapers, job centres, employment agencies and local community groups.

Training and Development

As part of the induction training, all new staff will be made aware of the Equal Opportunity policy present at Custom Home Care Ltd. and will be trained accordingly. Existing staff will have refresher sessions and appropriate training to ensure that they are up to date with any changes to the policy.

Training programmes will be designed to support the aims of the policy. Care will be taken to ensure that all training materials do not stereotype, prejudice, or discriminate in any way. Every effort will be made to ensure external courses also meet these requirements.

Part of the training programme includes educating staff about the importance of respecting different cultures and beliefs. This will be achieved through training modules such as Equality, diversity, and inclusion; dignity in home care and

residential care; and the principles of person-centred care, where we will equip staff with cultural competence by developing cross cultural skills.

Training opportunities will be based upon a member of staff's ability, business needs and the availability of appropriate work-related courses. Whenever possible, practical training will be arranged so that all categories of staff may attend, for example part-time workers.

Where English is not a first language for a member of staff, every effort will be made to sign post and encourage staff to improve their skills if required.

All staff are required to attend an annual review process which involves discussion of available and appropriate training opportunities as well as including career developmental aspects.

Equalities Training

We undertake equalities training:

- As part of the induction process.
- During regular team meetings.
- By using the SCIE e-learning and social care online training resource.

Training content includes:

- The law covering all the protected characteristics and what behaviour is and is not acceptable.
- The risk of ignoring or seeming to approve inappropriate behaviour and personal liability.
- How discrimination can affect the way services are delivered and the impact that generalisations, stereotypes, bias, inappropriate language in day-to-day operations can have on people's chances of obtaining work, promotion, recognition, and respect.
- Monitoring activities and responsibilities.
- Our equality policy, why it has been introduced and how it will be put into practice.
- Our commitment to equality and culturally appropriate services.
- Guidance on religious beliefs, holy books, religious symbols, and approach to prayer.
- Information on dress codes, religious importance of particular clothing and jewellery.
- Awareness of specific hairdressing, bathing, and personal care needs.
- Family values including naming systems.
- Dietary considerations such as forbidden foodstuffs, avoidance of alcohol or stimulants as well as methods of food preparation.

- Awareness of festivals, ceremonies, religious celebrations.
- Death and dying practices and customs.

Disability

The company will ensure as far as resources allow, that our premises and information are accessible for people with disabilities, and wherever possible, Custom Home Care Ltd. will make reasonable adjustments so that it improves the quality of the working environment for those individuals.

In this respect, employees with physical disabilities will only be prohibited from positions where the job duties involve activities that would make it impossible or inherently hazardous to perform.

Adapting Working Environment

Custom Home Care Ltd is committed to recognising cross cultural differences and to this end will respect an individual's needs regarding the observance of their faith such as specific prayer times. Requests for annual leave to attend religious festivals will be respected and accommodated as far as is practical within the working environment.

Discipline and Grievance

All staff and clients have access to company complaints procedures as well as the formal feedback channels if they feel that they have been unfairly discriminated against. All complaints and grievances in respect of equality and equal opportunity issues will be thoroughly investigated and dealt with in a fair and consistent manner.

Monitoring Arrangements

Monitoring of equality in practice is carried out anonymously and will consist of a statistical analysis of the ethnic origin, sex, age, contract status and disability of all staff (see Appendix - 1 Quality Assurance Questionnaire and Appendix 2 – End of Employment Feedback Questionnaire, Appendix 3 – Equal Opportunities Recruitment Monitoring Form). Of particular importance will be the statistics showing the number of:

- Staff in post.
- Applicants for employments.
- Terms and conditions of employment.
- Staff receiving training.
- Promotions offered.
- Transfers.
- Work/ life balance, flexible employment opportunities.

- Disciplinary, dismissal or harassment situations.
- Leaving employment, resignation, or redundancy.
- Staff satisfaction levels.

Monitoring of staff

Custom Home Care Ltd. will monitor the effectiveness of the steps taken to ensure equal opportunity is always present. Those steps will include questions and inviting feedback about issues during first performance review, feedback sessions with staff and clients and formal feedback mechanisms for clients, family, and relatives (see quality assurance forms).

The company will regularly monitor the composition and movement of staff to ensure equality of opportunity at all levels in the organisation.

The Company will also monitor records of those applying for work to ensure discrimination does not take place.

Communicating the Policy to Staff

Key elements of how we communicate the equalities policy to staff include:

- Thorough induction and ongoing training systems.
- Provision of copies of equalities and diversity policies and procedures.
- Provision of staff handbook including equalities.
- Provision of Codes of Practice including Skills for Care codes.
- Briefing on diverse client needs for individuals.
- Care staff receiving directions from our Line Managers and Senior Care Workers.
- Care staff reading of home-based care records.
- Utilising specific Skills for Care Knowledge Sets on Dementia and Learning Disability to address equality aspects.
- Monthly staff newsletters available online for use with translation services.

Protecting Staff from Unlawful Discrimination

We have a responsibility to protect staff from direct or indirect discrimination, associative or perception-based discrimination, harassment, harassment by a third party, victimisation or discrimination arising from a disability and will take appropriate actions to deal with actual or potential situations of this kind. Training is made available on combating any form of discrimination.

Our policies in relation to equality and diversity are written and set out to ensure widespread promotion and application including:

- Instructions to those concerned with recruitment, selection, remuneration, training and promotion and the provision of services include:
  - Use of widespread advertising to reach all sections of the local community.
  - Requirement to use open recruitment methods to ensure equality.
  - Training on interview techniques focusing on competence and capability-based selection.
  - Guidance on aiding in the recruitment process to those candidates who require extra help.
  - Selection processes using application forms and set job descriptions to enhance equality.
  - Following the latest Equality & Human Rights Commission guidance on pay and benefits when reviewing remuneration.
- Information available to employees, recognised trade unions or other representative groups of employees include:
  - A written Equality policy.
  - Identification of the Registered Manager and Administrative Manager with responsibility for equality and diversity matters.
  - The employee handbook with content on equality at work.
  - Staff code of conduct which makes discrimination, victimisation, and harassment specific disciplinary matters.
  - Policies on religion, sexuality, disability, and other diversity aspects.

- Information available to clients includes a User Guide which clearly states our responsibilities to protect staff from any type of unlawful discrimination.

Suppliers and Contractors

Custom Home Care Ltd. will ensure that, if required as the company grows, all contractors, suppliers, maintenance companies, referral agencies and other organisations that are connected to Custom Home Care Ltd. are fully aware of our commitment to Equal Opportunities.

Responsibilities

The Directors of the company oversee effective implementation of our policy.

Every member of staff is required to support this policy and therefore prevent any discrimination taking place in the work environment.

Breaches of the Policy

The terms of the policy apply equally to all staff, board members, clients and any organisations involved with Custom Home Care Ltd. Any breaches of the policy will be taken seriously and could lead to disciplinary action.

Legislative Framework for Equal Opportunities and Anti- Discriminatory Practice

- Equality Act 2010.
- The Sex Discrimination Act, 1975, 1986 and 1999.
- The Race Relations Act, 1976.
- The Race Relations (Amendment) Act, 2000.
- The Disability Discrimination Act 1995.
- The Human Rights Act 1998.
- Employment Equality (Sexual Orientation) Regulations, 2003.
- The Commission for Racial Equality's Code of Practice.

Appendix 1 – Quality Assurance Questionnaire

Quality Assurance – Telephone Check

NOTE: Checks should be carried out when the care worker is not present.

Call details

Client:	
Address:	
Date of birth:	**Date of check:**
Name of person carrying out the check:	
Reason for check: Routine ☐	
Non-routine (give reason) ☐	

If the person spoken to was not the client, who was it?

Name	Role / relationship to the client

Questions

Ask the client (or their representative) the following:

	Yes	No
Do your care workers arrive when expected?	☐	☐
Do your care workers stay for the full time required?	☐	☐
Do your care workers treat you, your home, and your possessions with care and respect?	☐	☐
Do your care workers uphold your dignity?	☐	☐
Do your care workers protect your privacy and confidentiality?	☐	☐
Do your care workers respect your lifestyle, beliefs and culture?	☐	☐
Do your care workers ask you how you want your service delivered?	☐	☐
Do your care workers work at your pace?	☐	☐
Do your care workers encourage and support you to do things for yourself where you can?	☐	☐
Do your care workers do everything you expect of them?	☐	☐
Do your care workers complete tasks to your satisfaction?	☐	☐
Are you happy with the number of different workers that visit you?	☐	☐
Have we missed any calls to you since the last time we reviewed your service?	☐	☐
Are you told when your care worker is running late (or early)?	☐	☐
Are you happy with the way we manage your care workers?	☐	☐
Do our managers and office staff treat you with courtesy and respect?	☐	☐

Provide further details on any of the above responses as appropriate:

Overall Satisfaction

Ask the client (or their representative) the following:

How satisfied are you with the service (tick one)?

Very dissatisfied	☐	Dissatisfied	☐	Neither satisfied nor dissatisfied	☐
Satisfied	☐	Very satisfied	☐		☐

Any other comments?

Ask the client (or their representative) if there is anything else they would like to say:

Signature of person carrying out check: The information recorded represents the views of the names people as described to me during the telephone check.

Signed _____ **Dated** _____

Further actions

Were any safeguarding concerns identified?	Yes – refer to safeguarding procedures	☐	No ☐
Are any follow up actions required?	Yes – please detail below	☐	No ☐

Details	Actioned	
	Signed	Dated

Appendix 2 – End of Employment Questionnaire

End of Employment Questionnaire – Custom Home Care Ltd.					
Name:					
Employee No.:					
Position:					
Length of time with the company:					
1) Will your next job be in a related field? Please tick.				**YES ☐**	**NO ☐**
2) What is your next job? (optional)					
3) Who is your next employer? (optional)					
4) Please rate your satisfaction with the following on a scale of 1-5 (1 = Low 5 = High). Please tick.					
	Low				**High**
Training	1	2	3	4	5
Quality of supervision	1	2	3	4	5
Utilisation of my skills	1	2	3	4	5
Recognition of my achievements	1	2	3	4	5
Co-operative, friendly work environment	1	2	3	4	5
Organisational support	1	2	3	4	5
Overall level of communication	1	2	3	4	5
Communication with co-workers	1	2	3	4	5
Salary	1	2	3	4	5
Benefits	1	2	3	4	5
5) Why are you leaving Custom Home Care Ltd? Please tick.					
Other employment ☐		Medical reasons ☐			
Relocation ☐		Study ☐			
Retirement ☐		Personal ☐			
Comments:					
6) Please check each factor that influenced your decision to leave the agency:					
Salary ☐		Upper management ☐			
Benefits ☐		Lack of organised support ☐			
Advancement opportunities ☐		Lack of organised appreciation ☐			
Retirement ☐		Illness ☐			
Moving ☐		Work-related stress/burnout ☐			
Hours worked ☐		Performance appraisals ☐			
Workload ☐		Client ☐			
Safety factors ☐		Paperwork ☐			
Training ☐		Complex regulations and policy ☐			
Supervision ☐		Court-related issues ☐			

Comments:	
7) Of the reasons you checked in number 6), please indicate your top three.	
Reason 1:	
Reason 2:	
Reason 3:	
8) What would have encouraged you to remain with Custom Home Care Ltd.?	
9) What part of your job did you most enjoy?	
10) What part of your job did you least enjoy?	
11) Would you recommend Custom Home Care Ltd. as an employer?	YES ☐ NO ☐
Comments:	
Additional Comments:	
Signature of exiting employee (optional):	Date:

Thank you for your feedback. Please return the completed for to the Administrative Director. Your comments are kept in confidence and aggregated with other responses in summary reports.

Appendix 3 – Applicant Equalities Monitoring Form

Applicant Equalities Monitoring Form

We are an equal opportunities employer. In order to monitor the effectiveness of our equalities policy, we need to gather some information from you. The reason this information is collected on a separate document to your application form is so we can ensure our selection process does not discriminate against you.

The decision to invite you to interview will be made without reference to this document, so please complete it honestly and in full. The information you provide is confidential and will be used only for monitoring purposes except where there is a genuine requirement for an employee from a certain minority group. If you would like more information on our equalities policy, either now or at any other stage during your application process, please do not hesitate to ask.

Your equalities information

Your surname

Your first name

Your date of birth

Your gender Male ☐ Female ☐ Other ☐

Please select your ethnicity from the following list [1]

White British	☐	Mixed white & Asian	☐	Any other Asian background	☐
White Irish	☐	Any other mixed background	☐	Black African	☐
White gypsy or Irish traveller	☐	Indian	☐	Black Caribbean	☐
Any other white background	☐	Pakistani	☐	Any other black background	☐
Mixed white & black Caribbean	☐	Bangladeshi	☐	Arab	☐
Mixed white & black African	☐	Chinese	☐	Any other ethnic group	☐

Disabilities: Yes ☐ (please specify below) No ☐

What is your sexual orientation?

Heterosexual (straight) ☐ Gay man ☐ Lesbian ☐ Bisexual ☐ Prefer not to say ☐

What is your marital status?

Married ☐ Civil partnership ☐ Neither ☐

What is your religion / denomination?

Anglican (C of E)	☐	Eastern Orthodox	☐	Muslim	☐	Wiccan	☐	No religion	☐
Baptist	☐	Any other Christian	☐	Sikh	☐	Rastafarian	☐		
Roman Catholic	☐	Buddhist	☐	Spiritualist	☐	Bahá'í	☐		
Methodist	☐	Hindu	☐	Pagan	☐	Zoroastrian	☐		
Pentecostal Christian	☐	Jewish	☐	Jain	☐	Any other religion	☐		

Signed **Dated**

[1] The ethnic and religious classifications listed are based on recognised UK government classifications. No offense is intended to those who do not see themselves as falling within one of the categories; such individuals should select **any other ethnic group** or **any other religion** as applicable.

Falls Policy and Procedure

Statement

Within the social care industry, it is generally recognised that clients are often at risk of falls. This can result in serious injury and, where they are persistent, impair quality of life. Individuals receiving care are at greater risk of falls due to their environment, medical conditions, and frailties; for example, physical inactivity, difficulties in walking and moving around, poor balance, household hazards, etc.

Aim

Although it is Custom Home Care Ltd.'s policy is to prevent falls by conducting relevant risk assessments, we accept that falls can occur. In the event of a client falling, it is, therefore, important that staff members (or whoever finds the person who has fallen), take the appropriate action to enable the client to recover as quickly as possible while reducing physical and psychological damage or injury caused by the fall. It is also important that every occasion is fully recorded and reviewed to prevent reoccurrence.

Every fall is likely to be different, and staff will need to respond to individual circumstances. This policy aims to give guidance to staff and allow them to respond safely and effectively to a fall incident. In most instances, staff will find a person has fallen (e.g., tripped, slipped, or fallen because of physical reasons) in their absence, but sometimes during their visit to the person's home. In some cases, care workers might arrive at a residence to find the person has fallen and has been unable to get up and seek help. In all cases, staff need to:

- Stay calm
- Make or ask for an immediate assessment of the situation and the extent of the person's injuries (if any)
- Enable the person to recover or call for help depending on the situation
- Report, record and help to review the occurrence.

The company's aims are always to:

- Minimise the risk of injury or further injury by ensuring the environment in which the incident occurred is made as safe as possible
- Put in place measures to help the person recover and reduce the risk of fracture or further injury to the person
- Investigate the underlying causes of the incident
- Review the individual's care plans and risk assessments and any contributory environmental hazards (including equipment and appliances).

Procedures

When a service user has fallen, or has been found on the floor, staff members should do the following.

- First, check for any existing hazards or dangers.
- Staff should not attempt to move a fallen client.
- See if the client who has fallen is responsive, i.e., conscious, albeit temporarily dazed or shocked. If they are responsive, provide reassurance and comfort the person.
- Ask the client to stay still before checking, e.g., for pain, loss of sensation (feeling), loss of movement in arms and/or legs, swellings, visible injury, and deformity, which might indicate a fracture. Also, check for sickness, confusion, drowsiness, delirium, and agitation.
- Seek medical help from an appropriate source if that is indicated or contact a line manager or on-call for advice.
- If there is no evidence of injury and no signs of a change in health, in line with the person's wishes allow them to get up independently if possible. For example, ask them to first roll over, then get on their hands and knees before using a safe means of support, e.g., nearby chairs, to stand up.
- Continue monitoring the person's condition and seek medical help if needed for reassurance or treatment.
- However, if the person is evidently unresponsive or unconscious, check their airways, breathing and circulation in line with emergency first aid procedures before calling immediately for medical help, e.g., emergency GP, NHS 111, or ambulance service. Take further action with the advice given.

Staff are also advised and instructed to act on the following possibilities:

- A person who is suspected of having any serious head injury or fracture **should not be moved** but made as comfortable as possible in their current position until medical help is available.
- In the event of a person being unconscious and appearing seriously hurt or ill, it is important to check whether they have made out any advanced care plans, do-not-resuscitate statements, etc. that need to be passed on to emergency medical teams.
- **Staff should only carry out actions in line with their training, competence, and confidence**, otherwise they should ask the person to remain where they are until it is assessed as being safe for them to move independently.
- In the event of their being present when a person begins to fall, they should always aim to reduce the impact of the fall by using the 'assisted fall' technique learned during Moving and Assisting training rather than trying to stop the fall as this may cause injury to the client or to the carer. For example, if a person faints, they might help the person to fall more gently by going with the flow of the fall rather than try to prop the person up. Rather than grab a person who is falling they might be able to remove objects that would cause them harm if they crashed into them. Although each situation is different care workers are expected to respond consistently to reduce or minimise injury in that event.

Following the Incident

After the fall incident, the following should take place:

- In some cases, it will be necessary for the company to inform relatives/next of kin/a legal representative.

- Staff must complete the company's accident report form and record the incident in the communication log.
- If the client is a Sheffield City Council client, an untoward form should be completed and emailed to the relevant Council department.

Training

Dealing with common accidents and emergencies, such as a fall, is covered during induction training as part of the Health and Safety module and the Health and Safety training module. All new staff are expected to be aware of the company's policy on falls.

Further Information

For additional general information, see also the Moving and Handling Policy and relevant training sections within the Induction Policy including First Aid.

Handover Policy

Introduction

In any handover procedure, the well-being of the client must be central to the whole process. To ensure that Custom Home Care Ltd.'s service is as efficient as possible and that the client continues to receive continuity of care, effective handover procedures are required between each visit to a client and between each shift. The key to effective handover is communication, whether this is in a client's home or in the office.

To ensure that this is carried out, Custom Home Care Ltd. requires all levels of communication to be accurately utilised and that a completed handover form is available from each shift to the next to be completed by the Line Manager.

The two essential items required for a successful internal handover are:

1) Communication Log (client).
2) Handover Form (staff).

A handover procedure has also been developed if the client wishes to change care provider.

Communication Log

The Communication Log is the record of daily activities left in the client's home to be filled out each time a carer visits the property. This will update each carer at every visit to the property on the situation of the client at the time of their last care call. The person writing in the Communication Log must remember to respect the client's dignity and privacy in what they write. The Communication Log should include the following information:

- Activity undertaken by the carer.
- Notes on the general wellbeing of the client.
- Whether anyone else attended the property.
- Brief detail of medication given – full information to be recorded on MAR chart.
- Signed with full name.
- Date.
- Time of arrival.
- Time of departure.

N.B – If information of a personal nature requires recording, this should be signposted in the Communication Log and a relevant note made directing staff to the location of the personal information.

Shift Handover Form

The Shift Handover Form is a summary of any important information that has occurred during a shift which should be referenced by the subsequent Line Manager as a general situation report. This form stays in the office. The form is broken into four main sections relating to:

- Staff.
- Clients.
- Systems and hardware.
- Office building and grounds.

If no important information requires passing on to the incoming shift relating to a particular area, the Line Manager should write 'nothing to report' in the appropriate section.

It is the responsibility of the Line Manager to complete the form in consultation with their care workers, senior care workers and works co-ordinators. It is vital that all staff know to communicate important information to the Line Manager during each shift, so they are able make an accurate situation report. An example of the Shift Handover Form is seen in Appendix 1.

Handover Procedure for a Client Wishing to Change Care Provider

When a client wishes to change their care provider, it is essential that Custom Home Care Ltd. work in conjunction with the new care provider to minimise or exclude any disruption in the client's continuity of care. The client must receive continual reassurance and a positive message from both the outgoing and incoming care provider.

When Custom Home Care Ltd. is informed that a client is leaving our care, we will arrange with the new care provider to undertake a joint shadow visit to ensure that all relevant information is passed to the new care provider. This joint shadow visit should be undertaken by a senior manager. More than one shadow visit can be arranged if required.

Materials to be handed over or discussed include:

- Personal Care Plan.
- Communication Log – Custom Home Care Ltd. will allow the last three days of communications to remain at the property on the proviso that the information is returned to Custom Home Care Ltd. after the prescribed period. Arrangement with the new care provider will be made to facilitate this.
- Medication Record.
- Details of prescribed medication.

Information relating to the new care provider should be left with the client during the handover period.

If any materials belonging to Custom Home Care Ltd. remain at the client's home, these should be removed at this time. Items may include consumables such as gloves, aprons, overshoes etc.

A Handover to New Care Provider form should be completed and signed by both parties to complete the service handover (Appendix 2). A copy of this form should be kept by the office for the prescribed period under DPA.

Appendix 1 - Shift Handover Form

Shift Handover Form – Custom Home Care Ltd.					
Day:		**Date:**		**Time:**	**am/pm**
Shift:					
Outgoing Line Manager Name:					
Outgoing Line Manager Signature:					
Details of important information relating to Staff:					

Details of important information relating to Clients:

Details of important information relating to systems and hardware (computers, rota system, network, printers, fire alarms, fire safety, first aid equipment etc):

Details of important information relating to office building and grounds:

Incoming Line Manager Name:					
Incoming Line Manager Signature:					
Day:		Date:		Time:	am/pm

Appendix 2 – Handover to a New Care Provider Form

Handover to a New Care Provider Form – Custom Home Care Ltd.			
This form is for joint completion by a Custom Home Care Ltd. manager and a representative of the new care provider.			
Joint shadow visit(s) undertaken: (Please indicate number of joint shadow visits)	**YES** ☐ **NO** ☐	No. of visit(s):	
If NO, please indicate reason(s):			
Materials handed over or discussed:	**Item**	**Handed Over**	**Discussed**
	Personal Care Plan	☐	☐
	Communication Log	☐	☐
	Medication Record	☐	☐
	Details of prescribed medication	☐	☐
Provision made for return of Comms Log to Custom Home Care Ltd.?	**YES** ☐ **NO** ☐		
How will the Comms Log be returned to Custom Home Care Ltd.?			
If NO, please indicate reason(s):			
Property belonging to Custom Home Care Ltd. removed	**YES** ☐ **NO** ☐ **N/A** ☐		
If NO, please indicate reason(s):			
Custom Home Care Ltd. Manager's Name:		**Custom Home Care Ltd. Manager's Signature:**	
Rep. New Care Provider's Name:		**Rep. New Care Provider's Signature:**	
Date:		**Time:**	**am/pm**

Health and Safety – Fire Policy

Purpose of this document

This document ensures all staff are aware of potential fire risks and hazards. Fire Regulations require all Domiciliary Care Agencies to observe specific requirements to reduce the risk of a fire occurring. Custom Home Care Ltd. has followed these regulations accordingly to protect staff, clients and other people who may encounter Custom Home Care Ltd. and its related activities.

The Fire Procedures Policy is available to staff to help them be aware of potential fire hazards and risks. The policy also informs staff of what to do in the case of a fire and how to best ensure the safety of clients, staff, and others.

By following the Fire Procedures Policy, staff will utilise the most effective weapon in firefighting, namely, prevention.

How Fires Start and Spread

For a fire to start, three things are needed:

1) **A source of ignition.**
2) **Fuel.**
3) **Oxygen.**

If any one of these is missing, a fire cannot start. Taking measures to avoid the three coming together will therefore reduce the chances of a fire occurring. The main source of oxygen for a fire is in the air around us. In an enclosed building this is provided by the ventilation system in use. This generally falls into one of two categories **1)** natural airflow through doors, windows, and other openings; **2)** mechanical air conditioning systems and air handling systems. In many buildings there will be a combination of systems, which will be capable of introducing/extracting air to and from the building.

Fire is spread by three methods:

1) **Convection**

Fire spread by convection is the most dangerous and causes the largest number of injuries and deaths. When fires start in enclosed spaces such as buildings, the smoke rising from the fire gets trapped by the ceiling and then spreads in all directions to form an ever-deepening layer over the entire room space. The smoke will pass through any holes or gaps in the walls, ceiling, and floor into other parts of the building. The heat from the fire gets trapped in the building and the temperature rises.

2) Conduction

Some materials, such as metal shutters and ducting, can absorb heat and transmit it to the next room, where it can set fire to combustible items that are in contact with the heated material.

3) Radiation

Radiation heats the air in the same way as an electric bar heater heats a room. Any material close to a fire will absorb the heat until the item starts to smolder and then burn.
Smoke produced by a fire also contains toxic gases which are harmful to people. A fire in a building with modern fittings and materials generates smoke that is thick and black, obscures vision, causes great difficulty in breathing and can block the escape routes. It is essential that the means of escape and other fire precautions are adequate to ensure that everyone can make their escape to a place of total safety before the fire and its effects can trap them in the building.

Protection from a Fire

There is a shared responsibility for fire prevention between Custom Home Care Ltd. staff, clients, and/or the owner landlord of a residence if different from the client.

Custom Home Care Ltd. acknowledges that we are asked to work in people's homes and that their homes are our workplaces. However, we have a responsibility to ensure the safety of our staff as well as a duty of care to those we support. We therefore must find the appropriate balance between those aspects. Custom Home Care Ltd must ensure that environments are safe, but that equipment and procedures do not become intrusive or disproportionate to peoples' abilities.

A fire risk assessment is essential. This will be carried out by a Senior Care Worker in every home in which we provide support. The outcome of the fire risk assessment will determine the extent to which Custom Home Care Ltd. staff are directly involved in fire prevention procedures and which procedures will be implemented.

The risk assessment must be completed at the commencement of client services and therein after, annually. A copy of which is to be kept on file in the main office by the Health and Safety Officer.

The original assessment is to be kept in the Client User Handbook.

Fire Risk Assessment

Please see the document Risk Assessments for the fire risk assessment form. Once the assessment has been completed, Line Managers or another responsible person must use the information to determine the level of intervention required by Custom Home Care Ltd. staff on a regular basis to ensure adequate fire prevention procedures are implemented and are appropriate to need(s).

Fire Logbook

Custom Home Care Ltd. provides a Fire Logbook, (produced for each house annually and available on request). It is to be completed from the commencement of service to the client and therein after, annually. It should be kept within the client's own home. The Fire Logbook has numerous recording tools for staff and clients to use to ensure that adequate fire prevention procedures are followed as identified by the fire risk assessment.

The Fire Logbook contains the following where appropriate:

- Fire Safety Plan.
- Means of Escape Checks.
- Fire Drills Record.
- Fire Extinguisher Checks.
- Smoke Alarm Checks.
- Other Fire Equipment Checks.
- Contractor Servicing Record (servicing is the responsibility of the client or client's representative).
- Staff Training Record.

The Fire Safety Plan

This fire safety plan will detail:

- How to minimise the risk of fire.
- Basic fire safety requirements set out in the tenancy agreement.
- What to do in the case of a fire.
- How to raise the alarm.
- Means of escape.

Means of Escape Checks

- Check the property to make sure that there is no build-up of rubbish or other material, which might block corridors, cupboards, or stores.
- Ensure that any room or cupboard which contains electrical equipment is always kept clear.

Fire Drills/Escape Plan Record

- It is recommended that a fire drill is carried out at least twice a year. If the assessment has determined that a drill is not required there should be an escape plan instead. The escape plan must be discussed with Clients at least twice a year.
- Once a drill has been carried out the record must be completed identifying the time the evacuation took place, the length of time the evacuation took and any action which may be required. **Do not** call the fire brigade for the purposes of a drill as it is an offence to do so.
- Care Workers/Senior Care Workers must clearly explain and demonstrate basic fire prevention rules to Clients so they may remain safe in their homes. This should be done at the commencement of service, but should also be repeated as and when necessary, and especially if there has been an incident or a 'near miss'.

Fire Extinguisher Checks (if present)

- Test each extinguisher provided monthly, visually examine them to ensure that there is no corrosion, that the nozzle is not blocked, the safety pin is not bent etc.
- Record the last service carried out by the approved contractor and when the next service is due.

Smoke Alarm Checks

- Smoke alarms should be checked regularly, and it is suggested that they be checked monthly, however this may differ according to recommendations. How they are checked will also differ in each scheme according to the recommendations.
- Where appropriate, ensure that the position of any magnetically held doors, automatic opening smoke vents or windows are returned to their normal position after the test is complete.

Other Fire Equipment Checks

- Carry out monthly checks of any other fire equipment that may be within the home e.g. Emergency lighting, fire blankets, fire doors, magnetic retainers etc.

Servicing Records

- Clients or the client's representative must ensure that the fire equipment in a client's home is maintained at the intervals specified in the fire equipment maintenance contract to test the automatic fire detection

equipment. Equipment that has not been serviced must be recorded and measures taken to ensure servicing takes place.

- A Certificate of Inspection is to be kept within the Client Handbook for each client and recorded in the Fire Log Book.

Staff Training Record

- It is important that staff and clients, if appropriate, receive the opportunity to discuss and review fire safety on a regular basis. The fire service recommends that new staff are given instruction twice within their first month of employment on fire prevention and the procedures applicable to the home they are working in.
- This training may be provided 'formally' or 'informally' during a house/team meeting. Use the record to ensure all staff have had the opportunity for training.

Fire Safety Equipment

- **Fire Notices**
  - Make sure you are familiar with the fire procedures for your workplace/client's home.
  - For domestic home environments no procedures will usually be on display. However, all staff should be familiar with evacuation procedures.

- **Equipment**
  - For your own general safety and that of your fellow workers and clients do not prop open fire doors and do not tamper with firefighting equipment where present.
  - Damage or misuse of fire doors and firefighting equipment must be reported to the Line Manager.
  - Be aware of the procedure if you find a fire, i.e., how to raise the alarm.
  - In the case of a fire, you should be aware of the position of the nearest fire extinguisher.

Fire Extinguishers and Fire Equipment

The company will provide enough portable extinguishers for the main office that must be properly labelled.

Fire Extinguishers

Note that Custom Home Care Ltd. does not expect staff to attempt to fight fires. However, all staff should be familiar with the location of any equipment provided in case they need to tell other people such as a member of the fire authority. Advice from the local Fire and Emergency Service is to ensure staff raise the alarm and get to safety and be ready to inform members of the Emergency Service of the specific local circumstances relating to the scheme. Individual staff should not compromise their own safety by taking any unnecessary or inappropriate risks.

Fire Precautions

One of the greatest hazards which could affect a place of work or home is fire. The main purpose of fire protection legislation is to safeguard life. It is Custom Home Care Ltd.'s overall intention to take all reasonable measures to prevent injury, loss of life or damage due to the outbreak of fire.

Employer's Responsibilities (office location)

Custom Home Care Ltd. will endeavour to ensure that:

- All employees receive instruction in Fire Safety matters, including the following topics, in Induction Training:

- Means of raising the alarm.
- Means of summoning the Fire Brigade.
- Location of fire appliances.
- Evacuating the premises.
- In-house refresher training will then be carried out annually.

- All firefighting equipment is checked regularly and examined/maintained by a competent person annually.
- A full fire evacuation drill is arranged at least once in every 12 months.
- Records are kept regarding fire prevention activities (training and maintenance) and any fire incidents in the Fire Log Book.
- Smoke detectors should be tested and checked every month.

These duties are the responsibility of the Health and Safety Officer or the Line Manager.

Fire Procedures (office and Client home)

A specific evacuation procedure exists for each work area, but in general terms the rules are:

Priorities on discovering a fire:

1. Raise the alarm by shouting **FIRE** and activate any electrical fire alarm.
2. If possible, isolate the fire by closing the door to the room after exiting.
3. Dial **999** to alert the Fire Brigade.
4. Assist with the evacuation of others if it does not compromise your own safety.

NB – staff should be aware of the priority of Client evacuation upon the advice of a qualified member of the fire authority (for more advice contact your local fire authority and request a visit).

On hearing the alarm raised:

1. Check that the fire is not in your area.
2. Remove self to a place of safety/Fire Assembly Point.
3. Assist with the evacuation of others if it does not compromise your own safety.
4. Ensure the Fire Brigade has been called.

For further information, see the Emergency Evacuation Plan below.

When the Emergency Services arrive, be ready to provide details about the property so that decisions can be made about dealing with the fire. Information such as the number of people left in the building, their physical ability, location of their bedroom (if appropriate and at night) or last known location, position of firefighting equipment, position of mains services, particularly, gas and electricity.

Emergency Fire Evacuation Plan – CHC Ltd. 560 City Road, S2 1GE

Office Staff Trained in Fire Safety Are:

- Susan Smith
- Coral Grant
- Katia Davis (reserve).

Location of Fire Log Book

- Kitchen – 2nd drawer of plastic cabinet under bench to the left of the sink.

Location of Fire Exits

Fire Exits are marked with the following sign:

- Front Door.
- Back Sliding Door.
- Window in Registered Manager's Office.

Assembly Point

The Assembly point sign is located on the wall facing the front door upon entry to the office.

The location of the assembly point is:

- Forecourt of Autotronix Vehicle Diagnostics.

Fire Safety Equipment:

<u>Kitchen</u>

- Smoke alarm.
- Fire blanket on wall to left of cooker.

<u>Hall</u>

- Smoke alarm.

Main Office

- A powder fire extinguisher is located on the floor inside the doorway next to cabinets marked above with the following sign:

Safeguards

- Once the office becomes occupied, the front door and back sliding door remain unlocked for ease of egress.

Action on Discovering a Fire

There are two smoke and fumes detectors in the office, however if both fail, and a staff member discovers a fire, the following should be observed:

- Raise the alarm by shouting **"Fire, fire, fire!"**
- **DO NOT** search for the origin of the fire.
- Call the fire brigade by dialling **999**.

Action on Hearing the Fire Alarm or Verbal Warning

If the fire alarm sounds or a verbal warning is given, staff are required to follow the below protocol.

- Leave their area of work by the nearest fire exit.
- Gather at the assigned assembly point.
- Adhere to any instruction given by the Fire Marshals.
- **DO NOT** block fire exits.
- **DO NOT** waste time by collecting personal items.
- **DO NOT** return to the building until given the **all clear** by the fire brigade or attending Fire Marshal.
- At this point in time, staff numbers are insufficient to warrant a roll call. When staff numbers increase above the required level, a staff roll call will be implemented.

Calling the Fire Brigade

- After raising the alarm ring the fire brigade on **999**.
- Give details of the address:
  560 City Road, S2 1GE.
- Opposite City Road Cemetery.
- Accessed through the double iron gates next to Autotronix Vehicle Diagnostics.
- Code for gate is **7214** unless already open.
- 1st bungalow down the drive.

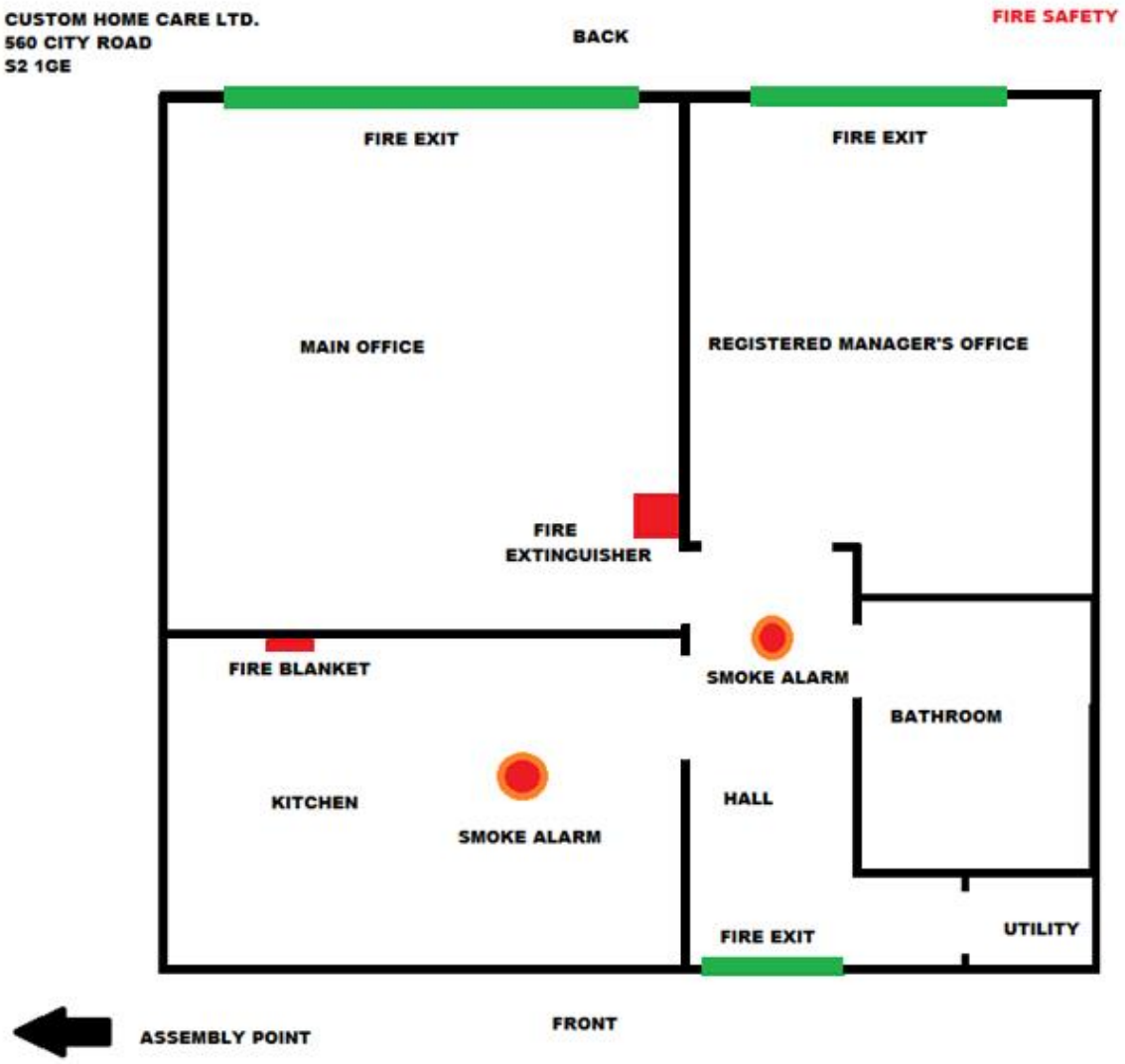
Helping Visitors, or Individuals with Mobility Problems

- Fire Marshals wear high visibility vests visitors must follow their instructions.
- **DO** escort visitors and members of the public out of the building.
- **DO** assist anyone with mobility difficulties (Disabled staff have a Personal Fire Evacuation Plan).
- If there is a disabled or injured person who cannot leave the building, tell the Fire Marshall **EXACTLY** where they are. This information will be passed to the fire brigade and the evacuation of the individual made a priority if feasible.

Attempting to Fight the Fire (if safe to do so)

- A staff member must **NEVER** put themselves in harm's way.
- Prompt use of a fire extinguisher can prevent a minor fire becoming a major incident.
- If a staff member encounters a fire, they must only use a fire extinguisher if it is safe to do so and they have been trained in its use.
- They must leave as soon as the extinguisher is empty or if the fire grows.

Fire Safety Office Layout



Health and Safety Policy

Custom Home Care Ltd. regards the promotion and effective management of health and safety measures as essential for all staff.

It is therefore our policy to do all that is reasonable and practicable to prevent ill health, personal injury and damage to property arising from the work of Custom Home Care Ltd.

In so far as it is reasonable and practical to do so and where it is within our control we will provide and maintain:

- Safe and healthy working conditions.
- Adequate training, instruction, information, and supervision.
- Work equipment which is safe and appropriate for the use intended.
- Safe working practices, procedures, and controls.
- Opportunities for consultation on health, safety, and welfare matters.
- Adequate arrangements for reporting accidents, injuries, and dangerous occurrences.

This policy, the organisation structure, and the arrangements in place to manage health, safety and welfare are subject to periodic and ongoing review and are therefore subject to change.

Director's Responsibilities

The ultimate responsibility for Health & Safety rests with the company Director. However, in practice this responsibility is delegated to certain individuals within Custom Home Care Ltd. The Health and Safety Hierarchy for Custom Home care Ltd. is seen in Appendix 1.

The Managing Director has the overall operational responsibility for Health & Safety matters within Custom Home Care Ltd. Day to day oversight of that responsibility is however delegated to the Registered Manager, who will undertake the role of nominated officer and appointed person under the Health and Safety legislation.

The Registered Manager has clear responsibilities for ensuring that Custom Home Care Ltd.'s Health and Safety policy is understood and observed by all staff within their operational control.

All office staff will be responsible for ensuring that:

Communication and Consultation

- The Health and Safety Policy Statement is brought to the attention of all employees.
- Information concerning safety is communicated to all employees and any matter concerning safety raised by an employee is investigated and the appropriate action taken.

- The Health and Safety Officer is advised of any safety matter which cannot be effectively remedied.
- Any meetings regarding safety are organised as and when required.
- Any matter concerning Health and Safety raised by any employee or client under their support is communicated to the appropriate Line Manager.

Systems of Work

- Safe systems of work are implemented so that all work within the area under their control is carried out in accordance with Statutory and in - house Regulations and relevant Codes of Practice.

Accidents and Ill Health

- All accidents arising out of the work activity are thoroughly investigated, recorded, and reported as detailed in the accident/incident reporting procedure.

Equipment and Facilities

- All areas of the service under their control are maintained in a condition that is safe and without risk to health and that any defective equipment or facilities reported are, where necessary, taken out of use until repaired or replaced or appropriate action is taken. Office employees are required to complete a self-assessment Display Screen Equipment Workstation Checklist form.

Emergency Equipment

- All first aid and fire equipment is in a good condition, adequately maintained and readily available for use.

Hazardous and Dangerous Substances

- All staff safely handle, use, and store any hazardous substances in accordance with established rules and procedures.

Monitoring

- Continual monitoring of the effectiveness of the Safety Policy is undertaken and any necessary changes are made and maintained in line with development.
- Support is given to enable staff to implement all aspects of the Safety Policy.

- All monitoring procedures are co-ordinated, the results examined, and action taken in any area shown to be a hazard or not complying with statutory legislation.
- Regular inspections of equipment, as required by statute, are carried out and necessary records kept.
- Regular inspection of the operations within their areas of control is carried out to ensure that the objectives of the Safety Policy are being achieved.

Training and Instruction

- Upon employment, all employees are required to undergo an induction procedure, part of which includes detailed training on the health and safety policy. This includes the location and use of safety equipment, fire and first aid facilities. All employees are instructed concerning safe systems of work.
- Safety training schedules are identified and implemented at all levels under their control
- All staff under their control are adequately trained and instructed to perform all the tasks required of them and are aware of all known hazards to themselves which may exist within the operation of those tasks.
- All staff under their control are instructed regarding the provision, location and use of safety equipment and making every practical and reasonable effort so that employees use the safety equipment provided.
- All staff under their control are instructed regarding the provision, location and use of first aid equipment.
- All staff under their control are instructed concerning relevant safe systems of work.

Employees Responsibilities

All employees of Custom Home Care Ltd., regardless of position or occupation, have general duties under Section 7 and 8 of the Health and Safety at Work etc. Act 1974 and other related legislation.

Everyone employed by Custom Home Care Ltd. has a responsibility:

- To take reasonable care of their own safety and the safety of anyone else who may be affected by what they do or fail to do at work.
- To co-operate with Custom Home Care Ltd. to enable compliance with any legal duty or requirements.
- Not to interfere with or misuse, intentionally or recklessly, anything provided in the interests of safety.

It is important that everyone is aware of their legal responsibilities and work together to achieve a high standard of safety.

Penalties

Criminal sanctions apply to the Health and Safety at Work etc. Act 1974, and it is important that everyone is aware of their responsibilities under the Act.

Failure to observe the requirements of the Health and Safety Policy and/or deliberately ignoring procedures can have serious implications that may well result in serious injury. The following action will be taken against individuals who ignore or deliberately undermine Custom Home Care Ltd.'s Health and Safety Policy:

1. Action Taken by Custom Home Care Ltd.

An employee will be liable to disciplinary action; if he/she is found to have acted in any of the following ways (Please note this list is not exhaustive):

- Wilful damage to, misuse of or interference with any item provided in the interest of health, safety or welfare at work including the defacing of any label, sign, or warning device.
- Misuse of chemicals, or hazardous substances or toxic materials.
- Horseplay or practical jokes whether an accident occurs or not.
- Making false statements or in any way deliberately interfering with evidence following an accident or dangerous occurrence.
- Wilful breach of Health and Safety Rules.

Following a thorough investigation disciplinary action may ultimately result in dismissal, depending on the seriousness of the offence.

2. Action Taken by Enforcing Authority

Should a serious accident or incident occur at work, an inspector from an Enforcing Authority (e.g., Health and Safety Executive, Environmental Health Officer etc.) may decide to carry out their own investigation.

Following the investigation, they may decide to act against the organisation or an individual employee. This may result in prosecution within a Magistrates Court or even a higher court depending on the seriousness of the offence.

A person found guilty of an offence relating to a breach of the Health & Safety at Work Act may be liable on summary conviction to a maximum fine of £20,000 and/or a six-month prison sentence. Conviction at a Crown Court can lead to an unlimited fine and/or two (2) years in prison.

From January 2009 the Health and Safety Offences Act 2009:

- Raises the maximum fine which may be imposed in the lower courts to £20,000 for most health and safety offences.

- Makes imprisonment an option for more health and safety offences in both the lower and higher courts.
- Makes certain offences, which are currently triable only in the lower courts, triable in either the lower or higher courts.

Health and Safety Rules - General safety in the workplace

This section covers the following topics:

- Protective clothing and equipment.
- Vehicles.
- Accidents, Health and Welfare.
- Notices.
- Manual Handling.
- Fire Procedures & Safety.
- Risk Assessment.
- COSHH – Control of Substances Hazardous to Health.
- First Aid.
- Accident/Incident Reporting – RIDDOR.
- Contractors Arrangements.
- Electrical Safety.
- Gas Safety.
- Infection Control Policy.

The following rules cover the main areas of your working environment.

Due to the constantly changing environment in a client's home, it is not possible to write definitive rules for all aspects of Health and Safety at Work, but if you read, understand, and follow the rules below you will be helping to comply with your legal duty and contributing to the safe running of your workplace or home.

If you do not understand what is expected of you or if you are unsure about the safety rules speak to your Line Manager or Health and Safety Officer as soon as possible.

General Safety in the Workplace

- Avoid any obstruction of passageways or stairs or creating tripping hazards at floor level.
- Never leave cables trailing across floors unless necessary and then only if the appropriate warning sign is used.

- It is important that your work area is kept clean and tidy and that you pay attention to the general housekeeping of the workplace/client's home by regularly removing rubbish and waste materials.
- Spillages must be cleared up as soon as possible.

Protective Clothing and Equipment

- Protective clothing and equipment are provided where necessary for your personal protection. Any loss, damage, misuse, or fault with these items must be reported to your Line Manager as soon as possible.
- They should be used, stored, and maintained in accordance with manufacturer's instructions.

Vehicles

- Never drive a company vehicle if you are not authorised to do so and for which you do not hold the appropriate license. Company vehicles are fitted with a tracker for safety and insurance purposes (NB: business use only).
- Only use vehicles for the purpose they are provided and within operational guidelines. Do not overload them beyond recommended capacities or carry unauthorised passengers or loads.
- If you are suffering from a medical condition or illness that could affect your driving or operating ability or if you have consumed any alcohol, you must not oversee or drive any company vehicle.
- Always check your vehicle prior to use according to any laid down guidelines.
- Do not try to alter or tamper with the vehicle. It is a criminal offence to use a mobile phone whilst driving. Mobile phones must not be used when driving on Custom Home Care Ltd. business.

Traffic Offences

- Any financial penalties – fines – incurred e.g., parking, speeding or other road traffic offences will be the sole responsibility of the individual staff member.
- Custom Home Care Ltd. will not reimburse any fines imposed on individual employees that may be incurred whilst driving on Custom Home Care Ltd. business.
- Road traffic offences imposed on individual employees may also become the subject of disciplinary action including the possibility of dismissal.

Accidents

- All injuries or accidents must be reported to your Line Manager.
- Always seek medical attention, no matter how slight your injury may appear and always ensure that details of your accident and/or injury are entered in the Accident Book as soon as possible after the injury or accident.

- All accidents and dangerous occurrences must be reported to your Line Manager, wherever they occur.
- If you suffer from any medical condition which could affect the safety of yourself or others you must inform your Line Manager or the Health and Safety Officer.
- If you are taking any prescribed medication which could affect you, especially if you drive a vehicle, you must inform your Line Manager or the Health and Safety Officer.
- If any company property is damaged this must be reported to your Line Manager.
- If you see a situation in which a potential accident could occur, or an injury could be sustained you should report this to your Line Manager or the Health and Safety Officer immediately if you cannot effectively deal with it.

Notices

- Instructions and safety information about domestic appliances and household equipment must be read and always observed.
- You must comply with hazard and warning signs and displayed notices.

Manual Handling

Please see the Moving and Handling Policy.

Fire Policy

Please see separate policy.

Risk Assessment

The Management of Health and Safety at Work Regulations 1992 (and subsequent amendments) impose a specific duty on employers to carry out a suitable and sufficient assessment of potential risks to the health and safety of employees, or anyone else, arising out of a work activity.

Risk assessment must be carried out by a competent person. It is Custom Home Care Ltd.'s responsibility to ensure that employees carrying out risk assessments are competent to do so, and with this in mind guidelines and training are available for all staff of whom this duty may be required.

It is the aim of Custom Home Care Ltd. to devise and implement safe systems of work to reduce risks as far as is reasonably practicable.

Definition of a risk (taken from Croner's Health & Safety) – "The likelihood that the harm from a particular hazard is realised. The EXTENT of the risk covers the number of people affected and the consequences for them. Therefore, risk reflects both the LIKELIHOOD and SEVERITY of the harm".

Safe Systems of Work

To establish a safe system of work it is necessary to carry out a risk assessment. An assessment of the risks in the workplace can be obtained by using the following 5 steps:

1) Look for and list all hazards.
2) Decide who might be harmed and how.
3) Evaluate the risks and decide whether existing precautions are adequate or whether more should be done.
4) Record your findings.
5) Review your assessment and revise it if necessary.

Remember:

HAZARD means anything that can cause harm, e.g., chemicals, electricity, client.

RISK is the chance that somebody will be harmed by the hazard.

Separate procedures exist to assess the hazard and risk due to the behaviour of clients, e.g., Care Plans and those procedures form part of the overall risk under Health and Safety.
Please see the separate document **Risk Assessment Form for Client and Care Worker.**

Pregnant Women

The Management of Health and Safety at Work Regulations 1999 – Regulations 16, 17 and 18 – require a further risk assessment where the work is of a kind that could present a risk to new or expectant mothers or their babies. The risk assessment must include an assessment of such risks. To comply with the Regulations, the woman must notify the employer in writing of her pregnancy, that she has given birth within the last six months, or she is breast feeding.

Control of Substances Hazardous to Health (COSHH)

Due to the nature of the work undertaken by Custom Home Care Ltd., there are unlikely to be many substances where COSHH will be relevant. **An example of Custom Home Care Ltd.'s COSHH product data form is available in Appendix 2.**

Using chemicals or other hazardous substances at work can put people's health at risk.

So, the law requires employers to control exposure to hazardous substances to prevent ill health. The Control of Substances Hazardous to Health Regulations 2002 (COSHH) place several duties and responsibilities on Custom Home Care Ltd. and its employees.

Custom Home Care Ltd. shall try to limit exposure to and, where necessary, monitor the use of all substances hazardous to health. Care will be taken with the introduction of new substances and the risks will be assessed as required. It is the responsibility of the Line Manager (individual homes), the Health and Safety Officer (offices), to ensure that the regulations are adhered to.

Custom Home Care Ltd. shall also ensure the collection of up-to-date information on the toxicity and potential hazards of substances used by the organisation when COSHH is relevant. For example, where there is a warning label on products. This information shall be collated by the Health and Safety Officer and will be available to the appropriate responsible person(s).

Risk assessments will be carried out on any new products in use, even if in conclusion it is found that there is no significant risk, this will be recorded on an assessment form and kept for future reference and monitoring purposes.

Custom Home Care Ltd. shall ensure that:

- Where a risk is identified, control measures are implemented.
- Dangerous substances are stored as recommended by the manufacturer.
- Incompatible substances are kept at different locations.
- Employees are notified of any specific precautions needed for the use of any substance.
- Employees are provided with adequate protective clothing and equipment.
- Exposure is kept to a minimum.

Custom Home Care Ltd. shall also monitor the implementation of the policy and related procedures to ensure their continued effectiveness.

It is the responsibility of the Senior Care Worker, Line Manager and the Health and Safety Officer to ensure that risk assessments are carried out and the above requirements adhered to.

Hazardous Substances

Hazardous substances include:

- Substances used directly in work activities such as adhesives, paints, cleaning agents.
- Substances generated during work activities such as fumes from welding or soldering.
- Naturally occurring substances such as grain dust.

- Biological agents such as bacteria and other micro-organisms which can be found in nearly all working environments.

Examples of the effects of hazardous substances include:

- Skin irritation or dermatitis because of skin contact.
- Asthma because of developing allergy to substances used at work.
- Losing consciousness because of being overcome by toxic fumes.
- Infection from bacteria and other micro-organisms.

Custom Home Care Ltd. provides support to clients in their own home; therefore, our workplaces are domestic homes where most routine substances encountered will be those that are typically used at home. As such most commercial substances used, the presence (or not) of a warning label will indicate whether COSHH is relevant. For example, there is no warning label on ordinary household washing up liquid, so if it's used at work, you do not have to worry about COSHH; but there is a warning label on bleach, and so COSHH does apply to its use in the workplace.

Summary of COSHH requirements:

- Assess the risks.
- Decide what precautions are needed.
- Prevent or adequately control exposure.
- Ensure that control measures are used and maintained.
- Prepare plans and procedures to deal with accidents, incidents, and emergencies.
- Ensure that employees are properly informed, trained and supervised.

Note – the HSE guidance includes a further two requirements, namely, "Monitor exposure and Carry out appropriate health surveillance".

Due to the nature of the work of Custom Home Care Ltd. these two specific requirements are not therefore detailed. Monitoring and surveillance of substances used at work will be undertaken by responsible persons.

Step 1 – Assess the Risks

Decide whether there is a problem with the substances being used, or to those which employees are exposed. This risk assessment will identify the hazardous substances in the workplace and consider the risks these substances present to people's health including employees, contractors, and visitors. Cleaning and other maintenance tasks will be included as

well as consideration that certain groups of people could suffer more from exposure than others – for example pregnant women.

Senior Care Workers or other qualified staff will do the assessments for client's homes and the Health & Safety Officer will do the assessments for the office.

Employees will have detailed knowledge of what really happens in the workplace and should therefore be encouraged to play an active part in the risk assessment process. Employees and safety representatives must be informed of the results of the assessment.

Where information is required about products and substances used which cannot be obtained from the data provided with the product (usually on the packaging label) then information should be requested from the Health & Safety Officer using the COSHH Product Data Sheet (see **Appendix 2 - Custom Home Care Ltd. – Control of Substances Hazardous to Health (COSHH) Product Data Form**).

Step 2 – Decide what Precautions are Required

If you identify significant risks, decide on the action you need to take to reduce or remove them.
Keep a record of the main findings of the assessment using the risk assessment form. The record should be made as soon as practicable after the assessment and contain enough information to explain the decisions you have taken about whether risks are significant and the need for any control measures. Also record the actions that employees and others need to take to ensure hazardous substances are adequately controlled.

Step 3 – Prevent or Adequately Control Exposure

The COSHH regulations require you to prevent exposure to substances hazardous to health if it is reasonably practicable to do so.

There are likely to be few substances used in the work of Custom Home Care Ltd. that will require control measures. For those substances that require control then ways of controlling exposure might include:

- Changing the process or activity.
- Replacing the substance with a safer alternative.
- Controlling exposure at source.
- Provide personal protective equipment.

Or any combination of the above.

Feedback from employees is likely to be an important consideration in prevention and control as will be the response to reported incidents that may require the risk assessment to be revised.

Step 4 – Ensure that Control Measures are Used and Maintained

Employees are required to make proper use of control measures and to report defects. Line Managers are responsible for ensuring that staff do use the control measures and report defects. Control measures are required to be kept in efficient working order and in good repair.

Step 5 - Plans and Procedures to Deal with Accidents, Incidents and Emergencies

Due to the range of level of ability and understanding of our service users it would be appropriate to consider a local procedure and response to accidents, incidents, and emergencies. Local procedures should include warning and communication systems to enable an appropriate and immediate response. Suitable procedures will be determined by the risk assessment and will include some aspects of the individual care plan such as access to substances, the degree of actual support provided, the individual client's understanding of danger etc. Local plans will include contact details – who & where, what steps to take to ensure the safety of those concerned, how to restore the situation to normal and feedback arrangements.

Step 6 - Ensure that Employees are Properly Informed, Trained and Supervised

You should provide employees with suitable and sufficient information, instruction, and training which should include:

The names of substances they work with or could be exposed to, and the risks created by such exposure including:

- Access to any safety data sheets that apply to those substances.
- The main findings of your risk assessment.
- The precautions they should take to protect themselves and others including employees, visitors, and contractors.
- How to use personal protective equipment and clothing provided.
- Emergency procedures which need to be followed.

You should adapt and update the information, instruction, and training to take account of significant changes in the type of work carried out or work methods used. You should also ensure that you provide information that is appropriate to the level of risk identified and, in a manner, and form in which it will be understood by employees.

First Aid

We have duties under the Health and Safety (First Aid) Regulations 1981 to provide adequate facilities and equipment to enable first aid to be rendered to our employees should they sustain injury or become ill at work.

Our First Aid provision takes account of the number of persons employed, the size of our establishment and the hazards and risks involved in our activities.

First Aid Personnel

The Regulations specify 2 classes of First Aid Personnel. These are:

Appointed Persons

Where the risk is minimal a person without special training may be appointed by the employer to take charge of an injury or illness. Should a serious injury or major illness occur in the workplace this person will have the responsibility of summoning help e.g., calling an ambulance. This person should have had instruction in resuscitation, controlling bleeding and the care of an unconscious patient.

First Aiders

A First Aider is a person who has been trained and holds a current First Aid Certificate issued by an Organisation or employer whose training and qualifications for First Aiders were at the time of issue of the certificate approved by the Health and Safety Executive for the purposes of the Regulations.

The number of first aid personnel will take account of anticipated absences such as annual leave and training requirements.

There must always be at least an Appointed Person on the premises during working hours. It is desirable that all staff have received instruction to become an Appointed Person.

First Aid Boxes

First aid boxes will be made of a suitable material and so designed as to protect the contents. All boxes will be clearly marked, with a white cross on a green background.

All first aid boxes will be stocked in accordance with the contents list which is included within this section. This list reflects the requirements of the Regulations. Only the contents as specified within the list should be kept in the boxes.

All establishments will need at least one first aid box. Each box will be placed in a clearly identified and readily accessible location. Every First Aider or Appointed Person will have access to or oversee the first aid box. Cost for replenishment of First Aid box contents will come from R&R.

First Aid Information

The regulations require employees to be informed of the arrangements that have been made in connection with the provision of first aid including the location of equipment, facilities, and personnel.

Information on first aid will be included in the induction programme for any new employees and existing employees will be informed of any changes which are made.

First Aid Kits Contents List Guidance

The quantities of each item depend upon the workplace. Sometimes the regulations change or are updated.

Essential items to be included:

- General guidance leaflet on first aid.
- Individually wrapped sterile adhesive dressings (assorted sizes) appropriate for the work environment.
- Sterile eye pads.
- Individually wrapped triangular bandages (preferably sterile).
- Safety pins.
- Medium sized (approx. 12cm x 12cm) individually wrapped sterile unmedicated wound dressings.
- Large (approx. 18cm x 18cm) individually wrapped sterile unmedicated wound dressings.
- Disposable gloves.

Where sterile water or sterile normal saline in disposable containers needs to be kept near the first aid box because tap water is not available, at least the following quantity should be kept:

- Minimum container size - 300ml.
- Minimum amount - 900ml.

Additional first aid material may also include:

- Antiseptic wipes.
- Blanket.
- Face shield.
- Scissors.

- Tweezers.
- Notepad and pencil.
- Clips (for bandages).
- Clear/fabric tape.

The quantity of each item is to be determined by the Health and Safety Officer according to the number of employees at the individual workplace. Monthly checks of the contents should be carried out. First aid kits are provided for the needs of employees only. Any first aid materials required by clients should be provided separately. The Health and Safety Officer is to check the expiry dates on items on a regular basis.

Travelling First Aid Kits

A travelling First Aid kit should be available in vehicles used to transport Clients, or where activities are taking place away from the home environment, e.g., holidays. The contents of small travelling first aid kits should include:

- 6 x Individually wrapped sterile unmedicated adhesive dressing.
- 1 x Card giving general first aid guidance.
- 1 x Large sized sterile unmedicated dressing.
- 2 x Triangular bandages.
- 2 x Safety pins.
- Individually wrapped moist cleansing wipes.
- Disposable gloves.

Other necessary items may include:

- Protective plastic aprons.
- Paper towels.
- Disposable plastic waste bags.

Infectious Diseases and First Aid Precautions First Aiders Should Take

See separate policy of Infection Control for non- First-Aid related circumstances.

First Aiders must continue to take the basic hygiene precautions which are part of standard first aid procedures to reduce the risk of contracting/transmitting infections, and conditions such as AIDS.

Examples of the necessary standard precautions which our First Aiders are required to follow, are these:

- Always wash hands before and after applying dressings.
- Always, before treating any casualty, cover any exposed cuts or abrasions on their own skin with a waterproof dressing. When treating a wound, any person who is suffering from skin disease, chapping or an open or unhealed wound of the hand which cannot sensibly be covered with waterproof dressing should wear disposable gloves. After use, these gloves must be disposed of properly.
- Whenever blood must be cleaned up, always wear disposable plastic gloves, masks and protective eyewear and an apron, and use paper towels. After being used to clean up blood the items used must be placed in plastic bags and disposed of safely, preferably by burning.
- Soiled clothing will be washed or cleaned in the normal way.
- Any area of the work environment where blood has been spilt will be disinfected by a mixture of 1 part bleach to 10 parts of water, taking care to protect exposed skin. If necessary, mopping up will be done using paper towels soaked in bleach solution and left-over contaminated areas for thirty minutes before removal and destruction. The wet area must then be dried thoroughly.
- As soon as possible wash their hands in soap and water and wash any exposed skin that has been in contact with another person's blood.
- Always wash as soon as possible in clean cold tap water if the lips, mouth, tongue, or eyes have been in contact with another person's blood.
- If a cut or puncture wound is received when treating a casualty always wash thoroughly afterwards and then seek medical advice.
- Give mouth-to-mouth resuscitation if judged necessary in any accident. Never withhold it in an emergency when another person's life may be at risk. No case of infection has been reported from any part of the world because of giving mouth-to-mouth resuscitation.

Mouthpieces may be used for resuscitation, but the sort known as *rigid airways* may be used only by First Aiders who have had special training in their use.

Accident/Incident Reporting and Recording - RIDDOR

All employees will be instructed in accident/incident reporting procedures during induction, and the completion of Custom Home Care Ltd.'s Injury or Dangerous Occurrence Report Form and the local Accident Book during induction. It is every employee's responsibility to ensure that this documentation is completed for any injury sustained at work, however minor.

The Administrative Manager will (where necessary) inform the Health and Safety Executive if the accident, injury, or dangerous occurrence is notifiable under current legislation. Notification will usually be made through the internet.

Accidents - Action to Take

All accidents involving personal injury should be reported to the immediate supervisor and to the First Aider or Appointed Person. An assessment should then be made of the seriousness of the injury by the immediate supervisor and whether the First Aider or Appointed Person can cope with it. If it is of a serious nature or if there is any doubt, you are recommended to send the injured person to the nearest hospital for appropriate treatment.

If the injury is of a minor nature first aid treatment should be given and following this, it is important that the Accident Book is fully completed either by the injured person or a responsible individual on his/her behalf.

If the injury is of a serious nature and the person is taken to hospital the Accident Book should be completed and the incident reported to the Line Manager and the Health & Safety Officer.

Accidents to Clients, Visitors and Members of the Public

Should a non-employee suffer injury in our working environment, the circumstances must be reported to the Line Manager and a thorough detailed investigation must be carried out by the Line Manager as soon as is practicable following the incident. In the absence of the Line Manager, and if further medical advice or treatment is necessary then the on-call person should be advised of the accident/incident.

The procedures for recording the details of the accident remain as stated previously. In addition, if the injury is to a client, a Personal Accident Record form must also be completed and kept in the client's personal record file.

Accident Prevention

It is vitally important that all accidents, incidents, dangerous occurrences and 'near misses' however minor, are reported and thoroughly investigated in order that appropriate action can be taken to prevent a recurrence.

In addition, any hazard must be reported immediately it is identified, and remedial action taken as soon as is reasonably practicable.

The Accident Reporting Form should be used to notify the Health and Safety Officer of all accidents, injuries, incidents, dangerous occurrences and 'near misses'.

The Accident Reporting Form will always accompany an accident notification but could be completed on its own to notify a dangerous occurrence or 'near miss'.

Obtaining Reporting Forms

Accident report forms are available from the office. If the incident is RIDDOR reportable, the RIDDOR form is available for online processing at: https://www.hse.gov.uk/forms/incident/. A copy of the entered form must be saved in the appropriate

folder on Custom Home Care Ltd.'s secure server and encrypted. A hard copy must also be printed and passed to the Administrative Manager for archiving.

An Accident Book is located with the First Aid Box at the City Road office. Any report made in the Accident Book will be duplicated for digital storage. It is the responsibility of the Administrative Manager to ensure that sufficient forms are available in the Accident Book. Replacement books are to be purchased online. Once an Accident Book becomes full, it will be archived securely and replaced.

Electrical Safety

We have a duty to comply with the regulations in so far as they relate to matters WITHIN OUR CONTROL.
A risk assessment will be carried out for all carers who may use electrical equipment/appliances to establish that it is reasonable for them to do so.

Employers Duties

Employers are required to maintain Custom Home Care Ltd.'s equipment and appliances to ensure that they remain safe for use WHEN PROPERLY USED. Custom Home Care Ltd. is not responsible for maintaining or ensuring up to date safety certificates/maintenance certificates for client's appliances or equipment.

Permanent Installations

- Custom Home Care Ltd. will ensure that any maintenance work carried out is to the standard recommended by the current edition of the Institution of Electrical Engineers Regulations for Electrical Installations (IEE Wiring Regulations).

- The fixed electrical installations at our premises will also be inspected and tested at intervals of five (5) years or as and when necessary. The inspection and test will be carried out by a professionally qualified Electrical Engineer, or a contractor approved by the National Inspection Council for Electrical Installation Contracting, or a member of the Electrical Contractors Association, or a suitably qualified person acting on behalf of one of these.

- The inspection certificate issued will be kept in our maintenance records.

Responsibility for the actual arrangements for inspection and testing will rest primarily with the owner(s) of buildings that we use. Custom Home Care Ltd.'s responsibility will be to co-operate with landlords and contractors who will undertake the work and to be satisfied those installations have been inspected and tested when required.

Portable Electrical Appliances

Portable electrical appliances (all items powered electrically and supplied via an electrical lead and plug), should be inspected, and examined by a competent person at regular intervals, according to the equipment's particular need. This inspection should include a visual examination for defects, as well as tests for earth continuity. Whilst PAT testing is not compulsory, it is Custom Home Care Ltd.'s policy to have portable appliances tested once a year to ensure their safe operation.

Though not exhaustive, examples of portable electrical items used by Custom Home Care Ltd. include:

Extension cables	Projectors	Cordless phones	Scanners
Desk top computers	Television sets	Answering machines	Electric kettles
Laptop computers	DVD players	Mobile phone chargers	CD players
PC monitors	Radios	Vacuum cleaners	External hard drives
Shredders	Desk lamps	Toasters	Electric heaters
Printers	Photocopiers	Microwave ovens	Extension gangs

Custom Home Care Ltd. will ensure that all portable electrical appliances are tested prior to use (unless purchased new with a Guarantee), and annually thereafter.

Extension Cables

Extension cables, which are used both within and outside are probably the most abused piece of equipment. They are often kinked or knotted, trodden on, kicked about and generally disregarded as potential hazards. These cables should be rewound carefully into their containers or rolled up in smooth coils when not in use. When in use, unwind knots and kinks before connecting to equipment and electricity sources.

Most importantly connect RCDs (Residual Current Devices), otherwise known as trip switches, between the source of electricity (i.e., the plug point) and the plug or other connection on the device.

Electrical Control Equipment

We have a duty under the regulations to always keep access to all control equipment clear and unobstructed. This is to ensure speedy access to this equipment for maintenance purposes. The fuse board at the City Road office of Custom Home Care Ltd. is in the cupboard to the far right upon entry through the front of the property.

Employees' duties

- Employees must not attempt to repair electrical faults (staff will be expected to replace light bulbs and replace electric plug fuses on a like for like basis but will not undertake any other electrical repairs).

- To co-operate with management to enable any duty placed on us according to these Regulations.
- To comply with the provisions of these Regulations in so far as they relate to matters which are WITHIN OUR CONTROL.
- To look for visible signs of damage or fault in equipment.
- To use equipment only for the purpose it was made.

Gas Safety

Badly fitted and poorly serviced gas boilers, cookers and fires can cause gas leaks, fires, explosions, and carbon monoxide poisoning. Responsibility for the actual arrangements for inspection and testing by a Gas Safe registered gas engineer will rest primarily with the owner(s) of building that we use at City Road. Custom Home Care Ltd.'s responsibility will be to co-operate with landlords and contractors who will undertake the work and to be satisfied that all gas appliances have been inspected and tested when required. Appliances/equipment that will require testing (including a soundness test on all gas pipe work from the gas meter to appliances), are:

- Central heating combination boiler.
- Gas hob.
- Gas meter.

Employee's Duties

All employees who have access to the City Road office will be instructed as to the location of the gas meter and the emergency control valve (ECV) for cutting off the gas supply in the event of a gas leak. The ECV must be always kept accessible. If an individual can smell gas, they must call Transco on **0800 111 999** and take the following precautions:

- Turn gas off at the ECV.
- Turn off the appliance if you think it is leaking gas.
- Open doors and windows to ventilate the property.
- Do not smoke or strike matches.
- Do not turn any switches on or off.

If an employee feels ill, they must visit their GP or A&E department and indicate that their symptoms may be related to carbon monoxide poisoning.

In a Client's Home

It is the responsibility of the owner of a property to ensure that all safety checks are undertaken relating to gas appliances in the property. If the client does not have the capacity to ensure that safety checks are carried out annually then the

client's representative must ensure that appliances are tested by a Gas Safe registered engineer and a certificate provided.

If an incident occurs whilst Custom Home Care. Ltd. staff are in a client's home, or upon arrival, the above safety advice must be followed. If a client is unconscious or appears unwell where carbon monoxide may be suspected, staff are advised to call **999** immediately and contact Transco on **0800 111 999** and then follow normal incident protocols. Please see Appendix 3 – Carbon Monoxide Information Sheet**.**

Infection Control

Please see Infection Control Policy.

Appendix 1 – Custom Home Care Ltd.'s Health and Safety Hierarchy

Appendix 2 – COSHH Product Data Form

Custom Home Care Ltd. – Control of Substances Hazardous to Health (COSHH) **Product Data Form**				
Name of Reporting Individual: (please print)				
Position:				
To: The Health and Safety Officer				
Name of Client:				
Address where item located:				
Product Name:				
Manufacturer's Name:				
Supplier's Name: (if applicable)				
Supplier's Address:				
Product Status: (Irritant/toxic/harmful etc.)				
Description of Product and Usage: (e.g. gas/liquid/solid – cleaning/disinfectant)				
Manufacturer's Product Safety Data Received? (Please tick)	**YES**		**NO**	
Flammable: (Please tick)	**YES**		**NO**	
Toxic: (Please tick)	**YES**		**NO**	

Appendix 3 - Carbon Monoxide Information Sheet

For accuracy purposes, information in this sheet has been directly obtained from the Gas Safe website and may be found online at: http://www.gassaferegister.co.uk/learn/carbon_monoxide_poisoning.aspx

Carbon Monoxide (CO), cannot be seen, tasted or smelled. It can kill quickly with no warning.

Unsafe gas appliances produce a highly poisonous gas called carbon monoxide (CO). It can cause death as well as serious long term health problems such as brain damage.

Remember the six main symptoms to look out for:

1. Headaches.
2. Dizziness.
3. Nausea.
4. Breathlessness.
5. Collapse.
6. Loss of consciousness.

Being aware of the symptoms could save your life.

Carbon monoxide symptoms are like 'flu, food poisoning, viral infections and simply tiredness. That's why it's quite common for people to mistake this very dangerous poisoning for something else.

Other signs that could point to carbon monoxide poisoning:

- Your symptoms only occur when you are at home.
- Your symptoms disappear or get better when you leave home and come back when you return.
- Others in your household are experiencing symptoms (including your pets) and they appear at a similar time.

What should I do if I experience any symptoms of carbon monoxide poisoning?

- Get fresh air immediately. Open doors and windows, turn off gas appliances and leave the house.
- See your doctor immediately or go to hospital - let them know that you suspect carbon monoxide poisoning. They can do a blood or breath test to check.
- If you think there is immediate danger, call the Gas Emergency Helpline on 0800 111 999.
- Get a Gas Safe registered engineer to inspect your gas appliances and flues to see if there is a dangerous problem.

Don't assume your gas appliances are safe: get a Gas Safe registered gas engineer to do a check. This is the only safe way to prevent yourself and those around you from incurring serious illness or death due to carbon monoxide exposure.

What is carbon monoxide?

Carbon monoxide (CO) is a highly poisonous substance produced by the incomplete burning of gas and Liquid Petroleum Gas (LPG). This happens when a gas appliance has been incorrectly fitted, badly repaired or poorly maintained. It can also occur if flues, chimneys or vents are blocked. Oil and solid fuels such as coal, wood, petrol, and oil can also produce carbon monoxide.

What is carbon monoxide poisoning?

Carbon monoxide poisoning occurs when you breathe in even small amounts of the gas. When you breathe in carbon monoxide, it gets into your blood stream and prevents your red blood cells from carrying oxygen. Without oxygen, your body tissue and cells die.

Levels that do not kill can cause serious harm to health when breathed in over a long period of time. Long term effects of carbon monoxide poisoning include Paralysis and brain damage. Such long-term effects occur because many people are unaware of unsafe gas appliances and subsequent gas leaks.

How do I avoid a carbon monoxide leak in my home?

Your home may show signs of carbon monoxide. Any one of the following could be a sign that there is carbon monoxide in your home.

- The flame on your cooker should be crisp and blue. Lazy yellow or orange flames mean you need to get your cooker checked.
- Dark staining around or on appliances.
- Pilot lights that frequently blow out.
- Increased condensation inside windows.

If you have a faulty appliance in your home, it could lead to carbon monoxide poisoning. Get your gas appliances checked to avoid carbon monoxide poisoning.

You are particularly at risk from carbon monoxide poisoning while sleeping, as you may not be aware of early carbon monoxide symptoms until it's too late. Do not use the 'black spot' detectors that change colour when carbon monoxide is present. These will not make a sound to wake you up if the poisonous gas is present while you are sleeping.

Induction Policy

Policy Aim

This policy illustrates the values and principles behind Custom Home Care Ltd.'s approach to staff induction training.

Induction training refers to the initial training given to new members of staff to orient them to their position and the workplace in general. It is designed to allow new staff to work effectively and safely after commencement of employment.

Custom Home Care Ltd. believes that a well-planned programme of induction, training and development is essential to ensuring good practice and an excellent standard of service. Without a programme of induction, new staff members would not be fully aware of their role and responsibilities within the company and be unable to follow company policies and procedures.

Custom Home Care Ltd. Is committed to achieving and surpassing the national minimum standards on training, which requires the Registered Manager of the company to ensure all clients' individual needs are met by appropriately trained staff. Induction training is an integral part of Custom Home Care's staff development and training strategy.

The Custom Home Care Ltd. Induction programme is developed in accordance with the Common Induction Standards developed by Skills for Care (England) and is reviewed annually.

Policy Scope

All new staff members including full-time and part-time staff are included in the scope of this policy. It applies to both inexperienced and experienced new staff members at any level.

The Induction Programme

All new care staff receive a structured induction training programme which will be held at the first available opportunity after their enhanced DBS has been approved and received. Experienced staff will have their prior knowledge considered during training. For instance, they may be asked to take the lead during group practical training exercises.

The programme covers all key policies and procedures relating to client care, welfare, protection, and safety, and all those relating to staff health and safety as required by the national standards and regulations.

The programme is broken into twelve (12) sessions or modules that may be taught via a PowerPoint presentation in a classroom environment in our training rooms or undertaken online through our Staff Portal depending on the prospective employee's training needs and/or previous experience. At the conclusion of each session, the trainee is required to complete a series of assessment questions with a pass mark of 75%.

Assessment is a combination of multiple-choice questions and handwritten responses. Trainers are given a choice of delivering assessment in multiple choice form or in handwritten booklet form. Multiple choice questions may be completed via the Staff Portal on our website or printed and marked by hand. When submitted online, the questions are auto-marked and submitted via auto-send email for review by the Trainer. Handwritten responses are submitted in person and marked by the Trainer.

An overview of the Induction Sessions is listed below.

- **Session 1 -** What is Domiciliary Care, Role of a Care Worker, Duty of Care, Code of Conduct, Person Centred Care, and Record Keeping.
- **Session 2 -** Personal Development, Quality Assurance, Equality and Diversity, and Whistleblowing.
- **Session 3 -** Abuse Awareness and Safeguarding.
- **Session 4 -** Infection Control and Prevention.
- **Session 5 -** Food Safety and Hygiene.
- **Session 6 -** Personal Care and Continence Care.
- **Session 7 -** Pressure Sores and Ulcer Awareness.
- **Session 8 -** First Aid Awareness.
- **Session 9 -** Health and Safety.
- **Session 10 -** Fire Safety Awareness.

Session 11 - Medication Awareness and **Session 12 -** Moving and Handling, are taught in a small group classroom environment with hands-on practical exercises and role play. Custom Home Care Ltd. has a senior member of staff who has undergone a Train the Trainer course in both Medication Awareness and Moving and Handling. The company owns a variety of equipment used specifically for hands-on Moving and Handling training, including: a hospital bed, electric hoist with slings, a wheelchair, slide sheets, and banana boards amongst other aids.

If our in-house Trainer is unavailable, Custom Home Care Ltd. hires a fully qualified external Trainer to run the Medication Awareness and Moving and Handling sessions in our on-site training rooms.

In addition to the standard Induction Training, Custom Home Care also offers a variety or specialised training courses on topics such as:

- Dementia
- Parkinson's Disease

- 98iolp

This list of additional training courses is reviewed regularly, and relevant topics added. They also form part of our Training and Personal Development objectives.

On the completion of induction training, the inductee's training record will be signed off by the Registered Manager and the employee awarded a certificate of completion.

A new employee may also complete the Care Certificate, which is closely mirrored by our Induction Programme, through the company. All training materials including workbooks, presentations, videos and 'companion presentations', are available on our company server.

Additional Information

Custom Home Care Ltd. employees are paid for the time spent undertaking group and one-on-one training sessions and for shadowing experienced staff in the field. A record is kept of training and shadowing times. Payment is made to the employee at the conclusion of their probationary period.

Infection Control Policy

Introduction

The Infection Control Policy should be read in conjunction with Custom Home Care Ltd.'s Health and Safety Policy. Infection control covers a wide range of policies, procedures and techniques intended to prevent the spread of infectious diseases. Everyone working within the care industry, or receiving care, is at risk of spreading infection, especially if they encounter blood or other bodily fluids such as urine, faeces, vomitus, or sputum. These substances may contain infections that can spread if adequate precautions are not taken.

Policy Statement

Custom Home Care Ltd. recognises the potential implications of uncontrolled infections and believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both clients and staff.

Custom Home Care Ltd. will adhere to all infection control legislation including:

- Health & Safety at Work Act (1974).
- Public Health Infectious Diseases Regulations (1988).
- Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (1995).
- Control of Substances Hazardous to Health Regulations (2002).
- Environmental protection Act (1990).
- Food Safety Act (1990).

Access to a copy of these legislations is available upon request in the office.

Aim

The aim of this policy is to reduce the incidence of infection to clients, staff, and the local community. Preventing the spread of infection will help to reduce:

- Staff and client discomfort.
- Worsening of a client's current condition.
- Avoidable hospital admissions.
- Costly interventions.
- Absence of staff due to sickness.

Responsibilities

All Staff are required to take individual responsibility to reduce the spread of infection by:

- Abiding by the guidance within the policy and any training instructions received.
- At all times, observing high standards of hygiene to protect themselves and their clients from the unnecessary spread of infection.
- Reporting infectious diseases in accordance with RIDDOR (see copy of regulations).

All managers are responsible for the implementation of the policy by:

- Ensuring staff have sufficient training and knowledge to implement safe working practices.
- Ensuring that assessment of the level of risk relating to specific infections is conducted and measures put in place to minimise the level of risk.
- Ensure that protective equipment and appropriate facilities are available to staff to implement the guidance of this policy.
- Monitor the implementation of the policy and RIDDOR reports.

Occupational Health

Custom Home Care Ltd. managers will consult with an occupational health service to gain further advice on managing specific cases of infection.

Guidance for Staff

Universal Infection Control Procedures

As it is not always possible to identify those who are likely to spread infection, due to the confidentiality rights of individuals, staff should always follow safe working practices, known as universal infection control precautions. These include the following:

- Hand washing – Hand washing is the single most important measure in reducing cross- infection. Thorough hand washing must be carried out correctly and regularly, including:

  - On arrival and before leaving a client's home.
  - Between direct contact with each client, after handling any body fluids, waste or soiled items.
  - After handling specimens.
  - After using the toilet.
  - Before handling foodstuffs.

- Exposed cuts and abrasions, especially on the hands and fingers must be covered with waterproof dressings.
- Utmost care must be taken to prevent puncture wounds, cuts and abrasions from needles and other sharp instruments. If a 'sharps' accident occurs, it should be treated immediately by encouraging bleeding for approximately two minutes and washing well with soap and water before being covered with a dressing. The accident should be reported. A GP or occupational health service should be contacted for advice as soon as possible.
- If the skin becomes contaminated by any bodily fluid, it should be washed immediately with soap and water. If eyes or mouth are contaminated, they should be treated immediately by irrigating with copious amounts of water.
- Appropriate protective clothing e.g., gloves, aprons, should be worn when there is a possibility of direct contact with any bodily fluid, contaminated surfaces, and equipment. These must be disposed of appropriately and promptly and never worn outside the home.
- Staff should treat every spillage of body fluid or body waste as quickly as possible. Staff should wear protective gloves and aprons and use disposable wipes wherever possible.
- Linen that is foul or infected should be stored in a separate bag, laundered as quickly as possible, following instruction carefully on disinfection procedures.
- Appropriate clothing that can be easily laundered should be worn when there is a risk of cross infection.
- Hair should be clean and if long, tied back, particularly if dealing with open wounds or handling food.
- Nails should be kept short and clean.
- Minimum jewellery should be worn particularly on the hands.

Waste Management

Cleanliness and waste material: an essential process in the control of infection is cleanliness in the workplace.

- Workplaces and inherent furniture and fittings must be kept sufficiently clean.
- Waste materials should not, so far as is reasonably practicable, accumulate in work places, except in suitable receptacles.

Clinical Waste

Different types of waste present different hazards and the Controlled Waste Regulations 1992 define clinical waste as follows:

Any waste consisting wholly or partly of:

- Human or animal tissue.
- Blood or other body fluids.
- Excretions.
- Drugs or other pharmaceutical products.

- Swabs or dressings.
- Syringes, needles, or other sharp instruments. Sharps must be disposed of in an approved 'sharps' container that complies with UN 3921 and BS 7320 Standards. Sharps bins should not be overfilled, or items forced into them.

Unless this waste is rendered safe it may prove hazardous to any person encountering it.

To carry out a risk assessment, clinical waste is categorised into five groups (see Appendix 1 - Categories of Clinical Waste). Local procedures must be established to deal with segregation, handling, packaging, labelling, storage, and transportation of waste from the client's home.

Staff Protection

All care workers are advised to have inoculation for Hepatitis B on appointment. Care workers are also encouraged to have other vaccinations e.g., tetanus, tuberculosis, influenza, Covid-19, and pneumonia.

Travel

All care workers supporting clients to travel abroad are advised to have the recommended inoculations for the country to which they are travelling. If required due to the possibility of pandemic controls, they must comply with self-isolation rules on return to the UK.

First Aid

See Health and Safety Policy – First Aid.

Pets

Many clients have their own pets. It is not generally under the remit of a client's care plan for care workers to attend to the needs of pets. Most clients will be responsible for attending to the needs of their animals or arranging for the attendance of their pet's needs. The exception to this includes certified assist animals and certified companion animals. Where a client has a certified assist or certified companion animal, the requirements for care workers will be outlined in the client's individual care plan. Risk assessments will be done on a case-by-case instance and guidance sought from relevant bodies if required. Under exceptional circumstances and only if detailed in the client's care plan with a full risk assessment undertaken, special permission may be granted for assistance with pets.

Food Hygiene

Food and drink are potential sources of infection. To ensure the prevention of contamination it is essential that:

- Personal hygiene is scrupulous, and that Food Safety guidelines and training are always implemented in accordance with the standards required by the Food Safety Act (1990), Food Hygiene regulations (1995).

- Any member of staff who becomes ill while handling food should report this at once to their manager, contact their GP and only return to work of food handling duties when their GP states that they are safe to do so.
- Thorough hand washing, clean protective clothing and a clean environment are essential. (Appendix 2 shows an effective hand washing technique).
- No-one should work in a kitchen with uncovered cuts, infectious disease, skin infection or infestation.
- Areas used for food preparation and storage should be kept scrupulously clean.

Isolation of Clients

A rational approach using risk assessment must be employed, including guidance on when isolation is required, for how long and what procedures are involved. Infections where isolation is usually required include Covid-19, chickenpox, shingles, and Norwalk virus (winter vomiting virus).

Training

All staff will be required to read this policy and discuss its implementation with their manager during induction.

All staff will be required to undertake a brief online training course in Infection Control Awareness.

Appendix 1 – Categories of Clinical Waste

The Health & Safety Commission (HSC) in 1992 categorised Clinical Waste.

GROUP A

- Soiled surgical dressings, swabs, and all other contaminated waste from treatment areas.
- Material other than liners from cases of infectious disease.
- All human tissue (whether infected or not), animal carcasses, tissues from laboratories, swabs, and dressings.

GROUP B

- Discarded syringes, needles, cartridges, broken glass, and any other sharp instruments.

GROUP C

- Laboratory Waste.

GROUP D

- Certain Pharmaceutical and Chemical Waste.

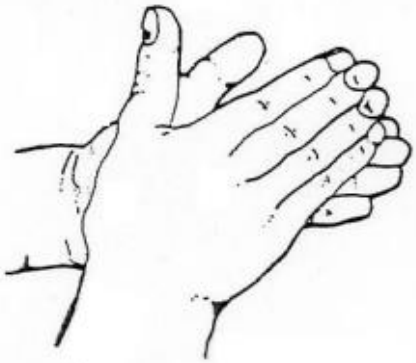
GROUP E

- Used disposable bed pan liners, urine containers, incontinence pads and D forma bags.

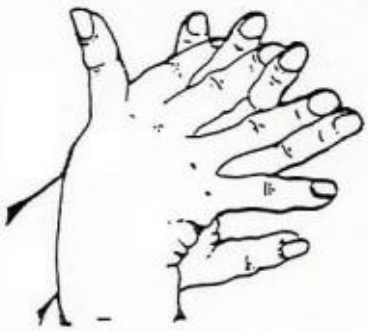
COLOUR OF BAG	TYPE OF WASTE
Black	Normal household waste – not to be used to store or transport clinical waste.
Yellow	All waste destined for incineration (specialised collection service).
Yellow with Black Band	Waste (e.g., nursing home waste) to be disposed of by incineration or deep landfill (specialised collection
Light Blue	Waste for auto-cleaning treatment before ultimate disposal (specialised collection service).

Yellow bags are not to be filled greater than five kilograms and should be stored in a locked/lockable, impenetrable container.

Appendix 2 – Effective Hand Washing Technique



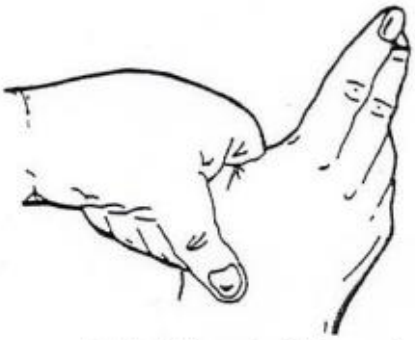
1. Palm to palm



2. Right palm over left dorsum and left palm over right dorsum

3. Palm to palm fingers interlaced

4. Backs of fingers to opposing palms with fingers interlocked



5. Rotational rubbing of right thumb clasped in left palm and vice versa

6. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa

Internet, E-mail, and Mobile Phone Policy

Introduction

The purpose of this policy is to ensure that employees of Custom Home Care Ltd. understand the way in which electronic mail (e-mail) and the internet should be used in the organisation. It aims to ensure that e-mail and the internet are used efficiently for their intended purpose without infringing legal requirements or creating unnecessary business risks such as:

- Breaching confidentiality.
- Disclosing commercially sensitive information about Custom Home Care Ltd.
- Vicarious liability for the actions of Custom Home Care Ltd. employees including potential legal consequences of non-compliance with the Data Protection Act.

Scope

All employees of Custom Home Care Ltd. are subject to this policy. Failure to comply with the policy may lead to disciplinary action, including dismissal. At the same time, an employee's conduct and/or action(s) may be unlawful or illegal and they may be personally liable.

For a specific statement on the use of social media and messaging apps, please see – Social Media / Messaging App Statement.

All Custom Home Care Ltd., including computers, e-mail, voicemail, and mobile phones are provided primarily for business purposes and for carrying out activities consistent with company duties and responsibilities as employees.

Incidental and Occasional Personal Use

Incidental and occasional personal use of these systems is permitted, subject to the restrictions contained in this policy. Any personal use of the Internet or e-mail is expected to be on the employee's own time and is not to interfere with the person's job responsibilities.

Appropriate Use

Employees should not engage in any activity, which is illegal, distasteful, or likely to have negative repercussions for the company. **Except to the extent required for the proper performance of duties**, an employee must not upload, download, use, retain, distribute, or disseminate any images, text, materials, or software which:

- Are or might be indecent or obscene.
- Are or might be offensive or abusive in that its content is or can be a personal attack, rude or personally critical, sexist, racist, or generally distasteful.
- Encourage or promote activities which make unproductive use of their time.
- Encourage or promote activities which would, if conducted, be illegal or unlawful.
- Involve activities outside the scope of their responsibilities – for example, unauthorised selling/advertising of goods and services.
- Might affect or have the potential to affect the performance of, damage or overload the company's system, network and/or external communications in any way.
- Might be defamatory or incur liability on the part of the company or adversely impact on the image of the company.

Use of E-mail

Care should be taken when using e-mail because e-mail messages are perceived to be less formal than paper-based communication and there is a tendency to be lax about their content. Employees must bear in mind that all expressions of fact, intention and opinion via e-mail can be held against them and/or the company in the same way as verbal and written expressions or statements.

An employee must not include anything in an e-mail, for which they cannot or are not prepared to account. An employee must not make any personal statements or statements on behalf of the company that defames or may defame libel or damage the reputation of any person.

E-mail messages that have been deleted from the system can be traced and retrieved. Therefore, all persons having a part in creating or forwarding any offending e-mail can be identified. E-mails, both in hard copy and electronic form, are admissible in a court of law.

Internet E-mail

Access to all e-mail internet sites (e.g., Hotmail, Google mail etc) is not permitted due to the potential threat of viruses being spread and infecting the network. The exception to this, is IONOS 1&1 webmail, which is the wen version of out email server and is subject to the same security as desktop emails.

Use of the Internet

Bear in mind when visiting an internet site your identity (which is linked to the company's) may be logged. Therefore, any activity engaged in, undertaking given or transaction made might impact on Custom Home Care Ltd.

- Always ensure the company is neither embarrassed nor liable in any way by your use of the internet. If you are in doubt, avoid such action.
- Do not knowingly download any software, binary or bitmap files. In any event, before downloading any such files you must obtain the prior permission of your Line Manager. This also includes laptops.
- All material which is downloaded from the internet or received from any external source will be subject to Custom Home Care Ltd.'s anti-virus software and firewall, The same applies to any materials which you intend to load onto the system using your 'A: drive', from a CD / DVD drive, a flash drive, or a memory card. This also applies to any device-to-device transfer (e.g., mobile/tablet to PC via USB, Bluetooth, or cloud). An employee must ask permission from their Line Manager before uploading any information to the system. Please also see the company's Data Protection Policy regarding use of external information.
- An employee must not make any personal statements or statements on behalf of the company which defames or may defame, libel, or damage the reputation of any person.
- The following activities are expressly prohibited:

    - The introduction of packet sniffing or password detecting software.
    - Seeking to gain access to restricted areas of the network.
    - The introduction of any form of computer virus.
    - Other hacking activities.
    - Knowingly seeking to access data known to be or ought to be known to be confidential.

Except to the extent required for the proper performance of your duties:

- Do not access or download any material that is pornographic, offensive, or illegal.

In addition to breaching the terms of the employment contract the following activities are criminal offences under the Computer Misuse Act 1990:

- Unauthorised access to computer material (i.e., hacking).
- Unauthorised access with intent to commit or facilitate the commission of further offences.
- Unauthorised modification of computer material.

Use of Mobile Phones and Devices

Mobile phones provided for Custom Home Care Ltd. business should not be used to make personal calls, which also include all text messaging. There may be an incidental and occasional urgent need to use company mobile phones, but anything more will be identified, and individuals asked for reimbursement of the cost.

Company mobile phones should not be used to send personal text messages or access numbers containing offensive messages, images, sound files, or potentially criminal material.

It is a criminal offence to text or make or receive phone calls while driving. Staff are not allowed to text, make, or receive phone calls whilst driving on Custom Home Care Ltd. business. Whilst not necessarily advisable, a hands-free system may be used if fitted to the vehicle. Any Custom Home Care Ltd. staff identified as using a mobile phone while driving (that is not hands free), will be subject to disciplinary action.

Due to potential disruption while on duty, staff should ensure that their personal mobile phones are only used for work purposes (e.g., access to Access Care Planning, contacting the office).

Camera and Video

Most mobile phones have the facility to take either pictures or record video. For the purposes of this policy the word camera is used to include any equipment that can be used to capture still or moving images.

As a rule it is an invasion of privacy to take photos or record video of a person without their informed consent, it may also breach the Data Protection Act. Staff should not use mobile phones to capture or record unless it is an urgent matter strictly related to their duties, they have the consent of individuals involved, and authorisation from management. Such a scenario might include recording evidence to back up claims of abuse, inadequately maintained equipment, dangerous occurrences etc.

Confidentiality

All information relating to our customers and the business operation of the company is confidential. Employees are expected to treat electronic information with the same care as they would paper based information, which is confidential. All such information must be kept secure, used only for the purpose(s) intended and not disclosed to any unauthorised third party (which may sometimes include other employees of the company).

A practical way of upholding confidentiality within e-mails is to use people's initials rather than their full names, ensuring that this is done for all information relating to individuals.

In addition, the following steps can be taken:

- Passwords will be issued to computer users by Custom Home Care Ltd.
- Keep passwords safe. Do not disclose them to anyone (except to the Administrator).

- If employees believe that their password has been compromised, they must inform the Administrative Manager immediately and the password will be changed.
- When not at the computer employees should ensure that no sensitive information is left on the screen for others to see.
- In some instances, it may also be necessary to 'lock' the computer whilst away from it to ensure others cannot access any information. As a rule, the screen saver should be set to come on after five (5) minutes of inactivity and require logon after waking up.
- If a document is highly confidential or sensitive in nature, you should store it in a private directory, or an equivalent password protected directory (all passwords to be registered with the Administrative Manager).
- Copies of confidential information should only be printed out as necessary (retrieved from the printer immediately) and stored or destroyed in an appropriate manner.

Monitoring

All Custom Home Care Ltd. resources, including computers, e-mail and voicemail are provided solely for business purposes. Staff should be aware that a complete and continuous record of e-mail and internet access will be maintained. The content of e-mails may also be monitored. Any attempt to hide or delete files associated with the monitoring of equipment is forbidden e.g., deleting history folders. Staff identified undertaking such an activity will be subject to disciplinary action.

At any time and without prior notice, Custom Home Care Ltd. maintains the right and ability to examine any systems and inspect and review all data recorded in those systems. Any information stored on a computer, whether the information is contained on a hard drive, external storage, or in any other manner (such as print server logs), may be subject to scrutiny by the company.

This examination helps to ensure compliance with internal policies, supports the performance of internal investigations, and assists the management of information systems.

Staff should be aware that monitoring of computer use will take place. This monitoring will be undertaken either as part of a planned monitoring programme or at random. The monitoring team will maintain records of monitoring activity.

If during live monitoring inappropriate material or use is identified the Administrative Manager will e-mail the appropriate office staff member with the findings. It will be the responsibility of the line manager to follow this up and report back.

Due to the nature of the business, it is highly likely that e-mail and internet traffic will be monitored and tracked, not only as part of the management and day to day operation, but also by other functions such as quality assurance and development and support.

Care of Equipment

Employees are responsible for any equipment provided to them by Custom Home Care Ltd. and are therefore responsible for looking after the equipment. Staff are required to take adequate precautions against damage, loss, and theft.

Employees will be responsible for damage or loss of equipment due to proven negligence and will incur cost of repair or replacement. A practical example of negligence would be leaving equipment on display in a car.

Misuse or neglect use of company equipment and facilities such as e-mail and internet will be treated in the same way as any other resource and could result in disciplinary action including the possibility of dismissal.

Lone Working Policy

Introduction

Working alone presents a unique health and safety problem, since at least on initial consideration; workers must ensure their own safety. However, as far as the Health and Safety at Work Act 1974 is concerned, the responsibility of the employer to ensure the safety of lone workers does not differ much from that of their responsibility to ensure the safety of employees working in a group or under close supervision.

This puts a duty on every employer to ensure, as far as is reasonably practicable, the health, safety, and welfare at work of employees. The duty therefore applies to lone workers. Custom Home Care Ltd. is required to consider lone working hazards, and to take steps to reduce risk as far as is reasonably practicable.

Employees are also required to take reasonable care for the health and safety of themselves and of other persons who might be affected by their acts or omissions.

Definition of Lone Working

The Health and Safety Executive (HSE) defines lone working as “those who work by themselves without close or direct supervision”. Within Custom Home Care Ltd this definition can apply to several categories of employee including:

- Care Workers who work one to one with clients or who may be left alone while other staff accompany clients.
- Care Workers who work at night.
- Staff required to attend meetings and who may travel alone.
- Office based staff who may be alone for parts of the working day.
- Office based staff who may work late or work at weekends.
- Staff who occasionally work from home.

Employees do not therefore have to be working in complete isolation all the time to be considered a lone worker.

Considerations

There are generally four (4) main hazards to consider when staff are working alone:

- Illness.
- Injury.
- Aggression.
- Violence.

Risk assessments should therefore be undertaken so that safe systems for managing the risks can be determined.

Risk Assessments

Working alone within a service or office base:

- Ensure that you have read and signed any existing risk assessments that are in place and follow them.
- Avoid dangerous locations such as top of the stairs, restricted places or if applicable where equipment could be used as a weapon.
- Be aware of potential escape routes and check that they are clear of obstructions.
- In the event of an incident occurring that requires additional support, inform the Line Manager immediately. If they are unavailable, then contact the on-call staff member.
- Always ensure to record any incidents or near misses and inform the Line Manager.
- If taken ill on shift, then inform the works co-ordinator or Line Manager to arrange cover. If they are unavailable, then contact the on-call staff member.
- Ensure the property is secure before the second to last member of staff leaves the building.
- Ensure that you know the whereabouts of the telephone, if available carry a cordless or mobile phone on your person.

Working alone in the Community

- Staff should always use their Access Care Planning enabled mobile phone and have emergency numbers already listed. It can be used to track general location based on call logs.
- Staff on field work other than care calls should record where they are going and estimated time of arrival home to inform other staff of their planned whereabouts.
- Staff should always ensure they work within any guidelines that have been written up and agreed.
- Wear appropriate clothing and footwear.
- Carry their personal assault alarm and know how to use it.
- Know their route and destination.
- Assess the risks prior to the activity.
- Always be aware of their environment and the activities planned within it.
- If in doubt, staff should exercise caution. They should not enter a potentially dangerous situation but seek assistance.
- Ensure that the property is securely locked.
- Ensure they are aware of the on-call telephone numbers in case of an emergency.
- If they are aware of any personal reasons why they may be more at risk working alone during the night, it is the individual's responsibility to inform their Line Manager.

- If they hear a noise outside, telephone the police. **DO NOT** put yourself in potential danger.
- Staff should not go outside unless following fire evacuation procedures.

Training

All employees need to be adequately trained during Induction, and lone workers may need additional training in personal safety. Staff have also been issued with personal alarms with LED lighting that emit a piercing sound of 140 decibels. The alarm sounds if a button is pressed or if pulled from a lanyard pin. Staff will be informed of this during training.

Communication

Additional arrangements will be necessary in most cases either with the employee reporting at suitable intervals or the employee being contacted at suitable intervals. The degree of risk will determine what constitutes a suitable interval. The means of communication is for the employer to determine but the telephone is an obvious means with mobile phones also very likely to feature.

Tasks not to be undertaken

Written procedures should be issued stipulating the system of work and identifying those jobs which staff should not undertake whilst working alone e.g., manual handling activities or some interactions with Clients who display challenging behaviour.

Ability of Individual

Whether or not a person is allowed to work alone depends both on the degree of risk posed by the work and the individual. The person doing the work should be responsible and properly trained.

General Advice to Staff

Illness/Injury

Staff may become ill or sustain an injury whilst working alone. A system needs to be in place to allow the ill or injured person to summon assistance. It may also be necessary to have a system in place to ensure adequate emergency cover for staff who may not be able to continue to work so that support for clients is maintained.

Aggression

A person on the brink of physical aggression usually has (3) three choices:

1) To attack.

2) To retreat.

3) To compromise.

If you think the attack is imminent:

- Avoid dangerous locations such as the top of the stairs, restricted spaces, or places where equipment could be used as a weapon.
- Be aware of potential escape routes, keep yourself between the aggressor and the door and, if possible, behind some form of barrier.
- Never turn your back, move backwards gradually. Be prepared to move quickly, never remain alone with an actively violent person.
- Never deliberately walk into trouble to test your abilities, in any physical contact everyone will be hurt, and you may risk a counter claim for assault.
- Low arousal principles can also be used when facing aggression:

  - Stay calm.
  - Maintain a safe distance.
  - Use eye contact but do not stare.
  - Speak gently.
  - Listen to the person (try to understand, give attention and time).
  - Distract the person.
  - Remove any demands you may be placing on the person.

Violence

Violence at work is not only physical violence. Employees can face many other forms of violence including verbal abuse, mental abuse, discrimination, harassment, and bullying.

There is no pattern to the type of individuals who are at risk, however the greater the contact then the greater the risk. In addition, please also see Custom Home Care Ltd.'s Equality Policy for further guidance.

Visiting other people's homes

Custom Home Care Ltd. supports a variety of people who live in their own home, and as such all our staff and managers must ensure they respect this rather than seeing other people's homes as a workplace.

In addition, staff and managers may also visit family of the people we support at their own home and as such must take any necessary precautions. Lone workers, particularly those who go into other people's homes, are likely to be at a higher risk than workers who do not.

Therefore, below are some basic steps to take:

- Before visiting someone's home always be aware of all relevant information such as personal profile, guidelines, risks, layout of the premises.
- Always remember that you are going into their home, their territory where they feel in control. Your job and you may represent a threat to this.
- While there, remain alert and watch for changes in mood or expression.
- If you feel at risk then leave as soon as possible. Remember that your own safety is more important than completing the purpose of your visit.
- Do other people know where you are going and when you should return?
- What are the check-in arrangements – who, when and how?
- Do you have a mobile phone/numbers/money?
- Make sure you have your personal alarm.

PLAN for being safe whilst out and about

P – Prepare yourself for the journey

- Wear sensible clothing.
- Wear appropriate shoes – walking quickly is usually safer than running.
- Know your route.
- Tell someone where you are going and when you expect to return.
- Assess the risks.

L – Look Confident

- Be alert.
- Radiate confidence.
- Watch your body language – stand tall and look alert.
- Carry a mobile alarm if necessary.
- Wear clothes you can move in easily.

A – Avoid whenever possible walking alone at night

- Decline offers from strangers.
- Keep to familiar territory wherever possible.

- Keep to busy and well-lit roads.
- Don't take short cuts – keep to a safe route even if it takes longer.
- No spur of the moment changes.
- Try to keep a hand free.

N – Never Assume

- It won't happen to me.
- It is only a short journey.
- He/she/they look respectable.

Finally – don't ignore your instincts.

The reporting of an Incident

The reporting of incidents is an essential feature of risk assessment in order that the risk is reconsidered in the light of the incident itself. Accidents, injuries and near misses should be reported using Custom Home Care Ltd.'s reporting procedure.

In re-assessing the risk, it will be necessary to consider what additional measures might need to be introduced to further reduce the risk in the future. As part of the action, then consideration should be given to providing support to the employee who has experienced the incident. Employees themselves may well experience feelings of fear, guilt, or anger where emotional support might be needed. Staff should be encouraged to consider the external counselling service or perhaps discuss the matter with the health and safety officer.

Practical help might also be needed to anyone who has experienced an incident. They may need assistance to write the incident report or indeed to report an incident; transport home or to the hospital or other medical service might be needed. Other longer-term support might be needed such as time off from work, a different work location, change of duties or victim support from the police etc.

Managing Challenging Behaviour Policy

Introduction

Custom Home Care Ltd. recognises that the behaviour of clients may, at times, become challenging for staff and in turn frustrating for the client. Challenging behaviour may occur for a variety of reasons, and Custom Home Care Ltd. provides a service that is appreciative of this, and carers who are able to cope in situations where behaviour is classed as challenging.

Aim

This policy aims to outline types of challenging behaviour staff may face and to provide strategies for coping in these situations. Custom Home Care Ltd. is committed to providing care to clients with dignity, respect and understanding even though at times this may appear difficult. This policy is designed to promote a greater understanding of what challenging behaviour is and the reasons for it. It also provides coping mechanisms for situations to allow staff to operate safely, whilst still treating the client fairly and without prejudice.

What is Challenging Behaviour?

A person's behaviour can be defined as 'challenging' if it puts them or those around them, such as their carer, at risk or leads to a poorer quality of life. It can be physical, emotional, or environmental and impact on a person's ability to perform everyday activities. Challenging behaviour can include aggression, self-harm, destructiveness, and disruptiveness. The absence of any form of behaviour at all can also be considered challenging.

Challenging behaviour can often be seen in people with conditions that compromise communication, such as learning difficulties or dementia. In these situations, behaviour may also be described as needs-driven behaviour, neuropsychiatric symptoms of dementia, behavioural and psychological symptoms of dementia (BPSD), amongst others. Other conditions such as stroke, multiple sclerosis, difficulties with speech etc., may also lead to challenging behaviours.

As communication is the main way in which we interact with others, illustrate likes, dislikes and express needs, problems in communication can become very frustrating for the person/people involved, often resulting in challenging behaviour. It the behaviour succeeds in achieving the desired outcome, it may become repetitive.

Types of Challenging Behaviour

The following may be considered types of challenging behaviour; however the list is by no means exhaustive.

- Physical aggression.
  - To others – hitting, kicking, biting, pushing, scratching, grabbing.
  - To self – intentional falling, self-harm.
  - Verbal aggression - Cursing, swearing, aggressive screaming, temper outbursts.
- Hallucinations.
- Delusions.
- Depression.
- Apathy.
- Repetitive activity or motion – wandering, pacing, disrobing, rummaging.
- Repetitive vocalisation – questioning, screaming, calling out.
- Resistant to personal care.
- Sexually inappropriate behaviours.
- Eating inedible items.
- Seeking – an exit, food, family.
- Guarding – constantly watching or standing by doors but not trying to exit.
- Sleep disturbances – insomnia, night-time wandering and restlessness, day-time napping.

Common Unmet Needs

As stated previously, the catalyst for challenging behaviour is often an inability to communicate needs effectively. The most common unmet needs of a person exhibiting challenging behaviour are:

- Relief from pain or discomfort.
- Social contact with others.
- Sense of occupation and sensory stimulation.
- Positive self-experiences.
- Control over one's own life.

Further information is available in the section directly below.

Understanding and Dealing with Challenging Behaviour

As a rule, when dealing with challenging behaviour from a client, the first positive step is to understand that the behaviour is not necessarily meant to be personal, overtly aggressive, disruptive, or harmful. It is merely the individual trying to communicate a need they are otherwise unable to articulate.

Use the ABC approach to understand and identify possible causes for challenging behaviour.

- **A** = Antecedent – what has happened just before the challenging behaviour.
- **B** = Behaviour – the behaviour displayed by the individual.
- **C** = Consequence – the events occurring because of the challenging behaviour.

The idea behind this approach is to try and identify triggers for the challenging behaviour so that a carer can identify what modification may need to be made to reduce the chance of recurrence. Carers must remember that the client's behaviour is a response to a situation. Whilst the carer may find nothing unusual in the situation that instigated challenging behaviour, the client may. Consideration of the following possible triggers should be considered when dealing with challenging behaviour. If a carer has the knowledge to understand the reasons for challenging behaviour, they are more equipped to cope with it.

1. **Medical reasons**

- Problems with hearing aid or glasses.
- Discomfort.
- Pain.
- Constipation.
- Infection.
- Fatigue.
- Depression.
- Dehydration / malnutrition.
- Side effects of medication.
- Illness.

2. **Emotional disturbance**

- Being reminded of a traumatic incident.
- Being scared of someone.
- Missing someone close to them.

3. **Dissatisfaction / frustration or communication failure**

- Unable to tell carer what he/she wants / needs.
- Unable to explain something.
- Unable to understand.
- Feels insulted / frustrated.

4. **Overwhelmed by surroundings**

- Area clustered with objects the client cannot recognise or finds frightening.
- The client does not know where the bathroom is.
- The client does not know where they are.

- Noise.
- Unfamiliar people (even if the client knows the people).
- Too dark.

5. Doing Something or trying to do something

- The activity is too complex.
- The activity is boring.
- The activity is unfamiliar.
- Instructions are overwhelming.
- Lack of co-ordination.

6. Responding to carer expectations / responses / facial expressions

- The carer may show frustration or anger with the client.
- The carer may rush the client in a task.
- The carer may be critical or laugh at what the client is doing.
- The carer may show disappointment.
- The carer may act in a condescending manner or ignore the client.
- The carer's facial expression alarms the client.

Practical examples may include such things as:

- Moving a body part that is painful.
- Approaching someone from behind and startling them.
- Trying to put someone to bed when their favourite TV programme is on.
- Talking when they may be trying to listen to the news on the TV or radio.
- Turning lights off when the client usually sleeps with a night light etc.
- Not being understanding or tactful, for instance if a client with dementia asks to speak to their sister who has passed away stating, "Your sister died ten years ago, don't you remember?" rather than a diversion technique such as, "You really miss your sister, don't you? She might be busy now; can I help you with something in the meantime?"

A carer should follow these general guidelines when faced with challenging behaviour:

- Stay calm and do not take the behaviour personally.
- Indicate that you recognise and understand the individual's feelings.
- Use reassuring words and speak in a calm and respectful manner.
- Use non-verbal ways to reassure the client.

- Avoid escalating the situation (perhaps stop the current activity and divert attention by doing something else).
- If a client is threatening a carer physically, talk to the client calmly in non-threatening manner, showing understanding and consideration. Do not be condescending or sarcastic. Step back and move away seeking an exit. Contact the office to make them aware of the situation. The carer may also need to contact the client's GP or dial **999** depending on the level of threat.
- If the client is threatening self-harm, talk to the client calmly in non-threatening manner, showing understanding and consideration. Do not be condescending or sarcastic. Step back and move away seeking an exit. Contact the office to make them aware of the situation. The carer may also need to contact the client's GP or dial **999** depending on the level of threat.

N.B – a carer must not purposefully put themselves at risk in any situation.

Support when Dealing with Challenging Behaviour

In the first instance, care workers should contact the office and speak to their Line Manager or Line Manager for advice and guidance. If the situation warrants immediate support due to threat or risk to them or the client, the care worker should dial **999** and then contact the office to apprise their Line Manager / Line Manager.

Care workers are also able to contact the client's GP or nurse specialist to request guidance in situations of challenging behaviour.

If a staff member is struggling with the emotional aspects of caring for someone with challenging behaviour, Custom Home Care Ltd. can offer support through additional training and referral to a counsellor if the carer feels unduly stressed. It is, however, hoped that correct initial training and mentoring will provide care staff with the coping mechanisms to deal with challenging behaviour.

If a care worker has been harmed through an incident involving challenging behaviour, Custom Home Care Ltd. will support the care worker to the best of its ability through various means. These include:

- Employer's liability insurance.
- Director's discretion regarding sick pay if time off is required from work.
- Referral to an occupational health specialist.
- Referral to the Custom Home Care Ltd. counselling service for support and therapy.

Parental Leave Policy

Introduction

Employees are entitled to leave relating to maternity, paternity, and adoption. This may also be termed shared parental leave. This policy aims to ensure that employees who are new or expectant mothers can remain in employment without their Health and Safety being put at risk in accordance with UK employment legislation, and that their employment rights are protected. This policy also outlines paternity, and adoption leave and statutory pay.

Maternity Leave

All female employees, regardless of length of service are entitled to maternity leave. It is in your own interest to make your Line Manager aware that you are pregnant as Custom Home Care Ltd. would not wish to expose you to unnecessary risk during the pregnancy. You should inform the appropriate person as soon as you are confident of the date your baby is due. This will assist the company in ensuring continuous cover of your duties. Up to the commencement of maternity leave, you will be entitled to paid leave to attend all necessary clinics, hospital, and other related medical appointments.

You will be required to produce a medical certificate confirming the date of confinement.

Maternity leave and maternity pay have separate entitlements as outlined below.

Every female employee is entitled to fifty-two (52) weeks' maternity leave.

- Ordinary Maternity Leave comprising the first twenty –six (26) weeks.
- Additional Maternity Leave – comprising the last twenty-six (26) weeks.

The earliest leave can be taken is eleven (11) weeks before the expected week of childbirth. Employees must take at least two (2) weeks after the birth.[i]

Employees are entitled to up to ten (10) keeping-in-touch days during their maternity leave. Custom Home Care Ltd. will pay the employee for these days, and it will not affect SMP. The employee will be paid their standard rate.

Statutory Maternity Pay (SMP)

Statutory Maternity Pay is payable to all employees who have completed twenty-six (26) weeks continuous service with the company into the qualifying week of their pregnancy, i.e., fifteenth (15th) week before the week the baby is due. In addition, you will need to have earned an amount equal to the Lower Earnings Limit for National Insurance Contributions (LEL). The period for which SMP may be paid is known as the Maternity Pay Period.

Payment will be:

- 90% of average weekly earnings for the first six (6) weeks.
- Basic SMP or 90% of average weekly earnings (AWE) for the remaining 33 weeks, whichever is lower.

Women who are entitled to SMP and who's expected week of childbirth begins on are after the commencement of a new tax year, i.e., 1st April will have their rate of SMP adjusted relating to any changes in rates of SMP. Therefore, Custom Home Care Ltd. employees will receive maternity pay equal to 90% of their AWE for the first six (6) weeks of maternity leave and then the new rate of SMP (if this has increased) for the remaining thirty-three (33) weeks.

Rates may be checked at: https://www.gov.uk/maternity-pay-leave/pay.

Pregnancy Related Illness

If an employee is absent from work because of a pregnancy related illness or confinement on or after the start of the fourth (4th) week before the baby is due, the Maternity Pay Period will start from the day following the first complete day they are off sick from work for that reason.

If an employee is already sick with a pregnancy related illness in the fifth (5th) week before the baby is due and the pregnancy related illness continues into the fourth (4th) week the Maternity Pay Period must start four (4) weeks before the expected date of childbirth.

Sickness Trigger

Maternity leave will start automatically if an employee is absent from work for a pregnancy related illness during the four (4) weeks before the start of her expected week of childbirth, regardless of the requested start date for maternity leave.

Maternity Certificate

An employee must provide medical evidence of the date their baby is due. This should be in the form of a Maternity Certificate (MAT B1) which will be provided by the doctor / midwife fourteen (14) weeks before the baby is due. The certificate should forwarded to the Administrative Manager as soon as it is received and, in any case no later than three (3) weeks after your maternity pay is due to start.

Notice of Intention to Take Maternity Leave

A pregnant employee will be required to notify the company of her intention to take maternity leave by the fifteenth (15th) week before her expected week of childbirth. The employee will need to tell Custom Home Care Ltd:

- That she is pregnant.
- The week her baby is expected to be born.
- When she wants her maternity leave to start.

The employee will be able to change her mind about when she wants to start her leave providing she gives at least twenty-eight (28) days' notice in writing.

Return to Work After Maternity Leave

The expected date of return to work will be determined by the start of maternity leave initially indicated by the employee. Custom Home Care Ltd. assumes employees will take their full entitlement to ordinary and additional maternity leave in calculating the expected date of return to work unless otherwise informed.

An employee who wants to return to work before the end of their full entitlement to maternity leave will need to give eight (8) weeks' notice in writing of the date they wish to return to work.

An employee is forbidden to return to work in the two (2) week period after the birth of a child.

The employee does not need to notify the company in writing of their intended return to work date if they are taking the full period of ordinary or additional maternity leave. However, they are entitled to return to work at any time during the period of maternity leave excluding the two (2) weeks after the birth of their child, providing they give eight (8) weeks' notice.

Illness After Maternity Leave

An employee is no longer able to extend the period of maternity leave on medical grounds. If they are ill at the end of the maternity leave the normal rules on sickness absence apply.

If the employee decides not to return to work, they must inform Custom Home Care Ltd. as soon as possible, so that arrangements can be made to cover their position. All notices and medical certificates should be sent to the employee's line manager as soon as possible for processing.

Any queries about Maternity Leave or pay should be made to the Administrative Manager or line manager.

Paternity Leave

Eligibility

Employees must satisfy the following conditions to qualify for paternity leave. They must:

- Have or expect to have responsibility for the child's upbringing.
- Be the biological father of the child or the mother's husband or partner and have worked continuously for Custom Home Care Ltd. for twenty-six (26) weeks leading into the fifteenth (15th) week before the baby is due.
- Have worked continuously for Custom Home Care Ltd. for twenty-six (26) weeks leading into the fifteenth (15th) week before the baby is due.

Employees are required to complete a self-certificate (Appendix 1) to confirm they meet the eligibility criteria. A copy of the self-certificate can be obtained from the Administrative Manager.

Length of Paternity Leave

Eligible employees will be entitled to take:

- One (1) week or two (2) consecutive weeks' Ordinary Paternity Leave.
- Up to twenty-six (26) weeks' Additional Paternity Leave – but only if the mother or co-adopter returns to work.[ii]

Employees can choose to start their paternity leave:

- From the date of the child's birth (whether this is earlier or later than expected).
- From a chosen number of days or weeks after the date of the child's birth (whether this is earlier or later than expected).
- From a chosen date.

If an employee wishes to change the start date of their paternity leave, they must give Custom Home Care Ltd, twenty-eight (28) days' notice.

Only one period of leave will be available to employees irrespective of whether more than one child is born because of the same pregnancy (e.g., twins).

Additional Paternity Leave

An employee is entitled to between two (2) and twenty-six (26) weeks of Additional Paternity Leave depending on how much unused maternity (or adoption) leave their partner has.

Employees must give Custom Home Care Ltd. six (6) weeks' notice if they wish to change their Additional Leave start or end dates.

Employees will only be able to take Additional Paternity Leave before the 4th of April 2015, after this date, employees must apply for Shared Parental Leave (see relevant section of this policy).

Statutory Paternity Pay for Ordinary and Additional Paternity Leave

The Statutory Paternity Pay (SPP) rate for Ordinary and Additional Paternity Pay is the same as the standard rate of SMP, or 90% of average weekly earnings (AWE) if less. Rates may be found at: https://www.gov.uk/paternity-pay-leave/pay.

Employees who have average weekly earnings below the Lower Earning Limit for National Insurance Purposes will not qualify for SPP.

Any money you receive is paid in the same way as your salary (monthly). Tax and National Insurance will be deducted.[iii]

Notice of Intention to Take Paternity Leave

Employees will be required to inform Custom Home Care Ltd. of their intention to take paternity leave by the fifteenth (15th) week before the baby is expected. The notification will need to include:

- The week the baby is due.
- Whether you wish to take one (1) or two (2) weeks' leave.
- Whether you intend to take additional leave.
- When you want the leave to start.

Employees are allowed to alter the start date of leave as long as Custom Home Care Ltd. is given at least twenty-eight (28) days' notice.

Application

Employees who wish to apply for SPP need to complete the self-certificate (Appendix 1) and return it to the Administrative Manager. By completing a self-certificate, employees will be able to satisfy both the notice and the evidence conditions for paternity leave and pay.

Additional Information

Employees will be entitled to return to the same job after paternity leave. Employees will be protected from suffering unfair treatment or dismissal for taking, or seeking to take, paternity leave.

Shared Parental Leave and Pay (SPL and ShPP)

From the 4th of April 2015 Additional Paternity Leave became Shared Parental Leave. Employees may be entitled to SPL and ShPP if:

- Their child is due on or after the 5th April 2015.

An employee can begin SPL if they are eligible, and they or their partner end maternity leave or relinquish maternity pay prematurely. The remaining leave will be available as SPL. The remaining weeks of pay will be available as ShPP

The employee can share this leave with their partner if they are also eligible for SPL and choose how much time each will take.

An employee has the right to take SPL in up to three (3) separate blocks or smaller blocks if agreed with the Director's and it is at their discretion.

In mid-2021, www.gov.uk released an online tool to assist with the calculation of shared parental leave and pay. Employees can make use of it here: https://www.gov.uk/plan-shared-parental-leave-pay .

Adoption Leave

The rights to adoption and paternity leave and pay will entitle employees to take paid leave when a child is newly placed for adoption. Adoption leave and pay will be available to:

- Individuals who adopt.
- One member of a couple where a couple adopt jointly (the couple may choose which partner takes the adoption leave).

The partner of an individual who adopts, or the other member of the couple who are adopting jointly, may be entitled to Paternity Leave and Pay or Shared Parental Leave and Pay after the 4th of April 2015.

Length of Adoption Leave

Statutory Adoption Leave is fifty-two (52) weeks. It consists of:

- Twenty-six (26) weeks of Ordinary Adoption Leave.
- Twenty-six (26) weeks of Additional Adoption Leave.

Only one (1) period of Adoption Leave will be available irrespective of whether more than one (1) child is places for adoption as part of the same arrangement. If the child's placement ends during the Adoption Leave period, the adopter will be able to continue adoption leave for up to eight (8) weeks after the end of placement.

Eligibility

To qualify for Adoption Leave, an employee must:

- Be newly matched with a child for adoption by an approved adoption agency.
- Have worked continuously for Custom Home Care Ltd. for twenty-six (26) weeks leading into the week in which they are notified of being matched with a child for adoption.

Employees will **not** qualify for Adoption leave if they:

- Become a special guardian or kinship carer.
- Adopt a stepchild.
- Have a child through surrogacy.
- Adopt a family member.
- Adopt privately (e.g., without the permission of a UK agency or authority).

Statutory Adoption Pay

Statutory Adoption Pay (SAP) will be paid for thirty-nine (39) weeks at the same rate as Statutory Maternity Pay, or 90% of average weekly earnings (AWE) before tax if this is less. Rates may be found here: https://www.gov.uk/employers-adoption-pay-leave.

SAP will be paid monthly. Employees who have average weekly earnings below the Lower Earning Limit for National Insurance purposes will not qualify for SPP. SAP will start when Adoption Leave is begun.

Notice if the Intention to Take Adoption Leave

Adopters are required by Custom Home Care Ltd. to notify their intention to take Adoption Leave within seven (7) days of being notified by their adoption agency that they have been matched with a child for adoption. The notification will need to include:

- When the child is expected to be placed with the employee.
- When the employee wants their Adoption Leave to start.

Custom Home Care Ltd. will be required to respond to a notification of leave planned within twenty-eight (28) days. The response will include the date on which the employee is expected to return if the full entitlement of adoption leave is taken.

Start Dates

Both paid Adoption Leave and Paternity leave will be available to employees where an approved adoption agency notifies the adopter of a match with a child.

Adoption Leave can start on any day of the week and be taken:

- For UK adoptions, up to fourteen (14) days before the date of the placement (date the child starts living with the employee).
- For overseas adoptions, when the child arrives in the UK or within 28 days of this date.[iv]

Changing Dates

An employee must notify the company within twenty-eight (28) days if the placement (or UK arrival date for overseas adoptions) changes. An Employee must give the company eight (8) weeks' notice if they want to alter the return-to-work date.

Matching Certificate or Official Notification

Employees will have to provide Custom Home Care Ltd. with documentary evidence of the adoption. This will be a Matching Certificate from the adoption agency in the case of UK adoptions, or an Official Notification of the date the child entered the UK in the case of overseas adoptions. Without this proof, Adoption Leave and SAP cannot be granted.

Paternity Leave and Pay (Adoption)

Following the placement of a child for adoption, eligible employees have the right to take leave to care for the new child or to support the adopter.

Eligibility

Employees will have to satisfy the following conditions to qualify for Paternity Leave. They must:

- have or expect to have responsibility for the child's upbringing.
- be the adopter's spouse or partner.
- have worked continuously for the company for 26 weeks leading into the week in which the adopter is notified of being matched with a child.

Employees must complete a self-assessment form (Appendix 3) to confirm they meet the eligibility criteria. A copy of the form can be obtained from the Administrative Manager.

Length of Paternity Leave (Adoption)

Eligible employees will have to satisfy the following conditions to qualify for Paternity Leave (Adoption).

- Have or expect to have responsibility for the child's bringing.
- Adopter's spouse or partner.
- Have worked continuously for Custom Home Care Ltd. for twenty-six (26) weeks leading into the week in which the adopter is notified of being matched with a child.

Employees can choose to start their paternity leave:

- From the date of the child's placement (whether this is earlier or later than expected).
- From a chosen number of days or weeks after the date of the child's placement (whether this is earlier or later than expected).
- From a chosen date.

Leave can start on any day of the week on or following the child's placement but must be completed within fifty-six (56) days, or eight (8) weeks, of the child's placement. Only one period of leave will be available to employees irrespective of whether more than one child is placed together.

Statutory Paternity Pay (Adoption)

The Statutory Paternity Pay rate for adoption is the same as the standard rate of SMP, or 90% of average weekly earnings (AWE) if this is less. Rates may be checked here: https://www.gov.uk/adoption-pay-leave/pay .

Employees who have average weekly earnings below the Lower Earning Limit for National Insurance purposes will not qualify for SPP. Any money you receive is paid in the same way as your salary (monthly). Tax and National Insurance will be deducted.

Shared Parental Leave and Pay (SPL and ShPP) for Adoption

Employees may be entitled to SPL and ShPP if:

- Their child is adopted after the 5th of April 2015.

SPL and ShPP must be taken within one (1) year of adoption. The employee has the right to take SPL in up to three (3) separate blocks, or more depending on Director's Discretion in consultation with the Registered Manager.

Return to Work After Adoption Leave

The expected date of return to work will be determined through the application for adoption leave and will be included in the response letter mentioned above. Custom Home Care Ltd will assume the employee will take the full entitlement of Adoption Leave unless otherwise stated.

An employee who wishes to return to work **before** the end of their full entitlement will need to give eight (8) weeks' notice of the date they intend to return to work, either on the initial application form, or at a later stage.

Employees will be protected from suffering unfair treatment or dismissal for taking, or seeking to take, adoption leave.

Sources of Information

Full advice and guidance on Statutory Maternity, Paternity and Adoption rights for employees is available from the following sources:

gov.uk

https://www.gov.uk/browse/employing-people/time-off

ACAS

http://www.acas.org.uk/index.aspx?articleid=1362

The Citizen's Advice Bureau

http://www.adviceguide.org.uk/england/work_e/work_rights_at_work_e/parental_rights_at_work.htm

Appendix 1 – Self Certificate for Paternity Leave Form

Self-Certificate for Paternity Leave Form – Custom Home Care Ltd.			
Surname or Family Name:			
First Name:			
Employee No.:		**NI No.:**	

Dates For Leave				
If the baby has not been born, give the date it is due			**Date:**	
If the baby has been born, give the date on which it was due			**Date:**	
and the actual date of birth			**Date:**	
I wish to take one weeks' paternity leave commencing on			**Date:**	
I wish to take the second consecutive week commencing on			**Date:**	
I wish to take Additional Paternity Leave of		weeks duration, commencing on:	**Date:**	
I will return to work on			**Date:**	

Declaration

You must be able to tick all three boxes to be eligible for paternity leave and pay.

I declare that:

I am:

- The baby's father **or**
- Married to or in a civil partnership* with the mother, **or**
- Living with the mother in an enduring family relationship but am not an immediate relative ☐

and

- I will have responsibility for the child's upbringing ☐

and

- I will take time off work to support the mother or care for the child ☐

Signed:	
Date:	

Return this form to the Administrative Manager and keep a copy for your records.

*Only same sex couples can get Civil Partnerships. A Civil Partnership can be converted to a marriage from December 10th 2014 in England and Wales.

OFFICE USE ONLY					
Recorded	☐	**Date:**		**Signature:**	
Passed to Payroll	☐	**Date:**		**Signature:**	

Appendix 2 – Application for Adoption Leave

Application for Adoption Leave Form – Custom Home Care Ltd.			
Surname or Family Name:			
First Name:			
Employee No.:		**NI No.:**	
Dates For Leave			
Date notified by the adoption agency that a match was made (within UK) **or** Date of official notification (overseas)		**Date:**	
Date the child is expected to be placed		**Date:**	
or date the child was placed		**Date:**	
Do you intend to return to work after Adoption Leave?	**YES** ☐ **NO** ☐ **UNDECIDED** ☐		
I wish to begin Adoption Leave on		**Date:**	
I will return to work on		**Date:**	
Dates of Annual Leave (to be taken before or after Adoption Leave but within the leave year)		**Date:**	
		Date:	
		Date:	
		Date:	
Declaration			
I declare that: I am: ▪ The sole adoptive parent **or** ▪ Adopting a child with my partner			☐
If adopting a child with your partner, you **MUST** be able to tick this box. ▪ **My partner is not taking adoption leave**			☐
Additional documentation required (please enclose) ▪ Matching Certificate provided by the adoption agency **or** ▪ Copy of the official notification and date of child's entry to the UK			☐
Signed:			
Date:			
Return this form to the Administrative Manager and keep a copy for your records.			

OFFICE USE ONLY					
Recorded	☐	**Date:**		**Signature:**	
Passed to Payroll	☐	**Date:**		**Signature:**	

Appendix 3 – Self Certificate for Application of Paternity Leave (Adoption)

Self-Certificate for Paternity Leave (Adoption) Form – Custom Home Care Ltd.			
Surname or Family Name:			
First Name:			
Employee No.:		**NI No.:**	
Dates For Leave			
Date notified by the adoption agency that a match was made (within UK) **or** Date of official notification (overseas)		**Date:**	
Date the child is expected to be placed		**Date:**	
or date the child was placed		**Date:**	
I wish to begin Paternity Leave (Adoption) on		**Date:**	
I will return to work on		**Date:**	

Declaration

You must be able to tick all three boxes to be eligible for paternity leave (adoption) and pay.

I declare that:

I am:

- Married to or in a civil partnership* with the adopter, **or**
- Living with the adopter in an enduring family relationship but am not an immediate relative ☐

and

- I will have responsibility for the child's upbringing ☐

and

- I will take time off work to support the adopter or care for the child ☐

Signed:	
Date:	

Return this form to the Administrative Manager and keep a copy for your records.

*Only same sex couples can get Civil Partnerships. A Civil Partnership can be converted to a marriage from December 10th 2014 in England and Wales.

OFFICE USE ONLY					
Recorded	☐	**Date:**		**Signature:**	
Passed to Payroll	☐	**Date:**		**Signature:**	

Mediation Policy

Introduction

This policy provides information for staff to ensure that:

- Clients retain, administer, and control their own medication where appropriate or play as active a role as possible in maintaining responsibility for their own medication.
- Where clients cannot maintain responsibility for their own medication, that staff are safeguarded by following the procedures as laid out within this policy.
- Medication is used in an appropriate way for each individual client.
- Medication is obtained, administered, stored safely, and reviewed regularly.

Principles

Below are the principles which staff and Managers of Custom Home Care Ltd. are required to uphold whilst supporting clients to maintain responsibility for their own medication.

- Consent from the individual to receive medication must always be sought. Where there are issues about the capacity of an individual to give consent, then consent will need to be agreed as part of the individual care planning process. This consent can be from Social Services a family member or an appointed advocate.
- Individuals are to be encouraged and supported to take responsibility for administration and storage of their own medication, following assessment of ability the level of risk and agreed as part of the individual care planning process.
- Where individuals require support, then a **Care and Support Plan** is to be completed indicating the exact nature of support that everyone will require from staff, whilst still promoting the greatest level of independence possible.
- Prescribed medication is the property of the individual and must not be used for the treatment of anyone else.
- Medication must not be used for social control or punishment. In the context of managing challenging behaviour, medication must be used strictly in line with written guidelines, as prescribed by the relevant professionals.
- Medication should not be given to individuals who have refused to take it. If medication is to be taken with food or in drinks, then this must be agreed as a part of the client's care plan and /or agreed by the GP and Pharmacist to ensure the medication can be covertly administered in this way and included in the written support plan.
- Accurate and comprehensive records of all aspects of medication storage and administration must be always maintained.

Responsibilities

The following section outlines the responsibilities that staff and Managers of Custom Home Care Ltd. have whilst supporting clients to manage their medication.

- **All Staff** - who administer medication or who are responsible for the storage of medication must abide by Sheffield City Council Medications Policy and Procedures primarily. Custom Home Cares Policy and Procedures mirror this guidance. Failure to follow the guidance within this policy may lead to disciplinary action being taken.

  If errors are made with the administration of medication, then the member of staff concerned will depending on the severity and circumstances, may not be allowed to administer medication until the incident has been investigated, may have to attend retraining, and may receive frequent monitoring and competency assessment.

- **Office staff** - who directly supervise staff administering medication must abide by this policy and monitor practice. They are also required to ensure that staff receive appropriate training, support and are assessed for their competence.

- **The Registered Manager, the Quality Assurance Manager and the Responsible Individual** - have an overall responsibility for the monitoring of quality assurance. This is achieved by:

  - Regular policy review.
  - Monitoring of medication errors.
  - Responding to external monitoring and recommendations.

Training and Quality Control Manager and Senior Carers - They must ensure the implementation of the training plan and to work with managers to arrange appropriate training opportunities.

Appendix 1 – Agreement to Mediation – Custom Home Care Ltd.

Agreement to Mediation – Custom Home Care Ltd.			
1) Both parties undertake to listen to each other's point of view. 2) Both parties undertake to be co-operative towards resolving the conflict. 3) Both parties agree to remain respectful towards each other throughout the course of the mediation. 4) Both parties acknowledge that the process is reliant on good will and commitment to acceptance in good faith.			
Signed:		**Date:**	
Signed:		**Date:**	

Appendix 2 – Agreement Reached by Mediation – Custom Home Care Ltd.

Agreement Reached by Mediation – Custom Home Care Ltd.			
Name:		**Payroll No.:**	
Name:		**Payroll No.:**	
We, the undersigned, have agreed to:			
Name:		**Signed:**	
Name:		**Signed:**	
Date:		**Date:**	
In the presence of (Mediator):			
Note – Completed agreements are confidential to the parties themselves and only they can agree to anyone else having a copy.			

Appendix 3 – Referral for Mediation – Custom Home Care Ltd.

Referral for Mediation – Custom Home Care Ltd.			
Date Received:		**Reference:**	
Location:			
Referrer / Contact Name:		**Tel:**	
1st Mediator:		**Tel:**	
2nd Mediator (if applicable)**:**		**Tel:**	
Venue Details:		**Tel:**	

Party A Contact Details	Party B Contact Details

Brief background to case:

Process Steps	Party A Date	Party B Date

Appendix 4 – Mediator's Case Assessment Form – Custom Home Care Ltd.

Mediator's Case Assessment Form – Custom Home Care Ltd.			
Mediator's Assessment of Outcomes		***Mediator's Assessment of Impact***	
All issues resolved:		Communication Improved:	
Some issues resolved:		Relationship improved:	
No issues resolved:		Some forward movement on issues:	
Other:		Other:	
Admin Checklist	***Date***	***Activity Record***	***Time Taken***
General information and confirmation of separate sessions sent to parties:		Setting up sessions:	
Parties informed of next step:		Running sessions:	
Information sent about ground rules:		Administration:	
Venue / refreshments booked:		Other preparation / activity – please specify:	
Agreement completed:			
Agreement circulated and reviewed:			
Agreement finalised:			
Evaluation sheets issued and returned:			

Appendix 5 – Mediation Evaluation Form – Custom Home Care Ltd.

Custom Home Care Ltd. is committed to improving the mediation. In order to meet that commitment, we ask colleagues who have recently been involved in mediation to give their views and experiences of the process.
The company would be grateful if you could complete this feedback sheet and return it to the Administrative Manager within the next seven (7) days, using a sealed envelope marked **'RESTRICTED – PERSONAL'**

All information is treated in the strictest confidence

Understanding Mediation

1) **With whom did you speak to get more information about mediation?**
   - ☐ Line Manager
   - ☐ Union Representative
   - ☐ The Office
   - ☐ Other (please specify):
2) **Why was the mediation process proposed as a possible way forward?**
   - ☐ Breakdown in relations with peers
   - ☐ Breakdown in relations with management
   - ☐ Discrimination
   - ☐ Bullying / Harassment
   - ☐ Other (please specify):
3) **What was your understanding of the process prior to meeting with the mediators?**
   - ☐ Very good
   - ☐ Good
   - ☐ Reasonable
   - ☐ Poor
   - ☐ Very poor

4) **Was the information about the mediation process easy to understand?**

	Strongly Agree	Agree	Neither	Disagree
Mediation Policy	☐	☐	☐	☐
Website information	☐	☐	☐	☐
Telephone Contact	☐	☐	☐	☐

Timescales

5) **How much time elapsed between agreeing to mediation and being contacted by a mediator?**

☐ 1 week or less

☐ Between 1 and 2 weeks

☐ Between 2 and 3 weeks

☐ More than 3 weeks

6) **Was this acceptable?**

☐ Yes

☐ No

7) **How long did you subsequently wait before the mediation session?**

☐ 1 week or less

☐ Between 1 and 2 weeks

☐ Between 2 and 3 weeks

☐ More than 3 weeks

If more than 3 weeks, how long did you have to wait? _____

Organisation of the Day

8) Was the location suitable?

☐ Yes

☐ No

9) Do you feel you had sufficient breaks during the day?

Strongly Agree	Agree	Neither	Disagree
☐	☐	☐	☐

10) Were you able to get food / drinks as appropriate?

☐ Yes

☐ No

11) How long did the mediation last?

☐ 2 hours or less

☐ Between 2 and 4 hours

☐ Between 4 and 6 hours

☐ Between 6 and 8 hours

☐ More than one day

The Mediator(s)

12) Did the mediator(s) explain the process fully to you?

Strongly Agree	Agree	Disagree	Strongly Disagree
☐	☐	☐	☐

13) Were the mediator(s) supportive?

Strongly Agree	Agree	Disagree	Strongly Disagree
☐	☐	☐	☐

14) Did the mediator(s) understand the issues between the two parties?

Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

15) How important is the grade of the mediator to you?

Very Important ☐ Important ☐ Not very Important ☐ Irrelevant ☐

16) If you had more than one mediator, did this…?

Help the process ☐ Hinder it ☐ Have no effect ☐

17) If there was more than one mediator involved, did the mediators work well together?

Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree ☐

18) Do you have any other views or comments about the mediator(s)?

Mediation Outcome

19) Overall, did you find the mediation …?

Very useful ☐ Useful ☐ Quite useful ☐ Not useful at all ☐

20) Overall, how satisfied were you with the service you received from the mediator(s)?

Very satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very dissatisfied ☐

21) Was the issue…?

Completely resolved ☐ Partially resolved ☐ Not resolved ☐

22) How do you feel about the outcome of the mediation?

Very satisfied ☐ Satisfied ☐ Dissatisfied ☐ Very dissatisfied ☐

23) If resolution was reached, was an Agreement Reached by Mediation form completed and signed?

☐ Yes

☐ No

24) If no, briefly outline the reason why.

Additional Feedback

25) Do you think the process could be improved? If so, please indicate how.

26) Would you use mediation again if necessary?

☐ Yes ☐ No ☐ Not sure

27) Would you recommend mediation to others?

☐ Yes ☐ No ☐ Not sure

28) Please use the space below to detail any other comments you may have.

About you

29) Are you male or female?

☐ Male ☐ Female

30) How do you class yourself ethnically?

☐ White – British
☐ White – Irish
☐ White – any other white background
☐ Mixed – White and Black Caribbean
☐ Mixed – White and Asian
☐ Mixed – Any other background
☐ Asian – Indian
☐ Asian - Pakistani
☐ Asian – Bangladeshi
☐ Asian – any other Asian background
☐ Black – Caribbean
☐ Black – African
☐ Black – any other black background
☐ Chinese
☐ any other ethnic background
☐ Prefer not to say

Thank you very much for completing this questionnaire. Your views will contribute to the development and improvement of the mediation process for future users.

Medication Awareness Policy

Introduction

This policy provides information for staff to ensure that:

- Clients retain, administer, and control their own medication where appropriate or play as active a role as possible in maintaining responsibility for their own medication.
- Where clients cannot maintain responsibility for their own medication, that staff are safeguarded by following the procedures as laid out within this policy.
- Medication is used in an appropriate way for each individual client.
- Medication is obtained, administered, stored safely, and reviewed regularly.

Principles

Below are the principles which staff and Managers of Custom Home Care Ltd. are required to uphold whilst supporting clients to maintain responsibility for their own medication.

- Consent from the individual to receive medication must always be sought. Where there are issues about the capacity of an individual to give consent, then consent will need to be agreed as part of the individual care planning process. This consent can be from a family member or an appointed advocate.
- Individuals are to be encouraged and supported to take responsibility for administration and storage of their own medication, following assessment of ability and level of risk and agreed as part of the individual care planning process.
- Where individuals require support, then a **Support Plan** is to be completed indicating the exact nature of support that each individual will require from staff, whilst still promoting the greatest level of independence possible.
- Prescribed medication is the property of the individual and must not be used for the treatment of anyone else.
- Medication must not be used for social control or punishment. In the context of managing challenging behaviour, medication must be used strictly in line with written guidelines, as developed by the relevant professionals.
- Medication should not be given to individuals who have refused to take it. If medication is to be taken with food in drinks, then this must be agreed as a part of the client's care plan and included in the written support plan.
- Accurate and comprehensive records of all aspects of medication storage and administration must always be maintained.

Responsibilities

The following section outlines the responsibilities that staff and Managers of Custom Home Care Ltd. have whilst supporting clients to manage their medication.

- **All Staff** - who administer medication or who are responsible for the storage of medication, must abide by this policy. Failure to follow the guidance within this policy may lead to disciplinary action being taken.

  If errors are made with the administration of medication, then the member of staff concerned will not be allowed to administer medication until they have completed an action plan and possibly retested and deemed competent.

- **Office staff** - who directly supervise staff administering medication must abide by this policy and monitor practice. They are also required to ensure that staff receive appropriate training, support and are assessed for their competence.

- **The Registered Manager/Responsible Individual** - have an overall responsibility for the monitoring of quality assurance. This is achieved by:

  - Regular policy review.
  - Monitoring of medication errors.
  - Responding to external monitoring and recommendations.

Trainers (may be senior carers, registered manager, or designated person) - must ensure the implementation of the training plan and to work with managers to arrange appropriate training opportunities.

Types of Medication

These are the main types of medication:

- Prescribed Medication.
- P.R.N. Medication.
- Non-Prescribed Medication.
  - Controlled Drugs.

Types of Medication and Recording

Medication Record

This record is designed to keep together all the recordings relevant to an individual's medication. This will ensure that records are easily accessible for staff and Clients to use.

It is good practice to put a photo of the client on the front of the medication recording booklet.

The record should be taken to GP, outpatients' appointments and pharmacists when asking advice about medication.

The record contains the following formats:

Title	Details
Individuals Medication Summary See Appendix 4	Provides at a glance information relevant to the individual and the medication they receive. Includes a summary of the support required by the individual to take medication and a summary of how medication will be prescribed, ordered, and collected from the pharmacy.
Prescribed Medication Record See Appendix 2	The format staff use to record administration and non-administration of prescribed medication
PRN Medication Guidelines	There should be in place a set of guidelines obtained from the individuals GP for when PRN medication should be given.
PRN Administration Record	The format staff use to record when PRN has been offered or administered, a record must also be made within the 'Health Changes' section of the Client's Communication log.
Non-Prescribed/Home Remedies List See Appendix 3	The list of approved Non-Prescribed medication for an individual signed by either a GP or pharmacist
Non-Prescribed Medication Administration Record	The format staff use to record when Non-Prescribed medication has been offered or administered
Additional Medication Information	A place for staff to record additional information that is specific to an individual's medication such as why and when medication is to be increased or decreased for an individual, or if a medication is to be discontinued

These formats are not to be removed under any circumstances. Records, once complete must be retained and archived with the rest of an individual's recordings. New records will be provided when necessary.

Prescribed Medication

Medication prescribed by a GP to be taken or administered at specified and regular intervals.

Entering Medication Information onto the Charts

It is preferred that the Senior Carers record medication information themselves. If this is not possible then it can only be delegated to a member of staff that has passed their medication assessment of competence.

Using the relevant recording format, the medication details are to be written down clearly in the space provided. It is very important the information is:

- Copied from the label accurately. Please **print** so information is clear and easy to read.
- Includes the initials of the recorder in the space provided.
- Checked by a second staff member (who has passed their assessment of competence) to ensure the information is correct and corresponds with the label and initials in the space provided.

It remains the responsibility of office staff to ensure that recordings are accurate, clear and easy to read.

Entering the Timing of Medication

Where a GP prescribes that medication is to be taken twice a day (bd) ideally there should be a 12-hour gap (or thereabouts) between each dose administered e.g., 8am and 8pm.

Where a GP has prescribed that a medication is to be taken three (tds) or four (qds) times a day the waking hours should be divided equally to identify the timing of administration.

Recording when Prescribed Medication has been Administered**:** When prescribed medication has been administered, a record must be made immediately in **black ink** on the **Prescribed Medication Record.**

The staff member who administered the medication must initial against the relevant box for the medication given, date and time as shown on the chart.

Non-Administration or Refusal of Medication**:** If medication is offered and refused by a client then staff must complete the section' Medication not Administered' on the **Prescribed Medication Record**. This section must also be completed when medication has not been administered for any other reason. Additionally, the reason for non-administration MUST be clearly documented in the Clients communication log.

Non-administration must also be recorded in the **'Health Changes'** section of the **Communications Log**, and all the team members on duty informed. Office staff may also need to be informed as outlined in the guidelines for each individual client and medication.

In relation to non-administration of prescribed medication, medical advice must be sought. This information may be sought from the GP, NHS Direct, community nurse or if applicable the clinical psychiatric doctor. Staff will need to provide accurate information for the medical advisor and clearly record the advice given on the **Health Changes'** section of the **Communications Log**.

P.R.N. Medication

Medication prescribed for an individual, to be taken when required, rather than at specified times of the day.

Guidelines for when to Administer**:** When PRN medication is prescribed, it is essential that clear instructions are received from the doctor describing the circumstances PRN medication should be given (i.e., signs, symptoms, behaviours), the amount to be given, and how often the dose may be repeated.

Staff must only administer the medication in line with these guidelines.

This information must be clearly recorded by the person who received the instructions from the doctor using the **PRN Medication Guidelines** form and signed by that person.

Staff should ask the doctor to sign the record of the guidelines. If it is not possible to obtain the Doctors signature, then this should be recorded using the Additional Medication Information format and the office staff informed.

Recording when PRN has been offered or Administered**:** When PRN medication has been administered or offered to the Service User, a record must be made immediately in **black ink** on the **PRN Administration Record** that relates to the specific medication, recording the date, time, dose, whether it was administered or offered and the reason.

Administration must also be recorded in the **'Health Changes'** section of the **Communication Log**, and all the team members on duty informed. The office staff may also need to be informed as outlined in the guidelines for each individual client and medication.

One **PRN Administration Record** must be used for each individual PRN medication, with the instructions written accurately and clearly in the space provided. Different PRN medication must not be entered on the same sheet.

Non-Prescribed Medication

Medication for which a prescription is not needed and may be purchased 'over the counter', including 'home remedies' and nutritional supplements.

Gaining Agreement: ***Non-Prescribed/Home Remedies List***

Staff should always consult a pharmacist as to a suitable remedy if they are required to administer the medication but must ensure that the pharmacist is aware of all the prescribed medication the client takes.

Otherwise, enquiries should be submitted to the client's GP or Pharmacist who will confirm if any supplementary medication would be suitable to the individual alongside their prescribed medication. Ideally the GP should sign the non-prescribed sheet. If the GP is unable or unwilling to sign the sheet may take to the pharmacist and ask them to approve and sign for the medication listed instead.

The list of suitable remedies should also be reviewed regularly and updated in view of any changes in the client's prescribed medication. Staff must not themselves introduce any form of medication, vitamins, alternative therapies, including homeopathy etc., to the clients.

Administering or Offering**:** When the need for this type of medication arises (e.g., the client has a headache), then staff must refer to the ***Non-Prescribed/Home Remedies List.*** Staff may administer the medication but only in accordance with the manufacturer's instructions as written on the packaging or leaflet included.
Non-prescribed medication must only be administered for a limited period and the GP contacted if symptoms persist or there is a need for further treatment.

Recording when Non-Prescribed Medication has been offered or Administered: When Non-Prescribed Medication has been administered or offered to the client a record must be made immediately in **black ink** on the **Non-Prescribed Administration Record**, recording the date, time, medication, dose, whether it was administered or offered and the reason.

This must also be recorded in the **'Health Changes'** section of the **Communication Log**.

Controlled Drugs

If a client is prescribed medication which is classified as controlled (e.g., morphine), then there are additional requirements for administration and recording. (In accordance with the Misuse of Drugs Act 1971 & Misuse of Drugs Regulations 1985):

- Specific guidelines will be drawn up for each client receiving controlled drugs. The administration of which shall require two staff who have received training, to be present throughout the administration and both to sign the medication record sheet and clearly indicate that the drug being administered is a controlled substance.

- The controlled medication must be returned to the pharmacist as soon as it is no longer required (unless in the event of the client's death when it should be retained until it is clear whether there will be a Coroner's inquest).

Administering Medication

Good practice guidelines for administering medication can be found in Appendix 1 to this policy.

Self-administration of Medication

Wherever possible, clients should be encouraged to become responsible for the administration of their own medication.

Risk Assessing**:** If it is deemed appropriate that a client can be responsible for their own medication, then a formal agreement must be made following detailed discussions with the client, involved relatives, Senior Carer, GP, and any other relevant health professionals involved. A detailed assessment of ability and risk will need to be completed and then an individualised plan developed.

When a client is deemed to have capacity, they may become responsible for all aspects of their own medication, including visits to their GP for reviews and obtaining their own medication from the local chemist.

The use of appropriate self-administration systems (e.g., Nomad trays, Medi-wallets) could be used to minimise the risk of errors in self-administration.

Methods of Administration

Staff may administer patches, oral and topical administration, ear drops, eye drops and inhalers, thickening agents and sachets requiring fluid to administer. Staff must not administer medication in any other form.

Members of staff are **not permitted to administer injections under any circumstances**. Staff may supervise competent clients while they administer their own injections but are not to manually assist in giving any injections.

For administering eye, ear drops and inhalers each medication will have its own guidance contained within its packaging with which staff must make themselves familiar with.

The administration of enemas, suppositories and pessaries should only be done by the district nurse.

A specific **Support Plan** must also be completed for each client who is prescribed medication in these forms, which will give staff detailed guidelines for administration.

Administering Medication

- Medication must be offered to the clients at the times indicated on their medication chart or as near as possible to those times.
- Each chart must be checked thoroughly regarding the client's name, date, which medication is due and the dose, and ensuring that it has not already been signed as given.
- Before administering from an individual container, the label instructions must be read carefully each time regarding:
    - The Client's name.
    - The type of medication and method of administration.
    - The time of administration.
    - The dosage and quantity to be given.
    - The expiry date/date of dispensing.

- For medication with limited life after opening (e.g., creams, ointments, lotions, and eye drops which must be used within 28 days), the first date of opening must be written clearly on the container. This date must be checked before administration as well as the overall expiry date.
- A check must also be made that the name of the client being given the medication corresponds with that on the container.
- Medication must not be administered from containers which are not clearly labelled.
- Medication dispensed for a client must never be administered to any other person.
- If staff have concerns regarding changes in the client's condition (e.g., unusual, or adverse reactions or other health problems) they should seek advice from the GP before offering the medication to the client. Changes to a client's health must also be recorded in their **Communication Log** and office staff must be informed.
- Advice must be given to the client taking the medication of any special requirements or problems relating to the medication, e.g., if alcohol should not be taken.
- Hygiene requirements must be observed when administering all types of medication, i.e., hand washing and not handling tablets unless wearing suitable gloves.
- Light plastic gloves must be worn when applying any creams, ointments, or lotions.
- Advice must be taken from the pharmacist as to whether tablets may be cut or crushed to assist with swallowing or to enable the Client to receive the correct dose. If tablets are to be cut, then a special tablet cutter must be used, and gloves worn if tablets need to be handled.
- The contents of capsules must never be removed from the coating before being swallowed.

- Clients must always be offered a drink when taking oral medication.
- If a client refuses to take their prescribed medication, the advice of the Chemist, Community Nurse or GP should be sought regarding the time limit before the disposal of the refused medication.
- A recording of the refusal must be made using the relevant section of the **Prescribed Medication Record** along with any known reasons.

Spoilt Medication

- Any medication which has been spoilt (dropped, came into contact with fluids, incorrectly taken out from a blister etc) is required to be listed on the **spoilt medication chart,** so any shortages in medication can be accounted for.

Covert Administration of Medication

- Written instruction must be agreed and documented with the GP, Social Service, Family and / or Client. A full and inclusive risk assessment should also be completed. Covert administration of medication may be in the best interest of the client who would not normally take required medication. It could also be at the clients request as this is how they have always taken tablets. Clear instruction from the GP must be documented for each individual and followed for each prescribed medication to ensure the most effective administration of the prescribed medication

Obtaining, Storage, Recording Stock and Disposal of Medication

Obtaining Medication

Prescribing: All medication will be prescribed by the General Practitioner and prescriptions dispensed by the local pharmacist, ensuring that the “exemption from charges” statement is completed where appropriate. If arrangement has been made in the client’s Care Plan, staff should ensure that repeat prescriptions are ordered in accordance with the surgery’s requirements. This may include ordering by telephone, letter or via the internet.

Containers**:** The medication should be requested to be dispensed in the container which the clients or staff have agreed is the safest to use (e.g., Nomad trays, Blister packs or individual bottles etc).

Checking**:** Once medication is dispensed then it must be checked, ensuring that the correct amount has been received and that the container is labelled with the following information:

- Name of the person for whom the medication has been prescribed.

- Name and strength of the medication.
- Dosage and frequency of administration.
- Expiry date of the preparation or the date of dispensing.
- Name, address, and telephone number of the dispensing Chemist.
- Address and Date of Birth for whom the medication is prescribed.

Recording**:** Staff must ensure that information is transferred accurately and clearly by writing the information (using capital letters) in the space provided on the relevant **Medication Record** format.

The amount of medication received must be recorded on the **Medication Record**.

Errors**:** In the case of any discrepancies, staff should contact the dispensing pharmacist immediately and inform office staff.

Storage of Medication

- Clients are responsible for the storage of medications if they have capacity.
- If the client is deemed not to have capacity, storage of medication becomes the responsibility of family or another responsible person.
- In exceptional circumstances, staff may have written permission (see authorisation form) to access medication stored in a locked box or safe in the client's home.

Special Storage Requirements: Particular attention must be paid to specific storage requirements, e.g., refrigeration, where the medication may be stored in a sealed marked container placed in the fridge (whether this container is locked will be based on a risk assessment).

Keeping Tablets Separate: All tablets must be kept in their own separate bottle or container, and different tablets must not be mixed in the same bottle (apart from self-medication systems). Tablets must not be placed in any other containers (including daily dosset boxes) prior to the time of administration, unless they need to be taken out of the house with the client on a visit, or day care activities. In this case the container must be clearly labelled with the client's name and the name and strength of the medication.

Returning / Disposal of Medication: If medication has been discontinued or is no longer required by the client it must be returned to a pharmacist as soon as possible. The Medication Record must be completed showing the same details recorded as when the medication was received. A signature from the pharmacist must be obtained to validate his/her receipt of the medication.

Lost Medication: If any medication is completely lost, then the advice of the pharmacist should be gained as quickly as possible as there may be a need to inform the police. A written record must also be made of the type and amount of medication lost.

Death: In the event of the death of a client medication should be left for any lawful authority to take should the incident go to a coroner's inquest.

Ensuring Safe Practice

Staff Training

It is essential that all staff who are supporting clients to take medication receive appropriate training and an assessment of their competence before they are authorised to administer any form of medication unsupervised.

In House Induction

Training will commence during the in house/scheme induction programme (see induction check list).

It is important at this early stage that staff have an opportunity to:

- Deal with fears and anxieties.
- Become familiar with the Medication Policy and standards for safe storage and administration.
- Gain the skills needed for safe administration by practising under supervision.
- Become familiar with recording systems.
- Become familiar with the "Medication Competence Assessment".
- Become familiar with medication used by the clients they are supporting.

Assessment of Competence

The aim of the assessment is to ensure high standards of safety in the administration of medication are achieved and maintained. All staff are required to demonstrate their competence before they administer any medication unsupervised.

The assessment should be carried out by direct observation of staff giving real medication to the clients that they support. However, there may be some instances where this is not possible, and a 'role-play' or simulation assessment is acceptable.

The assessment may be carried out by a senior member of the office staff, and it is their responsibility to ensure that assessment has taken place.

The assessment will be recorded on the **Medication Competency Assessment** form, which must be stored in the staff's **Personnel File**.

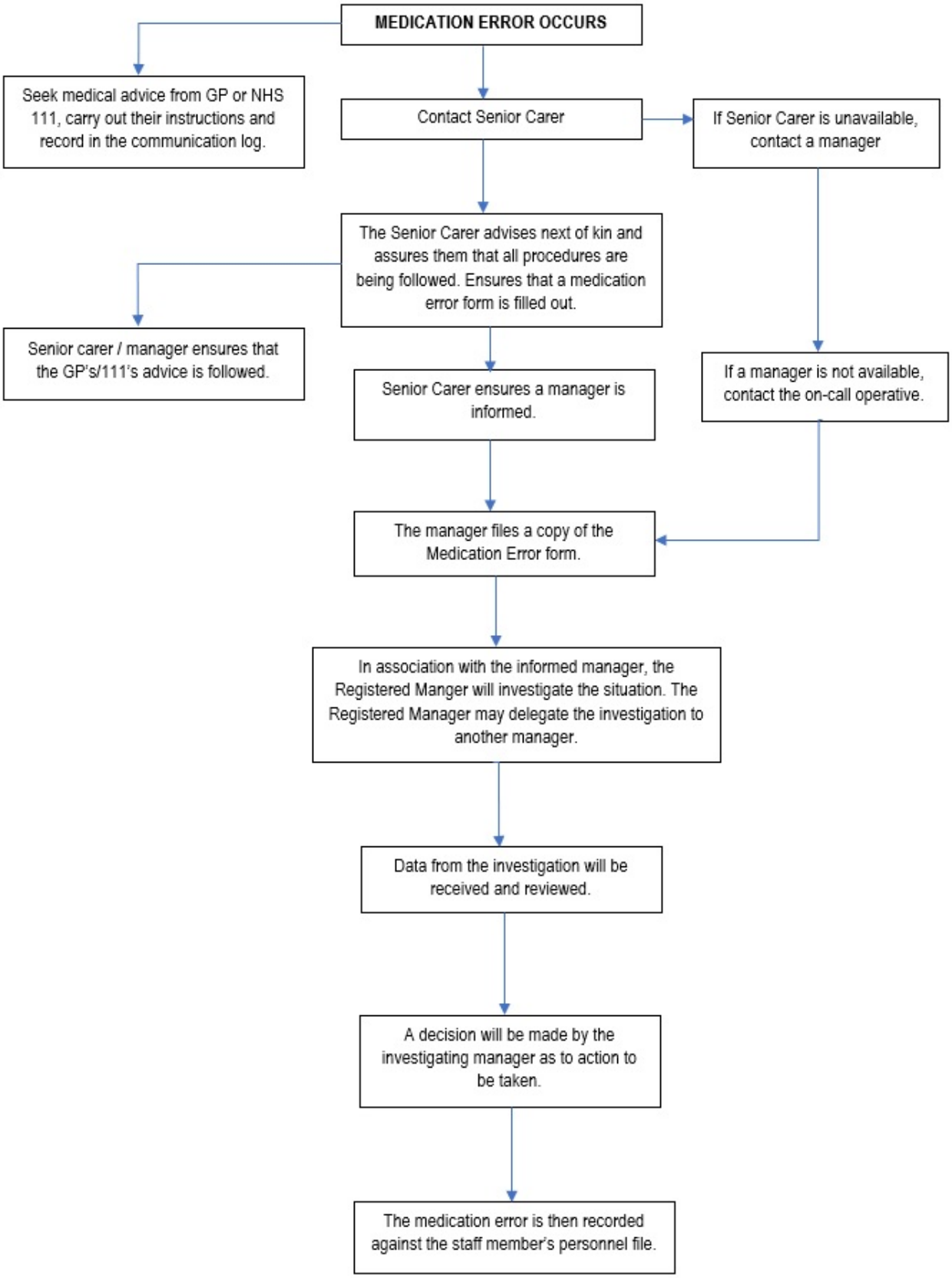
The assessments are required to be completed at least every six months for all staff who administer medication. Staff will receive a certificate of completion after each Medication Competency Assessment.

It may be appropriate to assess staff more frequently if, e.g.

- There is a significant change in the client's medication.
- There is a change in the system being used, e.g., changing to or from monitored dosage cassettes.
- There has been concern about safe practice either by individual staff or the whole staff team.

If staff are not found to be competent when assessed, an action plan will be developed by the assessor and implemented. This plan should outline the areas where further work is required and what additional support will be provided. The plans for re- assessment should also be included.

PROTOCOL FOR MEDICATION ERRORS



Decision Making Protocol

Type of Error

- Is the error a recording error, administering error etc, minor, significant, life threatening?

Frequency of Errors

- Has the person committed the same error previously? If yes, to what extent?
- Has this person committed a different medication error previously?

Consequences

- Was the client harmed?
- Were there any health implications from the error?
- What are the actual or potential consequences of the error?
- **Categorise into:**
- Life threatening.
- Serious lack of controlling medical problem.
- Not serious but lack of controlling medical problem.
- Minor or insignificant effect on medical problem.

Mitigating Circumstances

- What were the circumstances of the error?
- Were there unusual circumstances that may have influenced the medication error?
- Were there other people partly responsible, e.g., pharmacists, other staff were misinformed, previous checks not carried out.

Actions to be taken to rectify the situation

- Did they report it immediately?
- Did they seek medical advice and carry it out?

Range of Options or Outcomes for Staff

N.B. All reports of medication errors must be recorded in the personnel file. The report should include the error that occurred and action that was taken including the considerations used by the Registered Manager in determining that outcome. Where disciplinary action is undertaken it must be done in accordance with the arrangements outlined in Custom Home Care Ltd.'s policy.

The following options may be outcomes chosen by the Registered Manager in response to medication errors. One, a mixture, or all of the list may be considered as possible outcomes based on the factors listed above.

Supervision	▪ Discussed and recorded in supervision notes.
Shadowing	▪ The staff member will work alongside a competent individual.
Coaching	▪ The staff member can complete a Coaching Plan.
Training	▪ The staff member may attend a course or in-house training.
Re-testing	▪ The staff member is re-tested for competence in administering medication.
Review	▪ The procedures in the service and care plans are reviewed and additional checks introduced.
Suspension	▪ The staff member is suspended from administering medication until further notice and/or additional training.
Reprimand	▪ A verbal reprimand is given and recorded on suspension notes.

Monitoring

Alternative Care Situations

In any situation where the care of clients is the responsibility of people other than Custom Home Care Ltd. staff, (e.g., clients who may go on visits with family or to day-care groups) it is essential that effective communication systems are in place. It must be ensured that the supply of medication for this period is adequate, is clearly labelled and it is suggested that where possible, recording systems are maintained.

It is also advisable that all non-prescribed medication given to the client during this period is recorded and the staff notified on the client's return to their care.

Appendix 1 – Good Practice Guidelines

Good practice guidelines for staff when administering medication:

- Dot the recording form when taking the medication out of the container before it is given to the client.
- Involve the client as much as possible.
- Use alarms/reminders to alert when medication is due.
- Colour code times of medication on the chart.
- Always check the back of the spoon in case the tablet is still there.
- Always wait to ensure that the client has swallowed the medication.
- Clear instructions must be provided when new medication has been prescribed.
- The route of administration e.g., ear, nose, mouth should be included on the medication chart.
- Put an elastic band around the boxes that are not in use.
- Start opening at one end of a blister pack and then open in order without leaving gaps.
- If there are named days on the pack then make sure to open the correct day.
- Ensure the strip of the blister pack is completely empty before disposing.
- All creams must be dated on the box and the tube when opened.

Appendix 2 - Prescribed Medication Record

Prescribed Medication Record - Custom Home Care Ltd. Page Number _____ of _____

Name:	Address :	DOB:
Month/Year	GP:	Allergies:

Medication as Per Label	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Name	AM	Time																														
Dose		Initials																														
Instructions	LUNCH																															
	TEA																															
Recorded By Checked By	PM																															

Medication as Per Label	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Name	AM	Time																														
Dose		Initials																														
Instructions	LUNCH																															
	TEA																															
Recorded By Checked By	PM																															

Medication as Per Label	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Name	AM	Time																														
Dose		Initials																														
Instructions	LUNCH																															
	TEA																															
Recorded By Checked By	PM																															

CODES: R- Refused / S-Self / F-Family / N-None to Give / O-Other(enter explanation in log) / V-Verified

FOR – 4032 - Prescribed Medication Record © 2015 Custom Home Care Ltd.

Appendix 3 – Non-Prescribed Medication Administration Record

Non Prescribed / Home Remedies List

Name:	
Address:	
GP Name:	
Address:	
CHC Ltd. Client No.:	

It is recommended that the following remedies are suitable for use, according to the manufacturers' instructions:

For dry coughs:	▪ Simple Linctus ▪ Pavacol D Linctus
For nasal congestion:	▪ Karvol capsules ▪ Menthol crystals inhalation
For sore throats:	▪ Glycerine ▪ Honey and lemon lozenges
For diarrhoea:	▪ Oral rehydration salts ▪ e.g. Dioralyte, Electrolade, Rehidrat
For constipation:	▪ Senna tablets B.P.
For indigestion:	▪ Magnesium Trisilicate mixture ▪ Aluminium Hydroxide tablets ▪ Gaviscon
Others (please specify):	

GP. / Pharmacist Signature:

Date:

Good Practice Statements

Accurate Clear Records: All entries should be clearly written **in black ink** no correction fluid should be used. Any errors made should be crossed through with one straight line. Non-prescribed medication should only be given if it appears on the Non-Prescribed/Home Remedies list. A record of administration must also be made in the 'Health Changes section of the client's Communication Log.

Date	Time	Medication	Dose	Tick One		Reason for being Administered or Offered	Staff Signature
				Admin-istered	Offered		

Appendix 4 – Client medication Summary Form

Details

NAME		LEGAL STATUS	
ADDRESS		NHS No.	
		SPECIFIC HEALTH NEEDS Epilepsy, Diabetes etc.	
D.O.B.			
ALLERGIES			
RELIGION			

G.P. Details **Next Of Kin**

NAME		NAME	
SURGERY		ADDRESS	
ADDRESS			
		TEL.	
TEL.		RELATION	

Senior Care Worker (social worker or district nurse)

NAME		TEL.	
ADDRESS		LOCAL AUTHORITY	

Registered Manager

NAME		TEL.	

Current Prescribed Medication

MEDICATION	Total Dose	No. of times per day	Common Side Effects

PRN Medication

MEDICATION	Total Dose	No' of times per day	Common Side Effects

Summary of Support Required To Take Medications

Summary of How Medication is Prescribed and Collected / Delivered Etc.

Provide details about how often prescriptions are prepared, will medication be delivered or collected, which pharmacy do you use, how will stickers be obtained from the pharmacy etc.

Shift Supervisor's Signature _____ Date _____

Appendix 5 – PRN Medication Administration Record Form

Client Name:	
Address:	
GP Name:	
Address:	
Client No.:	

Good Practice Statements
Accurate Clear Records: All entries should be clearly written **in black ink** no correction fluid should be used. Any errors made should be crossed through with one straight line. A record of administration must also be made in the client's Communication Log.

Date	Time	Medication	Dose	Tick One		Reason for being Administered or Offered	Staff Signature
				Admin-istered	Offered		

Moving and Handling Policy

Definitions

Moving & Handling (Manual Handling) operations are defined as:-

- Any activities requiring the use of force exerted by a person to lift, push, pull, carry, or otherwise move or restrain any load.

A **load** is defined as:

- Any moveable object, animate or inanimate.

(Regulation 4 - Occupational Health & Safety standards (manual handling) Regulations 1998)

Principles

Custom Home Care Ltd. recognises its responsibility to ensure that all reasonable precautions are taken to provide and maintain working conditions that are safe, healthy, and compliant with all statutory requirements and codes of practice.

It is the policy of Custom Home Care Ltd. to ensure that so far as is reasonably practicable, staff and clients alike are protected from the risk of injury because of moving and handling operations.

This is to be achieved by:

- Operating a 'minimal handling policy' where the need for moving and handling operations is avoided so far as is reasonably practicable.
- Where the need for moving and handling cannot be avoided, then the operations will be assessed for the level of risk of injury involved.
- Taking appropriate steps to reduce the level of risk of injury as far as is reasonably practicable, including provision of equipment and handling aids.
- All staff will be given such information, instruction, and training as is necessary to enable safe moving & handling relating to their specific role.

Risk Assessment

Risk assessment may be defined as:

- "A calculation of the likely impact of the hazards posed by a moving and handling operation, should they become a reality, weighed against the control measures in place."
- Risk assessments need to be completed on all moving and handling operations that pose a potential risk.
- It is the responsibility of the Senior Care Workers or Line Manager to ensure that they are completed, implemented, and reviewed regularly.
- Once the level of risk has been determined then an action plan for reducing the risks must be drawn up.
- The risk assessment support plan (see document entitled Risk Assessment for Client and Care Worker) and any following guidelines must be recorded on the format provided.
- All care staff should also conduct a personal risk assessment before they perform any task. If it is felt that the risk is significant, this should be reported and reassessed, a formal risk assessment must be carried out for that client and documented.

Moving and Handing Guidelines

- Written guidelines should be available to staff on all moving and handling operations that involve any level of risk.
- The guidelines should give clear information on how the operation should be carried out, how many staff are required and the equipment to be used.
- Staff then have the responsibility to carry out the operation following these instructions.
- If the operation involves the moving and handling of a Client, then a copy of the risk assessment and guidelines in the form of a support plan is held within the Client's Care Plan file.
- These guidelines and support plans must be reviewed at least annually and more frequently if any circumstances change.

Equipment and Wheelchair Servicing

All equipment provided to assist with moving & handling must be in a safe condition.

If equipment is the property of the Client, it is the Client's responsibility to ensure that the proper maintenance of equipment has taken place and all service records are up to date. If the Client is deemed not to have capacity, then the responsibility for equipment maintenance falls to family or another responsible individual.

i.e., staff must do an initial assessment of a wheelchair to ensure that it is safe to use and in working order. Foot plates must be present, brakes must function, and tyres fully inflated with no perishing of the wheel. If the wheelchair is deemed unsafe to use, it is the responsibility of the Client to either repair or provide a new chair. If the client is deemed not to have capacity, then the responsibility falls to family or another responsible individual.

Custom Home Care Ltd. will be unable to use unserviced equipment, it is therefore essential that Clients and family members etc. are made aware of their maintenance responsibility during sign up and in writing in the Client User Guide.

Guidance for Staff

The following section outlines the responsibilities of the various post holders in relation to implementation of the policy.

All Staff

All staff are required to comply with the provisions of the moving and handling operations regulations 1992, in accordance with training and advice received. Every employee must ensure that they do not act in such a way which may affect their own health and safety, or any other person. They have a duty to:

- Ensure that they use any aids and equipment that is provided for their safety to reduce the risk of injury.
- Visually inspect any handling aid or equipment before they use it each time, to ensure that there are no obvious defects which may compromise their safety or that of others.
- Report and not use faulty equipment.
- Ensure that they follow a safe system of work as in the general advice given and any specific moving & handling guidelines for that operation.
- Ensure that they are dressed appropriately to undertake moving and handling tasks i.e., comfortable clothing that does not restrict movement or compromise dignity and flat enclosed non-slip shoes.

- Report to their Line Manager any conditions or changes in health that could affect their ability to comply with this policy or any specified moving and handling guidelines.
- Attend training sessions and implement the advice given and inform their Line Manager if they identify additional training needs or do not feel competent to perform their duties.
- Report all accidents and dangerous occurrences in accordance with the Custom Home Care Ltd.'s Procedure to ensure that an investigation can take place and remedial action can be implemented (refer to the Health & Safety Policy).

Senior Carers, Line Managers and Managers

Senior Carers, Line Managers, and all Managers, have responsibility to:

- Ensure that all staff, including relief staff, are aware of this policy.
- Ensure that all moving and handling operations within their area of responsibility are assessed and that any risks are reduced to as low a level as is reasonably practicable.
- Ensure all staff receive adequate training so that they may comply with this policy.
- Ensure that all staff are competent to perform their duties under this policy.
- Ensure that all accidents and dangerous occurrences that occur have been reported in accordance with Custom Home Care Ltd.'s policy (Refer to the Health & Safety Policy), and that they are investigated, and remedial action is taken as necessary.
- Ensure that moving and handling guidelines have been drawn up for all operations that have any degree of risk of injury, and ensure they are readily available to relevant staff.
- Monitor and review the moving & handling skills and practices in the workplace.
- Identify new and unique handling situations.
- Where appropriate, liaise with an office staff member to discuss with the Client's GP or District Nurse a referral to the Physiotherapist or Occupational Therapist for advice and recommendations where the moving and handling operation involving a Client carries a significant level of risk or the equipment supplied is not sufficient for the Client's needs.
- Inform the Registered Manager, where appropriate, that a referral is to be made to an Occupational Therapist or Physiotherapist.
- Act as a role model for colleagues in the safe handling of loads.

Managers

In addition to their responsibilities as a member of staff, Managers or Directors also have a responsibility to:

- Act as a source of reference and advice on moving and assisting issues. This will include the recommendation of small assisting/handling aids to assist staff to support Clients (e.g., glide sheets).

- Support staff in the development of appropriate moving and assisting guidelines and support plans.
- Liaise with staff, Managers, Physiotherapists and Occupational Therapists on resolving specific moving and assisting difficulties relating to the support of Clients.
- Provide training and updating to staff on moving and assisting.
- Ensure that he/she is kept up to date with new developments relating to moving and assisting issues.

Moving and Handling Trainers

All moving and handling trainers will have achieved accreditation in the delivery of moving and handling training.

They will have an additional responsibility to:

- Act as a source of reference and advice on moving and handling issues. This will include the recommendation of small handling aids to assist staff to support Clients (e.g., glide sheets).
- Support staff in the development of appropriate moving and handling guidelines and support plans.
- Liaise with staff, Managers, Physiotherapists and Occupational Therapists on resolving specific moving and handling difficulties relating to the support of Clients.
- Provide training and updating to staff on moving and handling.
- Ensure that he/she is kept up to date with new developments relating to moving and handling issues.

Health and Safety Officer

Has additional responsibility to:

- Ensure that moving & handling practices are in keeping with current Health and Safety legislation and regulations.
- Monitor and ensure that reported injuries and dangerous occurrences due to moving and handling tasks have been investigated and appropriate action taken.

Training

All staff will receive training in moving and handling, including induction training and an annual refresher.

Staff will receive training that is relevant to the range of moving and handling tasks required in their work as described below:

- Introduction to principles of moving and handling.
- Moving and Handling of objects.
- Moving and handling of people.
- Supporting Clients with specific moving and handling difficulties.

All staff will be required to complete a confidential Health Questionnaire on employment by Custom Home Care Ltd. (see Appendix 1) which will be used to assess whether they are fit to complete any practical exercises during the course.

The trainer will discuss any health problems identified with the staff member and make further recommendations regarding the training and liaise with their Line Manager regarding fitness to work if appropriate.

Records will be kept of all staff attendance of moving and handling training on a central database. All staff will have full knowledge of manual handling from the staff induction training. A certificate will be issued to all staff members to indicate they have completed the manual handling section of the induction programme (See Appendix 2). Further mandatory training will be undertaken throughout the staff member's employment with Custom Home Care Ltd. In addition, each member of staff will be given an individual training record, which is to be stored in their staff development file and taken to any training for updating. Trainers will sign to specify exactly the training that has been delivered to each member of staff.

Monitoring of this Policy

Adherence should be monitored by all managers.
Issues of concern should be raised with the Health and Safety Officer.

Appendix 1 – Individual Health Questionnaire (Moving and Handling)

Name (please print):

During your employment you will be required to participate in client and/or object handling. Upon undertaking manual handling training, you will also carry out several practical exercises. For the trainer to train you safely and provide the guidance pertinent to you personally, they need to know about any pre-existing condition which you may have. It is therefore an essential requirement to complete this form prior to the start of any training. Failure to do so will result in you being excluded from the training.

If you knowingly give incorrect information, Custom Home Care Ltd. can bear no responsibility for any resultant pain or injury.

You are required to place a tick in the box adjacent to any factors which could affect the way in which your training is provided and sign below. You must tick all boxes relevant and at least one box must be ticked.

▪ I suffer from back, neck or shoulder pain or injury.	
▪ I suffer from knee, hip, elbow, shoulder, or other joint problem.	
▪ I am receiving treatment for a condition which may affect my ability to participate in physical activity without pain or injury.	
▪ I am pregnant, have given birth in the last 6 months or am breast feeding.	
▪ None of the above applies.	

If you have ticked any of the points above, the trainer will seek further information from you. If necessary, advice may be sought from your Line Manager or Health and Safety Officer.

N.B. Should you suffer any discomfort or injury during the training, you must stop what you are doing and report this to the trainer immediately.

Signature:

Date:

Trainer's Notes

Discussed with Participant:
Further Comments:

Exempt from practical activities in training: **YES** ☐ **NO** ☐

Exempt from training course: **YES** ☐ **NO** ☐

Trainer's signature:

Appendix 2 – Certificate of Induction Completion

Certificate of Completion

Let it be known that

_____

has successfully completed the following topics comprising The Induction Programme for **Custom Home Care Ltd.**

- Moving and Handling
- Fire Safety
- Smoking/Drugs/Alcohol
- Safeguarding/Abuse
- Duty of Care & Person Centred Care
- Medication Awareness
- Infection Control
- DPA & Confidentiality
- Lone Working
- Sickness & Annual Leave
- Complaints & Compliments
- Health & Safety
- Dress Code
- Personal Care
- Communication & Development

Signature (Training Officer): _____ **Date:** _____

Occupational Health Policy

Introduction

Occupational health is the applied science concerned with the effects of work on health. It is also concerned with how an employee's state of health influences their ability to work. Individuals can have an influence on their own health and the health of others at work and Custom Home Care Ltd., will ensure that everything that is reasonably practical is done to protect the health of our employees at work and thereby our clients. This policy is to be read in conjunction with:

- Health and Safety Policy.
- Sickness, Absence and Annual Leave Policy.

Principle Aims

- To assist with the identification and management of health risks.
- To support staff who are ill to remain at or return to work, as appropriate.
- To improve work opportunities for those with disabilities.
- To manage work-related aspects of illness.
- To promote good health to better equip staff to work well and to make informed lifestyle choices.

Policy Statement

Custom Home Care Ltd. is committed to ensuring that the potential for ill health or injury arising from employment with the company is minimised so far as is reasonably practicable. We will ensure the identification of health risks to enable the implementation of the necessary control measures and as necessary, appropriate occupational health interventions.

Custom Home Care Ltd. will encourage an atmosphere where managers take an active interest in the health and wellbeing of their staff and ensure early identification and management of work-related ill-health (see Sickness, Absence and Annual Leave Policy).

We will enable staff to raise, discuss and resolve individual work-related health issues through the involvement of and consultation with an Occupational Health Service (OHS). Employees may be referred to an external OHS through their GP or other professional. Custom Home Care Ltd. will ensure that staff who are identified as particularly at risk of ill-health from their work or whose health affects their work, are provided with appropriate advice and support.

Company Responsibilities

Custom Home Care Ltd. will ensure that the health of staff is not adversely affected by their work through:

- Proactively considering the effect of work activities on health, so enabling the introduction of appropriate measures to eliminate/ minimise any adverse impact.
- Ensuring risk assessments are undertaken that consider work-related health hazards.
- Providing appropriate information, instruction, and training to staff with regards to health risks.
- Ensuring the early intervention and management of work-related ill-health issues.
- Implementing the appropriate working arrangements, reasonable adjustments and support for staff who are identified as being at particular risk.
- Working with the Registered Manager and external Occupational Health Service as appropriate.
- Ensuring that staff are aware of the Occupational Health arrangements of the company.
- Providing free eyesight tests for Visual Display Unit users on their request or where there is visual difficulty in carrying out display screen work.

Staff

Are responsible for:

- The care of their own health and wellbeing.
- Making informed life choices with regards their health.
- Informing their manager of any health condition that might affect or be affected by their work activities, the workplace, or other persons.
- Co-operating with their managers and others with regards to the implementation of appropriate measures to control health risks in the workplace and elsewhere.
- Undertaking a self-assessment for the use of display screen equipment and workstation if computers are used as part of their job role (Appendix 1).

Arrangements for Occupational Health Referral

Custom Home Care Ltd.'s Occupational Health Service is provided by The Sheffield Occupational Health Advisory Service (SOHAS) http://www.sohas.co.uk/.

When required, staff will be referred through their GP to SOHAS for matters concerning:

- Ill health, which might include staff who:
  - Have suffered an accident or injury at work.
  - Have suffered illness and absence from work which may be attributed to the working environments / arrangements.
  - Have suffered illness and absence from work which, whilst not attributable to the working environment / arrangements, requires support and management to facilitate a safe return to work to maintain the employee's wellbeing.
- Attendance management, guidance, and advice as appropriate in respect of:
  - The development of appropriate strategies for minimising absence and achieving the earliest possible return to work.
  - The support that can be reasonably provided, in cases of long-term health problems, to proactively manage and rehabilitate staff back into work.
  - Consequences of a health condition upon work and attendance.
- Adjustments under the Disability Discrimination Act for advice on the impact of a disability on work / attendance related issues, together with adjustments that Custom Home Care Ltd. should reasonably be expected to make to accommodate a medical condition in compliance with the DDA.
- Workstation and workplace ergonomics, and advice on work organisation and layout.
- Ill-health retirement and advice on eligibility for ill-health early retirement.
- Health surveillance.
- Information, instruction, and training:
  - SOHAS provides various training packages and sources of information for employers, managers, and employees.
- Advice and guidance on matters concerning:
  - Disease transmission and infection control.
  - Driver safety.
  - Musculoskeletal disorders.
  - Travel advice.

If an employee is to be referred through their GP to the OHS, Custom Home Care Ltd. will write to the GP requesting a medical report and recommendations (see Sickness, Absence and Annual Leave Policy).

Confidentiality

The Occupational Health Service will hold information about the health of staff. Information and records will not be divulged to any non-medical staff without the written consent of the member of staff concerned.

This policy is reviewed annually.

Appendix 1 – Display Screen Equipment and Workstation Self-Assessment Checklist – HSE

HSE

Health and Safety Executive

Display screen equipment (DSE) workstation checklist

This is a web-friendly version of *Display screen equipment (DSE) workstation checklist* published 05/13

Workstation location and number (if applicable):	.....
User:	.....
Checklist completed by:	.....
Assessment checked by:	.....
Any further action needed:	Yes/No
Follow-up action completed on:	.....

The following checklist can be used to help you complete a risk assessment and comply with the Schedule to the Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002.

The questions and 'Things to consider' in the checklist cover the requirements of the Schedule. If you can answer 'Yes' in the second column against all the questions, having taken account of the 'Things to consider', you are complying. You will not be able to address some of the questions and 'Things to consider', eg on reflections on the screen, or the user's comfort, until the workstation has been installed. These will be covered in the risk assessment you do once the workstation is installed.

Work through the checklist, ticking either the 'Yes' or 'No' column against each risk factor:

- 'Yes' answers require no further action.
- 'No' answers will require investigation and/or remedial action by the workstation assessor. They should record their decisions in the 'Action to take' column. Assessors should check later that actions have been taken and have resolved the problem.

Remember, the checklist only covers the workstation and work environment. You also need to make sure that risks from other aspects of the work are avoided, eg by giving users health and safety training, and providing for breaks or changes of activity. For more advice on these see *Working with display screen equipment (DSE): A brief guide*.

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Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
1 Keyboards				
Is the keyboard separate from the screen?			This is a requirement, unless the task makes it impracticable (eg where there is a need to use a portable).	
Does the keyboard tilt?			Tilt need not be built in.	
Is it possible to find a comfortable keying position?			Try pushing the display screen further back to create more room for the keyboard, hands and wrists. Users of thick, raised keyboards may need a wrist rest.	
Does the user have good keyboard technique?			Training can be used to prevent: ■ hands bent up at the wrist; ■ hitting the keys too hard; ■ overstretching the fingers.	
Are the characters clear and readable?			Keyboards should be kept clean. If characters still can't be read, the keyboard may need modifying or replacing. Use a keyboard with a matt finish to reduce glare and/or reflection.	

Display screen equipment (DSE) workstation checklist

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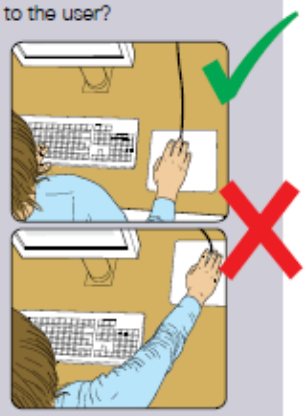
Health and Safety Executive

Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
2 Mouse, trackball etc				
Is the device suitable for the tasks it is used for?			If the user is having problems, try a different device. The mouse and trackball are general-purpose devices suitable for many tasks, and available in a variety of shapes and sizes. Alternative devices such as touch screens may be better for some tasks (but can be worse for others).	
Is the device positioned close to the user? 			Most devices are best placed as close as possible, eg right beside the keyboard. Training may be needed to: ■ prevent arm overreaching; ■ encourage users not to leave their hand on the device when it is not being used; ■ encourage a relaxed arm and straight wrist.	
Is there support for the device user's wrist and forearm?			Support can be gained from, for example, the desk surface or arm of a chair. If not, a separate supporting device may help. The user should be able to find a comfortable working position with the device.	
Does the device work smoothly at a speed that suits the user?			See if cleaning is required (eg of mouse ball and rollers). Check the work surface is suitable. A mouse mat may be needed.	
Can the user easily adjust software settings for speed and accuracy of pointer?			Users may need training in how to adjust device settings.	

Health and Safety Executive

Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
3 Display screens				
Are the characters clear and readable? Health and safety Health and safety			Make sure the screen is clean and cleaning materials are available. Check that the text and background colours work well together.	
Is the text size comfortable to read?			Software settings may need adjusting to change text size.	
Is the image stable, ie free of flicker and jitter?			Try using different screen colours to reduce flicker, eg darker background and lighter text. If there are still problems, get the set-up checked, eg by the equipment supplier.	
Is the screen's specification suitable for its intended use?			For example, intensive graphic work or work requiring fine attention to small details may require large display screens.	
Are the brightness and/or contrast adjustable?			Separate adjustment controls are not essential, provided the user can read the screen easily at all times.	
Does the screen swivel and tilt?			Swivel and tilt need not be built in; you can add a swivel and tilt mechanism. However, you may need to replace the screen if: ■ swivel/tilt is absent or unsatisfactory; ■ work is intensive; and/or ■ the user has problems getting the screen to a comfortable position.	

Display screen equipment (DSE) workstation checklist

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Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
Is the screen free from glare and reflections?			Use a mirror placed in front of the screen to check where reflections are coming from. You might need to move the screen or even the desk and/or shield the screen from the source of the reflections. Screens that use dark characters on a light background are less prone to glare and reflections.	
Are adjustable window coverings provided and in adequate condition?			Check that blinds work. Blinds with vertical slats can be more suitable than horizontal ones. If these measures do not work, consider anti-glare screen filters as a last rssort and seek specialist help.	
4 Software				
Is the software suitable for the task?			Software should help the user carry out the task, minimise stress and be user-friendly. Check users have had appropriate training in using the software. Software should respond quickly and clearly to user input, with adequate feedback, such as clear help messages.	

Health and Safety Executive

Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
5 Furniture				
Is the work surface large enough for all the necessary equipment, papers etc? 			Create more room by moving printers, reference materials etc elsewhere. If necessary, consider providing new power and telecoms sockets, so equipment can be moved. There should be some scope for flexible rearrangement.	
Can the user comfortably reach all the equipment and papers they need to use?			Rearrange equipment, papers etc to bring frequently used things within easy reach. A document holder may be needed, positioned to minimise uncomfortable head and eye movements.	
Are surfaces free from glare and reflection?			Consider mats or blotters to reduce reflections and glare.	
Is the chair suitable? Is the chair stable? Does the chair have a working: ■ seat back height and tilt adjustment? ■ seat height adjustment? ■ castors or glides?			The chair may need repairing or replacing if the user is uncomfortable, or cannot use the adjustment mechanisms.	

Display screen equipment (DSE) workstation checklist Page 6 of 10

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Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
Is the chair adjusted correctly?			The user should be able to carry out their work sitting comfortably. Consider training the user in how to adopt suitable postures while working. The arms of chairs can stop the user getting close enough to use the equipment comfortably. Move any obstructions from under the desk.	
Is the small of the back supported by the chair's backrest?			The user should have a straight back, supported by the chair, with relaxed shoulders.	
Are forearms horizontal and eyes at roughly the same height as the top of the DSE?			Adjust the chair height to get the user's arms in the right position, and then adjust the DSE height, if necessary.	
Are feet flat on the floor, without too much pressure from the seat on the backs of the legs?			If not, a footrest may be needed.	

Health and Safety Executive

Risk factors	Tick answer		Things to consider	Action to take
	Yes	No		
6 Environment				
Is there enough room to change position and vary movement?			Space is needed to move, stretch and fidget. Consider reorganising the office layout and check for obstructions. Cables should be tidy and not a trip or snag hazard.	
Is the lighting suitable, eg not too bright or too dim to work comfortably?			Users should be able to control light levels, eg by adjusting window blinds or light switches. Consider shading or repositioning light sources or providing local lighting, eg desk lamps (but make sure lights don't cause glare by reflecting off walls or other surfaces).	
Does the air feel comfortable?			DSE and other equipment may dry the air. Circulate fresh air if possible. Plants may help. Consider a humidifier if discomfort is severe.	
Are levels of heat comfortable?			Can heating be better controlled? More ventilation or air conditioning may be required if there is a lot of electronic equipment in the room. Or, can users be moved away from the heat source?	
Are levels of noise comfortable?			Consider moving sources of noise, eg printers, away from the user. If not, consider soundproofing.	

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7 Final questions to users...

- Has the checklist covered all the problems they may have working with their DSE?
- Have they experienced any discomfort or other symptoms which they attribute to working with their DSE?
- Has the user been advised of their entitlement to eye and eyesight testing?
- Does the user take regular breaks working away from DSE?

Write down the details of any problems here:

Health and Safety Executive

Further information

Working with display screen equipmemt (DSE): A brief guide Leaflet INDG36(rev4) HSE books 2013 www.hse.gov.uk/pubns/indg36.htm

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This guidance is issued by the Health and Safety Executive. Following the guidance is not compulsory, unless specifically stated, and you are free to take other action. But if you do follow the guidance you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance.

On-Call Policy

Introduction

Custom Home Care Ltd. recognises the importance of having a suitably qualified and experienced members of the team always available to staff and clients for advice and support. An on-call service will ensure that a staff member is always available outside of normal office working hours. The on-call system will ensure the following takes place:

- An on-call rota will be established monthly that will be distributed to all staff taking part on the on-call service.
- The mobile on-call telephone numbers for senior management will be circulated to all staff with details regarding when it will be appropriate to access the on-call service.
- The mobile number relating to on-call care issues for clients will be included in the Client User Guide and clearly marked.
- There will be an annual review of the service.

Function of the Service

- To provide support for staff when the relevant manager or Line Manager is not available.
- To provide support for clients outside of our core office hours.
- **N.B:** Staff are to only use the on-call service for issues that need to be dealt with immediately and cannot wait for the return of the relevant manager or Line Manager.

Provision

- There will be one senior care worker on-call during out of office hours for clients.
- There will be a dedicated on-call mobile number to be used to contact the on-call manager.
- During out of office hours, the office phone line will be diverted to the on-call service.
- When a member of staff contacts the on-call senior carer, and the senior carer is unable to deal with the issue, the senior carer will contact the on-call manager.
- It is expected that the on-call manager would provide advice and guidance over the telephone and the on-call senior carer consequently advise the staff member. The on-call manager should only attend the situation in exceptional circumstances.

Management

- Staff on-call will be scheduled for on-call duty for one week at a time.

- A Manager will be responsible for co-ordinating the on-call rota and ensuring operational staff have up to date information.
- Custom Home Care Ltd. will provide on-call staff with a mobile phone. The phone must be always kept with them while on-call.

Monitoring

- On-call staff will be required to keep a log of all calls received and action taken to be submitted at the end of the week spent on-call. This log will be scanned and saved to Custom Home Care Ltd.'s secure server. An example of the on-call manager's log sheet is seen in Appendix 1.
- Senior Care Workers on-call will also be required to keep a log of calls received and submit this at the conclusion of their on-call shift for scanning and saving on the company's secure server. An example of the Senior Care Worker on-call log sheet is seen in Appendix 2.
- The Registered Manager will conduct an annual review of the on-call system.

Code of Conduct for On-call Staff

Whilst on-call, staff:

MUST

- Keep on-call mobile phone on at all times and ensure it is in good working order.
- Must always keep the log sheet with them.
- Ensure that they are always contactable.
- Ensure that confidentiality is maintained if taking messages at home or in public places.
- If it is essential to visit a client, or another staff member whist they are with a client, notify the person(s) involved how long it will take them to arrive. This should be no longer than one (1) hour from the time of the call. If the on-call responder is delayed by unforeseen circumstances (e.g., traffic), the responder should contact the individual and inform them of the delay, logging this on the log sheet.
- Liaise with the relevant manager or Registered Manager, once they are available, particularly if issues of concern become evident.

MUST NOT

- Consume alcohol and/or drug.
- Use the mobile phone whilst driving unless it is connected through a hands-free device.

On-call managers are always responsible for:

- Finding alternative cover if they cannot be available to be on-call as agreed in the rota and inform the Registered Manager of any alterations.
- Planning annual leave as far in advance as possible.

Appendix 1 – Example of On-Call manager's Log Sheet

On-call Manager Log Sheet – Custom Home Care Ltd.			
Name of person completing log:			
Name of person contacting on-call manager:			
Contact number of person contacting on-call manager:			
Date of contact:		**Time of contact:**	**am/pm**
Reason for contact:			
If a client is involved, please state name and address of client:			
Advice given / Action taken:			
Name of any additional people involved?			
Situation resolved?	**YES** ☐	**NO** ☐	
If NO, state any follow up actions:			
Registered Manager informed?	**YES** ☐	**NO** ☐	
If YES, state reason:			
Signed:			

Appendix 2 – Example of On-call Log Sheet

Name of person completing log:						
Date of Call	Time of Call	Person Calling	Address	Reason for Call	Action Taken / Advice Given	On-call Manager Contacted?
						YES ☐ NO ☐
						YES ☐ NO ☐
						YES ☐ NO ☐
						YES ☐ NO ☐
						YES ☐ NO ☐
						YES ☐ NO ☐
Signed:						

Personal Care Policy

Policy Aim

This policy applies to staff working for Custom Home Care Ltd. This policy relates fundamentally to the delivery of care to people who use Custom Home Care Ltd.'s services and who require personal care and/or support of an intimate nature hereafter referred to as **intimate care**.

Policy Statement

Custom Home Care Ltd. recognises that elderly people are vulnerable to abuse. This policy provides good practice guidelines that will support staff in establishing and maintaining boundaries whilst enabling them to provide treatment and/or support to people.

Personal care is a key area of a person's self-image. The intimate nature of many care interventions, if not practised in a sensitive and respectful manner, can lead to misinterpretation, which may result in allegations of abuse.

Appreciating the diversity of individuals and the importance of recognising their individual ethnic, religious and cultural needs will be an important part of planning their care and support. Not understanding the cultural background of an individual can lead to confusion and misunderstanding, with some individuals believing that they have been the subject of abuse.

This policy endorses and discusses staff's relationship with, and responsibility to, those in their care. Custom Home Care Ltd. intends to create a hostile environment for abusers and protect against inappropriate or unscrupulous practice whilst safeguarding the integrity of its staff.

Procedure Statement

All staff that are required to provide intimate care are personally responsible for ensuring that their actions comply with this policy and other guidance policies.

Procedure

- Intimate care is defined as any care task associated with bodily functions, body products and personal hygiene, which demands direct or indirect contact with or exposure of the masculine or feminine parts of the body.

- Intimate care should always be viewed from the individual's perspective and sensitivity to individual beliefs and views, particularly religious or cultural.
- Some examples of intimate care include:
  - Dressing and undressing.
  - Assisting with going to the toilet.
  - Changing continence aids.
  - Providing catheter/stoma care.
  - Bathing/showering.
  - Washing intimate parts of the body.
  - Changing sanitary ware.

- Care staff should obtain consent from an individual prior to providing intimate care. This principle reflects the right of people to determine what happens to their own bodies and is a fundamental part of good practice. Staff that do not respect this principle may be liable to legal action.
- Care staff must ensure the relevant national minimum standards are met in relation to the provision of personal care.
- Where an individual lacks capacity to give or refuse consent to intimate care then the principles of 'best interest' must apply (Refer to consent policy).

Privacy and Dignity

- It is every person's inherent right to set his/her own boundaries and those boundaries will be from person to person. These should be remembered when considering the importance of privacy and dignity to an individual whilst providing them with Intimate care.
- Staff need to recognise that individuals with dementia, acute mental illness or a learning disability can be disinhibited and do not necessarily recognise their need for privacy.
- A person's privacy and dignity must be always respected with careful consideration to any cultural issues.

Touch

- Staff need to be extremely vigilant in their approach to the person being always supported recognising that an individual's own strategies for abuse prevention may have been taken away simply because of the way in which they view the role of staff.
- Staff should consider using alternative skills, other than touch, when working with individuals e.g., verbally prompting an individual to complete tasks for themselves.

- Staff should remember that it is not their role to meet the 'affectionate' needs of an individual in their care but to help/facilitate them to have those needs met.
- When providing intimate care, staff touch should be at a level appropriate with the task.

Intimate Care

- Prior to delegation of intimate care tasks, the senior staff should be assured that the member of staff is capable and has received appropriate induction, statutory and mandatory training in accordance with Custom Home Care Ltd.'s training policy. The individual should also have sufficient knowledge of the needs of the client.
- Risk assessments must be undertaken on all individuals in receipt of Custom Home Care Ltd.'s services to assess the level of care/supervision required. This must be clearly documented in their care plan.
- All staff undertaking intimate care must ensure that they minimise the risks of acquiring a health associated infection through appropriate hand hygiene and use of personal protective equipment (PPE).
- A member of staff of the same gender as the individual should normally provide intimate care. On occasions when intimate care cannot be provided by a member of staff of the same gender, the following issues should be considered:
    - The wishes of the person requiring care.
    - The consequences of the person not receiving the care.
    - The consequence for the person's health.
    - Whether the urgency of the care needed makes it an immediate necessity (for example, resulting from an episode of incontinence).
    - Whether the need for intimate care can be postponed until someone of the same gender can be present.
    - Level of risk to individual/staff.

- Any intimate care being offered by a member of the opposite sex should, if possible, be given in the presence of another person of the same gender as the person receiving care. If an individual refuses a chaperone, staff may refuse to give intimate care (except for immediate necessity); staff must give their reasons to the person concerned and to their manager as soon as practicable.
- When intimate care has been required and a member of staff of the same gender has been requested and is not available, this must be brought to the attention of the Line Manager in charge. In addition, a brief entry in the communication book is required for each occasion (or shift) and will state:
    - Date.
    - Time.
    - Care given.
    - Immediate necessity which led to opposite gender intimate care being given.

- Reason why a member of the same gender was not available.

- It is the responsibility of staff, through record keeping, to monitor the frequency of same gender staff not being available for intimate care needs. Record keeping will highlight staffing or procedural implications and enable Line Managers to take considered and responsive action.

Safeguarding People Policy

Adults

The Safeguarding Vulnerable Groups Act 2006 defines a vulnerable adult as:

- Those in residential accommodation provided in connection with care or nursing of domiciliary care services.
- Those receiving health care.
- Those in lawful custody or under the supervision of a probation officer.
- Those receiving welfare services of a prescribed description or direct payments from a social services authority.
- Those receiving services, or taking part in activities, aimed at people with disabilities or special needs because of their age or state of health.
- Those who need assistance in the conduct of their affairs.

Aim

As a provider of services to our clients, Custom Home Care Ltd. recognises that our staff will have contact with a range of vulnerabilities on a day-to-day basis. It is our aim to provide staff that will have a positive influence on those cared for and to aid in the development of self-esteem and social awareness of those people.

This policy and accompanying procedural guidance is designed to promote the welfare of vulnerable groups, to protect from potential abuse and to protect staff from potential false allegations of abuse.

All staff are expected to adhere to this policy who may encounter vulnerable groups in the course of their work, whether in someone's home, on client premises or in the community.

Custom Home Care Ltd works with its clients to help ensure the safety and protection of vulnerable groups with the intention of giving them the very best level of care and attention. We believe that:

- Abuse is never acceptable.
- Abuse involves the abuse of person's rights.
- All people have equal rights to protection from abuse and exploitation.
- All parties involved with the care of vulnerable groups have a responsibility to meet and exceed minimum standards of protection for them.

Methods

Custom Home Care Ltd. will meet our commitment to protect vulnerable adults from abuse through the following means:

- Safe Recruiting – we will adopt stringent vetting and selection processes to prevent people unsuitable to work in a care environment from being employed by the company.
- Awareness – we will ensure that all staff are aware of the problem of abuse and the risks to vulnerable adults. Inappropriate practice or types of abuse may be described as:
  - Physical.
  - Psychological / emotional.
  - Neglect.
  - Sexual.
  - Financial / material.
  - Discriminatory.

- Prevention – we will ensure, through awareness and good practice, that staff and others minimise the risks to vulnerable adults.
- Reporting – we will ensure that staff and others are clear on what steps to take where concerns arise regarding the safety of vulnerable adults.
- Responding – we will ensure that action is taken to support and protect vulnerable adults where concerns arise regarding possible abuse.
- Promote advocacy which will ensure that those most vulnerable in society are able to:
  - Have their voice heard on issues that are important to them.
  - Defend and safeguard their rights.
  - Have their views and wishes genuinely considered when decisions are being made.
  - Explore choices and options.

For the above standards are met, Custom Home Care Ltd. will:

- Train our staff in the principles of safe recruiting and interviewing of potential members of staff for a care setting. We will ensure that our recruitment procedures include checks on suitability for working with a client group.
- Prepare, train, and support our care staff to be able to promote the safety and welfare of vulnerable client groups.
- Train our staff on protection issues and to identify possible signs of abuse. As part of our staff induction, we inform our staff how to report possible abuse and whistleblowing.

- We will work in conjunction with our clients to ensure their protection.
- We take seriously any concerns raised through investigations via our Complaints Procedure.
- We will take positive steps to ensure the protection of vulnerable adults who are the subject of any concerns.
- We will listen to, take seriously, and support vulnerable adults, staff or others who raise concerns or who are the subject of concerns.
- Staff may also contact:
  - Sheffield's Adult Social Care Helpline on 0114 273 4908.
  - The Disclosure Barring Service on 01691 66 22 55.
  - The Care Quality Commission on 03000 61 61 61.

- We will act appropriately and effectively instigating or co-operating with any subsequent investigation.
- We will maintain and adhere to all relevant regulations and guidance set up by, but not limited to:
  - Independent Safeguarding Authority.
  - Disclosure Barring Service.
  - Care Quality Commission.

Staff Code of Conduct

Our staff code of conduct detailed in the Employee Handbook. Staff must never:

- Hit or otherwise physically assault or physically abuse clients.
- Develop physical/sexual relationships with clients.
- Develop relationships which could in any way be deemed exploitive or abusive.
- Use language, make suggestions, or offer advice, which is inappropriate, offensive, or abusive.
- Behave physically in a manner which is inappropriate or sexually provocative.
- Have a client with whom they are working to stay overnight at their home.
- Sleep in the same room or bed as a vulnerable person with whom they are working.
- Do things of a personal nature that they can do themselves.
- Condone, or participate in, behaviour which is illegal, unsafe, or abusive.
- Act in ways intended to shame, humiliate, belittle, or degrade or otherwise perpetrate any form of emotional abuse.
- Discriminate against, show different treatment towards, or favour clients to the exclusion of others.
- Accept money direct from the client for personal gain, e.g., for personal favours or jobs outside the remit of the job, or work privately for the client unless agreed in writing by a Director of Custom Home Care Ltd.

- Agree to witness or be named as either an executor or beneficiary of a client or relatives will or testament.

This list is not exclusive or exhaustive. The principle is that staff should avoid actions or behaviour which may constitute poor practice or potentially abusive behaviour.

It is important for all staff and others in contact with vulnerable groups to:

- Be aware of situations which may present risks and manage these.
- Plan and organise the work and the workplace to minimise risks.
- As far as possible, be visible in working with vulnerable groups.
- Ensure that a culture of openness exists to enable any issues or concerns to be easily raised and discussed.
- Ensure that a sense of accountability exists between staff so that poor practice or potentially abusive behaviour does not go unchallenged.
- Talk to vulnerable adults about their contact with staff or others and encourage them to raise any concerns.
- Empower clients – discuss their rights with them, what is acceptable and unacceptable, and what they can do if there is a problem.

Responding to Whistle Blowing and Allegations of Abuse

By a Member of Staff

Any allegation of abuse made by a member of staff will be investigated and reported in conjunction with Custom Home Care Ltd.'s policy and procedure.

By a Client

Any allegation of abuse made by a client regarding a member of our staff will be investigated and reported in line with the Custom Home Care Ltd.'s Complaints and Compliments Policy and Procedure.

Confidentiality

All suspicions and investigations are kept confidential and shared only with those who need to know. If there are concerns within a setting it is important that all relevant parties are made aware of them. Any information shared with external agencies is done under the guidance of the Independent Safeguarding Authority.

Other Relevant Documentation

The following processes and policy documents should be reviewed in conjunction with this document.

- Complaints and Compliments Policy and Procedure.
- Employment of Ex-Offenders Policy and Procedure.
- DBS Reporting Procedure.
- Whistleblowing Policy and Procedure.
- Equality and Diversity Policy.
- Recruitment, Selection and Vetting of Care/ Support Staff.
- Employee Handbook.
- Client User Guide.

Children

Introduction

As a domiciliary care company, it is possible that our carers may visit clients when there are children present in the property. As part of our Safeguarding procedures, it is necessary to provide a policy on the safeguarding of children in these circumstances. This policy should be read in conjunction with our policy statement on the safeguarding of vulnerable adults. Most of the information relating to child abuse, its description and effects has been derived from the NSPCC website www.nspcc.org.uk.

Definition of a Child

For the purposes of this policy, a child is a person under the age of eighteen (18) years.

Definition of Abuse

Child abuse occurs when a child is neglected, harmed, or not provided with proper care. Children may be abused in many settings. In a family, in an institution or community setting, by those known to them or more rarely, a stranger. There are different types of abuse, and a child may suffer more than one of them. Abuse may take place on a single occasion or may occur repeatedly over time.

Types of Abuse

Physical Abuse

The deliberate physical injury to a child, or the wilful or neglectful failure to prevent physical injury or suffering. This may include hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, confinement to a room or cot, or inappropriately giving drugs to control behaviour.

Emotional Abuse

The persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued in so far as they meet the needs of another person. It may involve causing a child frequently to feel frightened or in danger, or the exploitation or corruption of a child. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone. Domestic violence, adult mental health and parental substance abuse may expose a child to emotional abuse.

Sexual Abuse

This involves forcing or enticing a child to take part in sexual activities. The activities may involve physical contact including penetrative and non-penetrative acts. They may include non-contact activities, such as involving children looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways. Sexual abuse may also involve the use of the internet or other electronic technology.

Neglect

The persistent failure to meet a child's physical, emotional and or psychological needs, likely to result in significant harm. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to ensure access to appropriate medical care or treatment, lack of stimulation or lack of supervision. It may also include non-organic failure to thrive (faltering growth).

Female Genital Mutilation

Female circumcision is the practice of partial or total removal of external female genitalia for non-medical reasons, often undertaken as part of a cultural, social system or religious beliefs.

Child Trafficking

A type of abuse where children are recruited, moved, or transported and then exploited, forced to work or are sold.

Grooming

Consists of children or young people being mentally manipulated either online or in real life for the purposes of sexual abuse or manipulation.

Harmful Sexual Behaviour

This relates to children who develop harmful sexual behaviour and harm themselves.

Institutional Abuse

This is either the abuse by adults working in a position of trust, either employed or voluntary capacity in an organisation or association that has responsibility for or provides activities for children. The organisation or association acts as the organisational base bringing adults and children together which provides the opportunity for exploitation of abusers. Institutional abuse often involves many children over a long period of time.

Behavioural Abuse

This is when a child's own behaviour, such as alcohol consumption or consumption of illicit substances, places then at risk of significant harm. However, if the child has achieved sufficient understanding and intelligence to be capable of making up their own mind, then referral should be a matter for professional judgement, rather than standard. The police are responsible for dealing with any associated criminal aspects of behaviours which are of a criminal nature.

Who Could Be an Abuser?

Children at risk may be abused by anyone, including relatives, carers, professional staff, care staff, volunteers, neighbours, friends, or other clients. Professional status or title does not guarantee safety. More than one person may abuse a child and some sources of risk will abuse more than one alleged victim.

It can be difficult to understand why anyone would want to abuse a child. In some instances, the abuse may not be deliberate, malicious, or premeditated. It can happen when people are trying to do their best but are unaware of what is the right thing to do.

Signs of Child Abuse

The signs of child abuse aren't always obvious, and a child may not tell anyone what's happening to them. Children may be scared that the abuser will find out and be worried that the abuse will get worse. They may think that there's no-one they can tell or that they won't be believed.

Sometimes, children don't even realise that what is happening to them is abuse. The effects of abuse may be short term or may last a long time.

Sexual Abuse

Children who are sexually abused may:

- Stay away from certain people.
  - They might avoid being alone with people, such as family members or friends.
  - They could seem frightened of a person or reluctant to socialise with them.
- Show sexual behaviour that's inappropriate for their age.
  - A child might become sexually active at a young age.
  - They might be promiscuous.
  - They could use sexual language or know information that you wouldn't expect them to know.
- Have physical symptoms.
  - Anal or vaginal soreness.
  - An unusual discharge.
  - Sexually transmitted infection.
  - Pregnancy.

Neglect

Children who are neglected may have:

- Poor appearance and hygiene.
  - Be smelly or dirty.
  - Have unwashed clothes.
  - Have inadequate clothing, e.g., no winter coat.
  - Seem hungry or turn up to school without breakfast or lunch money.
  - Have frequent untreated nappy rash in infants.

- Health and development problems.
  - Have untreated injuries, medical and dental issues.
  - Repeated accidental injuries caused by lack of supervision.
  - Recurring illnesses or infections.
  - Not been given required medications and vaccinations.
  - Poor muscle tone or prominent joints.
  - Skin sores, rashes, flea bites, scabies, or ringworm.
  - Thin or swollen tummy.
  - Anaemia
  - Tiredness
  - Faltering weight or growth and not reaching developmental milestones (known as failure to thrive).
  - Poor language, communication, or social skills.
- Housing and family issues.
  - Living in an unsuitable home environment for example dog mess being left or not having any heating.
  - Left alone for a long time.
  - Taking on the role of carer for other family members.

Physical Abuse

Bumps and bruises don't necessarily mean a child is being physically abused, all children have accidents. There is not one sign or symptom to identify that a child is being abused physically, but if a pattern develops or an explanation is inadequate, the matter should be raised as a safeguarding issue.

Children suffering physical abuse may have:

- Bruises.
  - Commonly on the head but also on the ear or neck or soft areas such as the abdomen, back and buttocks.
- Burns or scalds.
- Bite marks.
- Fractures or broken bones.
- Other injuries or health problems.

The child may be withdrawn, suddenly behave differently, be anxious, clingy, depressed, and aggressive or have trouble sleeping. They wet the bed or soil themselves. They could take risks, miss school, change their eating habits, present obsessive behaviour, self-harm or have thoughts of suicide. As a carer you may not be privy to all these signs, however, it is good practice to be aware of them.

Female Genital Mutilation

FGM. or female circumcision is the partial or total removal of external female genitalia for non-medical reasons. It may also be known as cutting or sunna circumcision. Religious, social or cultural reasons are sometimes given for FGM, however, FGM is child abuse, it is dangerous and a criminal offence.

The term FGM covers all harmful procedures to the female genitalia for non-medical purposes. There are no medical reasons to carry out FGM, it does not enhance fertility and it does not make childbirth safer. It is used to control female sexuality and can cause severe and long-lasting damage to physical and emotional health.

FGM has been a criminal offence in the UK since 1985. In 2003 it also became a criminal offence for UK nationals or permanent UK residents to take their child abroad to have female genital mutilation. Anyone found guilty of the offence faces a maximum penalty of fourteen years (14) in prison.

A girl or woman who's had FGM may:

- Have difficulty walking, sitting, or standing.
- Spend longer than normal in the bathroom or toilet.
- Have unusual behaviour after an absence from school or college.
- Be particularly reluctant to undergo normal medical examinations.
- Ask for help but may not be explicit about the problem due to embarrassment or fear.

Most girls are aged between five (5) and eight (8) when FGM occurs, but it can occur at any age before marriage or having a baby. Some girls are babies when the procedure is carried out.

Girls living in communities that practice FGH are most at risk. The World Health Organisation as of 2012 has collected data of FGM in twenty-seven (27) countries in Africa and Yemen, however, FGM is practiced in other countries in the Middle East and in Asia. In the UK, the Home Office has identified girls from the Somali, Kenyan, Sudanese, Sierra Leonean, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian communities as most risk of FGM (Home Office (2014) Female genital mutilation: resource pack. [London]: [HM Government]). A copy is also available on the company server.

Families who practice FGM do not regard it as abuse. In instances where a risk of FGM is suspected, professionals will give families advice and information that is sensitive to their culture and beliefs, but they will also make it clear that FGM is illegal. The local authority can apply for a court order to prevent a child from being taken abroad for mutilation. This should be to prevent the child from undergoing FGM rather than removing her from her family.

Children who have already undergone FGM should be offered medical help and counselling.

The national FGM helpline is: 0800 028 3550.

Child Trafficking

The Council of Europe, ratified by the UK government 2008 identified child trafficking as:

The recruitment, transportation, transfer, harbouring or receipt of a child for the purpose of exploitation.

Child trafficking is child abuse. Children are recruited, moved, or transported and then exploited, forced to work, or sold. They are often subject to many forms of exploitation.

- child sexual exploitation (https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/child-sexual-exploitation/) .
- benefit fraud.
- forced marriage.
- domestic servitude such as cleaning, childcare, cooking.
- forced labour in factories or agriculture.
- criminal activity such as pick pocketing, begging, transporting drugs, working on cannabis farms, selling pirated DVDs, bag theft.

Many children are trafficked into the UK from abroad, but children can also be trafficked from one part of the UK to another. Trafficked children experience multiple forms of abuse and neglect. Physical, sexual, and emotional violence are often used to control victims of trafficking. Children are also likely to be physically and emotionally neglected.

Children are often tricked, forced, or persuaded to leave their homes. Traffickers use grooming (see section on grooming) techniques to gain the trust of a child, family, or community. They may threaten families, but this is not always the case. Traffickers may promise children education or persuade parents and their child can have a better future in another place.

Sometimes families will be asked for payment towards the service a trafficker is providing, for example, sorting out the child's documentation prior to travel or organising transportation.

Traffickers make a profit from the money a child earns through exploitation, forced labour or crime. Often this is explained as a way for the child to pay off a debt they or their family owe the traffickers.

Child trafficking requires a network of people who recruit, transport and exploit children and young people. Each group or individual has a different role or task. Some people in the chain might not be directly involved in trafficking a child but play a part in other ways such as falsifying documents, bribery, owning or renting premises or money laundering (see *Modern Slavery: Statutory Guidance for England and Wales (under s49 of the Modern Slavery Act 2015) and Non-Statutory Guidance for Scotland and Northern Ireland* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1031731/mod

ern-slavery-statutory-guidance-_ew_-non-statutory-guidance-_sni_v2.5-final.pdf - A copy is available on the company server).

Traffickers may be:

- **Individuals or small groups** who recruit a small number of children - often from areas they know and live in.
- **Medium-sized groups** who recruit, move and exploit, often on a small scale.
- **Large criminal networks** that operate internationally, can deal with high-level corruption, money laundering and large numbers of victims (McRedmond, P. 2010 'Defining organised crime in the context of human trafficking'. In: Wylie, G. and McRedmond, P. (eds.) Human trafficking in Europe: character, causes and consequences. Basingstoke: Palgrave Macmillan. pp.181-197).

Signs that a child has been trafficked may not be obvious, but you might notice unusual behaviour or events. These include a child who:

- Spends a lot of time doing household chores.
- Rarely leaves their house, has no freedom of movement and no time for playing.
- Is orphaned or living apart from their family, often in unregulated private foster care.
- Lives in substandard accommodation.
- Isn't sure which country, city, or town they're in.
- Is unable or reluctant to give details of accommodation or personal details.
- Might not be registered with a school or a GP practice.
- Has no documents or has falsified documents.
- Has no access to their parents or guardians.
- Is seen in inappropriate places such as brothels or factories.
- Possesses unaccounted for money or goods.
- Is permanently deprived of a large part of their earnings, required to earn a minimum amount of money every day or pay off an exorbitant debt.
- Has injuries from workplace accidents.
- Gives a prepared story which is very similar to stories given by other children.

There are also signs that an adult is involved in child trafficking, such as:

- Making multiple visa applications for different children.
- Acting as a guarantor for multiple visa applications for children.
- Travelling with different children who they are not related to or responsible for.
- Insisting on remaining with and speaking for the child.
- Living with unrelated or newly arrived children.

- Abandoning a child or claiming not to know a child they were previously with.

Children may be at risk of trafficking due to:

- Inequalities between countries, such as different education or employment opportunities.
- Poverty.
- The effects of war.
- Demand for cheap or free labour or a workforce who can be easily controlled and forced into criminal activity.
- Low levels of education.
- Lack of equal opportunities, discrimination, or marginalisation.

However, there are some issues that particularly affect children, such as:

- Ineffective or no child protection services.
- Social customs like children being expected to respect and follow the adult in charge.
- Failure to uphold children's rights.

Grooming

Grooming is defined as someone building an emotional connection with a child to gain their trust for the purposes of sexual abuse or exploitation. Children or young people can be groomed online or in the real world by a stranger, or by someone they know, for example: a family member, friend or professional.

Groomers may be male or female. They can be any age. Many children and young people don't understand that they have been groomed, or that what is happening is abuse.

Grooming occurs both online and in person. Groomers will hide their true intentions and may spend a long time gaining a child's trust. They may also try to gain the trust of the whole family so they can be alone with the child.

Groomers do this by:

- Pretending to be someone they are not, for example saying they are the same age online.
- Offering advice or understanding.
- Buying gifts.
- Giving the child attention.
- Using their professional position or reputation.
- Taking them on trips, outings, or holidays.

Once groomers have established trust, they will exploit the relationship by isolating the child from friends or family and make the child feel dependent on them. They will use any means of power or control to make a child believe they have no choice but to do what they want.

Groomers may introduce 'secrets' to control or frighten the child. Sometimes they will blackmail the child, or make them feel ashamed or guilty, to stop them telling anyone about the abuse.

- Online Grooming.
  - Groomers can use social media sites, instant messaging apps including teen dating apps, or online gaming platforms to connect with a young person or child.
  - The groomer can spend time learning about a young person's interests from their online profiles and then use this knowledge to help them build a relationship.
  - It is easy for groomers to hide their identity online – they pretend to be a child and then chat and become 'friends' with the children they are targeting.
  - Groomers may look for
    1) Usernames or comments that are flirtatious or have sexual meaning.
    2) Public comments that suggest a child has low self-esteem or is vulnerable.
  - Groomers don't always target a particular child. Sometimes they will send messages to hundreds of young people and wait to see who responds.
  - Groomers no longer need to meet the children in real life to abuse them. Increasingly, groomers are sexually exploiting their victims by persuading them to take part in online sexual activity.
  - When sexual exploitation occurs online, young people may be persuaded or forced to:
    1) Send or post sexually explicit images of themselves.
    2) Take part in sexual activities via webcam or smartphone.
    3) Have sexual conversations by text or online.
  - Abusers may threaten to send images, video, or copies of conversations to the young person's friends and family unless they take part in other sexual activity.
  - Images or video may continue to be shared long after the sexual abuse has stopped.

- Children who are the victims of grooming may:
  - Feel ashamed.
  - Feel guilty.
  - Be unaware that they are being abused.
  - Believe that they are in a relationship with a 'girlfriend' or 'boyfriend'.

Harmful Sexual Behaviour

Harmful sexual behaviour includes:

- Using sexually explicit words and phrases.
- Inappropriate touching.
- Using sexual violence or threats.
- Full penetrative sex with other children or adults.

Children and young people who develop harmful sexual behaviour harm themselves and others. Children and young people who develop harmful sexual behaviour have usually experienced abuse and neglect themselves. Children who have been sexually abused may not know what has happened to them is wrong. This can lead to normalisation of harmful sexual behaviours towards others.

Children and young people who abuse their brothers and sisters may be motivated by jealousy or anger. Power is an important factor in sexual abuse. A child's own powerlessness during their own abuse can lead them to needing to abuse others.

Children who sexually abuse others are likely to:

- "Have poor self-regulation and coping skills.
- Experience social anxiety and a sense of social inadequacy.
- Have poorly internalised rules for social behaviour.
- Possess a poorly developed or primitive sense of morality.
- Lack secure and confident attachments to others.
- Exercise limited self-control and act out their emotional experiences through negative or otherwise inappropriate behaviour.
- Have little insight into the feelings and needs of others and, indeed, their own mental states.
- Place their own needs and feelings ahead of the needs and feelings of others.
- Exhibit a poorly defined sense of personal boundaries.
- Have developed strong and not easily corrected cognitive distortions about others, themselves, and the world they share have deficits in social skills and in social competence overall" (Rich, P. (2011), *Understanding, assessing, and rehabilitating juvenile sexual offenders*, 2nd ed, New Jersey, Wiley).
- Society and culture have a big impact on what children think about sex and sexuality. What they see and read on television, the internet and in other media can reinforce these ideas.

- Children using mobile phones and social networking sites may also come across sexually explicit or pornographic images and video.
- Case studies of boys with harmful sexual behaviours have found common concerns around masculinity, gender roles and sexual identity (Durham, A. (2006) ***Young men who have been sexually abused: a case study guide.*** Chichester: Wiley).

How to tell if a child's behaviour is normal for their age

Children develop and mature at different rates. What is worrying for a younger child might be normal behaviour for an older child. If a child looks or acts a lot older or younger than their age, this could be a cause for concern.

However, if a child develops more slowly than others of a similar age and there's not a cause such as physical or learning disabilities, it could be a sign they're being abused.

All ages:

- Talks of being left home alone or with strangers.
- Poor bond or relationship with a parent, also known as attachment.
- Acts out excessive violence with other children.
- Lacks social skills and has few if any friends.

Under 5s:

- Doesn't cry or respond to parent's presence or absence from an early age
- Reaches developmental milestones late, such as learning to speak, with no medical reason
- Significantly underweight but eats well when given food.

5–11-year-olds:

- Becomes secretive and reluctant to share information.
- Reluctant to go home after school.
- Unable to bring friends home or reluctant for professionals to visit the family home.
- Poor school attendance and punctuality, or late being picked up.
- Parents show little interest in child's performance and behaviour at school.
- Parents are dismissive and non-responsive to professional concerns.
- Is reluctant to get changed for sports etc.
- Wets or soils the bed.

11–16-year-olds:

- Drinks alcohol regularly from an early age.
- Is concerned for younger siblings without explaining why.
- Becomes secretive and reluctant to share information.
- Talks of running away.
- Shows challenging/disruptive behaviour at school.
- Is reluctant to get changed for sports etc.

Bullying and Discrimination

Bullying and discrimination are also forms of abuse, whether the bully is another child or young person or by an adult. Bullying includes:

- Hitting.
- Taking someone's personal things.
- Name-calling.
- Racist bullying.
- Being bullied because of being gay.
- Being bullied via the Internet or by mobile phone.

Emotional Abuse

Emotional abuse is the ongoing emotional maltreatment or emotional neglect of a child. It is sometimes called psychological abuse and can seriously damage a child's emotional health and development. In England, the official definition of this may mean conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them, or making fun of what they say or how they communicate.

It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability, as well as over protection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.

Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone. Specifically, emotional abuse encompasses:

- Humiliating or constantly criticising a child.
- Threatening, shouting at a child, or calling them names.
- Making the child the subject of jokes or using sarcasm to hurt a child.
- Blaming, scapegoating.
- Making a child perform degrading acts.
- Not recognising a child's own individuality, trying to control their lives.
- Pushing a child too hard or not recognising their limitations.
- Exposing a child to distressing events or interactions such as domestic abuse or drug taking.
- Failing to promote a child's social development.
- Not allowing them to have friends.
- Persistently ignoring them.
- Being absent.
- Manipulating a child.
- Never saying anything kind, expressing positive feelings or congratulating a child on successes.
- Never showing any emotions in interactions with a child, also known as emotional neglect.

Emotional abuse may be described as **passive** or **active**.

Passive Emotional Abuse

1) Emotional unavailability - where a parent or carer is not connected with the child and cannot give them the love that they deserve and need

2) Negative attitudes - such as having a low opinion of the child and not offering any praise or encouragement

3) Developmentally inappropriate interaction with the child - either expecting the child to perform tasks that they are not emotionally mature enough to do or speaking and acting in an inappropriate way in front of a child

4) Failure to recognise a child's individuality - this can mean an adult relying on a child to fulfil their emotional needs and not recognising that the child has needs

5) Failure to promote social adaptation - not encouraging a child to make friends and mix among their own social peers.

Active Emotional Abuse

Active emotional abuse has been defined as:

- Spurning (rejecting).
- Terrorising.
- Isolating.
- Exploiting or corrupting.

Why Emotional Abuse Happens

Periods of high stress and tension, such as money worries or unemployment, can take a parent's or carer's focus away from providing the emotional love and support that a child needs.

They may:

- Be emotionally unavailable because they're not around or too tired.
- Forget to offer praise and encouragement.
- Expect a child to take on too much responsibility for their age, for example caring for other family members.
- Be over-protective, limiting opportunities to explore, learn and make friends.
- Expect a child to meet their own emotional needs.
- Take out their anger and frustration on their child.

If a parent had a bad experience when they were a child or has bad role models around them now, then this can affect the way they look after their own children.

Some parents may find it difficult to understand why their child is behaving in a certain way, and they can react badly. For example, they might think that their baby is crying to annoy them.

Emotional abuse may also be caused by a poor bond or relationship between a parent or carer and their child.

Custom Home Care Ltd.'s Position

Custom Home Care Ltd., like all other providers, has a statutory duty to report any concerns regarding the welfare of children present in client's homes to the relevant safeguarding bodies. Whilst we do not expect our staff to be expert on child welfare, we do understand that it is our responsibility as a care provider to ensure our staff are versed in the signs and symptoms of abuse.

Responsibilities of Staff

Staff working in client's homes where children may be present, may come across signs of harm and/or abuse. Staff must ensure that significant concerns for the wellbeing of a child are reported to a line manager or the Registered Manager. Staff will be required to make a written statement (Appendix 1). This will invoke the appropriate procedures to protect the child, involving Social Services and/or the police as appropriate. Where staff are unsure and need guidance about safeguarding issues, they are encouraged to seek support from their nominated manager or supervisor.

Under no circumstances should a member of staff promise secrecy if concerns are such that a referral must be made to the appropriate agency to safeguard the child's welfare.

Custom Home Care Ltd.'s Responsibility

It is not Custom Home Care Ltd.'s responsibility to investigate claims or suspicions of child abuse. Custom Home Care Ltd. will, however, take responsibility for contacting and informing the relevant safeguarding body if suspicions of safeguarding children have been brought to our attention by staff, clients, or through direct contact. Direct contact may be described as a child speaking to a staff member or a staff member witnessing an incident of child abuse.

The Safeguarding body Custom Home Care Ltd. will notify is:

Sheffield Safeguarding Children Board – Tel: 0114 273 4855.

Appendix 1 - Statement Relating to Safeguarding of Children Form

Date of Statement:		Statement Made By:	
Statement:			
Who was informed (tick as appropriate)	Supervisor ☐	Registered Manager ☐	
Name of Person Informed:		Position:	
Signed:		Print Name:	

Deprivation of Liberty (DoLs) and Liberty Protection Safeguards (LPS) Policy

Introduction

This policy should be read in conjunction with the Safeguarding People Policy. This briefing summarises the Deprivation of Liberty Safeguards (DoLS), an amendment to the Mental Capacity Act 2005. It also introduces Liberty Protection Safeguards (LPS), the Law Commission's proposed replacement for DoLS.

DoLS ensures people who cannot consent to their care arrangements in a care home or hospital are protected if those arrangements deprive them of their liberty. Arrangements are assessed to check they are necessary and, in the person's, best interests. Representation and the right to challenge a deprivation are other safeguards that are part of DoLS.

What is Deprivation of Liberty?

Article 5 of the Human Rights Act states that 'everyone has the right to liberty and security of person. No one shall be deprived of his or her liberty [unless] in accordance with a procedure prescribed in law'. The Deprivation of Liberty Safeguards is the procedure prescribed in law when it is necessary to deprive of their liberty a resident or patient who lacks capacity to consent to their care and treatment to keep them safe from harm.

A Supreme Court judgement in March 2014 referred to the *acid test* to see whether a person is being deprived of their liberty, which consisted of two questions:

- Is the person subject to continuous supervision and control?
- Is the person free to leave? – with focus on not on whether a person seems to want to leave, but on how those who support them would react if they did want to leave.

If someone is subject to that level of supervision, and is not free to leave, then it is almost certain that they are being deprived of their liberty. But even with the *acid test* it can be difficult to be clear when the use of restrictions and restraint in someone's support crosses the line to depriving a person of their liberty. Each case must be considered on its own merits, but in addition to the two 'acid test' questions, if the following features are present, it would make sense to consider a deprivation of liberty application:

- frequent use of sedation/medication to control behaviour
- regular use of physical restraint to control behaviour
- the person concerned objects verbally or physically to the restriction and/or restraint
- objections from family and/or friends to the restriction or restraint
- the person is confined to a particular part of the establishment in which they are being cared for
- the placement is potentially unstable

- possible challenge to the restriction and restraint being proposed to the Court of Protection or the Ombudsman, or a letter of complaint or a solicitor's letter
- the person is already subject to a deprivation of liberty authorisation which is about to expire.

Restraint and Restriction

The Mental Capacity Act allows restrictions and restraint to be used in a person's support, but only if they are in the best interests of a person who lacks capacity to make the decision themselves. Restrictions and restraint must be proportionate to the harm the care giver is seeking to prevent, and can include:

- the use of some medication, for example, to calm a person
- close supervision in the home, or the use of isolation
- requiring a person to be supervised when out
- physically stopping a person from doing something which could cause them harm
- removing items from a person which could cause them harm
- holding a person so that they can be given care, support, or treatment
- bedrails, wheelchair straps, restraints in a vehicle, and splints
- repeatedly saying to a person, they will be restrained if they persist in a certain behaviour.

Such restrictions or restraint can take away a person's freedom and so deprive them of their liberty. They should be borne in mind when considering whether the support offered to a person is the least restrictive way of providing that support.

Final decisions about what amounts to a deprivation of liberty are made by courts. The Code of Practice for the Deprivation of Liberty Safeguards gives examples of where courts have found people being and not being deprived of their liberty. These examples, together with other cases which have gone to the courts, should be used as a guide.

Care providers don't have to be experts about what is and is not a deprivation of liberty. They just need to know when a person might be deprived of their liberty and act. When care providers are putting together the care plans of persons who are unable to consent to their care, they should consider whether any restrictions or restraint being proposed in the best interests of the person amount to a deprivation of liberty.

How is Deprivation of Liberty Authoroised Under DoLs?

The Deprivation of Liberty Safeguards (DoLS) can only apply to people who are in a care home or hospital. This includes where there are plans to move a person to a care home or hospital where they may be deprived of their liberty. The care home or hospital is called the *managing authority* in the Deprivation of Liberty Safeguards. In

relation to Custom Home Care Ltd., it is possible we may have a client who has been subject to a DoLs order during a stay in a care home or through hospital admittance. It is good practice to understand the procedure. Where a managing authority thinks it needs to deprive someone of their liberty, they must ask for this to be authorised by a *supervisory body*. They can do this up to 28 days in advance of when they plan to deprive the person of their liberty.
For care homes and hospitals, the supervisory body is the local authority where the person is ordinarily resident. Usually this will be the local authority where the care home is located unless the person is funded by a different local authority.

The managing authority must fill out a form requesting a standard authorisation. This is sent to the supervisory body which must decide within 21 days whether the person can be deprived of their liberty.

The supervisory body appoints assessors to see if the conditions are met to allow the person to be deprived of their liberty under the safeguards. They include:

- The person is 18 or over (different safeguards apply for children).
- The person is suffering from a mental disorder.
- The person lacks capacity to decide for themselves about the restrictions which are proposed so they can receive the necessary care and treatment.
- The restrictions would deprive the person of their liberty.
- The proposed restrictions would be in the person's best interests.
- Whether the person should instead be considered for detention under the Mental Health Act.
- There is no valid advance decision to refuse treatment or support that would be overridden by any DoLS process.

If any of the conditions are not met, deprivation of liberty cannot be authorised. This may mean that the care home or hospital must change its care plan so that the person can be supported in a less restrictive way.

If all conditions are met, the supervisory body must authorise the deprivation of liberty and inform the person and managing authority in writing. It can be authorised for up to one year.

The person does not have to be deprived of their liberty for the duration of the authorisation. The restrictions should stop as soon as they are no longer required.

Conditions on the standard authorisation can be set by the supervisory body. These must be followed by the managing authority.

Standard authorisations cannot be extended. If it is felt that a person still needs to be deprived of their liberty at the end of an authorisation, the managing authority must request another standard authorisation.

Urgent Authorisations

A person may need to be deprived of their liberty before the supervisory body can respond to a request for a standard authorisation. In these situations, the managing authority can use an urgent authorisation. Urgent authorisations are granted by the managing authority itself. There is a form that they must complete and send to the supervisory body.
The managing authority can deprive a person of their liberty for up to seven days using an urgent authorisation. It can only be extended (for up to a further seven days) if the supervisory body agrees to a request made by the managing authority to do this.

When using an urgent authorisation, the managing authority must also make a request for a standard authorisation. The managing authority must have a reasonable belief that a standard authorisation would be granted if using an urgent authorisation.

Before granting an urgent authorisation, the managing authority should try to speak to the family, friends, and carers of the person. Their knowledge of the person could mean that deprivation of liberty can be avoided. The managing authority should make a record of their efforts to consult others.

Safeguards for People Who May be Deprived of Their Liberty

The first safeguard is the assessment process for a standard authorisation which involves at least two independent assessors who must have received training for their role. There will always be one mental health assessor and one best interest's assessor who will stop deprivation of liberty being authorised if they do not think all the conditions are met.

Family, friends, and paid carers who know the person well should be consulted as part of the assessment process. They may have suggestions about how the person can be supported without having to deprive them of their liberty. Those people who don't have family or friends who can represent them have a right to the support of an Independent Mental Capacity Advocate (IMCA) during the assessment process. And always, the fifth principle of the Mental Capacity Act, that any decision made in a person's best interests must be the least restrictive of their rights and freedoms, should be borne in mind.

If standard authorisation is granted the following safeguards are available:

- The person must be appointed a relevant person's representative as soon as possible. Usually this will be a family member or friend who agrees to take this role. If there is no one willing or able to take this role on an unpaid basis, the supervisory body must pay someone, such as an advocate, to do this.
- The person and their representative can require the authorisation to be reviewed at any time, to see whether the criteria to deprive the person of their liberty are still met, and if so whether any conditions need to change.

- The person and their relevant person's representative have a right to challenge the deprivation of liberty in the Court of Protection at any time.
- If the person has an unpaid relevant person's representative, both they and their representative are entitled to the support of an IMCA. It is good practice for supervisory bodies to arrange for an IMCA to explain their role directly to both when a new authorisation has been granted.
- The home or hospital should do all it reasonably can to explain to a detained person and their family what their rights of appeal are and give support.

When DoLs Cannot Be Used

The Deprivation of Liberty Safeguards can only be used if a person is in hospital or a care home. If a person is living in another setting, including in supported living or their own home, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection.

If a person is in hospital, they should not be subject to the Deprivation of Liberty Safeguards if they meet the criteria for detention under the Mental Health Act.

The Deprivation of Liberty Safeguards should not be used if the main reason is to restrict contact with individuals who may cause the person harm. If it is believed to be in a person's best interests to limit contact, an application should be made to the Court of Protection.

If there is a dispute about where a person should stay, an authorisation does not resolve the dispute. The Code of Practice of the Mental Capacity Act says that unresolved disputes about residence, including the person themselves disagreeing, should be referred to the Court of Protection.

Deprivation of Liberty Without Authorisation

If you come across someone in a setting who may be deprived of their liberty you should bring this to the attention of the manager so they either change their care or seek authorisation. Other options are to inform the supervisory body, to make a safeguarding alert to the local authority, or to challenge what may be an unlawful deprivation of liberty in the Court of Protection.

Notifying the CQC

If a community provider such as Custom Home Care Ltd., requests an authorisation of a deprivation of liberty from the Court of Protection, the CQC must be informed once the outcome is known by submitting a Statutory Notification – see Appendix 1.

Features of the Liberty Protection Safeguards

In July 2018, the government published a Mental Capacity (Amendment) Bill which will see DoLS replaced by the Liberty Protection Safeguards (LPS). This passed into law in May 2019. Under LPS, there will be a streamlined process to authorise deprivations of liberty.

- In line with the Law Commission's suggestion, they start at 16 years old. There is no statutory definition of a deprivation of liberty beyond that in the Cheshire West and Surrey Supreme Court judgement of March 2014 – the *acid test*.
- Deprivations of liberty must be authorised in advance by the 'responsible body'.
    - For NHS hospitals, the responsible body will be the 'hospital manager'.
    - For arrangements under Continuing Health Care outside of a hospital, the 'responsible body' will be their local CCG (or Health Board in Wales).
    - In all other cases – such as in care homes, supported living schemes etc. (including for self-funders), and private hospitals, the responsible body will be the local authority.
- For the responsible body to authorise any deprivation of liberty, it needs to be clear that:
    - The person lacks the capacity to consent to the care arrangements
    - The person has a mental disorder
    - The arrangements are necessary to prevent harm to the cared-for person and proportionate to the likelihood and seriousness of that harm.
- To determine this, the responsible body must consult with the person and others, to understand what the person's wishes and feelings about the arrangements are.
- An individual from the responsible body, but not someone directly involved in the care and support of the person subject to the care arrangements, must conclude if the arrangements meet the three criteria above (lack of capacity; mental disorder; necessity and proportionality).
- Where it is clear, or reasonably suspected, that the person objects to the care arrangements, then a more thorough review of the case must be carried out by an Approved Mental Capacity Professional.
- Where there is a potential deprivation of liberty in a care home, the Act originally allowed for care home managers – if the local authority felt it was appropriate – to lead on the assessments of capacity, and the judgment of necessity and proportionality, and pass their findings to the local authority as the responsible body. This aspect of the Act has generated some negative comment, with people feeling that it might lead to insufficient independent scrutiny of the proposed care arrangements. Considering this, the government has confirmed that this provision will now not be implemented when the new system comes into effect in April 2022. It will instead be kept under review.
- Safeguards once a deprivation is authorised include regular reviews by the responsible body and the right to an appropriate person or an IMCA to represent a person and protect their interests.

- As under DoLS, a deprivation can be for a maximum of one year initially. Under LPS, this can be renewed initially for one year, but after that for up to three years.
- Again, as under DoLS, the Court of Protection will oversee any disputes or appeals.

The new Act also broadens the scope to treat people, and deprive them of their liberty, in a medical emergency, without gaining prior authorisation.

The target date for implementation is now 1 April 2022. Prior to this, following a 12-week consultation planned for 2021, both a single Mental Capacity Act and LPS Code of Practice, and regulations, will be laid before Parliament and subsequently published. The sector trusts this will bring clarity to some outstanding questions about how LPS will work in practice and the training and implementation required.

Appendix 1 - Statutory Notification – Outcome of an application to deprive a person of their liberty

See following page.

Care Quality Commission

Notification about the outcome of an application to deprive a person of their liberty

Regulation 18(2), Care Quality Commission (Registration) Regulations 2009

Use this form:

- as soon as you know the outcome of an application to deprive a person of their liberty
- to tell us about the outcome of the application to deprive a person of their liberty
- to tell us about the outcome of any application made to the Court of Protection. Do this even where you have not made the application yourself. For example, the local authority may have applied to the court
- to tell us if an application is withdrawn

Do not tell us you are making an application. Only tell us about outcomes or withdrawn applications.

Completing this form

You must provide an answer to every field marked with an asterisk (*). Other fields are optional but if you have the information please provide it. We will reject an incomplete notification and return it to you.

If you use a computer you can move from answer to answer using your 'tab', down arrow, and page down keys. You can also click from answer to answer using a mouse. You can put an 'X' in checkboxes using your space bar or mouse when the box is highlighted. You can go backwards to change your answers using your page up key, up arrow key, or mouse.

You can complete this form on a computer using 'Microsoft Word' or 'Open Office'. Open Office is a free programme you can download from www.openoffice.org. The spaces for answers will expand while you type if needed.

Data protection

Do not include the name of any person in the form, other than the name of the person completing and submitting the form.

Information on how CQC processes and protects personal information, and on the rights of data subjects, are published on our website at http://www.cqc.org.uk/about-us/our-policies/privacy-statement

Submitting the form

Return the completed form to: HSCA_notifications@cqc.org.uk

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Your reference

Your notification reference	Click or tap here to enter text.

This is your organisation's choice of unique reference for this notification. We will use it if we need to ask you for more information.

Section 1: The application

Do not tell us you are making an application.

Only tell us about outcomes or withdrawn applications.

1.1 About the application

*Application made to	☐ The Court of Protection ☐ A supervisory body
If supervisory body, which?	Click or tap here to enter text.

*Date application made	Click or tap to enter a date.
*Was this a repeat or follow-on application?	☐ Yes ☐ No

1.2 Outcome of the application

*What was the outcome of the application?
☐ Authorised ☐ Not authorised ☐ Withdrawn ☐ Outcome not yet known - **do not complete this form**

If you do not know the outcome of the application, **do not complete this form.**

When you know the outcome of the application, proceed to Section 2.

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Section 2: Provider and location

2.1 Provider details

*CQC provider ID	Click or tap here to enter text.
*Name of provider	Click or tap here to enter text.

2.2 Location details

*CQC location ID	Click or tap here to enter text.
*Name of the location	Click or tap here to enter text.
*Location address line 1	Click or tap here to enter text.
Location address line 2	Click or tap here to enter text.
*Town/city	Click or tap here to enter text.
County	Click or tap here to enter text.
*Postcode	Click or tap here to enter text.
*Regulated activities	Click or tap here to enter text.

2.3 Person completing this form

*Full name	Click or tap here to enter text.
*Job title	Click or tap here to enter text.
*Date submitted	Click or tap to enter a date.
Email address	Click or tap here to enter text.
*Telephone number	Click or tap here to enter text.

Alternative contact name	Click or tap here to enter text.
Email address	Click or tap here to enter text.
Telephone number	Click or tap here to enter text.

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Section 3: The person

*Unique identifier	Click or tap here to enter text.
*Date began to use service	Click or tap to enter a date.

*Month of birth (mm)	Choose an item.
*Year of birth (yyyy)	Click or tap here to enter text.

You should use the information that the person or their representative has given you to complete this part of the form. If you do not have this information, select 'Not known'.

Gender at time of this notification	☐ Female ☐ Male ☐ Other ☐ Not known
If other, provide further information	Click or tap here to enter text.

Does the person identify as transgender at the time of this notification?	☐ Yes ☐ No ☐ Not known/person does not wish to disclose

Sexual orientation	☐ Bisexual ☐ Gay or lesbian ☐ Heterosexual/straight ☐ Other ☐ Not known
If other, provide further information	Click or tap here to enter text.

Religion or belief	☐ Atheist or no religion ☐ Buddhist ☐ Christian (including Church of England, Catholic, Protestant and all other Christian denominations) ☐ Hindu ☐ Jewish ☐ Muslim ☐ Sikh ☐ Any other religion ☐ Not known
If other, provide further information	Click or tap here to enter text.

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Ethnic group

Asian or Asian British	☐ Bangladeshi ☐ Chinese ☐ Indian ☐ Pakistani ☐ Any other Asian background, describe
Black, Black British, Caribbean or African	☐ African background, describe ☐ Caribbean ☐ Any other Black, Black British or Caribbean background, describe
Mixed or multiple ethnic groups	☐ White and Asian ☐ White and Black African ☐ White and Black Caribbean ☐ Any other mixed or multiple background, describe
White	☐ British - English, Welsh, Scottish or Northern Irish ☐ Irish ☐ Gypsy or Irish Traveller ☐ Roma ☐ Any other white background, describe
Other ethnic group	☐ Arab ☐ Any other ethnic group, describe
For any other ethnic group, provide further information	Click or tap here to enter text.
Or, if the person's ethnic group is not known:	☐ Not known

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Disability, impairment or long-term health condition

Does the person have any of the following impairments, disabilities or long-term health conditions?

Sight impairment (blindness or partial sight)	☐ Yes ☐ No ☐ Not known
Hearing impairment (deafness or partial hearing)	☐ Yes ☐ No ☐ Not known
Speech impairment	☐ Yes ☐ No ☐ Not known
Mobility or gross motor skills impairment (such as using large muscles of body in legs, torso or arms, for activities such as walking or sitting). This can include balance, strength or coordination.	☐ Yes ☐ No ☐ Not known
Manual dexterity impairment (fine motor skills - such as holding cutlery or using a keyboard)	☐ Yes ☐ No ☐ Not known
Learning disability (such as ability to concentrate, learn or understand)	☐ Yes ☐ No ☐ Not known
Autistic spectrum conditions	☐ Yes ☐ No ☐ Not known
Other neurodiverse impairment (such as ADHD, dyspraxia or dyslexia)	☐ Yes ☐ No ☐ Not known
Memory loss (for example people with dementia) If memory issues are associated with a learning disability, select 'Learning disability' instead.	☐ Yes ☐ No ☐ Not known
Mental ill health	☐ Yes ☐ No ☐ Not known

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Stamina problems, breathing impairment or fatigue	☐ Yes ☐ No ☐ Not known
Progressive and long-term health conditions (such as HIV, cancer, multiple sclerosis, epilepsy)	☐ Yes ☐ No ☐ Not known
Other impairment, disability or long-term health condition	☐ Yes ☐ No ☐ Not known

If 'other impairment, disability or long-term health condition', provide further information

Click or tap here to enter text.

Funding (non NHS services only)

How is the person's care funded? (non NHS services only)	☐ Self funded ☐ CCG (whole or part) ☐ Local authority (whole or part)
Name of CCG or LA (if funding the care in whole or part)	Click or tap here to enter text.

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Section 4: Reason and outcome

Tell us why the application was made.

If the application was authorised, describe:

- any conditions attached
- how you are meeting those conditions.

If the application was not authorised, give details of the court's order.

If you withdrew the application, explain why.

Click or tap here to enter text.

Send us the form

Return your completed form to: HSCA_notifications@cqc.org.uk

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Prohibited Duties Policy

Aim

The aim of this policy is to list the activities care workers are not permitted to undertake. This may be due to several reasons, primarily:

1) Health and Safety.
2) The activity requires specialised medical knowledge or experience.

Note: Clients requiring specific medical attention should receive this from the area's district nurse, authorised GP or their consultant.

List of Prohibited Duties

- Cutting toenails.
- Cutting fingernails.
- Cutting or styling hair.
- Using a wet razor to shave (all razors must be electric).
- Removing or replacing catheters.
- Syringing ears or administering warm olive oil etc.
- Cleaning ears with cotton buds.
- Any injection.
- Blood sugar level checks.
- Changing or filling oxygen bottles (unless certified as competent by relevant bodies).
- Lifting a client from the floor alone (unless emergency moving, and handling techniques are followed).
- Tracheotomy care – such as changing tubes or oral suction (using a tube to remove mucus from your throat).
- Colostomy / Ileostomy care (unless certified as competent by relevant bodies).
- Haemodialysis / Peritoneal dialysis (unless certified as competent by relevant bodies).
- PEG feeding and care (unless certified as competent by relevant bodies).
- Changing dressings.
- Lancing of boils.
- Removal of splinters.
- Administering medication to a client in the rectum or vagina.
- Filling dosset boxes for medications.
- CPR (unless authorised by and under the guidance of emergency services – call 999 in a medical emergency).

Anti-slavery Policy Statement

Opening statement from senior management

Custom Home Care Ltd. is committed to preventing acts of modern slavery and human trafficking from occurring within its business and supply chain and imposes the same high standards on its suppliers.

Modern slavery encompasses slavery, servitude, human trafficking and forced labour. At Custom Home Care Ltd., we recognise the global impact of slavery and trafficking and as a socially responsible organisation understand that we have a duty to assist in combating such practices. We are committed to acting ethically and with integrity in all business dealings, and we have created effective systems and controls to safeguard modern slavery taking place within our business or our supply chain.

Structure of the organisation

Custom Home Care is a Limited company registered in England and Wales.

Due diligence

As part of our efforts to monitor and reduce the risk of slavery and human trafficking occurring within our supply chains, we have adopted several procedures and continue to review our processes and best practice guidance with a view to:

- Identifying and assessing areas of potential risk in our business and supply chains.
- Monitoring potential risk areas in our business and supply chains.
- Reducing the risk of slavery and human trafficking occurring in our business and supply chains.
- Providing adequate protection for whistle-blowers.

Contractors and Suppliers

As a care provider, we inevitably deal with several outside organisations as suppliers of goods and services. We know that these organisations might form part of a longer supply chain. We make all reasonable efforts to ensure that no link in the supply chain is producing goods and services made under conditions of modern slavery or which might involve human trafficking.

We expect all our contractors and suppliers to have a similar zero tolerance and due diligence approach to modern slavery and human trafficking and only work with organisations that have robust anti-modern slavery policies that operate in other parts of their supply chain and who comply with the Modern Slavery Act 2015.

We explain in our replies to businesses who respond to tenders and adverts for goods and services that we will check if they employ people under conditions of modern slavery and if they do similar checks with other businesses in their supply chain. In doing so, we expect those businesses to have taken all reasonable efforts to exclude their suppliers from colluding with modern slavery practices.

All staff members, particularly those responsible for procuring goods and services, are expected to report any concerns about any issue or suspicion of modern slavery in any parts of their dealings at the earliest possible stage.

Anyone raising concerns about slavery or human trafficking that affects the care service will be protected by the service's whistle-blowing policy.

We do not consider that we operate in high-risk sectors or locations because our staff and suppliers are based in the UK. It is only under extreme circumstances (e.g., shortages due to pandemic) when we may need to source supplies from overseas.

Clients

As a care provider, we ensure no vulnerable adult in our care is subject to any conditions that meet the Care Act (and similar) definitions of modern slavery. If there are suspicions, information, or evidence that any Custom Home Care Ltd. clients are victims of, or at risk of, becoming victims of modern slavery, exploitation or forced labour, the company will take immediate protective action by alerting the appropriate safeguarding authority or police and apply all safeguarding procedures that then follow.

Staff

Custom Home Care Ltd. does not employ staff under any conditions that might make us vulnerable to accusations or suspicions that we are employing people under conditions that would amount to modern slavery and exploitation as defined. All staff are subject to recruitment procedures that comply with both employment law and registration requirements with pay and conditions of employment that meet all statutory requirements.

If we have evidence that any of our employees are subject to exploitation and forced labour by third parties, the company will exercise our duty of care to our employees by reporting our concerns as whistle-blowers to the police or local unit responsible for investigating modern slavery to decide on further investigation or action. We would not act or discriminate against the employee if they are meeting all the required employment conditions and had been recruited in line with the service's recruitment procedures.

Training

We invest in educating our senior staff, recruitment, and procurement teams to recognise the risks of modern slavery and human trafficking in our business and supply chains. Employees are encouraged to identify and report any potential breaches of the company's Anti-Slavery Policy. Employees are taught the benefits of stringent measures to tackle slavery and human trafficking, as well as the consequences of failing to eradicate slavery and human trafficking from our business and supply chains.

Further actions and sign-off

At Custom Home Care Ltd. remains committed to preventing slavery or human trafficking from occurring in our business or supply chains, and we intend to continue to strive to improve and strengthen the existing safeguards we have in place.

This statement is made in accordance with section 54(1) of the Modern Slavery Act 2015 and constitutes At Custom Home Care Ltd.'s Modern Slavery Statement for the financial year ending 31 March 2023. The CEO and senior managers have approved this statement.

Signed,

Stephen Ellis, CEO Custom Home Care Ltd.

2022

Record Management Policy

Policy Statement

Custom Home Care Ltd. recognises that maintaining records relating to the client and their care helps protect the client against unsafe or inappropriate care arising from lack of proper information (Regulation 20, Health and Social Care Act 2008).

Records that contribute to the safety of the client, the safety of care workers and the effective and efficient running of the service will be maintained, updated and accurate.

Scope

This policy is applicable to the care records of all clients of Custom Home Care Ltd. It relates to the creation, maintenance, storage, and destruction of these.

Creation and Maintenance of Care Records

Records kept in the home

Prior to the commencement of the service, a representative of Custom Home Care Ltd., usually the Senior Carer who will be responsible for co-ordinating the care for that client, will visit the client to discuss and assess their care needs. A care plan will be written with the client to address those needs.

Risk assessments relating to the client's care, equipment used, and the care environment will be recorded. Custom Home Care Ltd. supplies all clients with a care plan folder and these documents will be kept in this folder in the client's home to ensure they are accessible to the client and the care workers who are providing the care.

A copy of the initial assessment and risk assessments will be held electronically in the Custom Home Care Ltd. office along with a record of communications relating to the client. The electronic record will be accessible to the office care team and will enable continuity of care. Following reviews with the client, the assessment documentation may be updated or replaced. Old assessments will be removed and returned to the office for secure storage.

Recording Care

The following will be documented in the care records:

- On the 'care given' chart, the care worker will document the date and time of the visit, the care provided during the duty and sign at the end of the entry.

- On the Comments sheet, the care worker will record details of any changes in the client's condition, circumstances or health, or care needs. Any accidents involving the client or care worker, no matter how minor, should be documented here. Also include any other information that would assist the next health or social care worker to ensure continuity in the provision of care.
- On the medication administration record, the care worker will record any assistance with medication, record it on the appropriate MAR according to Custom Home Care Ltd.'s medication policy and training.

Any changes or significant occurrences should also be reported to the office for recording on the client's electronic record to aid in the continuity of care.

Wherever practical or reasonable, the care records and notes should be completed in the presence, and with the co-operation of the client.

Care workers should ensure that:

- All care records and notes, including care plans, are signed, dated, and timed. The signature should appear at the end of the entry. Where an entry goes on to a new page, the date (cont.) should be added to the date column on the new sheet.
- All entries into the file are clear, factual, and accurate and maintain the dignity and confidentiality of clients.

Storage

Records kept in the home will be in a safe place as agreed with the client, being mindful that the folder contains confidential information and should not be left where it can be read by casual visitors to the client's home. The record should be easily accessible to Custom Home Care Ltd. workers, and the office should be made aware if the location changes so new carers can be informed.

Records of care given older than three months are transferred to the Custom Home Care Ltd. office for safe keeping. At the end of the service, the Senior Care Worker co-ordinating the client's care will ensure the folder and all care records, which remain the property of Custom Home Care Ltd., are returned to the office. Should the client die whilst Custom Home Care Ltd. are providing care, the care worker present should remove the care record from the home and return it to the office at the earliest opportunity.

Records that are returned to Custom Home Care Ltd.'s office, will be scanned into the client's file on the electronic system. Information stored electronically is encrypted and accessible through password logon only (see Confidentiality and DPA Policy).

Records relating to clients' care are kept for a minimum of three years after the last dated entry in accordance with the statutory record retention regulations, after which time they are deleted.

Destruction

Paper records that have been scanned in Custom Home Care Ltd.'s electronic record system and are not required to be kept by law, are destroyed on a fortnightly basis by shredding in accordance with the Data Protection Act 1998.

Electronic records are deleted after the three-year statutory retention time.

All new staff will be made aware of the policies on data protection and on confidentiality as part of the induction process (see Induction Policy and Confidentiality and DPA Policy) and will be made familiar with care records and documents used by the company.

Quality of record keeping will be monitored by unannounced observations of practice (spot checks), and audit of client's records during visits by a Senior Care Worker or manager to the client's home as agreed with the client.

Data Protection

Custom Home Care Ltd. is registered with the Information Commissioner's Office on the Data Protection Register.

Where a request for access to a record is made, all legislation and guidance in respect of the Freedom of Information Act 2000 and the Data Protection Act 1998 is followed. Custom Home Care Ltd. has procedures in place to deal with requests of records (see Data Protection Policy).

Recruitment and Selection Policy

Aim

The aim of the recruitment policy is to provide guidelines to ensure a consistent approach to the recruitment of Custom Home Care Ltd. staff.

Statement

Custom Home Care Ltd. aims to employ the highest level of candidates possible in each of the roles offered within the company. Our company takes a different approach to employment within the domiciliary care industry. After researching the current market and reviewing service user feedback from other companies available in reports freely published on the internet, e.g.: (Joyce Francis, 2013), (Colin Angel, 2012), (Matosevic, et al., 2001), (Yeandle, Shipton, & Buckner, 2006), (Sykes & Groom, 2011), we have determined the following issues affect the quality of service delivery:

- High turnover of staff.
- A top-heavy dissemination of salaries.
- Too many service users per company for the number of care workers.
- Too many service users per company for co-ordinators to effectively co-ordinate whilst concentrating on care related tasks.

Custom Home Care Ltd. strongly believes all these issues are related. Our recruitment and selection policy attempts to remedy these problems. We have therefore split the role of co-ordinator into two distinct job descriptions and entitled them:

- Works co-ordinator.
- Shift co-ordinator / Supervisor.

The Works co-ordinator will have no care responsibilities, although a background in care is desirable.

The Shift co-ordinator / Supervisor is responsible for managing the Works co-ordinators and undertaking the care responsibilities normally completed by the traditional role of co-ordinator.

This effectively releases Works co-ordinators from a potentially highly stressful position and ensures that the right person is sent to the right place at the right time. In time periods where the company is not of a sufficient size to support these individual roles, tasks will be delegated to general managers and senior carers.

As a family founded business, it has been agreed those members of the family in Director roles and any other Directors in agreement, do not take the typical salary of these positions. Rather a reduced, but functional, salary

is drawn. Money saved from this endeavour is used for the recruitment of additional care staff as our focus is on person centred care. In our opinion, person centred care cannot occur effectively in a top-heavy salaried company where a large portion of revenue is allocated to few individuals.

In addition, our selection process is potentially more stringent than other companies. It is our policy not to utilise agency workers. Custom Home Care Ltd. wishes to ensure we employ individuals who are drawn to the care industry because they truly wish to care for the vulnerable and elderly. To facilitate this, we offer a fair pay system. Carers' wage rate includes additional compensation for drivers and includes travel time for both walkers and drivers. Staff are paid time and a half on Bank Holidays. Managers and other senior staff are salaried and paid overtime for out of hours work (e.g., if a salaried individual picks up care calls before 9am or after 5pm).

Principles of the Policy

All processes and stages of the recruitment and selection policy should reflect Custom Home Care Ltd.'s commitment to equality and fair treatment.

Before any recruitment procedure is set in place, a thorough review is undertaken to establish whether there is a need to fill a vacancy.

Advertising must be relevant, concise, and aimed at attracting appropriate staff.

A Custom Home Care Ltd. application pack will be sent out, which includes:

- A job description of the post.
- Person specification.
- A medical declaration form.
- DBS Code of Practice.
- Equal Opportunities form.
- An availability check list (Appendix 13).
- Custom Home Care Ltd. statement on the recruitment of ex-offenders.
- A Confidential A4 envelope.
- A Confidential small envelope.

Prior to sending, the pack is cross referenced with a check list to make sure all items are included (Appendix 1).

Short listing for posts based upon the person specification should be undertaken by the Administrative Manager, the registered manager, and the nominated individual.

For senior positions with statutory responsibilities, more than one Director should be involved in the short-listing procedure.

The short listing and the subsequent interview stage should be undertaken by the same people. This will assist with ensuring consistency of consideration during the selection process.

References will be obtained after an offer of appointment, or, if appropriate, prior to the interview, if the applicant agrees.

Interview formats may vary as appropriate to the job and person specification. There will always be a panel interview at which set questions will be asked of the candidate.

Appointments should only be made where candidates meet the requirements of the person specification and are potentially capable of carrying out all duties of the job description.

All candidates interviewed will be notified of the outcome in writing.

Unsuccessful internal candidates will always be offered a debriefing session with a member of the interviewing panel. If the individual cannot be contacted by telephone, a letter will be sent. Requests for personal debriefing sessions will normally be met.

All adverts and person specifications must reflect the needs of the vacancy. Posts are confirmed after successful probationary assessment.

Review of the Vacancy

The first question to be asked of recruitment is whether a vacancy exists? Potential vacancies usually arise through an employee leaving or because of development. Some short-term vacancies may arise due to long term sickness or maternity leave, for example.

When vacancies arise, the post will automatically be reviewed in the light of developing needs of the company.

The following questions should be asked:

- What tasks or areas of responsibility/ skills are involved?
- Is the work to be carried out in the best, most efficient, and cost-effective way?
- Does the job need to be redesigned?
- Does the work need to be re-organised?

Review of the vacancy will be carried out by at least one Director in conjunction with an individual in a senior position.

The Administrative Manager will co-ordinate the arrangements for recruitment and will have responsibility for:

- Confirming details of the vacancy including job description, person specification and advertising requisition.

- Setting up arrangements for short listing, informal interviews (if appropriate) and formal interviews.
- Confirming appointment of successful candidates.

Job Descriptions

Job descriptions are standardised and are available for every level of position. An example of a job description for a care worker is seen in Appendix 2.

All job descriptions are reviewed annually and amended as required based on the changing needs of the company or requirements of legislation.

For all positions, the job description and person specification must be approved by a Director. For the post of Registered Manager and above, descriptions must be approved by the Chief Executive Officer.

All job descriptions will include a requirement that all employees comply with Custom Home Care Ltd.'s Equality policy and will undertake other duties as deemed necessary for the smooth running of the company.

Person Specification

Prior to advertising, the Administrative Manager will prepare a person specification for the post in question. The person specification will be based on the requirements of the post as detailed in the job description. Appendix 3 shows an example Person Specification for a care worker. It will specify an essential and desirable list of criteria which are:

- Job related.
- Ability based.
- Clearly defined.
- Measurable.
- Prioritised.
- Agreed.
- Consistently applied.

Essential requirements are those which are crucial for the adequate performance of the duties in the job description. Desirable requirements are those which, while not essential, would enhance the effective performance of the post. The requirements detailed in the person specification will constitute the selection criteria for the appointment.

The person specification will be sent to the applicant with the vacancy statement and job description in the application pack.

Advertisements

All requests for advertisements must reach the Administrative Manager at least one week prior to the proposed advertisement date.

Advertising should be designed to attract the maximum number of suitable candidates.

Adverts will be placed in the appropriate local newspaper, job centre, and online job vacancy web sites. In cases of senior posts, national publications may be utilised.

The advert must be concise, readable, and unambiguous. It should state the name of the organisation, job title, remuneration, job location, any essential qualifications or experience and information on how to get further information and an application pack. An example of a job advert for a care worker both for online and newspaper publication can be seen in Appendix 4.

Responses to Enquiries

All people requesting further information will be sent:

- A job description of the post.
- Person specification.
- A health declaration form.
- DBS Code of Practice.
- Equal opportunities form.
- An availability check list.
- Custom Home Care Ltd. statement on the recruitment of ex-offenders.
- A confidential A4 envelope.
- A confidential small envelope.

Application Form

Custom Home Care Ltd. uses a standard application form for most posts (Appendix 5).

The first page of the application form will include the reference number of the post, the post title, the candidate's personal details, a general health questionnaire and information about personal transport.

The form also includes a section for the disclosure of criminal background, asking that all offences be declared. Having a criminal record does not necessarily preclude employment by Custom Home Care Ltd., depending on the nature of the offence. Please see our statement on recruitment of ex-offenders.

The application form also includes a statement indicating the candidate, if offered employment, will be subject to an enhanced disclosure check from the Disclosure Barring Service.

The form includes a section for recording the candidate's employment history, education and training and references.

There is also a section where the candidate can indicate how they meet the requirements of the Person Specification and a space to include additional information if required.

Short Listing

A date for short listing will be arranged at the same time as the advert is submitted. Short listing will take place within one week of the closing date.

Short listing of all vacancies must be carries out by more than one person. Where most applications reach the essential criteria, short listing can be further considered based on desirable criteria.

The candidates on the short listing must bear in mind that a wide range of personal and voluntary experience can compensate for the lack of professional experience and qualifications.

Applications received after the closing date may be considered if their late arrival is due to circumstances such as postal strike, administrative error, or in the case of internal delay by endorsement of a Director.

Interviews

Selection by interview is a subjective process. The purpose is to gather information from the candidate to supplement the application form in order that an informed decision as to suitability for the role can be determined.

The interview in most cases will consist of:

- A formal interview in front of a panel where the candidate will be subjected to a series of relevant questions relating to the post (Appendix 6 - example of interview questions for a care worker).
- A period where the candidate can ask questions of the interview panel.

Questions will be sent to the interview panel prior to the interview. The interview panel (or as many Senior Management Personnel/Directors as possible) should have been involved in the short listing of candidates. All interview panels must be clear regarding the format of the interview and the identification of the Appointing Officer who chairs the panel.

The panel must always consist of at least two people, the final decision as to the size of panel should rest with the Appointing Officer.

Standard information must be given out and asked at all interviews.

At the conclusion of each interview, candidates should be informed of the timing of the decision-making process and how they will be notified.

The panel should not discuss individual candidates until all the interviews are completed and should then grade applicants in accordance with the person specification for the post and the grading system on the interview questions where the highest scorer will be the most appropriate. Scoring is from 0-2 where 0 is a poor answer and 2 is a good answer (Appendix 6). This score will then be used in conjunction with the written assessment to establish the candidate most suitable for the position.

When the decision has been reached, it is the responsibility of the Administrative Manager to inform the successful candidate. This will be done initially by telephone. Once the successful candidate has indicated their acceptance, the unsuccessful candidates will be notified by letter as soon as possible (Appendix 7). After the successful candidate has accepted the position over the phone, a letter of acceptance will be sent by the Administrative Manager which will detail the job role, the offer of employment and terms and conditions (Appendix 8).

If there is no-one suitable for the advertised position, no appointment should be made. The post should be reviewed and if appropriate, re-advertised.

Any unsuccessful internal candidate should be given the opportunity of an early meeting with a member of the interview panel to receive feedback.

Any applicant who wishes to make a complaint about the recruitment procedure will be given written details on how to proceed with the complaint. In the first instance, they should make their intentions known by contacting the Administrative Manager.

All notes taken during any interview should be collected by the Appointing Officer or Administrative Manager after the decision of appointment has been made. Notes on the successful candidate showing reasons for appointment should be kept on their personnel files, both physical and electronic. Notes on unsuccessful candidates, with reasons for not appointing, should be kept on file for a period of three (3) years.

In relation to Senior Management positions and recruiting for posts that have statutory responsibilities, the Chief Executive Officer will be involved in the short listing and interviewing process.

References, Disclosures and Qualifications

References must be taken up immediately after interviewing. If circumstances require, references may be taken up before interviews are held with the approval of the applicant.

Custom Home Care Ltd. require at least two references, at least one employer reference and one character reference that covers a minimum of twelve months prior to the date of the application (Appendices 9 and 10).

- Previously employed: if the applicant has worked at any time within five (5) years prior to the application, at least two (2) written references (three (3) is preferable), including where the person has previously worked for more than three (3) months in a position involving work with vulnerable adults, and a reference relating to the last position held is required.
- Not previously employed: in the absence of any employment or where an applicant has not worked recently, e.g., career break, then Custom Home Care Ltd. will accept two-character references or take references from previous employers. Each situation may need to be assessed on an individual basis.

Previous work with vulnerable adults: where a candidate has previously worked in a position which involved work with vulnerable adults, verification of the reason why the employment or position ended should be obtained. It may sometimes be difficult to obtain such verification e.g., because of the length of time since such a position was held. Custom Home Care Ltd. will send an employer reference request and send a follow up after two weeks if the original reference is not returned. If the second reference request is not returned within two weeks, then no further follow up will be sent and the reference deemed to be that all reasonable efforts have been taken to obtain verification. The prospective employee will be asked to proffer another reference.

All references must be obtained in writing. In the event of delay or the need for clarification a telephone call is permissible, but the referee must confirm in writing what was said on the telephone. The Appointing Officer, who speaks to the referee should make a note of what is said and compare it to the written confirmation when it is received.

Referees must be asked to comment against the job description for the post.

All appointments are made subject to Custom Home Care Ltd. receiving a satisfactory Enhanced Disclosure Barring Service check. Successful candidates will be required to provide information to allow a DBS check to be requested online through a reputable DBS online service. Information required includes:

- Proof of identity.
- Proof of address.
- Proof of National Insurance number.
- Information relating to the individual's place of residence over the last five (5) years.
- Details of any name changes (if applicable), including dates.
- Information relating to any convictions (if applicable), including dates.

The Disclosure will then be sent to the individual who will be required to present it to the Administrative Manager for copying and recording purposes.

The fee for the Disclosure will be met by Custom Home Care Ltd. If the employee leaves the company before the completion of their probationary period (six months), the cost of the DBS check will be deducted from the employee's final wage. The employee is made aware of this upon signing an employment contract.

To comply with the relevant standards of care regulations, candidates will not be permitted to commence work for Custom Home Care Ltd. until the following documentation is received:

- An Enhanced DBS check.
- Proof of eligibility to work in the UK.
- A full employment history.
- A completed health questionnaire.
- Documentary evidence of relevant qualifications and training.

Appointments

The letter of appointment forms the contract of employment, the following information is included:

- Location.
- Position.
- Probation.
- Remuneration.
- Leave Entitlement.
- Termination.
- Hours of work.
- Data protection.
- Policies and procedures.
- Dress code.
- Disciplinary and Grievance.
- Sickness.
- Smoking, Drugs and Alcohol.
- Bribery and corruption.
- Medical fitness.
- Qualifications.
- Welcome.

The Administrative Manager must open a personnel file for each new member of staff on confirmation of acceptance of a post and assign a unique employment number.

A letter of acceptance should be sent to the new member of staff for signing and is to be returned to Custom Home Care Ltd. prior to their commencement date.

New Employees

Custom Home Care Ltd. must be confident that new employees are competent and able to undertake the full range of duties required.

All new employees will be subject to an induction programme based on Common Induction Standards and the Care Certificate.

Offers of employment will not be confirmed until new employees have satisfactorily completed a probationary period of six (6) months.

The probationary period is therefore used to undertake regular and formal assessments of the capability and suitability of new employees.

During the probationary period, Custom Home Care Ltd. is only required to give one week's notice of termination of employment. Custom Home Care Ltd. does however have to follow a statutory procedure before dismissals can take place. If a dismissal is being considered, then Senior Management should alert the Line Manager(s) at the earliest opportunity.

Dismissal during probation will need to be confirmed by the Registered Manager after consultation with the Directors.

An extension of probation may be appropriate in some circumstances such as sickness, absences or where Line Managers or the Registered Manager and another manager considers there is some other genuine reason why someone has not confirmed their suitability during their first six (6) months of employment.

An extension of the probationary period (up to a maximum of three (3) months) will only be approved in exceptional circumstances. Where an extension of probation is considered, appropriate this will be confirmed in writing by the Administrative Manager.

End of Employment

There are a variety of ways in which employment may end. These are discussed below and include resignation, redundancy, retirement, voluntary redundancy, dismissal, and termination of employment without giving notice. At the conclusion of employment, there are rules governing the return of company property and the repayment of any outstanding monies. These are also discussed in depth below. At the conclusion of employment, individuals will be asked to complete an End of Employment Questionnaire Form for feedback purposes (Appendix 13).

Resignation

Resignation is governed by the Terms and Conditions of Employment when an employee is first employed by the company. Rules for resignation will depend upon the length of time an employee has been with the company.

If an employee is still within their probationary period, whether this be six (6) months or the extended nine (9) months, employees are obliged to give one (1) weeks' notice of resignation in writing.

If an employee is out of their probationary period, they are obliged to give four (4) weeks' notice of resignation in writing.

Redundancy

Whilst it is Custom Home Care Ltd.'s intention to develop as a business and expand its business activities and therefore provide reasonably secure employment for its employees, we are not immune to the variability of the economy. Should it be necessary to create redundancies, the following procedure will take place.

Where the need arises for a reduction in the size of the workforce, management will enter into consultations with the entire work force, with a view to establishing whether the proposed job losses can be achieved by means other than compulsory redundancies. Consideration will be given specifically to the following alternative options, subject to Custom Home Care Ltd.'s immediate business considerations:

- Imposing an immediate ban on further recruitment of new staff, other than where this is essential.
- Considering redeployment and/or retraining of surplus personnel.
- The implementation of temporary layoff, short time working, job-sharing, etc. where appropriate.
- Inviting applications for consideration for early retirement and/or voluntary redundancy.

Compulsory Redundancies

If it is decided Custom Home Care Ltd. needs to make compulsory redundancies, we will:

- Identify which employees will be made redundant.
- Make sure those employees are selected fairly and will not be discriminated against.

Fair selection criteria will include:

- Skills, qualifications, and aptitude.
- Standard of work and/or performance.
- Attendance.
- Disciplinary record.

It may be decided to select employees based on length of service (last in, first out) if this process is justified without any discrimination. This, however, will not be the sole criteria used for deciding redundancies.

We will **not** use the following as selection criteria as determined by www.gov.uk :

- Pregnancy/maternity/parental leave.
- Acting as a trade union rep.
- Joining or not joining a trade union.
- Part-time or fixed-term employment.
- Age, disability, gender reassignment, marriage and civil partnership, religion or belief, sex and sexual orientation.
- Pay and working hours.

Redundancy Consultations

If more than 20 employees need to be made redundant within any 90-day period, Custom Home Care Ltd. will follow 'collective consultation' rules set down by the UK government on www.gov.uk. If fewer than 20 employees are to be made redundant, we shall follow good practice guidelines. These state that all employees should be fully consulted along with their representatives if they exist. Consultation does not have to end in agreement; however, it will be undertaken with agreement as the aim. It will include discussion on ways to minimise redundancies.

Notice Periods for Redundancy

Custom Home Care Ltd. follows the guidelines set out by the UK government on www.gov.uk. These are:

Length of Service	Notice Given
1 month to 2 years	At least a week
2 years to 12 years	A week for every year employed
12 or more years	12 Weeks

Voluntary Redundancy

Custom Home Care Ltd. may at its discretion invite applications for voluntary redundancy as part of its re-organisation plans to minimise the need to compulsory redundancies. Employees may not be automatically selected for redundancy simply because they have applied. The same criteria will be used for compulsory redundancy above.

If an employee wishes to be considered for voluntary redundancy, they must make their wishes known in writing to the Registered Manager.

Redundancy Pay

To be eligible for Statutory Redundancy Pay as per www.gov.uk, an employee must:

- Be an employee working under a contract of employment.
- Have at least 2 years' continuous service.
- Have been dismissed, laid off or put on short time working.

Any payment due will be made in the employee's final pay.

Statutory pay rates are based on an employee's age and length of employment and are counted backwards from the date of dismissal. Based on www.gov.uk, employees receive:

- 1.5 weeks' pay for each year of employment after their 41st birthday.
- A weeks' pay for each year of employment after their 22nd birthday.
- Half a weeks' pay for each year of employment up to their 22nd birthday.

Length of service is capped at 20 years and weekly pay is capped at £508. The maximum possible amount of redundancy pay is £15,240.

Retirement

Custom Home Care Ltd. does not operate any compulsory or contractual retirement age. Instead, we operate a flexible retirement policy which allows employees to choose to retire at any time after the age of sixty-five (65).

- An employee who decides to retire (at any time after age 65) should provide written notice to their line manager in accordance with the terms of their contract of employment.
- Upon receipt of this notice, our administration will arrange to meet with the employee to discuss preparation for retirement and, where relevant any pension provision.
- Employees may inform Custom Home Care Ltd. up to two (2) or three (3) years before the time they intend to retire of their intentions.
- Pension provision – employees will either be involved in the government pension scheme for which we do not provide details, or a company pension scheme, details are available separately.

Dismissal

There are several ways by which an employee may be dismissed. These are dismissal due to:

- Capability.
- Conduct.
- Illness (being unable to fulfil substantive post).
- Something that prevents an employee legally being able to do their job.
- Some other substantial reason (SOSR).

When Custom Home Care Ltd. dismisses someone due to their capability or conduct, the employee will have been processed through either the MACAW or disciplinary procedure. Please see the relevant sections of the Employee Handbook or Policies Manual for full details.

Sometimes an employee will need to stop working due to long-term ill health. Dismissal is, however, the last resort. Custom Home Care Ltd. will strive to consider as many ways as possible of helping our employees to remain in work. This will include consultation with their GP, assessment by an occupational therapist, making reasonable adjustments. If an employee is unable to perform their duties after all efforts have been made, it may be fair to dismiss the employee even if they are disabled.

An employee may also be dismissed if something occurs that prevents them from legally doing their job. This may be something such as being charged with a criminal offence that prevents them from working with vulnerable adults.

SOSR may include the following:

- Business re-organisation where the business is not making redundancies but making changes to Terms and Conditions. If the employee does not agree to the changes, SOSR is a potential fair reason for dismissal.
- Conflicts of interest where it can be proven that the employee has access to commercial information, the employee has close connections with a competitor or there is a genuine fear the employee may leak confidential information.
- Personality clashes or irreconcilable differences between colleagues can amount to SOSR. However the conflict must cause substantial disruption to the business and all attempts at resolving the issues such as redeployment, change of work pattern and mediation, have failed.
- Breakdown in trust and confidence where the company can show we have acted fairly and within a reasonable range of responses.

Terminating Employment without Giving Notice

If an employee terminates their employment without giving or working the required period of notice as indicated above and in the Terms and Conditions of Employment, the employee will have deducted from any termination pay due, an amount equal to the additional cost of covering their duties during the notice period not worked.

This is an express written term of the contract of employment. An employee also agrees to such a deduction by accepting or being given online access to the Staff Handbook.

Restraint in Employment

It is a condition, both during and for up to six (6) months after the end of employment that an ex-employee will not solicit, contact, or approach any client of Custom Home Care Ltd., who at any time during the preceding six (6) months of such employment end has done business with or been a client of the company, in order to obtain or attempt to obtain their business. After end of employment, the ex-employee must not divulge the details of any client of Custom Home Care Ltd. to a competitor. The ex-employee also agrees that after end of employment, for a period of six (6) months, they will not employ or entice or endeavour to entice away from Custom Home Care Ltd. any person employed by the company in the six (6) months immediately preceding the date of employment end.

Return of Company Property

On the termination of employment, employees must return all company property which is in their possession or for which they have responsibility. Failure to return such items will result in the cost of the items being deducted from any money to the employee or added to the cost of any court action taken against the employee.
Items that are considered company property include:

- Stationery and writing materials.
- Any documentation such as Handbooks, policies, and training materials.
- Any computing equipment, software, hardware, including laptops or electronic storage devices provided by the company.
- Any mobile phone, SIM card and charger.
- ID badge, holder and break away safety lanyard.
- Any items of PPE such as winter shoe spikes, gloves, aprons, or overshoes.
- Any item of clothing such as tunics, shirts, jackets, or fleeces.
- Hand sanitising gel and clip bottle.

This is an express written term of the contract of employment. An employee also agrees to such a deduction by accepting this Handbook.

Repayment of Outstanding Monies

On the termination of employment, Custom Home Care Ltd. has the right to deduct from any termination pay due to an employee, any advances of wages or loans which we may have made.

If an employee terminates their employment prior to the completion of a training course funded by Custom Home Care Ltd., we have the right to deduct the cost of the course form any termination pay due to the employee. If insufficient funds are available, the employee must make repayment through a direct bank transfer or a personal cheque made payable to Custom Home Care Ltd. Failure to repay these costs will result in court action being taken against the employee for recovery purposes.

Appendix 1 - Checklist of Items in Job Application Pack

ITEM	CHECK
Job description and specifications	☐
Application form	☐
Health declaration form	☐
Equal opportunities form	☐
DBS code of practice	☐
Availability checklist	☐
Statement for the recruitment of ex-offenders	☐

Appendix 2 – Example Job Description – Care Worker

Job Description

Custom Home Care Ltd. provides a programme of personal care and household care management that is personalised for each client through the utilisation of a care plan. The role of a Domiciliary Care Worker is to work without direct supervision in the home of the client providing care and support including personal, social and domestic support whilst adhering to the client's individual care and support plan.

Aim

The aim of the position is to enable clients to remain safely in their own home with as much independence as possible. This requires providing care and support in a professional, discreet and caring manner, whilst always ensuring the client's right to privacy and dignity is maintained.

Accountability

This position reports initially to Senior Care Staff, then the Line Manager and ultimately the Registered Manager.

Main Tasks and Responsibilities

1) To provide personal and practical care to clients with a wide range of vulnerabilities, illnesses and needs.

2) To assist clients with rising in the morning, dressing, undressing, washing/bathing and going to the toilet where required.

3) To prepare or assist in the preparation of meals and drinks throughout the day and evening.

4) To set tables and trays for meals where required, serve meals, feed clients if necessary, wash up, clean and tidy away.

5) To assist clients with mobility problems and other disabilities including incontinence and help in the use of aids and personal equipment.

6) To help in the promotion of the mental and physical activities of clients through engaging in conversation, trips out, sharing in activities such as reading, writing, hobbies and recreation in order to help the service user remain as independent and engaged as possible.

7) To undertake or assist with light household duties such as making beds, tidying rooms, vacuuming, and emptying commodes.

8) To undertake or assist the service user in the laundering of clothes.

9) To assist with or administer client's medications.

10) To help care for clients who may be in the final stages of life, and treat them with absolute dignity and respect.

11) To read and to write clearly in the client's communication log book, medication forms and financial transaction sheets to ensure an accurate record of activities undertaken and the status of the client at the time of each visit. To record accurately any changes that have occurred and other relevant information. To provide a signature with each entry and be mindful of comments written so as not to unintentionally offend or upset clients or their family/representatives as they are entitled to read the communications log.

12) To be vigilant regarding the client's needs and condition and report to the manager(s) and/or Line Manager(s) any safeguarding issues which in the care worker's opinion warrants investigation or urgent attention.

13) To report immediately to management any noticeable changes in health, behaviour or circumstances of the client whilst maintaining the client's right to privacy and confidentiality.

14) To be available to work as and when agreed with Custom Home Care Ltd and give appropriate notice of unavailability.

15) To carry out accurately and in a competent manner, instructions from managers, Line Managers and senior care workers, adhering to the care plans of individual clients.

16) To be pro-active when talking and listening to clients, allowing them to make their own personal choices in their own home.

17) To advise manager(s) and/or supervisor(s) of any ideas that may improve the level of service delivered to clients.

18) To adhere to the time frame of home visits as laid down in the client's individual care plan and request the client signs supplied time log sheets at the end of each visit indicating accurate arrival and departure times. To deliver time log sheets to the office on a weekly basis for processing. If information is to be recorded electronically, to ensure that accurate information is reported.

19) To work only to Custom Home Care Ltd.'s regulations regarding the handling of client's finances, ensuring accurate documentation and receipting of any transactions.

20) To participate in reviews of client's care plans as required.

21) To be aware of, and adhere to, the tasks and activities which must **not** be undertaken as part of care duties as described in the company's Prohibited Duties Policy. A copy of this policy is available in the office.

22) To be familiar with Custom Home Care Ltd.'s Health and Safety Policy and to actively promote safe working practice. To ensure full compliance with the company's Infection Control Policy and procedures. Copies of these policies are available in the office.

23) To record and report any accident or incident which may occur, no matter how minor or whether an accident or incident has occurred to a client or care worker.

24) To ensure the Company's Complaints Policy and Procedures are followed when dealing with any concerns or complaints raised by service users or their carer's.

25) To understand and comply with both Company and legislative requirements regarding confidentiality and data protection.

26) To conform to all policies and procedures laid down by Custom Home Care Ltd. relating to carrying out the above duties and in other duties as may be required in order to ensure the smooth running of the company.

27) To participate in induction and regular in-house training as directed by manager(s) and supervisor(s).

28) To be available for an annual Personal Performance Review, which will be recorded in your personnel record.

Appendix 3 – Example Person Specification - Care Worker

Person Specification Including Competencies

1. QUALIFICATIONS	REQUIREMENT
a. NVQ Level 2 in Health and Social Care or other equivalent qualification	**Desirable**
b. GCSE - Maths and English	**Desirable**
2. EXPERIENCE	
a. At least two (2) years' experience in domiciliary care or similar field	**Essential**
b. Experience of team working	**Desirable**
3. SKILLS	
a. Good written communication skills	**Essential**
b. Good verbal communication skills	**Essential**
c. Understand the effects of ageing, disability, incapacity and illness and the effects these can have on a client	**Essential**
e. Ability to follow instructions	**Essential**
f. Ability to use your own initiative	**Essential**
g. Ability to time-manage efficiently	**Essential**
4. KNOWLEDGE	
a. Knowledge of Care Quality Commission Standards of Care	**Essential**
b. Knowledge of and commitment to a person (Client) focused method of social care	**Essential**
c. Knowledge of Health and Safety	**Essential**
d. Knowledge of legislation relating to social care, eg. Mental Capacity Act, Health and Social Care Act	**Essential**
5. PERSONAL CHARACTERISTICS	
a. Professional approach to work	**Essential**
b. Tactful and diplomatic approach to others with the ability to calm agitated individuals	**Essential**
c. Positive and enthusiastic about the business	**Essential**
d. Has the desire to offer the best service possible to clients	**Essential**
e. Committed to continuous improvement of the service and systems	**Essential**
f. Committed to personal development of self and others	**Essential**
6. OTHER REQUIREMENTS	
a. Ability to work flexibly including evening and weekends	**Essential**
b. Full driving licence	**Essential**

Appendix 4 – Example Job Adverts

Social Media Advert

Website Advert

Appendix 5 – Example Job Application Form

Care Worker – Application Form

If you need this form in large print, please contact the office.

Please complete **all** fields in black or blue ink using BLOCK CAPITALS. If you need help, please ask.

Part One – your personal details

Title (Mr, Mrs etc.)	**Sex** Female ☐ Male ☐
First name	**Last name**
Address	
	Postcode
Phone	Mobile ☐ Landline ☐ Other ☐
Other phone	Mobile ☐ Landline ☐ Other ☐
Email address	
NI Number	

How did you hear about this job?

Google	☐	Other search engine	☐	Company website	☐
recruit-zone.com	☐	indeed.co.uk	☐	Other website	☐
Leaflet	☐	Newspaper advert	☐	Jobcentre	☐
Refer a Friend	☐	Word of mouth	☐	Other (specify)	☐

If you were told about this job by someone who works for us, please tell us their name:

Do any other of your close friends or relatives already work for us? Yes ☐ No ☐
If you answered '*Yes*', please give their names here:

Can you prove you are legally entitled to work in the UK? Yes ☐ No ☐
If you answered '*Yes*', what document(s) will you supply as proof?

Have you worked recently in a care support role? Yes ☐ No ☐
If you answered '*Yes*', what was your standard rate of hourly pay? Please indicate below:

- *Rate of pay:* ***£*** ***per hour***.

Part Two – your availability

It is really important to us that we know when you are available for work so please do your best to ensure the information you provide in this section is correct.

What is the earliest date you could start work with us?

Do you have any holidays etc. already booked? Yes ☐ No ☐
If you answered '*Yes*', please give dates below:

Do you have the use of your own vehicle for work? Yes ☐ No ☐

Please tick here to indicate when you would usually be available for work:

	Morning	Lunchtime	Teatime	Evening
Monday	☐	☐	☐	☐
Tuesday	☐	☐	☐	☐
Wednesday	☐	☐	☐	☐
Thursday	☐	☐	☐	☐
Friday	☐	☐	☐	☐
Saturday	☐	☐	☐	☐
Sunday	☐	☐	☐	☐

Is there anything else we should know about your availability?

Part Three – your skills and qualifications

Please tell us about the languages you can speak and / or write:

Language	I can speak this language	I can write this language	My level of skill is: **BASIC**	My level of skill is: **COMPETENT**	My level of skill is: **ADVANCED**
English	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

Do you have an NVQ QCF Level 2 (or above) in Health & Social Care? Yes ☐ No ☐

Have you completes the Care Certificate (England only)? Yes ☐ No ☐
If you answered '*Yes*' to either of the above, you must provide a certificate or other evidence of completion.

Please tell us about any other relevant formal qualifications you have achieved (including any Maths or English qualifications):

When did you leave full-time education? **Month** **Year**

GO TO PART FOUR.

Part Four – your work history

We are required by law to make sure we know about the work you have done in the past, as well as the periods you may have spent out of employment. Therefore, please list your **full** employment history here, including any periods when you were not working (along with an explanation of what you were doing). You may use extra sheets if you need more space.

Please start with your current or most recent employment and work backwards.

From (month and year)	To (month and year)	Employer and location (or educational establishment)	Your job role (or, if studying, your course)	Why you left (if applicable)

From (month and year)	To (month and year)	Employer and location (or educational establishment)	Your job role (or, if studying, your course)	Why you left (if applicable)

Part Five – your referees

Please details for **four** people we can write to for a reference. The first of these people **must** be your current or most recent employer. The other referees will ideally be your most recent previous employers.

If you cannot provide details for four previous employers, you may substitute one or more of these with a referee who was a former tutor or teacher when you were in formal education.

If you cannot provide details of a teacher or tutor, we may accept a personal reference from a person of professional standing (e.g. a doctor, lawyer, accountant, recognised religious leader or teacher) who knows you, either professionally or personally.

You must not give the names of friends or relatives or colleagues who are / were not senior to you as referees. All references will be verified.

First referee (should be current or most recent employer)

Referee's name		**Position**		
Name of organisation, school or college				
Address and postcode				
Phone		**Email**		
Dates of employment or study			**to**	
	Month	Year	Month	Year

Second referee

Referee's name		**Position**		
Name of organisation, school or college				
Address and postcode				
Phone		**Email**		
Dates of employment or study			**to**	
	Month	Year	Month	Year

Third referee

Referee's name		**Position**		
Name of organisation, school or college				
Address and postcode				
Phone		**Email**		
Dates of employment or study			**to**	
	Month	Year	Month	Year

Fourth Referee

Referee's name		**Position**		
Name of organisation, school or college				
Address and postcode				
Phone		**Email**		
Dates of employment or study			**to**	
	Month	Year	Month	Year

If any of the above referees are outside the European Economic Area, please tick here to consent to our contacting them. ☐

Part Six – criminal record

Your appointment will depend on the satisfactory completion of a criminal records disclosure, but that this stage, we need you to answer the following questions truthfully.

Have you ever received any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions Order) 1975 (as amended in 2013 by SI 210 1198)?

Yes ☐ No ☐

To your knowledge, are you currently the subject of any criminal proceedings (for example: charged or summoned but not yet dealt with) **or any police investigation?**

Yes ☐ No ☐

Is there any reason that you cannot work in a regulated activity?

Yes ☐ No ☐

If you answered 'Yes', to any of the three questions, please provide details:

Do you consent to our applying for an enhanced criminal records disclosure on you and to our retaining a copy of your disclosure certificate during the period of your employment to until a new disclosure is completed (whichever occurs first)?

Yes ☐

Note that if, once a DBS has been completed, it is discovered you have failed to accurately disclose the information requested above, the company reserves the right to terminate you employment without notice. Please be aware, however, that having a criminal record will **not** necessarily mean we cannot employ you – if you would like to know more about our policy on the recruitment of ex-offenders, please ask.

Part Seven – suitability for the job

Please read the care worker job description and answer the following questions.

Have you read and understood the care worker job description? Yes ☐

The position for which you are applying requires physical effort (including sitting, standing, carrying, walking, moving and handling people), mental effort (including dealing with emergencies and short notice changes to work in a fast-paced environment) and possible emotional / psychological effort (including dealing with bereavement and challenging behaviour in a potentially stressful environment).

Do you have any health conditions that would prevent you from meeting these intrinsic requirements for which the company might need to make reasonable adjustments? (If yes, please be aware that we may need to discuss these with you at your interview). Yes ☐ No ☐

If you answered 'Yes,' **please provide brief details:**

Part Eight – declarations

Please read the following statements carefully. If there is anything you do not understand, **please ask before you sign at the bottom of the page.**

I, the job applicant named in the front of this form, confirm that the information I have given in this application is accurate and true to the best of my knowledge. I also understand and agree that:

- The company may make checks to verify the information I have provided;
- Providing misleading or false information in this form or at any other time during the application process may disqualify me from appointment or, if I have already been appointed, may result in my dismissal.
- The personal information I have provided in this form (and any other personal information that I or my referees may provide) is confidential and will be handled in line with the Data Protection Act 1998;
- The company will use the personal information I have provided to decide if I am suitable for the job I have applied for;
- Until I am employed, the company will not use my personal information for any purpose other than monitoring its own recruitment processes and that if the company does use my personal information for statistical analysis, it will be anonymised;
- If my application is unsuccessful, the company will keep only basic information about me and destroy the rest;
- If my application is successful, my personal information will be used for legitimate purposes in relation to my work (my contract of employment, which I will sign before I start work, will include further detail on how my information will be used.);
- The company may process my personal information for the purposes described above or as otherwise permitted or required by law in line with its registration with the Information Commissioner.
- Any offer of employment will depend on the receipt of satisfactory employment references and the satisfactory completion of a DBS check (see part six above);
- The company will bear the cost of my initial DBS check, however, I understand that if I leave the company during my six month probation period, I will be required to pay back that cost (£50.40). The cost will be deducted from my final wage and listed on my payslip. The company will bear the cost of any future DBS checks required.
- I will be required to complete a pre-employment induction training programme prior to my starting work with the company.
- My attendance of the induction programme will not indicate any offer (on the part of the company) or acceptance (on my part) of employment and that the time I spend on the induction programme will therefore not count as working time for the [purposes of calculating the company's compliance with National Minimum Wage regulations.
- I will be liable for the cost of my induction training and any uniform given to me if I leave the company's employment within six months and that this sum will be deducted from my wages.

Signed **Dated**

What happens now?

- **If you received this form by post:** return it to us along with you completes Equalities Monitoring Form. We will be in touch with you to tell you whether you will be invited to an interview.
- **If you downloaded the form from the internet:** post it to the office (you will find the address on the website) or email it to wecare@customhomecare.org. Make sure you also download and complete the Equalities Monitoring Form. We will be in touch to tell you whether you will be invited to an interview.
- **If you completed the form at our office: hand it to the person who gave it to you, along with your completed Equalities Monitoring Form. It will be explained to you what will happen next.**

This page is for office use only

Application assessed by:

Name	**Position**

On the basis of the completed application form, is the applicant suitable to progress to a selection interview?

Yes ☐ No ☐

If 'No', please explain why:

Please ensure an applicant rejection letter **is sent to any unsuccessful candidate.**

Successful applicants should be invited to an interview (a letter template is provided for his purpose).

Signed	**Dated**

Additional Notes:

Policy Statement on the Recruitment of Ex-offenders

- As a company using the Disclosure and Barring Service (DBS) to assess applicant's suitability for positions of trust, Custom Home Care Ltd. complies fully with the DBS Code of Practice and undertakes to treat all applicants for positions fairly. Custom Home Care Ltd. undertakes not to discriminate unfairly against any subject of a Disclosure on the basis of conviction or other information revealed.
- Custom Home Care Ltd. 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.
- Custom Home Care Ltd. has a written policy on the recruitment of ex-offenders, which is made available to all Disclosure applicants at the outset of the recruitment process.
- We actively promote equality of opportunity for all with the right mix of talent, skills and potential and welcome applications from a wide range of candidates, including those with criminal records. We select all candidates for interview based on their skills, qualifications and experience.
- A Disclosure is requested after a thorough risk assessment has indicated that one is both proportionate and relevant to the position concerned. For those positions where a Disclosure is required, all application forms, job adverts and recruitment briefs will contain a statement that a Disclosure will be requested in the event of the individual being offered the position.
- Where a Disclosure is to form part of the recruitment process, we encourage all applicants called for interview to provide details of their criminal record at an early stage in the application process. We request that this information is sent under separate, confidential cover, to a designated person within Custom Home Care Ltd. and we guarantee that this information is only seen by those who need to see it as part of the recruitment process.
- The nature of all positions within Custom Home Care Ltd. allows us to ask questions about your entire criminal record. This covers any offences committed as a juvenile and includes cautions, reprimands and final warnings administered by the Police.
- We ensure that all those in Custom Home Care Ltd. who are involved in the recruitment process have been suitable trained to identify and assess the relevance and circumstances of offences. We also ensure 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 1924.
- At interview, or in a separate discussion, we ensure that an open and measured discussion takes place on the subject of any offences or other matters that may be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of an offer of employment.
- We make every subject of a DBS check aware of the existence of the DBS Code of Practice and make a copy available on request.
- We undertake to discuss any matter revealed in a Disclosure with the person seeking the position before withdrawing a conditional offer of employment.

On the 29 May 2013, legislation came into force that allows certain old and minor cautions and convictions to no longer be subject to disclosure.

- **In addition, employers will no longer be able to take an individual's old and minor cautions and convictions into account when making decisions.**

- **All cautions and convictions for specified serious violent and sexual offences, and other specified offences of relevance for posts concerned with safeguarding children and vulnerable adults, will remain subject to disclosure. In addition, all convictions resulting in a custodial sentence, whether or not suspended, will remain subject to disclosure, as will all convictions where an individual has more than one conviction recorded.**

Having a criminal record will not necessarily bar you from working for Custom Home Care Ltd. This will depend on the nature of the position and the circumstances and background of your offences.

If you are unsure about whether you need to tell us about any previous offence please Contact the Administrative Manager so that we can discuss and consider the information.

Appendix 5a – Invitation to Interview – Letter

Custom Home Care Ltd

560 City Road
Norfolk Park
Sheffield
S2 1GE

Tel: 0114 275 9703
Email: wecare@customhomecare.org

This information will be copied and used if you are successful at the interview. If you are unsuccessful, the copied documents will be confidentially destroyed.

Evidence of Qualifications

You will also be required to bring to the interview evidence of any relevant qualifications and grades attained as indicated on your application. Please bring original documents.

Directions

I enclose a map showing the interview location.

Right to Work in the UK

Under the provision of the Asylum and Immigration Act 1996, Custom Home Care Ltd. must verify your permission to work in the UK. Please bring documentary evidence (originals only) of your immigration status to the interview (e.g. Passport, work visa etc.).

Confirmation of Attendance

Please contact Katia Davis on 0114 275 9703 to confirm whether or not you will be attending the interview.

Yours Sincerely,

Katia Davis
Administrative Director

Enc.

Custom Home Care Ltd is registered in England and Wales No. 9236096
Registered Office: 102 Snape Hill Lane, Dronfield, Derbyshire S18 2GP

Custom Home Care Ltd

560 City Road
Norfolk Park
Sheffield
S2 1GE

Tel: 0114 275 9703
Email: wecare@customhomecare.org

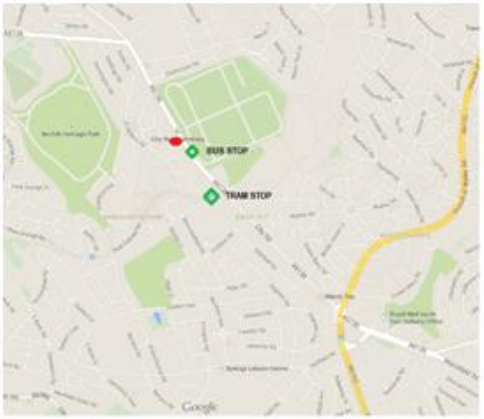
Directions

By Bus

No's: 41, 42, 44, 49, 50, 53, 120

By Tram

The closest tram stop is Spring Lane, serviced by the Blue and Purple routes.



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Appendix 6 - Example Interview Questions for a Care Worker

Interview Questions for Carer Position

Use additional sheets of paper if required.

Name of Applicant: **Date:** **Time:**

Name of Interviewer(s):

Question 1

Can you tell me why you would like to work in care?

Question 2

Can you tell me a time when you showed care and compassion to a person who was not related to you?

Question 3

People who receive care can be from very different backgrounds. Can you tell me how you could support people's choices, beliefs, or preferences?

Question 4

Can you tell me about an unexpected emergency you had to deal with and how you dealt with it?

Question 5

Can you give me examples of types of abuse you may have come across while being a care worker? What would you do if you suspect abuse is happening?

Question 6

What is your experience of working within a team and why is this important to maintain?

Question 7

If you are working alongside another carer on a double call and they ask you to do a task you have not been trained for, what would you do?

Question 8

What are your expectations regarding care? What is your understanding of care and do you think you would be capable of dealing with bodily fluids?

Question 9

What experience, if any, do you have in care? E.g.: a family member, friend, or work related.

Question 10

Do you drive?

What is your availability?

What areas would you be willing to cover?

Question 11

Are there any further comments you would like to discuss or tell us about?

Question 12

How did you hear about us?

Statement

If you leave before your probationary period is completed (6 months is no issues), you will be charged an administration fee of £75 that will be deducted from your final wage. This covers the cost of office time spent covering your shifts and updating systems.

The cost of your uniform, tunics, and coats will e extra if you do not return them, or they are not in a good/reusable condition.

The cost of your DBS, should you have needed one, will be extra.

Please sign to acknowledge your awareness of the above charges. A document relating to these charges will also need to be signed if you are successful at interview.

Print Name _____ **Sign Name** _____

Signed on behalf of the company _____

For office use

Interview Failed _____

Reason _____

Interview Passed _____

Training Dates Discussed _____

ID Documents Copied _____

DBS Discussed with Kat _____

Uniform Size _____

Appendix 7 – Example of Unsuccessful Applicant Letter

Custom Home Care Ltd

560 City Road
Norfolk Park
Sheffield
S2 1GE

Tel: 0114 275 9703
Email: wecare@customhomecare.org

Applicant's Name
First Line of Address
Second Line of Address
City
Post Code

Date: **INSERT DATE**

Dear **INSERT APPLICANT NAME**

Re: **INSERT POST TITLE**

Thank you for attending the recent interview on **INSERT DATE** for the position of **INSERT POST TITLE**.

I very much enjoyed meeting you to discuss the role. I have now had the opportunity to consider all of the candidates against the criteria we have specified for the job. The decision has been a difficult one, as the overall standard of candidates was high. After careful consideration I regret to inform you that on this occasion we have decided not to progress your application any further.

If you would like feedback from the interview, please don't hesitate to contact me on the number above.

Thank you for your interest in Custom Home Care Ltd. and I wish you every success in your future career.

Yours Sincerely,

Katia Davis
Administrative Manager

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Appendix 8 – Example of Successful Applicant Letter and Terms & Conditions

Custom Home Care Ltd
560 City Road
Norfolk Park
Sheffield
S2 1GE

Tel: 0114 275 9703
Email: wecare@customhomecare.or

STRICTLY CONFIDENTIAL

Following your recent interview, I am pleased to offer you the position of **CARE WORKER**. I hope you will enjoy your role with Custom Home Care Ltd. and make a significant contribution to the success of the company.

Terms and Conditions

Location
You will report to our main office at 560 City Road, Sheffield, S2 1GE, but will be subject to home start on most days. The company reserves the right, with appropriate consultation, to change your base should it be required.

Position
The roles and responsibilities of this position will be described separately in an attached Job Description. This is a permanent position.

Probation
A six (6) month probationary period will apply to this role. During this time, you will receive advice, training and guidance to help you become familiar with and competent in the role to which you have been appointed. The appointment is subject to the satisfactory completion of the probationary period, which itself is subject to termination during any stage. See Termination and Ending your Contract for further details. Pay for training during probation will be added to your wage at the conclusion of the probationary period.

Remuneration
Your wage is at the rate stated on the cover sheet, and subject to the normal deductions required by law including taxation, national insurance and statutory government pension.

You may be automatically enrolled into the Government Pension Scheme (True Potential), depending on your level of earnings; however you may opt out. Should you choose to take out a Personal Pension Plan, this is a private matter between yourself and the financial institution concerned, and does not involve the company in any way.

Your wage will be paid monthly on the 28th day of every month unless the 28th falls on a Sunday or Bank Holiday when you will be paid on the last banking day prior to this date. You will need to fill in the enclosed Employee Information form for BACS payments to be made to your account.

If the company makes an overpayment to you, to which you are not entitled, or is more than you are entitled, you agree to allow the company to recover the overpayment by deductions from your wage or other payments due to you. Any deductions will normally be made over the same period that the overpayment was made. It is in your interest to regularly check your pay slips.

Leave Entitlement

- The company leave year runs from the 1st of April to the 31st of March.
- Annual Leave Entitlement is deduced pro rata as follows: Excluding the 8 bank holidays, 20 days represent 4 weeks paid holiday for someone working 5 days a week. Should an employee only work 2 days a week then their holiday entitlement will be 2 days x 4 weeks holiday = 8 days paid leave.
- Non Statutory days will be accrued throughout the year at a rate of 1.75 days per month.
- If an additional bank holiday is declared by the Government for special reasons (e.g. Royal wedding, national day of mourning etc.), Custom Home Care Ltd. is not obliged to honour payment of this additional holiday and it must be taken as part of the employee's normal holiday entitlement.
- If an employee is scheduled to work on a bank holiday, the day may be taken on a different day of the year as part of the employee's normal holiday entitlement.

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Leave should be taken within one year of falling due upon negotiation with your Shift Supervisor or manager subject to service requirements.

Arrangements for payment of holiday pay are as follows;

- A holiday form must be submitted to the Shift Supervisor four (4) weeks prior to the intended holiday.
- Short notice holidays may be granted subject to service requirements and at the discretion of the Shift Supervisor.
- The company also has a policy on bereavement or compassionate leave. Please see the employee handbook for full policy details once this has been issued to you.

For further information concerning leave, please see Custom Home Care Ltd.'s Sickness, Absence and Annual Leave Policy. A copy is available in the office or online by logging in to the Staff Portal.

Termination and Ending your Contract

Custom Home Care Ltd. may terminate your employment by giving the following period of notice.

- During Probation: 1 week or payment in lieu.
- After Probation: 4 weeks or payment in lieu.

If the reason for termination of the contract is due to gross misconduct, or material breach of a provision within your contract including confidentiality, dismissal will occur immediately with no period of notice required to be served.

If you wish to end your contract and leave the company, you must give four (4) weeks' notice in writing both during and after probation to ensure service delivery.

If you leave the company during your probationary period, the following will be deducted from your final wage:

- The cost of running a DBS check (if one was required)
- Uniform fee of £17.50 if your uniform is not returned or if it is soiled/damaged upon return.
- Admin fee of £75 to cover additional administrative and accountancy costs for ending employment. A list of what this covers can be provided on request.

Hours of Work – Care Worker

Your working hours will be dependent on your availability at the rate stated on the cover sheet. Custom Home Care Ltd. operates a shift schedule for care workers (Am, Lunch, Tea, Bed). Full shifts typically comprise an AM and Lunch run together or a Tea and Bed run together. At times, you may be required to undertake work in order to ensure service delivery. The Company upholds the Working Time Directive legislation; however, you have a personal legal right to opt out from this legislation if you wish. Please find enclosed the Working Time Directive opt out form which you may complete if desired.

Emergency Contact Details

Please record your emergency contact details / Next of Kin using the enclosed Employee Information form. This is for your safety.

Data Protection

You will be required at all times to uphold the company's Confidentiality and Data Protection policy. A copy of the policy is available in the office or online. You will be apprised of this during induction training. During your employment with Custom Home Care Ltd., you may become aware of information relating to the business, including, but not limited to client lists, trade secrets, client details and pricing structures. Confidential information, including, but not limited to the above, and any or all documents created by you in the course of your employment remain the sole property of Custom Home Care Ltd. You shall not, either during or after your employment, without prior consent of Custom Home Care Ltd. directly or indirectly divulge to any person, or use the confidential information for your own or another's gain.

Policies and Procedures and Staff Handbook

As an employee, you will be required to comply with company policies and procedures. Failure to comply with these may result in disciplinary action being taken against you. All policies and procedures are available through the Staff Portal on the Company website at www.customhomecare.org. Please speak to the Admin Manager for password access. The Staff Handbook is also available to you on the company website. You may view it directly on the website, or download a personal copy in PDF format.

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Dress Code
You are expected to comply with the company dress code. You will receive details of this during induction, and information is available in the Staff Handbook.

Social Media Statement
Employees should not engage in any activity which is illegal, distasteful, defamatory, or likely to have negative repercussions for the company or bring the company or its employees into disrepute. This is the case even if the company is not named, but may be discerned via your association with it. Please see the Internet, Email and Mobile phone Policy for complete details.

Disciplinary and Grievance
Should disciplinary action be necessary, this will be taken in accordance with the company Policy and Procedure on Disciplinary Action. You have a right of appeal against this as outlined in the Procedure. If you have a grievance in relation to your employment, then you should follow the procedure outlined in the Company Grievance Policy and Procedure. You should initially discuss any grievance with your immediate superior.

Sickness
You are required to report any sickness absence as soon as possible to your immediate superior, and provide certification of sickness in line with company policy when appropriate. We operate a Bradford Factor / MACAW procedure for sickness and absence. See the Staff Handbook for details.

Smoking, Drugs and Alcohol
Smoking on company premises is prohibited (except in designated areas). Breach of this regulation may result in disciplinary action. E-cigarettes may be used with permission on company premises. The taking of drugs (with the exception of prescribed drugs) is strictly prohibited on company premises. If you take prescribed medications, you will be required to fill out an Employee Medication Side Effects Form available from the office. This is for your safety.

Bribery and Corruption
The Company has a strict anti-bribery and corruption policy in line with the Bribery Act (2010). If you bribe (or attempt to bribe) another person, intending either to obtain or retain business for the company, or to obtain or retain an advantage in the conduct of the company's business this will be considered gross misconduct. Similarly accepting or allowing another person to accept a bribe will be considered gross misconduct. In these circumstances you will be subject to formal investigation under the company's disciplinary procedures, and disciplinary action up to and including dismissal may be applied.

Medical Fitness
It is a condition of your employment that the company is satisfied on your medical fitness to carry out your duties. This appointment is conditional on a completion of a stringent company health questionnaire and assessment by a company appointed medical practitioner or occupational therapist if required. Should it be deemed necessary during the course of your employment, you may be required to attend a medical examination from the company appointed Doctor / Occupational Health Service.

Qualifications
Your employment with the Company may be dependent upon the possession of particular qualifications or registration with a statutory Body or other Authority; evidence of this must be produced on request. Failure to produce such evidence may lead to the termination of your employment.

Social Media / Messaging Apps Code of Conduct
Custom Home Care Ltd. has a strict Code of Conduct relating to social media and messaging apps. Please read and sign the Code of Conduct available in the office prior to acceptance of this contract.

Restraint in Employment
It is a condition, both during and for up to six (6) months after termination of employment that you will not solicit, contact or approach any client of Custom Home Care Ltd., who at any time during the preceding six (6) months of such termination has done business with or been a client of the company, in order to obtain or attempt to obtain their business. After termination, you must not divulge the details of any client of Custom Home Care Ltd. to a competitor. You also agree that after termination of your contract, for a period of six (6) months, you will not employ or entice or endeavour to entice away from Custom Home Care Ltd. any person employed by the company in the six (6) months immediately preceding the date of termination.

Welcome
Custom Home Care Ltd. would like to take this opportunity to welcome you to our team and wish you a long and rewarding career with us. Please fill out the acceptance form on the following page and return it to the Administrative Manager.

Katia Davis

Katia Davis BA (Hons I)
Administrative Manager

Custom Home Care Ltd is registered in England and Wales No. 9236096
Registered Office: 102 Snape Hill Lane, Dronfield, Derbyshire S18 2GP

Appendix 9 – Request for Reference – Employer

Custom Home Care Ltd
560 City Road
Norfolk Park
Sheffield
S2 1GE

Tel: 0114 275 9703
Email: wecare@customhomecare.org

Name of Referee
First Line of Address
Second Line of Address
City
Post Code

Date: **INSERT DATE**

Dear **INSERT REFEREE NAME**

Re: **Employment reference for INSERT APPLICANT NAME**

We have received an application for employment from **INSERT APPLICANT NAME**, seeking a position with our company in the capacity of **INSERT JOB TITLE**. We understand the applicant was previously employed by your company.

Accordingly, we would appreciate if you could fill out the accompanying form.

Please advise whether your reference should be held confidential.

Thank you for your anticipated co-operation.

Yours Sincerely,

Katia Davis BA (Hons I)
Administrative Manager

Enc.

Custom Home Care Ltd is registered in England and Wales No. 9236096
Registered Office: 102 Snape Hill Lane, Dronfield, Derbyshire S18 2GP

Request for Employment Reference Form – Custom Home Care Ltd.

Name of Referee:	
Name and Address of Organisation:	
Name of Applicant:	
Address of Applicant:	
Date of Birth:	
Post Applied for:	

Section 1				
The applicant states that s/he was employed by you	from:		to:	
Is this information correct?	YES ☐		NO ☐	
If **NO**, please state the correct dates:	from:		to:	
In what capacity was s/he employed and please give details of responsibilities?				
Reason for termination:				

Section 2
In relation to the applicant and their ability, please would you comment on the following:
Relations with others:
Relations to colleagues:
Relations with the public:
Quick to understand and grasp implications of situations / information:

Alertness and intelligence:
Works with/without minimum supervision:
Quality of work – does s/he see work through to completion and is it accurate and thorough?
Is s/he dependable / reliable under pressure?
Is s/he able to manage time effectively and prioritise workload with the appropriate use of resources?
Is s/he capable of using their own initiative; have you or your colleagues ever had concerns over the individual's behaviour or judgement?
Is s/he able to communicate clearly and appropriately at all levels, both orally and in writing?

Section 3	
How many days sickness has s/he taken in the last 36 months?	
If the period of employment was less than 3 years, on how many occasions was s/he sick?	

Section 4	
Has s/he ever received any disciplinary action whilst under your employ?	YES ☐ NO ☐
If **YES**, what was the nature of the offence?	
What action was taken?	
Does your organisation have a policy on expunging disciplinary records	YES ☐ NO ☐

from personnel files?	
If **YES**, after what period of time?	
Section 5	
Did s/he complete a satisfactory probationary period?	**YES** ☐ **NO** ☐
If **NO**, why was the period extended, for how long?	
Section 6	
In your opinion, does s/he have sufficient knowledge of Health and Safety legislation and best practice?	
Section 7	
In your opinion, does s/he have knowledge and experience of, and have an active commitment to equal opportunity in service provision and employment?	
Section 8	
Since this post requires disclosure of any convictions received by the applicant under the Rehabilitation of Offenders Act, 1974, Exemptions Order 1986, it would be in order for you to reveal any information you have regarding the applicant.	
Section 9	
Please comment on the applicant's suitability for this post. Please give evidence to support your comments.	
Section 10	
Do you know of any other reason why this person should not be appointed to the post?	**YES** ☐ **NO** ☐

If **YES**, please give reasons for your view:				
Please confirm whether this applicant will receive a copy of this reference from you, or otherwise know its content?	YES	☐	NO	☐
If **NO**, would you have any objection to its contents being revealed during the course of the selection process?	YES	☐	NO	☐

Thank you for taking the time to complete this Employment Reference.

Name:	
Signed:	
Position in Organisation:	
Date:	

Please use the stamp and addressed envelope provided to return this form.

Appendix 10 – Request for Reference – Character Reference

Custom Home Care Ltd

560 City Road
Norfolk Park
Sheffield
S2 1GE

Tel: 0114 275 9703
Email: wecare@customhomecare.org

Name of Referee
First Line of Address
Second Line of Address
City
Post Code

Date: **INSERT DATE**

Dear **INSERT REFEREE NAME**

Re: **Character reference for INSERT APPLICANT NAME**

We have received an application for employment from **INSERT APPLICANT NAME**, seeking a position with our company in the capacity of **INSERT JOB TITLE**. The applicant has given us your name as a character reference.

Accordingly, we would appreciate if you could fill out the accompanying form.

Thank you for your anticipated co-operation.

Yours Sincerely,

Katia Davis BA (Hons I)
Administrative Manager

Enc.

Custom Home Care Ltd is registered in England and Wales No. 9236096
Registered Office: 102 Snape Hill Lane, Dronfield, Derbyshire S18 2GP

Request for Character Reference Form – Custom Home Care Ltd.

STRICTLY CONFIDENTIAL

Name of Applicant:		**Position applied for:**	

Question	Reply
1) How long has the applicant been known to you?	
2) Are you related to the applicant?	
3) What knowledge do you have of his/her experience in domiciliary care, including any voluntary work?	
4) What would you say was his/her attitude towards people in general?	
5) How committed would you say he/she would be in this post?	
6) How adaptable would you say he/she would be in different situations?	
7) Would you say he/she has a sense of humour?	
8) Would you say he/she is able to communicate well with all levels of people?	
9) Would you say he/she is honest?	
10) To the best of your knowledge, is he/she in good health?	
Do you wish to make any further comments?	

Name:	
Signed:	
Date:	

Please use the stamp and addressed envelope provided to return this form.

Appendix 11 – Employee Information Form

Section 1 – Personal Details

Employee Surname:	**Employee First Name:**
Title:	**Date of Birth:**
Gender:	Male ☐ Female ☐ Other ☐ (Please specify if you wish)
Marital Status:	Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Cohabiting ☐ Civil Partnership ☐
Full Address:	**Post Code:**
Home Telephone	**Mobile:**
E-mail address:	**National Insurance No.:**

Section 2 – Emergency Contact Details

Full Name:	**Relationship:**
Address:	**Tel. Day:**
	Tel. Night:
Post Code:	**Mobile:**

Section 3 – Job Details

Job Title:	
Work Location:	**Start Date:**

Section 4 – Bank Details

Account Holder's Name:

Account Type: Bank Account ☐ Building Society Account ☐ **Name of Bank:**

Branch:

Sort Code: **Account No.:** **BS Ref No.:**

Due to the Data Protection Act, the company must receive bank details that are completed by the individual. Please note it is your responsibility to ensure that bank details supplied are correct.

Section 5 – Employee Declaration

I confirm that my details are complete and correct and acknowledge that incorrect details will lead to the form being returned to me and will delay salary payments. **Please return this form to the office for processing**

Signed: **Date:**

OFFICE USE ONLY

Date Received in Office: **Passed to Payroll:** Yes ☐ **Processed:** Yes ☐

Signed: **Date:**

Appendix 12 – Availability Checklist Form

Please indicate on the table below which days and times you are available for work by ticking the availability box. For instance, if you are generally able to work Tuesdays between 1100-1400. Put a tick in the Available box under Tuesday for the row 1100-1400.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Available ☐	Available ☐	Available ☐	Available ☐	Available ☐	Available ☐	Available ☐	**0700-1100**
Available ☐	Available ☐	Available ☐	Available ☐	Available ☐	Available ☐	Available ☐	**1100-1400**
Available ☐	Available ☐	Available ☐	Available ☐	Available ☐	Available ☐	Available ☐	**1500-1800**
Available ☐	Available ☐	Available ☐	Available ☐	Available ☐	Available ☐	Available ☐	**1800-2200**

Appendix 13 – End of Employment Questionnaire

End of Employment Questionnaire – Custom Home Care Ltd.					
Name:					
Employee No.:					
Position:					
Length of time with the company:					
1) Will your next job be in a related field? Please tick.				**YES** ☐	**NO** ☐
2) What is your next job? (optional)					
3) Who is your next employer? (optional)					
4) Please rate your satisfaction with the following on a scale of 1-5 (1 = Low 5 = High). Please tick.					
	Low				**High**
Training	1	2	3	4	5
Quality of supervision	1	2	3	4	5
Utilisation of my skills	1	2	3	4	5
Recognition of my achievements	1	2	3	4	5
Co-operative, friendly work environment	1	2	3	4	5
Organisational support	1	2	3	4	5
Overall level of communication	1	2	3	4	5
Communication with co-workers	1	2	3	4	5
Salary	1	2	3	4	5
Benefits	1	2	3	4	5
5) Why are you leaving Custom Home Care Ltd? Please tick.					
Other employment ☐		Medical reasons ☐			
Relocation ☐		Study ☐			
Retirement ☐		Personal ☐			
Comments:					
6) Please check each factor that influenced your decision to leave the agency:					
Salary ☐		Upper management ☐			
Benefits ☐		Lack of organised support ☐			
Advancement opportunities ☐		Lack of organised appreciation ☐			
Retirement ☐		Illness ☐			
Moving ☐		Work-related stress/burnout ☐			
Hours worked ☐		Performance appraisals ☐			
Workload ☐		Client ☐			
Safety factors ☐		Paperwork ☐			
Training ☐		Complex regulations and policy ☐			
Supervision ☐		Court-related issues ☐			

Comments:	
7) Of the reasons you checked in number 6), please indicate your top three.	
Reason 1:	
Reason 2:	
Reason 3:	
8) What would have encouraged you to remain with Custom Home Care Ltd.?	
9) What part of your job did you most enjoy?	
10) What part of your job did you least enjoy?	
11) Would you recommend Custom Home Care Ltd. as an employer?	YES ☐ NO ☐
Comments:	
Additional Comments:	
Signature of exiting employee (optional):	Date:

Thank you for your feedback. Please return the completed form to the Administrative Manager. Your comments are kept in confidence and aggregated with other responses in summary reports.

Recruitment of Ex-offenders Policy Statement

- As a company using the Disclosure and Barring Service (DBS) to assess applicant's suitability for positions of trust, Custom Home Care Ltd complies fully with the DBS Code of Practice and undertakes to treat all applicants for positions fairly. Custom Home Care Ltd undertakes not to discriminate unfairly against any subject of a Disclosure based on conviction or other information revealed.

- Custom Home Care Ltd 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.

- Custom Home Care Ltd has a written policy on the recruitment of ex-offenders, which is made available to all Disclosure applicants at the outset of the recruitment process.

- We actively promote equality of opportunity for all with the right mix of talent, skills and potential and welcome applications from a wide range of candidates, including those with criminal records. We select all candidates for interview based on their skills, qualifications, and experience.

- A Disclosure is requested after a thorough risk assessment has indicated that one is both proportionate and relevant to the position concerned. For those positions where a Disclosure is required, all application forms, job adverts, and recruitment briefs will contain a statement that a Disclosure will be requested in the event of the individual being offered the position.

- Where a Disclosure is to form part of the recruitment process, we encourage all applicants called for interview to provide details of their criminal record at an early stage in the application process. We request that this information is sent under separate, confidential cover, to a designated person within Custom Home Care Ltd and we guarantee that this information is only seen by those who need to see it as part of the recruitment process.

- The nature of all positions within Custom Home Care Ltd allows us to ask questions about your entire criminal record. This covers any offences committed as a juvenile and includes cautions, reprimands and final warnings administered by the Police.

- We ensure that all those in Custom Home Care Ltd who are involved in the recruitment process have been suitable trained to identify and assess the relevance and circumstances of offences. We also ensure 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 1924.

- At interview, or in a separate discussion, we ensure that an open and measured discussion takes place on the subject of any offences or other matters that may be relevant to the position. Failure to reveal information that is directly relevant to the position sought could lead to withdrawal of an offer of employment.

- We make every subject of a DBS check aware of the existence of the DBS Code of Practice and make a copy available on request.

- We undertake to discuss any matter revealed in a Disclosure with the person seeking the position before withdrawing a conditional offer of employment.

On the 29 May 2013, legislation came into force that allows certain old and minor cautions and convictions to no longer be subject to disclosure.

- **In addition, employers will no longer be able to take an individual's old and minor cautions and convictions into account when making decisions.**
- **All cautions and convictions for specified serious violent and sexual offences, and other specified offences of relevance for posts concerned with safeguarding children and vulnerable adults, will remain subject to disclosure. In addition, all convictions resulting in a custodial sentence, whether or not suspended, will remain subject to disclosure, as will all convictions where an individual has more than one conviction recorded.**

Right of Search Policy

Statement

Due to the nature of our business and the legal responsibility the company holds to ensure the welfare of its clients and staff alike, Custom Home Care Ltd. employs a Right of Search Policy.

Searches are random and all employees are subject to be searched unless there is reasonable belief an employee has concealed company property or the property of a client with a view to removing it into their sole possession.

Searches will be carried out by a fully trained manager and a witness, both of whom shall be the same sex as the employee being searched. The witness will be always present to ensure that the search is carried out in line with procedure. The individual being searched has the right to assign their own witness.

The search will be conducted as far as practicably possible out of view from the public and other members of staff.

All searches will be fully recorded by management using a Right of Search Recording Form (Appendix 1). A Director will monitor all search reports to ensure fairness, consistency and that the same staff are not being targeted continually.

Employees will be informed of the reason for the search before it is carried out. A manager will:

- Remind the employee that the company has a policy on conducting random searches.
- Gain the consent of the individual to participate in the search.
- Point out that if an employee refuses to agree to the search, then the company will contact the police and request they undertake the search.
- Indicate that if the employee leaves the premises, having refused to be searched, and before the police arrive, that the refusal will be considered in reaching any disciplinary decision. The normal result of this would be dismissal based on having reasonable grounds for believing the employee had been involved in gross misconduct.

When undertaking a search, the manager will:

- Ask the employee to empty out the item to be searched before checking to see if anything has been concealed. This may be a bag, a car boot or glove box etc.
- On searching a person, ask the individual to undo any cuffs, unroll rolled up sleeves, and remove outer garments such as aprons, waistcoats, shoes, and socks. **Under no circumstances will the manager ask the employee to remove any items of clothing that would expose their underwear.**

- Ask the individual to empty their pockets and where possible turn them inside out to have a clear view of what, if anything, is contained within.
- Possibly ask the individual to turn over their waistband.

The manager must never touch the individual being searched.

If this procedure is not followed or the manager goes beyond the bounds of what is reasonable, the manager may find themselves cited for assault or indecent assault depending on the infringement.

If a manager was cited, this would have grave implication for the company as well as the manager, as the company may be deemed vicariously liable. This implication acts as a counter measure to ensure that any search that is undertaken is carried out with the strictest procedural measures.

Appendix 1 – Right of Search Recording Form

Right of Search Recording Form – Custom Home Care Ltd.			
Employee Name:		**Employee No.:**	
Date of Search:		**Time of Search:**	
Manager Conducting Search:		**Signature:**	
Witness to Search:		**Signature:**	
Employee's Consent to Search			
I hereby consent to allow the above-named manager to conduct a search of my property under the Right to Search Policy of Custom Home Care Ltd. **Signed:**			
Record of Search and Manager's Report			
Record of Material / Property Searched:			
Police called?	YES ☐ NO ☐	**If YES, please state time of call and reference no.:**	
Was the search carried out in accordance with policy?	YES ☐ NO ☐	**Verified and Signed by Witness:**	
Were any item(s) discovered during the search?		YES ☐ NO ☐	
If YES, please list item(s):			
Manager's Report:			
Director's Name:		**Director's Position**	
Director's Signature:		**Date:**	

Sickness, Absence and Annual Leave Policy

Introduction

Sickness Schemes recognise that employees need to be treated in a considerate manner, for them to fully recover from sickness and return to work fully fit.

Custom Home Care Ltd. is aware that employees' absences can place a considerable burden on their colleagues, and any action, which can be taken to reduce this burden, is in the interests of all employees. It is essential that all Line Managers take an active role in managing sickness absence.

We are committed to encouraging good employee attendance levels and we will deal sensitively, consistently, and constructively with all employees.

Policy Aim

The aim of this policy is to:

- Identify the standards of attendance expected.
- Make sure that absence is managed in a fair, sensitive, appropriate, and consistent way.
- Outline the approach that supervisors and managers should take when dealing with long and short-term absence.
- Provide practical support and encouragement to bring about any necessary improvements in attendance.

This policy is not intended to force staff to attend work when they are unfit to do so. It is important, however, that everyone recognises their personal responsibility to achieve an acceptable level of attendance.

General Guidance

This procedure applies to:

- Uncertified or certified short-term sickness absence.
- Long-term absence due to ill health.

We will deal with issues relating to conduct under the Custom Home Care Ltd.'s disciplinary procedure. The following are examples of issues that would normally be dealt with under the disciplinary procedure.

- Failure to follow workplace procedures in reporting sickness absence.
- Where absence forms a repeated pattern, such as days off before and/or after weekends / bank holidays.
- Where there is evidence that you are not actually ill.

General Responsibilities

Office Staff

Office staff are responsible for monitoring absence within their team, conducting return to work meetings following any period of absence. Appropriate action must be taken to manage absence levels within their team.

- Where the level of attendance is unsatisfactory, the office staff member must review the situation with the employee and provide support as appropriate. They must also set review dates and monitor progress accordingly.
- Office staff members may issue formal warnings but where there is a possibility that the outcome of the formal action will be dismissal, a senior manager must chair the formal hearing.

Employees

Employees should make every effort to ensure that their level of attendance meets the required standard and, where appropriate, take advantage of any support identified (such as attending occupational health appointments) to ensure satisfactory attendance.

The Right to Be Accompanied

The formal stages of this procedure are set out in Stages 1, 2, 3 and 4 and do not include return to work meetings.

Employees have the right to be accompanied at any **formal** stages of the procedure by either a full-time official of a recognised trade union or a colleague of Custom Home Care Ltd. Employees have no right under this procedure to be accompanied by anyone else, such as a family member, friend, or legal representative.

The only exceptions to this rule are:

- Where the employee has been absent due to long-term ill health and your ill-health retirement is being considered, in which case they may need the support of a family member, friend or medical practitioner.
- Where it would be a reasonable adjustment under the Disability Discrimination Act to allow appropriate external support.

Statement on Jury Service

If a staff member is absent from work because they are called for jury service, Custom Home Care Ltd. is obligated to allow this to take place. We do, however, ask that the staff member keeps the company informed as to the length of time the service is liable to continue. Should there be any extenuating circumstances that may result in double pay or loss of pay, the Board of Directors will use their discretion regarding this matter to ensure the employee is not out of pocket.

Attendance and Ill Health

- There may be various factors both within and outside the workplace that can affect an employee's health and wellbeing.
- Each case must be judged on its merits. We will provide managers with guidance so that they can deal with these issues appropriately. We will only use the formal stages of this policy in situations where either the frequency or the duration of the employee's sickness absence is an issue.
- Office staff members will find it helpful to keep secure records showing the duration and reasons for all periods of sickness absence. These records will allow senior managers to monitor sickness absence levels and enable problems to be addressed at an early stage.
- Pregnancy-related sickness will be recorded in the normal way, but no formal action should be taken in respect of pregnancy-related absence. It may be necessary for Custom Home Care Ltd. to obtain information from a GP to ascertain the likely duration and/or frequency of absences.
- Disability-related absence must be managed in a way that does not breach the Disability Discrimination Act 1995. Office staff members must get advice from senior managers when dealing with disability-related absence.
- If you choose to have elective surgery where there is no pressing medical need, for example cosmetic surgery, you must take annual leave for the duration of the absence. If further time off is required for recuperation, Statutory Sick Pay (SSP) will be paid during the absence.

Sickness Absence Procedure

Outline

- If a member of staff is ill and they are due to attend work or a training course, they must phone the office or the On Call Individual out of office hours.
- If a member of staff fails to attend a training course due to sickness, then the staff in the training department will notify the staff member's line manager.
- Employees will normally be expected to provide information about their illness together with some indication of how long they are likely to be absent from work. Custom Home Care Ltd. acknowledges that employees may not be able to be specific, but they will have some indication bearing in mind the nature of the illness, severity of symptoms etc.
- Staff are expected to contact the office or on-call personally, and only in exceptional circumstances will it be acceptable for someone else to contact the company on behalf of the employee.
- Notification of sickness by text of email is not acceptable.
- The initial contact about sickness absence sets the agenda for further contact between the employee and office staff, and so it is important that staff adhere to the requirement to make personal contact. If employees are unable to give any idea of the length of absence, then regular contact should be made to inform the line manager of progress. Regular contact should be made during any sickness absence which will be important in helping to clarify the arrangements for return to work and inclusion in rotas.
- Ongoing absence where no contact is made and where the absence is not covered by certification (self or fit note) will be regarded as unauthorised absence which could result in disciplinary action including the possibility of dismissal.

Initial Absence (1 to 7 days)

- A self-certification form – either provided by Custom Home Care Ltd. (Appendix 1) or obtained through the following link: https://www.gov.uk/government/publications/statutory-sick-pay-employees-statement-of-sickness-sc2 . This form will be required for any sickness absence for up to seven (7) consecutive calendar days.
- Custom Home Care Ltd. may also request a medical certificate for absences of less than seven (7) calendar days when it feels that additional confirmation of illness is required.
- Any absence due to sickness, including cancelled overtime due to sickness, will be included as sick and therefore will require a form and return to work interviews.

Continuing Absence (Long-Term – 8+ days)

- A continuing absence of eight (8) days or more will require a medical certificate from a GP (fit note).
- Any certified absence (doctor's note) must run consecutively. If medical certificates do not run consecutively, the missing period may be recorded as unauthorised absence and may incur disciplinary action.
- If an employee has a doctor's note that is for more than one week, the employee must obtain a signing off note before returning to work. This is a sick note that specifies a date on which the employee is fit to return to work rather than the period the employee should refrain from work.
- Employees who have been admitted to hospital will be able to ask for an in-patient certificate to confirm their period of hospitalisation which will be accepted by Custom Home Care Ltd.
- Employees will be expected to make regular contact throughout a period of long-term sickness to apprise the company of their progress. A telephone call by the employee once a week to an office staff member is considered regular contact. In exceptional circumstances only, a representative of the employee may make contact.

Long Term Sickness and Implications for Holiday Entitlement

- If an employee is off on long term sickness and is unable to take their full leave entitlement, they may be able to carry over a maximum of nine (9) days into the following financial year.
- A request to carry over holiday entitlement due to sickness (see Appendix 3) must be completed and approved by the Administrative Manager.
- If an employee is absent for longer than twelve (12) months due to sickness, the employee will not accrue any annual leave during the period of absence.
- If an employee wishes to take annual leave whilst they are absent due to sickness, they must obtain a letter from their doctor (at the employee's own cost), stating that the annual leave requested will not be harmful to their recovery. This will be treated as annual leave for the duration of the holiday period and normal arrangements for booking annual leave must be followed.
- If an employee falls sick during annual leave, they will be treated as being on sick leave from the date of a doctor's note and re-credited with annual leave, self-certification will not be sufficient.

Medical Suspension

- If an employee attends work and their Line Manager or a manager has genuine concern for their state of health, he or she may decide to suspend the employee from duty (being sent home sick).

- The decision to send an employee home sick will be taken as a last resort, and only after discussion with the employee regarding the concerns for their wellbeing and a request for the employee to seek medical advice and a sickness certification.
- If the employee refuses, the Line Manager, or other manager can decide to suspend the employee on medical grounds, usually after discussion with one or more of the Directors and the following issues have been fully considered:
    - The severity of the employee's health problem.
    - The possible effects on the employee's work if they continue duty.
    - The possible effects on clients and other employees etc. if the employee continues duty.
- If the Line Manager or other manager decides to suspend an employee on medical grounds, they must advise the employee of the following:
    - The employee must remain contactable and available during normal core hours (9am – 5pm) to attend a meeting(s) as required.
    - The employee must notify the Administrative Manager immediately if they change address or phone number during the period of suspension.
- The Administrative Manager will write to the employee confirming and summarising the reason for the medical suspension.
- An office staff member and a Director will review the employee's suspension every five (5) working days and confirm the outcome of the review in writing.
- As an alternative to suspension, an office staff member or manager may consider limiting the duties of the employee or transfer the employee to another area of work depending on the nature of the medical issue (light duties).
- With exception, having suspended an employee on medical grounds, an office staff member in discussion with one or more Directors, must refer the employee to a G.P. for a medical assessment who can determine the employee's ability/fitness to work. An example of an exception includes medical issues such as a viral infection (e.g., 'flu), where it would be inappropriate on health and safety grounds for an employee who has contact with elderly or immune to compromise clients/staff by being at work.
- The employee's suspension will end when they have been given medical clearance to work.
- All Custom Home Care Ltd. employees have a contractual obligation, whilst on medical suspension, to attend a medical examination on request. If the employee refuses this request, the employee will be informed that they need to provide Custom Home Care Ltd. with an appropriate medical assessment as evidence that they are fit to return to work. However, this does not mean that Custom Home Care Ltd. cannot seek a second opinion.

- If the employee continues to refuse to provide an appropriate medical assessment, Custom Home Care Ltd. will base decisions on continuing employment on the information available.

Recording Absence

- Line Managers will be required to keep a confidential record of absences due to sickness for Care Workers under their purview to ensure the smooth running of the service.
- The office-based managers will be responsible for recording absence using the available tools in the Access Care Planning software. See Appendices 4 and 5 for examples of unavailability data due to absence.
- The Administrative Manager analyses the data and is responsible for keeping accurate return to work data. Line Managers are required to provide staff absence information to the Administrative Manager for the analysis of data to:
    - Understand the underlying causes of absence by examining trends and patterns in absence-taking.
    - Prioritise action towards those employees who have the highest levels of absence.
    - Feed absence statistics back to employees and managers.
    - calculate an estimate of the benefits of absence management strategies and other interventions designed to reduce absence (e.g., stress management interventions)
    - Estimate the costs of absence to the organisation.
    - Put together absence statistics for external benchmarking against other organisations.
- For each period of absence relating to sickness, an Individual Absence Record will be filed in the employee's Personnel File (Appendix 6).
- For periods of absence relating to training, holiday, bereavement etc., the overall absence record is sufficient.

Dealing with Short-Term Absence (1-7 days)

Return to Work Meeting

- Following any period of sickness, an office staff member or Administrative Manager will meet with the employee to:
    - Welcome the employee back to work.
    - Ask how the employee is and to discuss the reason for the employee's sickness absence.
    - Discuss, if appropriate, whether the absence was due to any underlying or long-term health condition.

- Discuss, if appropriate, whether the employee's absence was work related and whether Custom Home Care Ltd. can make any adjustments to assist the employee, such as if the employee's current workload was a contributing factor to their absence, and to discuss if the reduction of this could be beneficial to both the employee and Custom Home Care Ltd.
- Discuss, if appropriate, whether Custom Home Care Ltd. can provide support to help the employee continue to attend work. Consider factors such as the possibility of stress, hazards, bullying/harassment, employee shortages, job design, size etc.
- Remind employees of the need for good attendance to maintain efficient service delivery.
- Certify the self-certification form provided by the employee.
- Discuss whether the employee is still taking or needs to take medication, if so, whether there are any side effects or implications whilst at work such as the ability to drive. If the employee is on medication with side effects, a medication form must be filled in to be filed in the employee's Personnel File by the Administrative Manager (Appendix 7 – Notification by Employee of Medication Side Effects).
- Update the employee on any relevant matters that may have occurred whilst they were absent.

- If an employee was absent for a reason which they are uncomfortable speaking to their Line Manager about in a return-to-work meeting, the employee should contact the Administrative Manager and it may be possible to arrange the meeting with an individual with whom the employee feels comfortable.
- Return to work meetings should take place as soon as possible after the employee returns to work following a period of sickness absence. Unless not practical due to sickness, leave or pre-arranged business reasons, the return-to-work meeting should take place within 2 days of the employee's return. If the employee's usual Line Manager is unavailable, another Line Manager or manager can undertake the meeting.
- Details of sickness must be recorded on the self-certification form and the return-to-work meeting form (Appendix 1 and 2). The Line Manager may keep a copy for their own records and a copy will be sent to the Administrative Manager to go in the employee's Personnel File.

The Informal Stage

- An informal approach will be the first step when an employee returns from sickness. This will take place as a return-to-work meeting arranged by the Line Manager or Administrative Manager and a Return-to-Work Form will be completed (Appendix 2).
- The purpose of any informal meeting between the employee and the Line Manager is to identify and examine any areas of concern, and to make sure that the employee clearly understands future expectations regarding attendance.

- The Line Manager should keep a note of any meetings (such as a diary note), but other than the self-certification and return to work meeting form, no record or details of the meeting will be kept on the employee's personnel file.

The Formal Process – Managing Attendance, Capability at Work (MACAW)

- It is essential that Custom Home Care Ltd. deals with frequent and persistent absence promptly, firmly, and consistently to demonstrate to all employees that Custom Home Care Ltd. regards absence as a serious matter. If an employee is frequently and persistently absent, the formal procedure will ensure that Custom Home Care Ltd. takes the appropriate action.

- Where concern is expressed and an employee has breached sickness absence parameters after an informal meeting, the Formal Stage of the Sickness Review will be triggered. The sickness absence parameters are as follows:

  - Three (3) periods of sickness in six (6) months or an absence totalling ten (10) working days or more in the last twelve (12) months.
  - 6 periods of sickness in six (6) months.
  - 12 periods of sickness in twelve (12) months.
  - Or there appears to be a pattern to the days the employee has been absent (e.g. consistently sick on a Saturday).

The Formal Stage

Stage 1

- Line Managers or managers will always arrange to have a Stage 1 meeting with anyone who has hit the sickness absence trigger points.
- The meeting will allow the Line Manager of Manager to consider if it is appropriate to issue the employee with a verbal warning regarding attendance.
- The Line Manager or manager will write to the employee confirming that a Stage 1 meeting will take place. A sample letter can be seen in Appendix 8.
- The letter confirming arrangements for the disciplinary interview will give the employee at least seven (7) working days' notice of the interview, give details of the sickness absence, and remind the employee of their accompaniment rights.

- The interview will be carried out by the Line Manager who will be accompanied by either the Administrative Manager or the Registered Manager.
- After hearing the reasons for sickness, the Line Manager or manager may deem it appropriate to register with the employee that their absences are a cause for concern and will issue a verbal warning.
- The following points are to be taken into consideration regarding action to be taken:
  - The employee's absence record.
  - The fairness, consistency and merits of the information presented during the meeting.
  - The efforts the employee has taken to improve their attendance.
  - The extent to which the employee may have contributed to the situation, such as not attending medical appointments etc.
  - The requirements of employment legislation which states that the employer must act reasonably and treat each case fairly and on its own merits.
  - The status of warning that the employee is currently under.
- The Administrative Manager will issue a written confirmation of the verbal warning. This will be kept on the employee's Personnel File for three (3) months.
- It is stressed that at this stage, the employee should be properly advised, and they should be informed what is expected of their future attendance at work.
- The interview and notes should clearly outline the expected improvement, the time within which that improvement is to be attained, how that improvement will be assessed and by whom, and what will be the likely consequences of not achieving such improvement.
- A date should be set to review the position depending on the individual circumstances.
- **N.B.**: At the review, if sufficient improvement has been achieved then the employee should be advised accordingly and reminded of the parameters that will trigger any further line manager intervention. If there has not been sufficient improvement, then action should follow in line with stages 2 to 4 of the Formal Sickness Interview procedure. In insufficient improvement cases then action will probably be generated by further sickness absence before the end of the agreed review period. Line Managers will therefore need to be alert to such absences and arrange to liaise promptly with the Administrative Manager and Registered Manager.
- **Any warnings issued under Custom Home Care Ltd.'s Disciplinary Procedure are not relevant or applicable to managing sickness absence.**

Stage 2

- If the employee's attendance does not improve sufficiently after the Stage 1 interview procedure and one of the parameters has again been breached, the Line Manager or manager may decide in consultation with the Administrative Manager to start proceedings for a Stage 2 interview.
- The Administrative Manager will gather evidence from the employee's attendance history to show insufficient improvement or no improvement has been made in attendance.
- A letter will be sent to the employee confirming arrangements for a Stage 2 interview and must give the employee at least seven (7) working days' notice. The letter must also detail any concerns managers have regarding attendance and remind the employee of their right to have a Trade Union representative present at the meeting (Appendix 9).
- During the interview, the following procedure will ensure Custom Home Care Ltd. takes the appropriate action.
    - If appropriate, the Line Manager or manager may have referred the employee to an Occupational Therapist.
    - If this medical opinion confirms that the employee has an underlying medical condition, the Line Manager or manager should ensure that recommendations are followed, and the employee receives sufficient support. The employee should be informed that their attendance will continue to be monitored. The existence of an underlying medical condition does not preclude a first written warning being issued if attendance continues to be unsatisfactory.
    - If the medical opinion confirms that there is no underlying or substantial health reason for the absences, or there has been insufficient improvement in the employee's attendance since the Stage 1 warning, the employee may be given a first written warning (Appendix 10). A copy of the warning letter will be kept in the employee's Personnel File.
- The employee will then be allowed a twelve (12) month review period for improvement in attendance. If at the conclusion of this period, the employee has reached the required standard of attendance, the Line Manager or manager will inform the employee in writing that no further action will be taken.
- If the employee's attendance continues to be unsatisfactory, Custom Home Care Ltd. will move proceedings on to Stage 3.

First Written Warning – Stage 2

- If, following Stage 1 of the procedure, the employee's attendance does not improve sufficiently, they may be given a first written warning.
- The first written warning informs the employee that their absence record is viewed as a serious matter and one that the employee and their Line Manager or manager must address.
- The employee will be informed in writing of:

- The reason for the warning.
- The details of the review period.
- The standard of attendance expected.
- The consequences of failing to meet the specified improvements.
- The right of appeal.

- The employee will also be informed that the warning will remain in place for up to twelve (12)months.
- The employee's Line Manager or manager can, at any point, refer the matter to a further formal meeting if the employee does not make sufficient improvement in attendance.
- If the employee has reached an appropriate standard by the conclusion of the review period, the Line Manager or manager will inform the employee in writing that no further action will be taken.

Stage 3

- If the employee's attendance does not improve sufficiently following Stage 2, Custom Home Care Ltd. will progress the employee to the next stage of the procedure.
- The Line Manager or manager will write to the employee to confirm that a Stage 3 meeting will take place (Appendix 11).
- If it is found that the employee's attendance has not reached the required standards, the employee may be issued with a final written warning (Appendix 12). A copy of this warning letter will be kept on the employee's Personnel File for twelve (12) months.
- If, at the end of the period allowed for improvement, the employee has reached the required standard of attendance, the Line Manager or manager will inform the employee in writing that no further action will be taken. However, if the employee has further absences, the Line Manager or manager will refer the employee to the final stage of the sickness and absence policy.

Final Written Warning - Stage 3

- If the employee has already had a first written warning and their attendance has not improved sufficiently, the employee may be given a final written warning.
- A final written warning notifies the employee that if their attendance does not improve to an acceptable level within the specified time, they will be invited to a further meeting at which Custom Home Care Ltd. will consider whether to terminate the employee's contract of employment with the company.
- The employee will be informed in writing of:
  - The reason for the warning.
  - The details of the review period.
  - The standards of attendance expected of the employee.

- The consequences for failing to meet specified improvements, which may be the termination of your contract of employment.
- The right of appeal.

Stage 4 – Dismissal

- If an employee has already been given a final written warning and their attendance has not improved over the review period, despite encouragement and assistance from the Line Manager or manager, a further formal meeting will be held.
- Custom Home Care Ltd. could decide at this meeting to terminate the employee's contract of employment on the grounds that the employee is incapable of attending work on a regular basis due to health reasons.
- If Custom Home Care Ltd. decides to dismiss the employee, they will be informed in writing of:
  - The reason for the decision.
  - The period of notice the employee is entitled to.
  - The date from which the dismissal is effective.
  - Arrangements for the employee's final pay, and any outstanding leave.
  - The employee's right of appeal.
- An example of a letter of dismissal can be seen in Appendix 13.

Right of Appeal

First/Final Written Warning

- If an employee wishes to appeal against their first/final written warning, they must do so in writing.
- This letter must be sent to the Chair who heard the case in the interview stages within ten (10) working days of receiving the first/final written warning.
- Where possible, Custom Home Care Ltd. will hear the appeal within fifteen (15) working days of receiving the request.
- Where possible. The appeal will be heard by a manager more senior than the original Chair.

Dismissal

- If an employee wishes to appeal against dismissal, they must do so in writing to the Managing Director within ten (10) working days of receiving the letter confirming dismissal.

- The Managing Director will then set up an appeal panel which will include at least two Directors of Custom Home Care Ltd.
- As far as possible the appeal will be heard within thirty (30) working days of receiving the request.
- Custom Home Care Ltd. will deal with all appeals internally and, after such an appeal, the employee will have no further right of internal appeal. However, the employee does have the right to apply to an employment tribunal.

Dealing with Long-term Sickness Absence

Process

- If an employee is absent on long-term sickness absence (more than eight (8) days or a pro-rata equivalent for part time staff), the following procedure will make sure that the appropriate action is taken.
- Before taking any action about the employee's employment, the Line Manager or manager must establish the current medical opinion on the employee's state of health. The employee may be referred to a GP at this time and a medical report from the employee's GP may be requested in the first instance.
- Custom Home Care Ltd. will ask for the employee to consent to us requesting a medical report from the employees GP. You will be informed of your rights under the Access to Medical Reports Act 1988.
- If the employee refuses to co-operate, either to provide medical evidence or to submit to an independent medical examination, we will base our decision on the information we have available, and this may result in the employee's dismissal.
- Having received medical evidence, or in the absence of such evidence if the employee has refused to co-operate, Custom Home Care Ltd. will arrange a formal meeting with you, as set out in the section dealing with short-term absence, to discuss your health and absence from work. The meeting will either be held at work, the employee's home, or another suitable venue, whichever is most convenient for the employee.
- If, according to medical opinion, the employee is likely to return to work in the foreseeable future, the Line Manager or manager will discuss the following issues with the employee at the formal meeting:
    - How best to arrange the employee's return to work, for example, a gradual return (perhaps three (3) days a week to start), bearing in mind the service requirements of Custom Home Care Ltd.
    - Whether it would be feasible to make temporary adjustments to the employee's current job, such as altering hours or days of work, redistributing work duties and, if appropriate, adjusting the employee's physical work environment (such as raising the employee's desk).

- If, according to medical opinion, it is unlikely that the employee will be able to return to work or to their normal duties in the foreseeable future, the company will discuss the following options with the employee:
    - Making permanent adjustments to the employee's current job if appropriate, such as altering hours or days of work, redistributing duties and making adjustments to the physical work environment.
    - The possibility of redeploying the employee to another appropriate post within Custom Home Care Ltd. on the same salary and terms and conditions as the employee's current post. This may only be possible if a current opening is available in a different area of the company, however, we will make every reasonable effort to find alternative employment.
- If Custom Home Care Ltd. is unable to keep the employee's job position open any longer and, after taking medical advice, we cannot make any reasonable adjustments or find any suitable alternative work for the employee, we will inform the employee of the likelihood that the employee will be dismissed on the grounds of incapability.
- Custom Home Care Ltd. only considers dismissing an employee on the grounds of incapability due to ill health when we have considered all the available facts and medical reports and investigated the following factors:
    - Current medical opinion shows that the employee is not able to return to their substantive post in the foreseeable future.
    - It has not been possible for Custom Home Care Ltd. to make any reasonable adjustments to the employee's existing post.
    - The employee's medical condition prevents the employee from being redeployed to another job within Custom Home Care Ltd.
    - The employee has refused to consider or accept suitable alternative employment within Custom Home Care Ltd., where available.
- If Custom Home Care Ltd. decides to dismiss the employee, the normal conditions for the company giving the employee notice applies, even though, in practice, the employee may not be able to work their notice.
- Custom Home Care Ltd. may dismiss the employee at any time as long as the company has evidence of the employee's incapability as outlined above.
- The decision to dismiss the employee will be confirmed in writing.
- The employee has the right to appeal against the decision to dismiss them on the grounds of incapability. Any appeal must be made in writing to the Managing Director within ten (10) working days of receiving the dismissal letter.

- Independent of, and separate to the decision to dismiss the employee, Custom Home Care Ltd. can explore options to retire the employee on grounds of ill health if the employee is eligible for such.

Retirement on the Grounds of Ill Health

- Under their normal arrangements for such matters, the administrators of Custom Home Care Ltd.'s Pension Scheme will consider the GP's recommendation that the employee should be permanently unfit for work.
- If it is decided that the employee is incapable of performing the duties and responsibilities of their substantive post due to permanent ill health, Custom Home Care Ltd. will arrange a home visit or a meeting at some other mutually agreed location so we can explain the decision to the employee.
- The administrators of the Pension Scheme in consultation with medical advisors may decide that the employee is permanently unfit to carry out their normal duties, but they may recommend that Custom Home Care Ltd. look for suitable alternative employment opportunities for the employee. In this case, Custom Home Care Ltd. will make every effort to redeploy the employee within the company, even if the work is not at the same level as the employee's current salary.
- The Disability Discrimination Act 1995 states that employers must make reasonable adjustments wherever possible. If Custom Home Care Ltd. does not have any suitable alternative employment available, the employee may be eligible to retire on the grounds of ill health.
- If medical retirement is recommended, Custom Home Care Ltd. will write to the employee to arrange a meeting to confirm this decision and advise the employee of the right to be accompanied at the meeting.
- At the meeting, Custom Home Care Ltd. will explain that the company is serving the employee with a notice to terminate their employment on the grounds of ill health.
- The employee will have the opportunity to respond, and the employee will also have the right to appeal against the decision.
- Custom Home Care Ltd. will confirm the decision in writing.
- Any appeal against a dismissal on the grounds of ill health retirement must be sent to the Managing Director within ten (10) working days of receiving written confirmation of the decision.

Procedure for Managing Meetings at Stages 2, 3 and 4 of the Sickness and Absence Policy

Preparation for a Meeting

- If a Stage 1 warning has not led to the improvement of an employee's attendance, Custom Home Care Ltd. will have to follow the formal stages of the procedure.

- Custom Home Care Ltd. will write to the employee at least five (5) working days prior to the date set for the formal meeting to discuss the issue of the employee's absence record (unless otherwise mutually agreed).
- The letter should contain any supporting information relating to the attendance issue such as the dates of the employee's absences and a record of any previous meetings. E.g., the date of any informal meeting(s).
- The letter will also give details of the individuals who will be present at the meeting. This will normally be the employee's Line Manager and a manager with the next level of responsibility in the role of Chair. Meetings at Stage 4 will be chaired by a manager at the level of Director.
- The letter will also inform the employee that they have the right to be accompanied at the meeting by a trade union representative or a Custom Home Care Ltd. colleague.
- The letter will also inform the employee that, after due consideration of all the facts and circumstances, Custom Home Care Ltd. may take formal action against the employee. If the hearing is a Stage 4 meeting, the letter must confirm that dismissal is a possible outcome of the hearing.
- If the employee's trade union representative or colleague cannot attend on the date proposed for the meeting, the employee can suggest an alternate time and date for the meeting, as long as it is within five (5) working days of the initially proposed date.
- If the employee suggests an alternate date, they should consider the availability of the other people required to attend. For instance, it would not be reasonable to propose a new date when the employee knew their manager would be unavailable.

Conduct for Formal Meetings

- Normally, formal meetings will be conducted in line with the procedure outlined below. In certain situations, however, such as if the employee is suffering from long-term ill health, it may not be appropriate to adopt such a formal process. In such cases, the Line Manager or manager will agree changes to the approach with company directors prior to the meeting.
- After discussion with the Directors and the employee's representative, the Line Manager or manager can use their discretion to adopt the following procedure as appropriate.
- Guidance for the Chair on the process of conducting meetings (and specifically Stage 4 meetings) can be found in Appendix 14 of this Policy.

Additional Sickness Considerations

Communicable Diseases

- Where an employee is known to be suffering from a communicable disease (e.g., malaria, tuberculosis, hepatitis, Covid-19), the employee may be removed immediately from duty.
- The employee shall remain excluded from work until medical advice is received stating it is appropriate for the employee to return to work.
- These statements do not affect the rights of those individuals diagnosed as suffering from a communicable disease but are designed to protect colleagues and clients from any possible risk.

Sick Pay

- Custom Home Care Ltd. does not offer a company sick pay scheme at the time of the writing of this Policy.
- All employees are entitled to apply for Statutory Sick Pay. Forms are available in the office from the Administrative Manager or available for download from www.gov.uk. **N.B**. Statutory Sick Pay does not start until the fourth day an employee is off sick, so the employee will not receive payment for the first three (3) days of sickness.
- Custom Home Care Ltd. does, however, reserve the right to use Employer's Discretion regarding payment when an employee is ill.
- The decision to pay an employee if they are ill will depend entirely on the nature of the sickness absence and the circumstances of the employee.
- Custom Home Care Ltd. will **not** discriminate against any individual when choosing to pay or not pay sick pay. Each case will be dealt with on an individual basis and reviewed by a committee of Directors.
- An employee will not be eligible for Employer's Discretion for the first ten (10) days of their period of sickness and must apply for normal Statutory Sick Pay.
- Employer's Discretion to pay sick pay will generally only be granted under exceptional circumstances or if the individual or their dependants are liable to suffer extreme hardship.
- Application for Employer's Discretionary sick pay will not be accepted if absence is due to the employee undertaking adventure or dangerous activities such as, but not limited to, competitive sports (football, boxing, rugby etc.), parachuting, paragliding, skiing, hang-gliding, abseiling, bungee-jumping, mountain climbing etc.
- Employees who engage in adventurous or dangerous activities should consider taking out their own personal insurance policies to replace lost income due to injury.

- A request to be considered for Employer's Discretion must be made in writing to the Managing Director. If an employee is unable to complete a written request, Custom Home Care Ltd. will accept a written request from the employee's representative.
- If an employee is absent from work due to a workplace incident for which Custom Home Care Ltd. has been judged liable, then the employee has the legal right to make a personal injury claim under current laws.
- In cases where absence is due to third party involvement (e.g., road traffic accident where the employee is to receive compensation), and the employee has applied for Employer's Discretionary sick pay, Custom Home Care Ltd. will seek to recover payments made during absences. Employees who make a claim for compensation must make their Line Manager or manager aware of this provision.

Custom Home Care Ltd. will review its Policy on sickness, absence, and sick pay as a matter of course, and inform all employees of any changes made to the Policy in writing.

Annual Leave

Annual Leave Entitlement

- The Company leave year runs from the 1st of April to the 31st of March.
- Employees are entitled to twenty-eight (28) days paid annual leave.
- This entitlement includes the 8 bank holidays in each year.
- Excluding the eight (8) bank holidays, the twenty (20) days represent four (4) weeks paid holiday for someone working five (5) days a week. Should an employee only work two (2) days a week then their holiday entitlement will be two (2) days x four (4) weeks holiday = eight (8) days paid leave.
- Non-Statutory days will be accrued throughout the year at a rate of one and three quarter (1.75) days per month.
- If an additional bank holiday is declared by the Government for special reasons (e.g., Royal wedding, National Day of Mourning etc.), Custom Home Care Ltd. is not obliged to honour payment of this additional holiday and it must be taken as part of the employee's normal holiday entitlement.
- If an employee is scheduled to work on a bank holiday, they will be paid time and a half for the day and the day deducted from their entitlement. If an employee is not scheduled to work but the day does not fall on their regular RDOs, the employee will be paid holiday pay. If the employee is not scheduled to work and the day falls on their regular RDO, they may take the holiday day at another time.

Requests for Time Off

- Employees are required to give four (4) weeks' notice for planned leave and fill in an application for annual leave form (Appendix 15). Forms are available from Line Managers or the Administrative Manager.
- Shorter periods of notice may be considered under exceptional circumstances and must be made in writing to the Administrative Manager.
- Substituting annual leave for sickness absence will not be accepted. Some employees may think about taking annual leave when they are ill, but this will hide any real patterns of sickness under the absence monitoring procedures outlined in this Policy.
- Annual leave during sickness absence is not normally accepted, however in some circumstance it may be in the employee's best interests. If an employee wishes to take annual leave whilst they are absent due to sickness, they must obtain a letter from their doctor (at the employee's own cost), stating that the annual leave requested will not be harmful to their recovery. This will be treated as annual leave for the duration of the holiday period and normal arrangements for booking annual leave must be followed.
- If an employee falls sick during annual leave, they will be treated as being on sick leave from the date of a doctor's note and re-credited with annual leave, self-certification will not be sufficient.

Compassionate Leave

- There is no current statutory requirement for Compassionate Leave to be paid. However, Custom Home Care Ltd. understands that if an employee suffers bereavement this is a very difficult time, and the company will therefore grant a paid compassionate leave of three (3) days.
- The employee will need to fill in a Request for Compassionate Leave form and submit it to their Line Manager or the Administrative Manager for approval by a Director (Appendix 16).
- If an employee suffers a bereavement, they will be entitled to compassionate leave following the death of:
    - Spouse or the person you live within a stable relationship.
    - Father, mother, brother, sister, child, or grandchild.

Appendix 1 – Statutory Sick Pay Form

HM Revenue & Customs

Statutory Sick Pay (SSP)
Employee's statement of sickness

About this form

Statutory Sick Pay (SSP) is money paid by employers to their employees who satisfy the conditions for payments when they are ill and unable to work.

Please fill in 'Your statement' below when you have been sick for four days or more in a row.

Your statement

About you

Surname or family name

First name(s)

Title – enter MR, MRS, MISS, MS, or other title

National Insurance number

Date of birth *DD MM YYYY*

Clock or payroll number

About your sickness. *Please give brief details*

What date did your sickness begin? *DD MM YYYY*

What date did your sickness end?
If you do not know, please leave this blank.
DD MM YYYY

The dates you put in these two boxes may be days you do not normally work. If you are sick for more than seven days, your employer may ask you for a medical statement of fitness for work 'fit note' from your doctor.

What date did you last work before your sickness began?
DD MM YYYY

What time did you finish work on that date?
(enter time in 24 hours)

Was your sickness caused by an accident at work or an industrial disease?

No ☐ Yes ☐

If you answered 'Yes', you may be able to get Industrial Injuries Disablement Benefit. If you want information about claiming this benefit, ask at any Jobcentre Plus office or go to ***www.gov.uk***

Signature

Date *DD MM YYYY*

Phone number

What to do next

Please:

- give your completed form to your employer. It will help them to decide if you can get SSP
- keep a copy for your own information.

If you can get SSP, your employer will pay you in the same way they usually pay your wages.
If you cannot get SSP, your employer must give you form SSP1 to tell you why. You can use form SSP1 to support a claim for Employment and Support Allowance.

If you disagree with your employer's decision you can ask HM Revenue & Customs for a decision about your entitlement. You must do this within six months of the first day that you are notified of your employer's decision. Phone our Statutory Payments Disputes Team on **03000 560630**.

Please turn over

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Appendix 2 – Return to Work Form

Strictly Confidential

Custom Home Care Ltd. – Return to Work Form

Full Name:					
Employee No.:					
Position:					
1. First date of absence:		Last date of absence:			
2. Was the absence related to a previous absence?			**YES**		**NO**
3. Reason for absence:					
4. Is there any possibility of a recurrence?			**YES**		**NO**
5. Did you visit a doctor?			**YES**		**NO**
If **YES**, give details of doctor and surgery:					
6. Is further medical treatment required?			**YES**		**NO**
If **YES**, give details, e.g. medication, side effects, any work implications?					
7. Any work problems which are connected to the absence?			**YES**		**NO**
If **YES**, what are they and what can be done to alleviate them?					
8. Self-certification form completed?			**YES**		**NO**
9. General comments from Shift Supervisor/Manager – including agreed action (continue on addition sheet provided if required).					
10. Comments by employee:					

Sickness History		
Number of **short term** absences (1-7 days) in the last **3 months**	Instances:	No. Days:
Number of **long term** absences (8+ days) in the last **3 months**	Instances:	No. Days:
Number of **short term** absences (1-7 days) in the last **12 months**	Instances:	No. Days:
Number of **long term** absences (8+ days) in the last **12 months**	Instances:	No. Days:

Employee Signature:		**Date:**	
Interview conducted by:			
Signed:		**Date:**	

Return to Work Form © 2014 Custom Home Care Ltd.

Strictly Confidential

Continuation Form – enter the no. of the question you are responding to in the box on the left.

Appendix 3 – Request to Carry Over Annual Leave Form

Request to Carry Over Annual Leave – Custom Home Care Ltd.

In exceptional circumstances due to sickness or service requirements, annual leave may be carried forward into the first **3 months** of the next annual leave year provided the employee agrees to defer their leave. Complete in **BLOCK CAPITALS** and tick appropriate boxes.		
To be completed by the employee		
Surname:		**First Name(s):**
Employee No.:		**NI No.:**
In accordance with provisions of Custom Home Care Ltd.'s Sickness, Absence and Annual Leave Policy (Nov. 2014), I hereby notify my employer that I intend to carry over Annual Leave.		
No. days carried over:		**No. hours carried over:**
Reason for the carry over of Annual Leave:		
Signature:		**Date:**
To be completed by the Administrative Director		
I have checked the relevant supporting documentation required for the leave request and confirm that the leave required complies with the terms outlined in Custom Home Care Ltd.'s Sickness, Absence and Annual Leave Policy (Nov. 2014).		
Application Approved:	**YES** ☐	**NO** ☐
Name:	**Signature:**	**Date:**
Telephone:		**Mobile:**
Email Address:		
Comments:		
OFFICE USE ONLY		
Personnel File updated:	**YES** ☐	**Name:**
Signature:		**Date:**

Appendix 4 – Example of Custom Home Care Ltd.'s overall absence record

Staff availability for [redacted]

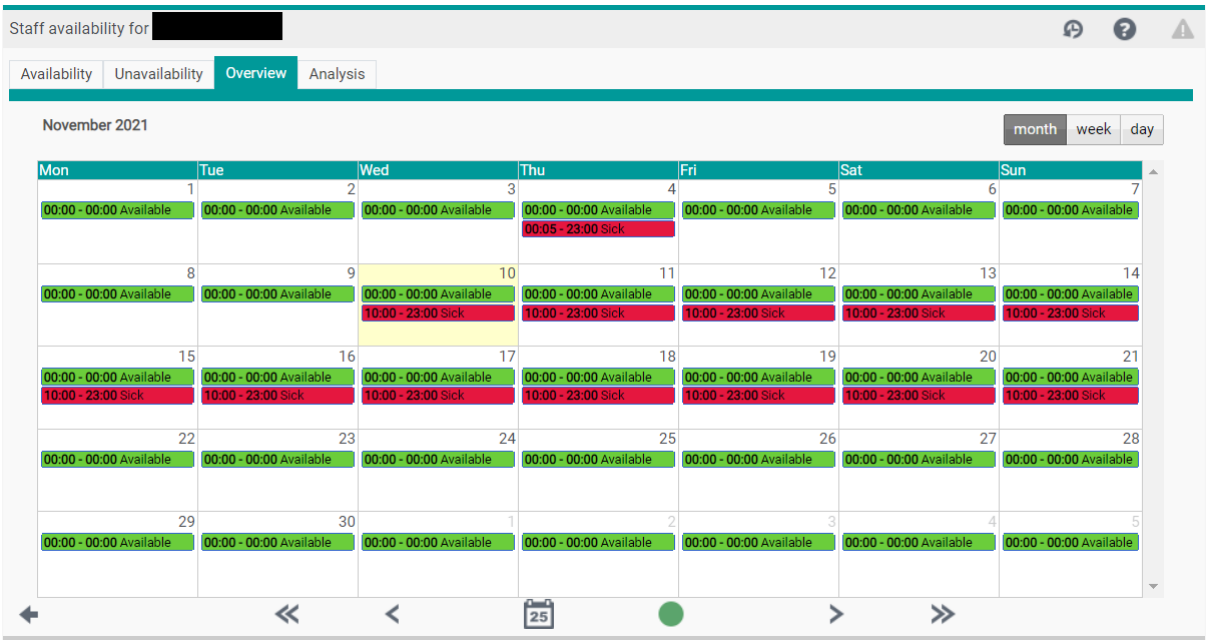
Availability | Unavailability | Overview | Analysis

All

	Start date	End date	Start Time	End Time	Hours	Type	M	T	W	T	F	S	S
→	10/11/2021	21/11/2021	10:00	23:00	13:00h	Sick	Y	Y	Y	Y	Y	Y	Y
→	04/11/2021	04/11/2021	00:05	23:00	22:55h	Sick				Y			
→	05/08/2021	22/08/2021	00:00	00:00	24:00h	Sick				Y	Y	Y	Y
→	19/07/2021	22/07/2021	00:00	00:00	24:00h	Sick	Y	Y	Y	Y			
→	09/07/2021	16/07/2021	00:00	00:00	24:00h	Sick	Y	Y	Y	Y	Y	Y	Y
→	06/07/2021	06/07/2021	00:05	22:00	21:55h	RDO		Y					
→	04/05/2021	04/05/2021	00:05	23:00	22:55h	Sick		Y					
→	22/04/2021	22/04/2021	06:00	23:00	17:00h	Sick				Y			
→	22/11/2020	22/11/2020	00:05	23:00	22:55h	Sick							Y

1 2

Appendix 5 – Example of Monthly view of absence data



Please note, any record in RED supersedes the availability in GREEN.

Appendix 6 – Individual Absence Recording Form

Individual Absence Recording Form – Custom Home Care Ltd.

Employee No.:	
Employee Name:	
Position:	
Age:	
Gender:	

Absence Start Date and Time:	
Expected Return Date:	
Actual Return Date and Time:	
Reason for Absence: (indicate code)	
Self-certification:	YES ☐ NO ☐
Medical Certification: (doctor's note)	YES ☐ NO ☐
Return to Work Interview Completed:	YES ☐ NO ☐
Work Related Cause?	YES ☐ NO ☐ DON'T KNOW ☐
Referred to Occupational Health:	YES ☐ NO ☐
Additional Notes from Return to Work Interview:	
Record Complete:	YES ☐ NO ☐

Example codes for reason for absence: **A1** = depressions, **A2** = back problems, **A3** = musculo-skeletal problems (arthritis etc.), **A4** = cold, flu etc. **(see form entitled *Coding System for Recording Absence* for a full list of codes)**

Appendix 7 – Notification by Employee of Medication Side Effects

Notification by Employee of Medication Side Effects – Custom Home Care Ltd.

Instructions: This form is to be completed by the employee and submitted to the Administrative Director.

Any individual employed by Custom Home Care Ltd. has a responsibility to notify their employer of any side effects associated with prescription medication they may be taking for Health and Safety reasons. This is to ensure that the company is aware of any issues regarding the safe and effective performance of duties or operation of equipment. Employees are not necessarily required to disclose the name of medications, but the possible side effects must be disclosed.

Employee Name:	**Employee No.:**
Position:	
Medication Name (if employee wishes to disclose):	
Possible side effects:	
Medication Name (if employee wishes to disclose):	
Possible side effects:	
Medication Name (if employee wishes to disclose):	
Possible side effects:	
Medication Name (if employee wishes to disclose):	
Possible side effects:	
Medication Name (if employee wishes to disclose):	
Possible side effects:	
Medication Name (if employee wishes to disclose):	
Possible side effects:	
Medication Name (if employee wishes to disclose):	
Possible side effects:	
Signed:	**Date:**

Continue overleaf if required.

Appendix 8 – Notification Letter for a Stage 1 Sickness Absence Interview

Custom Home Care Ltd

560 City Road
Norfolk Park
Sheffield
S2 1GE

Tel: 0114 275 9703
Email: wecare@customhomecare.org

Employee's Name
First Line of Address
Second Line of Address
City
Post Code

Date: **INSERT DATE**

Dear **INSERT EMPLOYEE NAME**

Stage 1 – Absence interview

I am writing to inform you that you are required to attend an interview on **INSERT DATE** at **INSERT TIME**, which will be held at the Registered Manager's Office, City Road, Sheffield, S2 1GE.

We will discuss your sickness record at this interview as you have hit the trigger points set out in Custom Home Care Ltd.'s Sickness, Absence and Annual Leave Policy. I have attached details of the periods of your sickness absence for discussion during the interview.

You may, at the conclusion of the meeting, be issued with a verbal warning.

At the interview, you may be accompanied by either a trade union representative or a Custom Home Care Ltd. work colleague.

Yours Sincerely,

INSERT NAME OF MANAGER

INSERT JOB TITLE OF MANAGER

Enc.

Custom Home Care Ltd is registered in England and Wales No. 9236096
Registered Office: 102 Snape Hill Lane, Dronfield, Derbyshire S18 2GP

Appendix 9 – Notification Letter for a Stage 2 Sickness, Absence Interview

Custom Home Care Ltd

560 City Road
Norfolk Park
Sheffield
S2 1GE

Tel: 0114 275 9703
Email: wecare@customhomecare.org

Employee's Name
First Line of Address
Second Line of Address
City
Post Code

Date: **INSERT DATE**

Dear **INSERT EMPLOYEE NAME**

Stage 2 – Absence Interview

I am writing to inform you that you are required to attend an interview on **INSERT DATE** at **INSERT TIME**, which will be held at the Registered Manager's Office, City Road, Sheffield, S2 1GE.

This meeting will be chaired by **INSERT CHAIR'S NAME** and we will discuss your sickness record at this interview. Following your Stage 1 interview held on **INSERT DATE**, at which you were given a verbal warning, this meeting will determine whether any further action under Custom Home Care Ltd.'s Sickness, Absence and Annual Leave Policy is warranted.

I have attached details of the periods of your sickness absence for discussion during the interview.

You may, at the conclusion of the meeting, be issued with a first written warning.

At the interview, you may be accompanied by either a trade union representative or a Custom Home Care Ltd. work colleague.

Yours Sincerely,

INSERT NAME OF MANAGER

INSERT JOB TITLE OF MANAGER

Enc.

Custom Home Care Ltd is registered in England and Wales No. 9236096
Registered Office: 102 Snape Hill Lane, Dronfield, Derbyshire S18 2GP

Appendix 10 – Stage 2 – First Written Warning Letter

Custom Home Care Ltd

560 City Road
Norfolk Park
Sheffield
S2 1GE

Tel: 0114 275 9703
Email: wecare@customhomecare.org

Employee's Name
First Line of Address
Second Line of Address
City
Post Code

Date: **INSERT DATE**

Dear **INSERT EMPLOYEE NAME**

Stage 2 – First Written Warning

I refer to the recent Stage 2 absence interview that you attended with me on **INSERT DATE** at which **INSERT ACOMPANYING INDIVIDUALS NAMES** accompanied you **OR** at which you chose not to be accompanied **(choose appropriate)**.

At this meeting we discussed the following issues **PROVIDE SUMMARY OF ISSUES**.

At the meeting I explained to you the importance of your attendance at work and that your recent level of sickness absence was unsatisfactory. I also informed you that we needed to see a significant improvement in your attendance.

Having considered the available information, comments from your Shift Supervisor or manager at the absence interview and the responses from you and your representative **(delete as appropriate)**, I am issuing you with a first written warning. This will remain on your Personnel File for 12 months. In addition, your absence record will be closely monitored over the next 12 months.

You was also informed that if there was insufficient improvement in your attendance, we would move to Stage 3 of the procedure for managing absence, which could involve taking further formal action against you in line with that procedure.

You may appeal against my decision. If you wish to appeal, you must do so in writing to me within 10 working days of receiving this written confirmation of your first written warning.

Yours Sincerely,

INSERT NAME OF STAGE 2 CHAIR

INSERT JOB TITLE

cc.

Custom Home Care Ltd is registered in England and Wales No. 9236096
Registered Office: 102 Snape Hill Lane, Dronfield, Derbyshire S18 2GP

Appendix 11 - Notification Letter for a Stage 3 Sickness, Absence Interview

Custom Home Care Ltd

560 City Road
Norfolk Park
Sheffield
S2 1GE

Tel: 0114 275 9703
Email: wecare@customhomecare.org

Employee's Name
First Line of Address
Second Line of Address
City
Post Code

Date: **INSERT DATE**

Dear **INSERT EMPLOYEE NAME**

Stage 3 – Absence Interview

I am writing to inform you that you are required to attend an interview on **INSERT DATE** at **INSERT TIME**, which will be held at the Registered Manager's Office, City Road, Sheffield, S2 1GE.

This meeting will be chaired by **INSERT CHAIR'S NAME** and we will discuss your sickness record at this interview. Following your Stage 2 interview held on **INSERT DATE**, at which you were given a first written warning, this meeting will determine whether any further action under Custom Home Care Ltd.'s Sickness, Absence and Annual Leave Policy is warranted.

You may, at the conclusion of the meeting, be issued with a final written warning.

At this interview, we will discuss your sickness record following our last Stage 2 interview, to determine whether further action is required under our procedure for managing absence. I have attached details of the periods of your sickness that we will be discussing in this interview.

At the interview, you may be accompanied by either a trade union representative or a Custom Home Care Ltd. work colleague.

Yours Sincerely,

INSERT NAME OF MANAGER

INSERT JOB TITLE OF MANAGER

Enc.

Custom Home Care Ltd is registered in England and Wales No. 9236096
Registered Office: 102 Snape Hill Lane, Dronfield, Derbyshire S18 2GP

Appendix 12 – Final Written Warning Letter

Custom Home Care Ltd
560 City Road
Norfolk Park
Sheffield
S2 1GE

Tel: 0114 275 9703
Email: wecare@customhomecare.org

Employee's Name
First Line of Address
Second Line of Address
City
Post Code

Date: **INSERT DATE**

Dear **INSERT EMPLOYEE NAME**

Stage 3 – Final Written Warning

I refer to the recent Stage 3 absence interview that you attended with me on **INSERT DATE** at which **INSERT ACOMPANYING INDIVIDUALS NAMES** accompanied you **OR** at which you chose not to be accompanied **(choose appropriate)**.

At this meeting we discussed the following issues **PROVIDE SUMMARY OF ISSUES**.

At the meeting I explained to you the importance of your attendance at work and that your recent level of sickness absence was unsatisfactory. I also stressed that we needed to see a significant improvement in your attendance immediately.

Having considered the available information, comments from your Shift Supervisor or manager at the absence interview and the responses from you and your representative **(delete as appropriate)**, I am issuing you with a final written warning. This warning will remain live on your Personnel File for 12 months. In addition, your absence record will be closely monitored over the next 12 months.

You was also informed that if there was insufficient improvement in your attendance, we would move to Stage 4 of the procedure for managing absence, which could involve taking further formal action against you in line with that procedure.

You may appeal against my decision. If you wish to appeal, you must do so in writing to me within 10 working days of receiving this written confirmation of your final written warning.

Yours Sincerely,

INSERT NAME OF STAGE 3 CHAIR

INSERT JOB TITLE

cc.

Custom Home Care Ltd is registered in England and Wales No. 9236096
Registered Office: 102 Snape Hill Lane, Dronfield, Derbyshire S18 2GP

Appendix 13 – Stage 4 Letter Confirming Dismissal

Custom Home Care Ltd
560 City Road
Norfolk Park
Sheffield
S2 1GE

Tel: 0114 275 9703
Email: wecare@customhomecare.org

Employee's Name
First Line of Address
Second Line of Address
City
Post Code

Date: **INSERT DATE**

Dear **INSERT EMPLOYEE NAME**

Stage 4 – Dismissal

I refer to the recent Stage 4 absence interview that you attended with me on **INSERT DATE** at which **INSERT ACOMPANYING INDIVIDUALS NAMES** accompanied you **OR** at which you chose not to be accompanied **(choose appropriate)**.

At this meeting we discussed the following issues **PROVIDE SUMMARY OF ISSUES**.

Having considered the available information, comments from your Shift Supervisor or manager at the absence interview and the responses from you and your representative **(delete as appropriate)**, I have decided that it is appropriate to dismiss you on the grounds of incapability.

Under your contract of employment, you are entitled to **TIME PERIOD** notice from Custom Home Care Ltd. to terminate your contract. A payment for the appropriate period of time will be made to you via payroll on the next payroll due date.

You may appeal against my decision. If you wish to appeal, you must do so in writing to the Managing Director within 10 working days of receiving this written confirmation of your dismissal.

Yours Sincerely,

INSERT NAME OF STAGE 4 CHAIR

INSERT JOB TITLE

cc.

Custom Home Care Ltd is registered in England and Wales No. 9236096
Registered Office: 102 Snape Hill Lane, Dronfield, Derbyshire S18 2GP

Appendix 14 – Guidance for the Chair on Holding Managing Absence Interviews

1. Begin by everyone present and explaining their role.
2. Explain to the employee that the purpose of the hearing is to consider their level of sickness absence and, having heard all the facts, to consider whether to take further action under Custom Home Care Ltd.'s Sickness and Absence procedure.
3. If the employee is not represented, remind them of their right to be represented and, if necessary, offer an adjournment for them to make appropriate arrangements.
4. Explain how the hearing will be conducted:
   - The Shift Supervisor or manager will list the facts, including the background to the case and any action Custom Home Care Ltd. has taken so far such as previous warnings issued, the levels and details of any absences to be considered in this hearing, any medical information obtained and any other relevant information.
   - The employee and/or their representative will have the opportunity to ask questions.
   - The employee or their representative will respond to the above.
   - The Shift supervisor or manager will have the opportunity to ask questions and comment on responses given by the employee or their representative.
   - The Chair and the Directors can ask questions at any stage.
5. When the steps in point 4. are completed, ask both parties to leave the room while you, as the Chair and the Directors consider the matters raised. These matters include:
   - Whether the procedure for managing absence had been followed,
   - The levels and reason for the employee's sickness absence,
   - Any matters or explanations put forward by the employee or their representative,
   - Any action we have taken to improve the employee's level of attendance,
   - Any medical evidence we have received, and
   - Whether the employee is aware that their continuing level of absence may lead to a more serious warning or their dismissal.
6. Ask both parties to come back and inform the employee of the action you are going to take. This action could include:
   - Taking no further formal action (the current existing absence warning will remain in force and we will continue to monitor the employee's absence),
   - Issuing the appropriate level of warning – e.g. first written or final written warning;
   - Or dismissal.
7. Inform the employee of their right to appeal and that you will confirm the details of the outcome of the hearing in writing.

Appendix 15 – Request for Annual Leave Form

Application for Annual Leave Form – Custom Home Care Ltd.

Annual Leave Request Form	
Employee's Name:	**Employee No.:**
The amount of notice normally required is 6 weeks. The dates should be agreed in consultation with your Shift Supervisor in order to ensure service delivery. Approved Leave will be recorded by the Administrative Director for payroll purposes. Periods of annual leave are to be taken from April 1st to March 31st in any one year and may not be carried over into the following year unless under exceptional circumstances. According to Policy, 20 working days plus 8 bank holidays is the annual leave entitlement. This is pro-rated for employees working part-time.	

I wish to take the following leave from my annual entitlement:			
From Date:		**To Date (incl.):**	
Days taken before this request:		**Days left:**	

Signatures			
Requested by (signature):		**Date:**	
Authorised / refused by Shift Supervisor: (cross out as appropriate)		**Date:**	
Authorised / refused by Manager: (cross out as appropriate)		**Date:**	

Please return this form to the Administrative Director

Appendix 16 – Request for Compassionate Leave

Request for Compassionate Leave Form – Custom Home Care Ltd.

Compassionate Leave Request Form			
Employee's Name:		**Employee No.:**	
The amount of compassionate leave granted is 3 days.			
I wish to apply for compassionate leave.			
From Date:		**To Date (incl.):**	
Reason for compassionate leave request:			
Signatures			
Requested by (signature):		**Date:**	
Authorised / refused by Director: (cross out as appropriate)		**Date:**	

Please return this form to the Administrative Director

Appendix 17 – Request for Medical Report from GP

Custom Home Care Ltd

560 City Road
Norfolk Park
Sheffield
S2 1GE

Tel: 0114 275 9703
Email: wecare@customhomecare.org

Dr's Name and Surgery
First Line of Address
Second Line of Address
City
Post Code

Date: **INSERT DATE**

Strictly Private & Confidential

Dear **INSERT DOCTOR'S NAME**

G16 - Request for medical report

[Employee's name and address]
[Insert the name of the employee] who is one of your patients has been employed by us since [year] and is currently aged [no.] years.

[Unfortunately, [name] has been ill and absent from work since [date]. Most recently, [he][she] was certified sick by you on [date] for a further period of [no.] weeks. We understand that [name] is suffering from [insert description used on doctor's certificates to describe the condition]].
[or]
[Unfortunately, [name] has had [insert number of days absent] over the last [insert number] [weeks][months] and we wish to know whether [name] has an underlying medical problem.]

In brief, [his][her] work has the following major features:

(a) [Please insert physical components e.g. driving, walking, paperwork, lifting, standing. Also hours, pressures, necessity to interact with others, initiative, responsibilities] [any other work features being affected by illness];
(b) [Please insert other potentially relevant factors e.g. new equipment, workplace changes, the physical environment, disciplinary or grievance matters (recent or in train)];
(c) [Please insert any other issues which the employer thinks may affect the employee's health e.g. bereavements, other domestic crises, fallings out at work.]

[Name]'s usual hours of work are from [ ] to [ ], [ ] days a week. We need to be able to plan our short and long term manning levels and to be able to take an informed view on [name]'s likely state of health and the chances of [his][her] [return to work in the near or not too distant future][continuing to have a number of days absence per [week][month].]

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Registered Office: 102 Snape Hill Lane, Dronfield, Derbyshire S18 2GP

Custom Home Care Ltd

560 City Road
Norfolk Park
Sheffield
S2 1GE

Tel: 0114 275 9703
Email: wecare@customhomecare.org

I have written to [name] and have asked [his][her] permission to ask you to compile a medical report on [his][her] condition and its likely effect on [his][her] ability to return to work. [Name] has consented to the preparation of this report, as evidenced by [his][her] signature on the copy of my letter which is enclosed. You will also note that [name] [wishes][does not wish] to have access to the report under the Access to Medical Reports Act 1988 before it is sent to us.

I would therefore ask you to provide a detailed report, in particular on the following matters:

1. What is the nature of [name]'s illness? Are the various illnesses suffered by [name] over the past [weeks][months] related in any way i.e. is there an underlying reason for this attendance record?
2. In your opinion, will [name] be able to return to full time work at the end of this period of certified sick absence and if so, will [he][she] be able to perform the kind of duties set out above?
3. If [name] will be unable to return to work, how long do you anticipate it will be before [he][she] will be able to return? Are there any recuperative steps to be taken by [name] between now and then?
4. Is the nature of [name]'s illness/condition one which might be assisted by a timely return to rehabilitative duties, perhaps initially on a phased basis and if so, what constraints will apply and for how long?
5. Are there any other factors which we should be aware of which may affect [name]'s recovery and/or rehabilitation?
6. Is [name]'s condition likely to be aggravated by the nature of [his][her] work?
7. What impact do you consider that [name]'s complaint has upon [her][his] ability to carry out day to day activities outside the workplace?
8. What is the likelihood of a further period of absence on the same or similar grounds following [name]'s return to work?
9. Are there any specific recommendations which you wish to make about [name]'s condition which may be of assistance to us in the event that it is necessary to consider making reasonable adjustments to [his][her] duties or working conditions, or to redeploy [him][her] or assist [him][her] in finding suitable alternative employment?

I am sure that you will appreciate that we are anxious to obtain as much information as possible about [name]'s current and likely future health so that this may be discussed in greater details with [him][her].

I await your early reply and enclose a stamped addressed envelope for this purpose.

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Custom Home Care Ltd

560 City Road
Norfolk Park
Sheffield
S2 1GE

Tel: 0114 275 9703
Email: wecare@customhomecare.org

Please attach your account, in accordance with the BMA recommended scale, to your report.

Yours sincerely

INSERT NAME

INSERT JOB TITLE

Enc. (Consent to Access Medical Report Form and Explanatory Notes)

Smoking, Drugs and Alcohol Policy

Aim of the Policy

This policy is intended to set out the values, principles and policies underpinning Custom Home care Ltd.'s approach to alcohol and drug use by residents, relatives, visitors, contractors and staff. The policy has the following aims:

- To maintain a safe and healthy environment for all clients and employees.
- To minimize drug and alcohol related injuries to persons or property.
- To comply with applicable laws and legislation.

This policy is informed by Custom Home Care Ltd.'s understanding of its statutory duties as an employer.

Alcohol & Drug Misuse — Statutory Duties of Employers and Employees

If a manager or employer knowingly allows an employee to continue working under the influence of drugs or alcohol and their behaviour places themselves or others at risk, the employer or manager could be prosecuted under the Health and Safety at Work etc Act 1974 or under the Management of Health and Safety at Work Regulations 1999. Under these Acts employees are also required to take reasonable care of themselves and others who could be affected by what they do at work.

The principal legislation in the UK for controlling the misuse of drugs is the Misuse of Drugs Act 1971 which makes the production, supply and possession of controlled drugs unlawful except in certain specified circumstances (for example, when they have been prescribed by a doctor). Under the act, if an employer knowingly permits the production, use or supply of any controlled drugs on their premises they could be committing an offence.

Drug or Alcohol Policy: Staff

At Custom Home Care Ltd., the use of drugs and/or alcohol by employees is strictly always prohibited and under all circumstances.

Custom Home Care Ltd. believes that alcohol and drug misuse affects performance, behaviour, and relationships. There is overwhelming evidence of links between alcohol misuse and social and psychological disturbances, medical problems, accidents, and violence. Alcohol or drug misuse can also lead to high levels of sickness, time off and absenteeism and, in addition, the possession of drugs is illegal, exposing the misuser and employer to the risk of criminal charges. Employers could be breaking the law if they knowingly allow drug-related activities in their workplace and fail to act. Custom Home Care Ltd. therefore recognises its duty as an employer to provide and monitor for employees, so far as is reasonably practicable, a working environment

which is reasonably suitable for the performance of their contractual duties, and this includes providing a drug and alcohol-free environment.

However, the Wellbeing Residential Group makes a distinction between patterns of alcohol or drug misuse which point to addiction in staff, such as drinking or drug-taking to excess continually, regularly or in intense episodes, and, on the other hand, random instances of drug-taking or excessive drinking which affect work. Custom Home Care Ltd. regards alcohol and drug misuse of the first kind as first and foremost a health problem and its approach will be informed by this understanding. Other forms of drink and drug consumption which affect work will be treated as conduct or performance issues and dealt with according to the disciplinary rules and procedures of Custom Home Care Ltd. Infringements of this policy by staff will be dealt with through the established Custom Home Care Ltd. disciplinary and grievance procedure and violations of the policy subject to the normal disciplinary sanctions. Cases where employees attend work under the influence of drugs or alcohol may constitute gross misconduct and lead to summary dismissal.

In all such circumstances, where an employee either attends work under the influence of drugs or alcohol or uses drugs or alcohol while at work:

- The employee will be sent home.
- The disciplinary procedure will be applied.
- The police will be informed (in the case of drug use at the home).

Custom Home Care Ltd. recognises that staff suffering from a hangover or even being still over the legal alcohol limit the morning after drinking is clearly a particular danger if their duties include driving. Custom Home Care Ltd.'s policy is therefore that such actions on the part of any driver employed by Custom Home Care Ltd. constitutes gross misconduct and will lead to dismissal.

Any employee with a drug or alcohol-related problem where a person has a state of addiction or habitual taking of alcohol or drugs will be dealt with according to the following policy:

- The employee will be encouraged to seek guidance and assistance from a suitable health or counselling agency.
- Paid time off for counselling and treatment will be allowed in accordance with the normal sick pay scheme.
- Where an employee must be away from work to undergo treatment, their job will be held open in accordance with normal sickness procedures.
- In the long-term job security must depend on work returning to an acceptable level.
- Custom Home Care Ltd. undertakes to ensure that any counselling is strictly confidential, and that any records compiled by a counsellor will be treated as the individual property of that counsellor.

- No discussions about an employee will take place between Custom Home Care Ltd. and the counsellor without the written permission of the employee concerned.
- Drug or alcohol abuse will not in itself constitute grounds for dismissal unless the person's action or performance reaches an unacceptable level or constitutes gross misconduct. Such cases will be dealt with under normal disciplinary procedures with the employee's appropriate legal/union representative being involved at all stages.

It is Custom Home Care Ltd.'s intention to strictly enforce its no drugs or alcohol policy. All breaches of the regulations will be treated as serious matters and dealt with in the appropriate manner.

Procedure to follow On Suspicion that an Employee May Have an Alcohol or Drug Misuse Problem

In the event of an incident with a member of staff involving alcohol or drugs or in the event of managers of Custom Home Care Ltd. noting trends of behaviour in a member of staff which may indicate alcohol or drug misuse, the Directors of Custom Home Care Ltd. Group should:

- Discuss the matter with the employee and outline the reasons for concern in the presence of a staff representative if requested.
- Ensure that the member of staff is aware of Custom Home Care Ltd.'s no alcohol or drugs policy and what it means for their rights.
- Assess whether the incident is an isolated event or part of a pattern indicating the possibility of a more serious health problem.
- As far as possible try to treat the misuse as a health issue rather than an immediate cause for dismissal or disciplinary action.

If it forms part of a pattern indicating the possibility of a more serious drug or alcohol related health problem, then Custom Home Care Ltd.'s Directors should:

- Offer help and support for the employee.
- Advise the employee that they must refer themselves or be referred for confidential counselling and advice.
- Allow time off for treatment in accordance with the normal sick pay scheme.
- Keep the individual's job open if the employee is participating in treatment and/or counselling to deal with drug or alcohol abuse.
- Offer to temporarily move them to another job, if possible, while they are getting treatment if their normal work is safety critical.

- Only take disciplinary action as a last resort (an employer could be judged by an industrial tribunal to have unfairly dismissed an employee whose work problems are related to alcohol or drug misuse if no attempt has been made to help the member of staff).
- On the employee's return to work arrange for a full performance review.

All new staff should be encouraged to read this drugs or alcohol policy as part of their induction process and should also be referred to the no drugs or alcohol clause in the Employee Handbook and/or terms and conditions of contract of employment.

Smoking

Custom Home Care Ltd. believes that smoking at work presents a serious health hazard and fire risk for smokers and non-smokers alike. Custom Home Care Ltd. recognises its duty under the Smoke-free (Premises and Enforcement) Regulations 2006 to provide a smoke-free premises.

Custom Home Care Ltd. also recognises its duty as an employer to provide for its employees, so far as is reasonably practicable, a safe working environment which includes not subjecting staff to an excessively smoke-filled working environment.

In view of the above, smoking is therefore strictly prohibited on Custom Home Care Ltd. premises except in certain areas specifically designated and sign posted for that purpose. Staff are also strictly prohibited from smoking in client's homes, even if the client is smoking themselves. This policy has been developed in consultation with staff to help provide a healthy, safe, and comfortable environment for all.

Custom Home Care Ltd. fully adheres to the new outcome's essential standards of quality and safety which consist of 28 regulations and its associated outcomes. They are set out by The Health and Social Care Act 2008 for regulated activities.

This policy is intended to set out the values, principles and policies underpinning Custom Home Care Ltd.'s approach to smoking on its premises. The aim of the policy is to protect staff by reducing fire risks.
Where appropriate Custom Home Care Ltd. will also support members of staff who would like to stop smoking.

Designated Smoking Areas

To minimise the health risks associated with smoking, and the possibility of death, personal injury or damage to property resulting from fire caused by smoking, smoking is strictly prohibited on the premises except for the following areas:

- Smoking is permitted by staff outside the office in the following designated area.

- Courtyard area beside 558 City Road. A disposal area for cigarette butts is provided.

- Staff have no right to 'smoking breaks' beyond their normal lunch or coffee breaks.
- The smoking of electronic cigarettes is allowed in the main driveway and the rear of the building in the 'garden' area. Staff wishing to smoke electronic cigarettes must do so away from individuals smoking traditional cigarettes due to passive smoking health risks.

All new members of staff should be informed of the policy during their induction period.

Non-compliance with this Policy

It is Custom Home Care Ltd.'s intention to enforce its no smoking regulations with sensitivity to, and respect for, the needs of employees who do smoke. However, all breaches of the regulations will be treated as serious matters of discipline and dealt with in the appropriate manner.

In the unlikely event of a member of staff not respecting the policy, Custom Home Care Ltd.'s Administrative Manager should attempt to resolve the situation informally in the first instance. Ultimately, repeated breaches of the policy will result in disciplinary procedures and may lead to dismissal.

Disputes arising from staff due to the no smoking policy will be dealt with through the established Custom Home Care Ltd. grievance procedure.

Support for Stopping Smoking

Custom Home Care Ltd. recognises that nicotine is a highly addictive substance and will do all that it can to help or support staff or residents who wish to stop. Staff should ask the Administrative Manager for access to assistance.

Policy Implementation

This policy is intended to benefit all employees and visitors and all employees are responsible for its continued implementation. Overall responsibility for ensuring the policy is implemented, monitored, and reviewed rests with the Administrative Manager. Information on the policy will be:

- circulated to all staff
- provided to all new employees
- included in the Health & Safety Policy
- included in Recruitment and Selection policy

Training

All new staff should be encouraged to read the policy on smoking as part of their induction process and should also be referred to the NO SMOKING clause in their contract of employment.

Training and Development Policy

Aim

The aim of the Custom Home Care Ltd. Training and Development Policy is to provide opportunities for employees to develop to an agreed standard of competency so that they have the knowledge, skills and attributes to be able to adequately perform or enhance their performance or job role. It should also provide support for ongoing personal and professional development and incorporate individual employee's personal career and development aspirations.

This policy is designed to:

- Enable all employees of Custom Home Care Ltd. to have access to appropriate development and training for them to work effectively and efficiently within the organisation.
- Provide information and guidance to all employees of the organisation and give clarification to the Board of Directors and clients on staff development.

Principles

Custom Home Care Ltd. recognises the value of its staff and the need to invest in them, individually and collectively.

- Custom Home Care Ltd. is committed to functioning as a learning organisation, and to providing all its employees with the opportunity for training and retraining in accordance with their own need and the needs of the organisation.
- Custom Home Care Ltd. is committed to ensuring the allocation of specific resources and facilities to support employee learning and development activities.
- An annual staff development plan will be produced, outlining objectives and priorities for the coming year, in keeping with the Statement of Purpose.
- All new staff will participate in an induction programme. For support staff and operational managers this will meet the inductions standards specified by Skills for Care Common Induction Standards. (See Induction procedure).
- Custom Home Care Ltd. recognises that some employees may need additional support with essential skills (i.e., reading, writing, and communication, use of number and use of information technology). Custom Home Care Ltd. will provide support and learning opportunities to ensure that all staff have the level of skills in these areas required for their job.

- Custom Home Care Ltd. recognises that some employees may have specific difficulties associated with learning (e.g., dyslexia). The company will work with these individual employees to support them in their learning and make reasonable adjustments to help them fulfil their role effectively.
- Training and development are a regular and integral part of the day-to-day functioning of the organisation, and not an optional extra. Therefore, all employees are required to attend training courses as part of their contracted hours of work and for which they will be paid.
- All employees will have an individual personal development plan, based on an individual training needs analysis, and which is reviewed at least annually by the Training Manager.
- Custom Home Care Ltd. will support staff to achieve relevant Qualifications, in accordance with guidance from the Care Quality Commission and other relevant professional bodies.
- Custom Home Care Ltd. is committed to equality of opportunities for all staff in relation to development opportunities.

Personal Development Plan

Each employee will have an individual personal development plan, which includes a training needs analysis and a plan for meeting those needs. The plan is to be developed jointly by the member of staff and the Training Manager and reviewed at least annually as part of the supervision and appraisal process.

Identifying Training Needs

Training needs will be identified from the following sources:

- **Code of conduct** – ensuring staff have the knowledge, skills, and appropriate attitudes to behave in accordance with the company's code at all times.
- **Professional codes of practice** – ensuring staff have the knowledge, skills, and appropriate attitudes to work in accordance with the code of practice relevant for their specific profession.
- **Job description** – ensuring that staff have all the knowledge and skills needed to perform all the required tasks and responsibilities within their job description.
- **Individual client care plans** - ensuring that staff have the knowledge and skills to meet the identified needs of people receiving the service.
- **Supervision and Appraisals** - based on feedback received during supervision sessions or annual appraisals and including career and personal development aspirations.
- **Organisational requirements** - based on the Statement of Purpose that reflect changing needs of Custom Home Care Ltd. and its obligations to meet the requirements for registration, contracting, and other statutory requirements.

Development Planning

Once the individual training needs have been identified, then a plan is developed by the member of staff and the Training Manager that prioritises the needs and then describes how the needs are to be met within an agreed time frame.

The plan will be recorded, and a copy held in the employee's personnel file (Appendix 1 – Employee Training Plan).

The plan will then be monitored during supervision and appraisal sessions and progress recorded. The plan will be formally reviewed at least annually.

Organisational Staff Development Plan

The Training Manager in association with the Registered Manager will produce a staff development plan each year. This will be based on:

- Feedback from personal development plans for staff.
- Statement of Purpose.
- Statutory / regulatory requirements.

The plan will identify priorities for the coming year and include the budget planning. The plan will be presented to the Board of Directors and shared with:

- Senior managers.
- Line Managers.
- The regulatory body if requested on audit / inspection.

This plan will then be formed into a programme of training courses and events arranged for that year. The plan will be reviewed as part of Custom Home Care Ltd.'s annual reviews and reports.

Record of Staff Development and Training

- The Training Manager will keep a record of all training courses attended and each individual member of staff's training information and qualifications achieved on Access Care Planning software.
- Training materials such as paper workbooks and examinations will be scanned and saved against the staff member's electronic Personnel Record. Hard copies will be archived.
- It is the responsibility of the Line Manager to ensure that individual members of staff keep a record and information of their own training programmes in their personal development files provided by Custom Home Care Ltd.

Work-based Training and Development

Custom Home Care Ltd. recognises that a great deal of learning, training and development activities occur within the workplace.

Every manager and member of staff is expected to pass on their knowledge, skills, and expertise to other staff, particularly to new or inexperienced staff, so that good practice is shared throughout the workforce. Managers are required to use effective coaching techniques with staff at every possible opportunity.

Custom Home Care Ltd. requires managers to discuss, plan and review work-based learning opportunities as part of personal development planning and supervision. A record must be maintained of this process.

A manager may delegate additional tasks to an individual member of staff that are not currently contained with the staff's job description, for the purposes of personal development. In this case, it must be negotiated with the member of staff, documented in personal development plans and supervision notes, and agreed with the line manager. Staff should then receive relevant training, support, and feedback on their performance in relation to the delegated task, which should then be included in the annual performance review.

Training Courses

The Training Manager will arrange training courses and notify staff and their managers / Line Managers at least (4) four weeks in advance and they will be expected to attend. When staff have been notified of an upcoming training course, they must discuss it with their manager and the training must be authorised.

It is the responsibility of the Line Manager to:

- Enter the planned training on the staff rota (as part of contracted hours), to ensure that the staff member is available to attend.
- Confirm the attendance of staff with the Training Manager.
- Ensure that the employee is aware of the date, time, and venue for the course.

Pre-course Preparation

Once the staff have been allocated a place on a training course, their Line Manager must discuss this with them during supervision. This should allow the staff member(s) to consider:

- Why the need to undertake the training.
- What their own aims and objectives are for the training.

- How the employee expects the training to assist with their job role.
- What they may be able to do in advance to prepare for the course (e.g., read relevant documentation / policies / legislation etc.).

Applying Training to Practice

It is vital that the knowledge, skills, and information acquired during training is applied directly to work situations to ensure positive outcomes for staff and most importantly, clients. Employees returning from training should discuss the training with their Line Manager during supervision sessions and/or team meetings. The discussion should include:

- What has been learned?
- How this may be put into practice.
- What will help or hinder this process?
- How the effect of training can be measured in practice.
- What further training or practice is required?

These reflections should be recorded on the form seen in Appendix 2 – Training Evaluation Questionnaire and a copy kept with supervision notes. An additional copy may be used as evidence of underpinning knowledge and understanding for relevant qualifications.

Training Courses and Evidence for Qualifications

It is the policy of Custom Home Care Ltd. to offer staff the opportunity to gain relevant nationally recognised qualifications, as recognition of the experience and skills demonstrated in their work and for self-development.

The aim of training is to provide the underpinning knowledge relevant to these qualifications. The content of each course should therefore be consistent with the relevant standards and the links with specific units, elements or performance criteria clearly identified by the trainer at the start of each course.

Trainers may, as part of a training course, include activities, exercises, and role plays or simulations which can also be used as evidence of competence or knowledge and understanding. (Group work may be included, but the activities must give everyone the opportunity to demonstrate their own skills, knowledge or understanding.) A written, signed and dated statement describing the activity and the participant's involvement, or a witness testimony completed by the trainer would be required if it is to be included in the portfolio of evidence.

Whilst assessing candidates to determine level of underpinning knowledge, the assessor or candidate may identify a gap in knowledge or understanding. It is then the responsibility of the assessor to liaise with the Training Manager, to arrange training to meet this need (as described in section on training needs analysis).

Attendance

- Staff involved in training will do so as part of their contracted hours. Staff cannot accept additional hours of work during a time they are required to attend a training course.
- It must be emphasised that providing staff development training is an expensive and time-consuming exercise. It is therefore vital that staff make every effort to attend courses and Line Managers / line managers make every effort to support staff training.
- Staff will be given dates, times, and venue in advance. Directions will be provided where appropriate.
- Withdrawal - where it is not possible for staff to attend courses the Training Manager and Line Manager / line manager should be contacted and the reason for staff non-attendance explained. It is vital that this notice is given as early as possible so that replacements for places on courses may be found.
- In the event of sickness, it is the responsibility of the individual to inform the Training Manager and their Line Manager / line manager directly.
- If staff do not attend a training course without the knowledge and authorisation of their Line Manager / line manager, then it is regarded as unauthorised absence from work. Staff may then be subject to disciplinary action.

Record of Attendance

Staff will be provided with a form to sign during training courses to record their attendance (Appendix 3 – Record of Training Attendance). The form provided will be countersigned by the trainer of the course.

Conduct of Training Courses

- Issues of concern for Custom Home Care Ltd.'s development or maintenance of standards are to be reported via appropriate channels ensuring protection of course re: confidentiality agreement.
- There should be no major deviations from the planned/negotiated programme, in terms of content and timing. Content and breaks may be negotiated directly with trainers at the start of the course and then should be adhered to.
- All staff must maintain the tidiness and cleanliness of all the training rooms. Training facilities and equipment should be treated with respect.
- Staff are expected to use toilet facilities during the agreed break times.

- Smoking is prohibited in all the rooms and venues used by Custom Home Care Ltd. for the purposes of training, in accordance with the Smoking, Drug and Alcohol Policy.
- Staff must not drink alcohol during course breaks.
- Where required, further course rules may be negotiated by individual trainers.

Anti-discriminatory Statement

During any course, it is expected that participants and trainers will:

- Acknowledge the existence of discrimination.
- Evaluate and understand their own values and feelings.
- Develop responsibility to combat and change discriminatory attitudes.
- Challenge negative comments or statements made in terms of race, ethnicity, sexuality, gender, age, religious beliefs, or ability.
- Acknowledge and challenge bullying and oppressive behaviour in accordance with Custom Home Care Ltd.'s policy on Equality and Anti-discrimination.

Confidentiality

To acquire knowledge and develop values, skills and attitudes, staff need a learning environment where they can discuss openly areas of uncertainty, confusion or lack of knowledge in an atmosphere of trust, where they can learn and gain confidence. Confidentiality is a fundamental part of creating a suitable learning environment.

Custom Home Care Ltd., however, is governed by legislation and policy and if the purpose of training is to improve the quality of service delivered, then trainers must comment and/or act when poor, dangerous or abusive practice is highlighted. It is important that when challenges are made by the trainer or other participants that they are made constructively with a view to learning rather that criticism. In the light of this, the following procedure must be implemented:

- Trainers should ensure that challenges made on views and attitudes are made in a constructive way, the views expressed, and the challenges must remain confidential within the course.
- References to work experiences and individual practices must remain confidential within the course. However, if the trainer (or participant) is concerned that experiences or practices discussed is indicative of inappropriate or dangerous practices, then they should discuss this with the participant and then, if necessary, refer this to the Training Manager who will consider if further action is required.

- In exceptional circumstances, where the trainer feels that a participant has discussed ideas, experiences or practice that might indicate an abusive relationship with a client, then the trainer would speak directly to the Training Manager without necessarily discussing it with the participant.
- Issues surrounding non-attendance, persistent lateness, disruption, or non-participation would not fall within the boundaries of confidentiality. These would be discussed with the participant by the trainer, who would then pass them on to the Training Manager who will take the matter up with the participant's Line Manager / Line Manager.

Evaluation of Training Courses

It is essential to monitor the quality and effectiveness of all training provided and this will be achieved through the following methods:

- Evaluation of specific courses and / or trainers will be undertaken at the direction of the Training Manager only. They will be issued on a sampling basis but ensuring a wide range of courses and trainers are evaluated over time. Trainers can expect to receive feedback from the Training Manager from these evaluation forms. (See Appendix 2 – Training Evaluation Form).
- External trainers may also use their own evaluation forms if they wish and copies of these are required by the Training Manager.

Qualifications

It is the policy of Custom Home Care Ltd. that:

- It will recruit and develop a highly trained and qualified workforce to give as high a standard of care to clients as possible.
- As far as is reasonable and practicable, Custom Home Care Ltd. will support staff training and the ongoing continuing education of its staff and will support requests to gain further qualifications, wherever those qualifications fit in with the Statement of Purpose, person specification for the post held and are agreed with staff in their personal development plans.
- It will work towards the meeting the qualification standards advised by the Care Quality Commission.
- Adequate numbers of suitably trained and qualified staff are always on duty to meet client's needs, (in accordance with relevant Regulatory standards).
- All professional staff should be suitably qualified and adhere to the standards of their professional registration including those for continuous professional development (CPD).

National Vocational Qualifications

The Care Quality Commission recognises NVQs in Health and Social Care as the required or recommended occupational qualifications for staff working in domiciliary services. Therefore, Custom Home Care Ltd. operates a programme to support staff to achieve these qualifications.

- Custom Home Care Ltd. will work in conjunction with external assessment and training bodies to register and accredit staff working towards NVQ certificates.
- Custom Home Care Ltd. will pay all registration and certification costs for the qualification. However, this may be subject to a repayment schedule specified within a study contract (Appendix 4).
- Staff will be offered the opportunities to start work towards the relevant qualifications as agreed with their Line Manager / line manager and the Training Manager as part of personal development planning.
- Staff will be offered support in the form of:

  - Agreed time to work towards the qualification as part of contracted hours.
  - Access to support materials, books, internet, journals, articles, policies etc.
  - Training courses to support evidence of underpinning knowledge.
  - Access to advice from their assessor, internal verifiers, and other qualified members of staff.

- Staff will also be expected to undertake work in their own time to achieve qualifications within the agreed time scale (as agreed in the candidate's learning and study contract and individual action plan).
- Assessors are required to complete assessments and give feedback to staff within agreed time scales and in accordance with the Care Quality Commission's Code of Practice.
- The Training Manager in association with the Registered Manager will maintain a record of progress of unit achievement and completed awards.
- Copies of qualification certificates will be held within personnel records.

Study Contracts and Repayment of Course Fees

- Where Custom Home Care Ltd. has agreed to support staff to undertake a course of training or work towards a qualification, an individual study contract will be drawn up and agreed. This contract will specify the support that Custom Home Care Ltd. will provide as well as the expectation of the employee during and after the course of study (see sample contract in Appendix 4).
- The study contract will be agreed and signed by the employee, their line manager, the Training Manager, and the Registered Manager. A copy will be held in the employee's personnel file and a copy given to the employee.

- The study contract will specify who will be responsible for paying any course fees, as well as the arrangements for the repayment of course fees should the employee resign during or within a specified time following the completion of the training or.
- An agreement for the repayment of course fees will relate to training or qualifications, which it is agreed is of direct benefit to the employee as well as a requirement of the post.
- The employee shall not be required to make any repayment of the training fees if he/she is dismissed by the company, unless the dismissal is for a reason relating to the employees conduct whether such conduct amounts to gross misconduct
- The company shall be entitled to withhold monies from the employee's pay to satisfy any obligation arising under the study contract.

Right to Train

In accordance with the Employee Study and Training Regulations 2010, Custom Home Care Ltd. will give serious and proper consideration to requests from employees who want to take time off work to undertake study or training. Custom Home Care Ltd. will seriously consider the employee's request but is under no absolute obligation to agree to it.

Custom Home Care Ltd. is also not obliged to include any provision for the employer to meet the cost of the course or to provide the employee with paid time off. Custom Home Care Ltd. employees are only required to apply for the time to train for any training that is not provided directly from Custom Home Care Ltd.

The employee is required to submit a letter to the Training Manager for request for time off to train giving details of the course, time, and qualification to be gained.

Monitoring and Evaluation of Staff Development

Staff development activities within the organisation will be monitored and evaluated internally in the following ways:

- Consortium's Annual Report.
- Quarterly management reports.
- Course evaluation reports.
- Service reviews.
- Staff forums.
- Staff Supervision & Appraisal.

Appendix 1 – Employee Training Plan

Employee Name:	
Employee No.:	
Post:	

Person Specification Criteria	Agreed Action	To be Completed by:

Employee Signature:		**Training Manager's Signature:**	
Date:		**Review Date:**	

Appendix 2 – Training Evaluation Questionnaire

Course Title:	
Trainer:	
Venue:	
Trainee Name:	

On a scale of 1 -5, please rate the points below by circling a number, and provide comments to explain your rating.

1) How well do you feel that the stated aims and objectives have been reached?

Not at all well				Very Well
1	2	3	4	5

Please comment:

2) How effective was the trainer in delivery?

Not effective				Very effective
1	2	3	4	5

Please comment:

3) How useful were the various training methods, materials and resources used during the course?

Not useful				Very useful
1	2	3	4	5

Please comment:

4) Was the venue appropriate?

Not appropriate				Very appropriate
1	2	3	4	5

Please comment:

5) How did the mix of participants add or detract from the course?				
Not at all well				Very Well
1	2	3	4	5
Please comment:				

6) Was the course an appropriate length?				
Not appropriate				Very appropriate
1	2	3	4	5
Please comment:				

7) How useful has this course been for the work that you do?				
Not useful				Very useful
1	2	3	4	5
Please comment:				

8) Please list three things you have gained from this course.
1.
2.
3.

9) Please list three things you have not found helpful about this course.
1.
2.
3.

Please add any further comments:	
Date:	Signature of trainee:

Thank you for completing this questionnaire.

Appendix 3 – Record of Training Attendance

Course Name:	
Trainer:	
Date:	
Venue:	

Name of Trainee	Employee No.	Signature

Appendix 4 – Example of Study Contract – Custom Home Care Ltd.

This contract was agreed by:

[Employee Name]

[Line Manager / Line Manager]

[Training Manager]

On: [date]

Custom Home Care Ltd. will support [employee's name] to work towards the [course or qualification title] from [start course date] to [end course date] in accordance with the following:

- The course is free of charge [or].
- All course fees [will / will not] be paid by Custom Home Care Ltd.
- [Employee's name] will be required to repay the course fees in accordance with the schedule below:
    - The full course fees are repayable if he/she resigns from the post during the course or within 6 months of completion [£00].
    - 75% of the course fees are repayable if he/she resigns from the post within 12 months of completion of the course [£00].
    - 50% of the course fees are repayable if he/she resigns from the post within 18 months of completion of the course [£00].
    - 25% of the course fees are repayable if he/she resigns from the post within 2 years of completion of the course [£00].

Custom Home Care Ltd. will release [employee's name] from work responsibilities to meet with the assessor on agreed dates. If unable to attend meetings, then [Line Manager / Line Manager] and the Training Manager must be notified as soon as possible.

- [Employee's name] must submit all work in accordance with agreed deadlines.
- Custom Home Care Ltd. will arrange for a mentor for the duration of the programme.
- Personal study materials will not be purchased by Custom Home Care Ltd. but some reference material may be borrowed from Custom Home Care Ltd. where available.
- [Employee's name] will use 2 hours per month of his/her contracted hours to work towards this qualification. This of course will depend upon shift rotas and/or service needs of the client. Any additional work will be completed in his/her own time or be negotiated with [Line Manager / Line Manager], to be agreed only if workload permits.

- [Employee's name] will discuss his/her progress on the course and review his/her workload during each supervision with [Line Manager / Line Manager].
- [Employee's name] will ensure that learning and developments will be shared with relevant members of Custom Home Care Ltd. staff and that learning will be effectively applied to the work so that the quality of the service will be enhanced.
- Whilst completing this programme, [employee's name] will conduct his/herself in a professional manner, maintain organisational confidentiality and uphold the reputation of Custom Home Care Ltd.

Name:		**Signed:**		**Date:**	
Name:		**Signed:**		**Date:**	
Name:		**Signed:**		**Date:**	
Name:		**Signed:**		**Date:**	

Whistleblowing Policy

Introduction

Custom Home Care Ltd. provides a service to adults who are very vulnerable to exploitation, personal abuse, and neglect. It is therefore essential that staff speak up about practices they witness which may be:

- Dishonest.
- Dangerous.
- In breach of the law, company policy and guidelines.
- Ignoring a reasonable direction from a manager.

All staff have a responsibility to recognise abuse or inappropriate practice because:

- They have a duty to uphold the client's basic rights.
- They have a duty to ensure client's safety and wellbeing.
- They have a duty to make proper use of the trust invested in them.
- They are working with vulnerable people.

Custom Home Care Ltd.'s policy and procedure for dealing with allegations should be followed at all times in line with Safeguarding People Policy.

Any incidents, disclosures or concerns should be reported to the appropriate manager or the on-call individual. Staff must use the relevant recording format to record inappropriate practice.

What to do – if a staff member witnesses inappropriate behaviour

If staff witness inappropriate practice, they must:

- Speak up quickly.
- Raise a grievance (refer to Disciplinary and Grievance Policy).
- Do not assume someone else will report it.
- Be clear about what is hearsay and gossip and what is factual.
- If someone else tells a staff member they have witnessed inappropriate practice, they must be encouraged to report it themselves.
- If there are no witnesses or supporting evidence to the alleged inappropriate practice, it is still essential to report any incident of concern.

Inappropriate practice or types of abuse may be described as:

- Physical.
- Psychological / emotional.
- Neglect.

- Sexual.
- Financial / material.
- Discriminatory.

What to do – if a client tells a staff member they are being treated inappropriately

- Let the client speak.
- Ensure they are safe.
- Listen carefully and sympathetically.
- Do not ask leading questions.
- Do not promise *absolute* confidentiality (only the people who need to know about the situation will be privy to information).
- Reassure the client that the allegation will be taken seriously.
- Do not rush with comments or interrupt.
- The staff member should remember as much as they can (if possible, take notes which can be referred to later if necessary).
- The staff member should report as soon as possible.

Who to tell

Where appropriate, the staff member should contact their immediate Line Manager without delay. If they are unable to contact their Line Manager, other people they may contact include:

- Other Line Managers.
- The Registered Manager.
- Other Managers.
- Any other Director.

If none of the above people are available, the staff member may contact the police. **The police should be contacted as a matter of course if the staff member suspect the client is under threat of immediate harm.**

If, the staff member is unable to tell one of the above individuals (for instance if the issue concerns the company, or several or more of the individuals listed above), the staff member may contact:

- Sheffield's Adult Social Care Helpline on **0114 273 4908.**
- The Disclosure Barring Service on **01691 66 22 55**.
- The Care Quality Commission on **03000 61 61 61**.

General Guidelines

Concerns by staff will be investigated in line with Custom Home Care Ltd.'s **Disciplinary and Grievance Policy**. It will be necessary for all witnesses to be involved in that investigation. Custom Home Care Ltd. will make every effort to ensure that people making allegations are protected from victimisation and harassment in line with the Public Interest Disclosure Act 1998.

Custom Home Care Ltd. is also committed to ensuring that staff are consulted about how their concerns are addressed. However, if these concerns lead to disciplinary action, the outcome may be confidential and not shared.

NB – if staff do not report inappropriate practice, they themselves will face disciplinary action.

Staff who attempt to prevent the reporting of inappropriate practice or attempt to bully, intimidate, or discriminate against a colleague in these circumstances will be dealt with under the company's Disciplinary Policy.

A whistle-blower who feels themselves subject to hostile action from colleagues should inform their manager immediately.

However, any allegations against colleagues which are found to be flippant or malicious may also render the person who made them liable to disciplinary action.

- Incidents and disclosures must be reported within twenty-four (24) hours.
- This information will be recorded on an Allegation of Misconduct form and be signed by a manager (Appendix 1).
- The absence of the above form must not delay the reporting of the incident.
- The manager may require the reporter to gather / produce information regarding the alleged incident.
- Custom Home Care Ltd. must make sure the client is safe and not at risk of further abuse, neglect, or other harm.
- Staff may be suspended from duty whilst an investigation takes place.
- The Registered Manager must be informed if there is a potential Disclosure Barring Service incident.
- The DBS and CQC must be informed within twenty-four (24) hours.
- A copy of the original incident will be given to the CEO.

Response to Whistleblowing Policy

<u>Inappropriate behaviour or improper practice that does not constitute a direct risk to a client</u>

- All staff have the responsibility to bring any inappropriate behaviour or improper conduct to the notice of their Line Manager / manager, even if clients are not directly at risk.
- Where a breach of discipline may have occurred, the Registered Manager must be informed.

- Where a breach of discipline may have occurred, the Disciplinary Procedure will be followed (see **Disciplinary and Grievance Policy**).

The DBS and CQC must always be informed if any of the following incidents occur:

- Any allegation of abuse, neglect, or other harm.
- Serious injury sustained by a client whilst receiving care from staff.
- Any allegation of misconduct by any member of staff working for Custom Home Care Ltd., including the Registered Manager.
- All incidents must be reported within twenty-four (24) hours.
- Oral notification should be confirmed in writing within forty-eight (48) hours.

Appendix 1 – Investigation Report form

Custom Home Care Ltd.

Investigation Report

Use this form to record an investigation into any event, incident or other matter.

Client(s) (if applicable)

Employee(s) (if applicable)

Date matter first raised/reported

Investigation type (check all that apply):

Missed visit	☐	Medication error	☐	Level 1 complaint	☐
Level 2 complaint	☐	Safeguarding	☐	Accident	☐
Incident	☐	Disciplinary	☐	Grievance	☐
Other (please specify)	☐				

1. **Who was involved?**

Please provide details of all other persons involved in the matter under investigation.

Name	Care worker	Other employee	Client	Family member	Other (please detail)
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐

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Custom Home Care Ltd.

2. **What happened**
   Enter a summary of what happened (or is alleged to have happened), including date or dates, any harm caused and all other relevant elements. Include whether there is any suspicion of dishonesty on anyone's part as to what happened and how.

Supplementary information supplied (attach to this report) e.g. minutes, printed evidence:

3. **Notifiable and reportable events**
   Some accidents and incidents need to be reported either by law (refer to operations guides on accidents and incidents and on statutory notifications as appropriate), or for other reasons.

	Yes	No	N/A
Is the matter reportable?	☐	☐	
Has it been reported?	☐	☐	☐

If 'yes', who was it reported to (e.g. HSE, CQC, RQIA, CSSIW – include reference number and attach notification documents)?

Date reported

	Yes	No	N/A
Has it been reported to anyone else?	☐	☐	

If 'yes', who was it reported to (e.g. GP, family members, commissioner)?

Date reported

Custom Home Care Ltd.

4. **How was the matter investigated?**
   E.g. interviews, examinations of records.

Please provide the names of anyone that provided evidence as part of the investigation:

5. **Findings**
   Summarise the findings, addressing each element.

Custom Home Care Ltd.

In conclusion, the overall finding of the investigation is:

6. Corrective and preventive action
Describe any corrective and preventative actions already taken or yet to be taken, with timescales.

Signed

Print name

Report completed on

7. Follow-up and resolution
Detail here any follow-up information and the final resolution of the issue, including, where applicable, whether any other parties were satisfied with the outcome.

Signed

Print name

Date fully resolved

Communication Policy

Introduction

Custom Home Care Ltd. believes that communication with our clients is paramount to delivering effective person-centred care. Communication with clients is tailored to meet their assessed ability in relation to content, style, and format. Information we provide to clients is presented in the best way for clients to understand and respond.

Statement

Whilst not publicly funded, Custom Home Care Ltd. believes in the principles set out in The Equality Act of 2010 to ensure that all people can easily access our services. People should not be prevented from using our services because they cannot easily find out or communicate with us about them. Our Anti-discrimination policy dictates that all staff must be aware that not all clients are able to communicate in the same way and we must respect this.

Alternative Formats

Custom Home Care Ltd. can provide information in a variety of different formats upon request. Formats include:

- Spoken Word audio files.
- Easy Read.
- Large print.
- Plain text.
- Translation.

Spoken Word Audio Files

We can provide Spoken Word information to clients on a digital storage device or emailed as an .mp3 or .mp4 file on request.

Easy Read

Easy Read is a format designed to help people with learning difficulties more easily understand information available to them. It combines simplified text with an image or graphic. Easy Read documents are also called Accessible documents. Sometimes these documents are easier for someone with English as a second language to understand. Custom Home Care Ltd. has produced a series of guidelines for employees on how to prepare an Easy Read document. Please see Easy Read Guidelines in Appendix 2 for further information.

Large Print

Large Print documentation is designed for people with visual impairment to allow them to read text more easily. All of Custom Home Care Ltd.'s documentation can be prepared as Large Print for a client if required.

Plain Text

Clients can request documents in Plain Text for use with screen readers for the visually impaired. These documents avoid tables, headers, footers, and illustration.

Braille and Sign

Currently, Custom Home Care Ltd. does not have the overall facility to provide information in Braille or communication in sign, however if this was a need of a particular client, we are able to subcontract services from a third party. We also offer the opportunity for several our staff to undertake an online course in British Sign Language.

The Language Barrier

Custom Home Care Ltd. currently does not utilise a paid specialised translation service. We do, however, believe that all clients should have access to the information we provide. We understand that communication between the provider and clients from minority ethnic communities has been highlighted as a significant inequality in health and social care. Poor levels of communication have a negative effect on clients. We use an online translation service that can effectively translate written material when requested.

Our website is also translation friendly, and individuals may use a tool such as Google Translate to reconfigure the site into the language of their choice.

Where appropriate, Custom Home Care Ltd. may be able to communicate effectively with clients through trusted family members.

The Client User Guide and advertisements for the company distributed to properties will have the Communications Document included which offers the opportunity for information to be provided in several different formats.

General Guidelines on Meeting the Client's Needs

We will ensure that the communication needs of all clients are assessed and identified in their individual care plan. Plans are reviewed regularly and take into consideration the client's views and comments. We understand that some of our clients may have difficulty with memory and cognition due to age related degeneration. When we produce written information for clients, we use the following general guidelines:

- Use language that is easily understood.
- Avoid colloquialisms and specialised terminology.
- Write in succinct sentences.
- Do not embellish with unnecessary content, i.e., get to the point.
- Use a layout that is easily followed and does not confuse.
- Include the most important information at the start of a document.
- Always offer an alternative method of receiving information.

We believe that through the above methods, we will be able to communicate effectively with our clients regardless of their communication needs.

Appendix 1 - Easy Read Guidance

Introduction

This guidance document is designed to assist staff in how to develop and write an Easy Read document. Easy Read documents are primarily used to disseminate relevant company information to individuals who have a learning disability. They generally consist of simple, concise language with some visual aids to enhance understanding.

Before Starting to Write

- Think about the audience, for whom is the information intended?
- Understand the content of the document.
- Think about the finished product, is it a booklet, a flyer, report, or pamphlet?
- Is the document part of a set of other Easy Read documents? If yes, the documents need to have a consistent appearance.
- Set an appropriate timeframe to produce the document.

Rules for Writing Easy Read Information

- Use wide margins.
- Justify writing to the left.
- Keep pictures to the left of the writing.
- Use double spacing.
- Number pages at the bottom right-hand side.
- Use a large font size, at least 14pt, preferably 16pt.
- Use a sans serifs font such as Arial.
- Do not change fonts.
- Keep pictures to four or five to a page.
- Use wide spacing so the information is clear.
- Use numbers, not the words for numbers, i.e., 7, not seven.
- Do not use text boxes as they are hard to adjust formatting.
- Keep sentences short.
- Use simple punctuation avoiding semicolons (;), colons (:) or hyphens (-).
- Do not use jargon, unneeded technical information, or abbreviations.
- Use active and personal language. Using ‘you’ and ‘we’ makes writing more direct and easier to understand.

- Be consistent, use the same words and phrases rather than synonyms and different ways of expressing the same thing even if it sounds repetitive, it won't to the person reading it.
- Make any action required clear, for instance use symbols to indicate if the person needs to write or telephone.

How to Organise the Document

- Provide clear contents lists.
- Use one idea per page if possible.
- Group all same topic information together.
- Use headings and sub-headings.
- Use colour, bold and a larger font size to highlight information.
- Use bullet points to make main points clear.
- Make sure colours will photocopy well in black and white if the document will ever need to be copied.
- Always finish a word on a line, i.e., do not hyphenate a word onto the next line.
- Always finish a sentence on the same page.
- Always finish a paragraph on the same page.
- Do not put writing over an image.
- Avoid block capitals, italics or underlining, they make the text harder to read.

Choosing Images

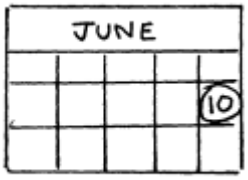
Images support and add meaning to words.

- Choose an image that best explains the text. This could be a photograph, drawing or symbol. These may need to be developed for the document.
- Link together words and pictures. Make it clear to which part of the text each image relates. It is important that the images help explain the text and are not there simply to 'look pretty'.
- Do not rely too heavily on symbols, use them for key words or ideas.
- When using a photo, make sure the image is up to date and not too busy.
- Remember that some images are copyrighted, only use images that are freely available from royalty free sites such as pixabay.com. If you are unable to source the image you require copyright-free, consult with the Administrative Manager to identify a suitable commercially available licenced image through their *Canva* account, or to have an image designed specifically for your use.
- Ensure that images are not too childish or patronising.
- To appear more personable, include an image of the person who has written the document.

There are many examples of Easy Read documents freely available on the internet. Custom Home Care Ltd. recommends that staff read several of these before writing their own. Typing 'easy read document example' into

a search engine will provide numerous documents for this purpose. Below are several examples of the ways in which Easy Read information can be used.

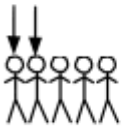
Examples of Easy Read Information

	This guide will help you write information that is easy to understand.
	There is a tick list in this document that you can tick off to help you.
	• You can find pictures on the internet.
✓	Having a photo of the person writing is a good idea.
	We should have an information symbols or a reply symbol on every letter.
	The meeting is on **10 June** It starts at **10am** It will finish at **11.30am**
?	If you have any questions about this please phone me on 01234 567 89

ABC

We should always use simple writing, words that are familiar.

I would like to meet you and talk about what you would like to do. I am also happy to talk to any carers or other people who you are involved with.



Big Print

Some people need big print.

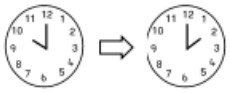
- Education

- Housing

- Health

If someone has discriminated against you we will help you get it put right.

We might ask the person to sit down with you and talk through the problem.



Come to the information day

23 July Cleartown Town Hall

10am until 2pm

Duty of Candour Policy

Introduction

As of the 1st April 2015, the Care Quality Commission introduced new regulations regarding the fundamental standards of care. One of these regulations deals with the Duty of Candour. The implementation of this regulation promotes a culture of openness that is prerequisite to improving client safety and quality of care. It involves explaining and apologising for what happens to clients who have been harmed or involved in an incident because of their care. It ensures communication is open, honest and occurs as soon as possible following an incident. It encompasses communication between the company, health and social care teams, clients and/or their representatives.

Scope

This policy is based on the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20: Duty of Candour and is regulated by the Care Quality Commission.

The policy is aimed at care staff responsible for ensuring the infrastructure is in place to support openness between healthcare professionals and clients and/or their carers following an incident, complaint, or claim. This policy is to be read in conjunction with the company's Complaints and Compliments Policy.

Aims

This policy aims to provide guidance to staff regarding when the principles of Being Open and the Duty of Candour requirements apply, plus the process to be followed to support openness with patients and their relatives.

The following principles involved in the communication of client safety incidents are essential to support the policy:

- Acknowledgement.
- Truthfulness, timeliness, and clarity of communication.
- Apology.
- Recognising patient and carer expectations.
- Professional support.
- Risk management and systems improvement.
- Multidisciplinary responsibility.
- Clinical governance.
- Confidentiality.
- Continuity of care.

The principles of being open must be applied to any incident, complaint, claim occurring because of treatment by the company resulting in harm to a client.

Definitions

- **Being Open** - enabling concerns and complaints to be raised freely without fear and questions asked with the aim of being answered.
- **Candour** – Any person who uses the service harmed by the provision of the 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.
- **Relevant Person** – This is the person who is receiving services or someone acting lawfully on their behalf in the following circumstances: on their death, or where they are under sixteen (16) and not competent to decide in relation to their care or treatment or are sixteen (16) or over and lack the mental capacity in relation to the matter in accordance with the Mental Capacity Act 2005.
- **Notifiable Safety Incident** – an incident involving harm or prolonged pain because of the care they are receiving. Death as a direct result of an incident and not because of an underlying illness or condition.

Roles and Responsibilities

- **Board of Directors** – to publicly endorse the principles of Being Open and to help foster an open, honest, and fair safety culture. Identify an Executive Lead to act as Champion in this role.
- **All Staff** – to ensure that all client safety incidents are reported accurately and in a timely manner.

The Process of Being Open

Being open about a client safety incident is a communication process with several stages. These are outlined in the Incident Detection or Recognition flowchart (Appendix 1). The duration of the process depends upon the incident, the needs of the client, their families, carers and how the investigation into the incident progresses.

Incident Detection and Recognition

Being open begins with the recognition that a client has suffered harm because of a client incident. A client incident may be identified by:

- A care worker at the time of the incident.
- A care worker or member of staff retrospectively when an unexpected outcome is detected.
- A client and/or their carers either at the time of the incident or retrospectively.
- A formal or informal complaint.

- A litigation claim.
- Incident detection systems such as client reviews, appraisals, wellbeing calls.
- Other sources of identification such as family, friends, visitors, or non-care staff.

If the level of harm is judged to be (or suspected to be) moderate or above, then the Duty of Candour requirements apply.

Client Incidents Occurring Elsewhere

A client incident may have occurred in another setting, such as a coffee morning, luncheon club, trip out etc. The individual who first identifies the possibility of an earlier client incident should notify the Registered Manager who will then contact their equivalent at the organisation (if applicable) where the incident occurred and establish whether:

- The client incident has already been recognised.
- The process of Being Open has commenced.
- If incident investigation and analysis is underway.

Criminal or Intentional Unsafe Act

Client incidents are almost always unintentional. However, if at any stage following an incident, it is determined that harm may have been the result of a criminal or intentional unsafe act, the Registered Manager should be notified immediately.

Initial Priorities

As soon as a client safety incident is identified, the top priority is to respond promptly with appropriate action to prevent further harm. This may involve medical care, social workers, or additional safeguarding bodies. The process for investigating and analysing incidents should be initiated.

Determining the Level of Harm

For all incidents except for claims, the level of harm to the client will determine client and/or family/carer involvement in the investigation process. Where no harm has occurred, unless it is locally deemed in the best interest of the client, the incident need not be discussed with the client. Incidents resulting in minor levels of harm as described in Appendix 2 – Severity of Incident and Required Level of Response, require the application of the principles of Being Open and will usually be investigated at a local level. Where harm is caused resulting in moderate or severe harm or ultimately death, the process of Being Open must be applied, to meet the requirements of the Duty of Candour. For complaints graded as low, the principles of Being Open do not apply.

For complaints graded medium or high, the process applies and the requirements under the Duty of Candour must be met.

Preliminary Team Discussion

This team should comprise the most senior member of staff. In most instances this will be the Registered Manager. Other members involved in the incident should also be involved as soon as possible to:

- Establish the basic facts.
- Assess the incident to determine the level of immediate response.
- Identify who will be responsible for discussion with the client and/or their carers/family.
- Consider the appropriateness of engaging client support at this early stage. This includes the use of a facilitator, a client advocate or social worker who will be responsible for identifying the client's needs and communicating them back to the team.
- Identify immediate support needs for the staff involved in the incident, including de-briefing and individual support, this may include counselling services if required.
- Establish a process for collation of evidence for the investigation.

Choosing Who Will Communicate with the Client and/or Carers

This should be the most senior person responsible for client care and/or someone with experience and expertise in the type of incident that has occurred. This could be a consultant, the client's GP, or a social worker.

They should:

- Have a clear understanding of the facts relevant to the incident.
- Be senior enough or have sufficient experience and expertise in relation to the incident to be credible to clients, carers, and colleagues.
- Have excellent interpersonal skills including being able to communicate with clients, their family and/or carers in a way they can understand and avoid using excessive jargon.
- Be willing and able to offer an apology, reassurance, and feedback to clients.
- Be able to maintain a medium to long-term relationship with the client where possible to provide continued support and information.
- Be culturally aware and informed about the specific needs of the client.

Special Circumstances

The approach to Being Open may need to be modified for some groups of clients (Appendix 4).

Initial Being Open Discussion

The initial Being Open discussion with the client, or their relevant person should occur as soon as possible after recognition of an incident. The physical and emotional condition of the client should be taken into consideration and the availability of the relevant person and key staff involved.

The relevant person will be given a full apology and an explanation of the Being Open process. They should also be given a Being Open Information leaflet (Appendix 5). This should be confirmed promptly in writing with a letter inviting the client/relatives to further meetings. See examples in Appendix 6.

If staff try but fail to contact the relevant person this should be documented in the client's records.

Involving Care Staff Who Make Mistakes

In these circumstances the member(s) of staff involved may or may not wish to participate in the Being Open discussion with the client and/or their relatives/representatives. Every case where an error has occurred needs to be considered individually, balancing the needs of the client and/or their relatives/representatives with those of the staff member involved. In cases where the staff member who has made an error wishes to attend the discussion to apologise personally, they should feel supported by their colleagues throughout the meeting. If the client/relative or representative expresses a preference for the staff member not to be present, it is advisable that a personal written apology is handed to the patient/relative/representative during the Being Open discussion.

Conducting the Meeting

- A record of the discussion should be kept using Appendix 7. A record should be kept in the client's file that the meeting has occurred.
- The relevant person should be advised of the identity and role of all people attending the Being Open discussion before it takes place. This allows them the opportunity to state their own preferences about which staff should be present.
- Where there is lack of clarity, communication about specific matters should be deferred until after the investigation has been completed.
- The relevant person should be informed that an incident investigation is being carried out and more information will be available as it progresses.
- It should be made clear to the relevant person that new facts may emerge as the incident investigation proceeds.

- The relevant person's understanding of what happened should be taken into consideration, as well as any questions they may have.
- There should be consideration and formal noting of the client's and/or family's views and concerns, plus demonstration that these are being heard and taken seriously.
- Appropriate language and terminology should be used. An individual's language needs must be taken into consideration if English is not their first language.
- For individuals whose first language is not English an interpreter should be used rather than reliance on a family member for purposes of clarity.
- An explanation should be given of the investigation process and incident analysis findings.
- Information on likely short and long-term effects of the incident (if known) should be shared. The latter may be delayed to a subsequent meeting when the situation becomes clearer.
- An offer of practical and emotional support should be made to the client and/or family. This may involve giving information on third parties such as charities and voluntary organisations as well as offering more direct assistance. Information about the client and the incident should not normally be disclosed to a third party without the client's consent.
- The relevant person should be given the contact details of one member of staff who will act as a contact point for them. Their role will be to provide both practical and emotional support in a timely manner.
- The relevant person should be given information on the complaints procedure and helped if necessary.
- It should be recognised that patients and/or family members may be anxious, angry, and frustrated even when the Being Open discussion is conducted properly.

It is essential that the following does not occur:

- Speculation.
- Attribution of blame.
- Denial of responsibility.
- Provision of conflicting information from different individuals.

The initial Being Open discussion is the first part of an ongoing communication process. There should be repeated opportunities for the client and/or family members to obtain information if they wish.

Follow-up Discussions

Follow up discussions with the client, their family and carers are an important step in the Being Open process. Depending on the incident and timeline for the investigation there may be more than one follow-up discussion.

The following guidelines will assist in making communication effective:

- The discussion occurs at the earliest practical opportunity.
- Consideration is given to the timing of the meeting, based on both the client's health and personal circumstances.
- Consideration is given to the location of the meeting, for example at the client's home.
- Feedback is given on progress to date and information provided on the investigation process.
- There should be no speculation or attribution of blame. Similarly, the representative of Custom Home Care Ltd. communicating the incident must not criticise or comment on matters outside their own experience.
- The client, their family or representative should be offered an opportunity to discuss the situation with another relevant professional where appropriate.
- A written record of the discussion is kept and shared with the client, their family and/or representative.
- All queries are responded to appropriately.
- If completing the process at this point, the client, their family and or representatives should be asked if they are satisfied with the investigation and a note of this made on the form and the client's file.
- The client is provided with contact details so that if further issues arise later, there is a conduit back to the relevant contacts or an agreed substitute.

Completing the Process

Before the final investigation details are shared with the relevant person the draft letter and/or investigation report must be agreed by the Registered Manager.

After completion of the incident investigation, feedback should take the form most acceptable to the client, i.e., face to face and/or a written report. Communication should include:

- A chronology of care related factors.
- Details of the relevant person's concerns and complaints.
- A summary of the factors that contributed to the incident.
- Information on what has been and what will be done to avoid reoccurrence of the incident and how these improvements will be monitored.

It is expected that in most cases there will be complete discussion of the findings of the investigation and analysis. In some cases, information may be withheld or restricted, for example, where communicating information will adversely affect the health or care of the client; where investigators are pending coronial processes; or where specific legal requirements preclude disclosure for specific purposes. In these cases, the client will be informed of the reasons for the restrictions.

Communication with the client's GP is advisable summarising details of the incident once investigations have been completed.

Written Records of the Being Open Discussion(s).

All records relating to the Being Open (Duty of Candour) process should be kept with the client's file. There should be documentation of:

- Copies of any correspondence sent to relevant person(s) and any other third party.
- The initial meeting recorded using Appendix 7.
- Subsequent meetings recorded using Appendix 8.
- Statements, investigation reports and final letters.
- A record of any failed attempts to contact the relevant person or their refusal to meet should be recorded in the client's file.
- Progress notes and an accurate summary of all points explained to the client and/or family etc.

Communication of Changes to Staff

Effective communication with staff is a vital step in ensuring that any recommended changes are implemented and monitored. It will also facilitate the move towards increased awareness of client safety issues and the importance of Being Open.

Training

All staff employed by Custom Home Care Ltd. are made aware of the Duty of Candour Policy on induction and advised to familiarise themselves with it. The Duty of Candour Policy is available in the office or on our website.

Equality and Diversity

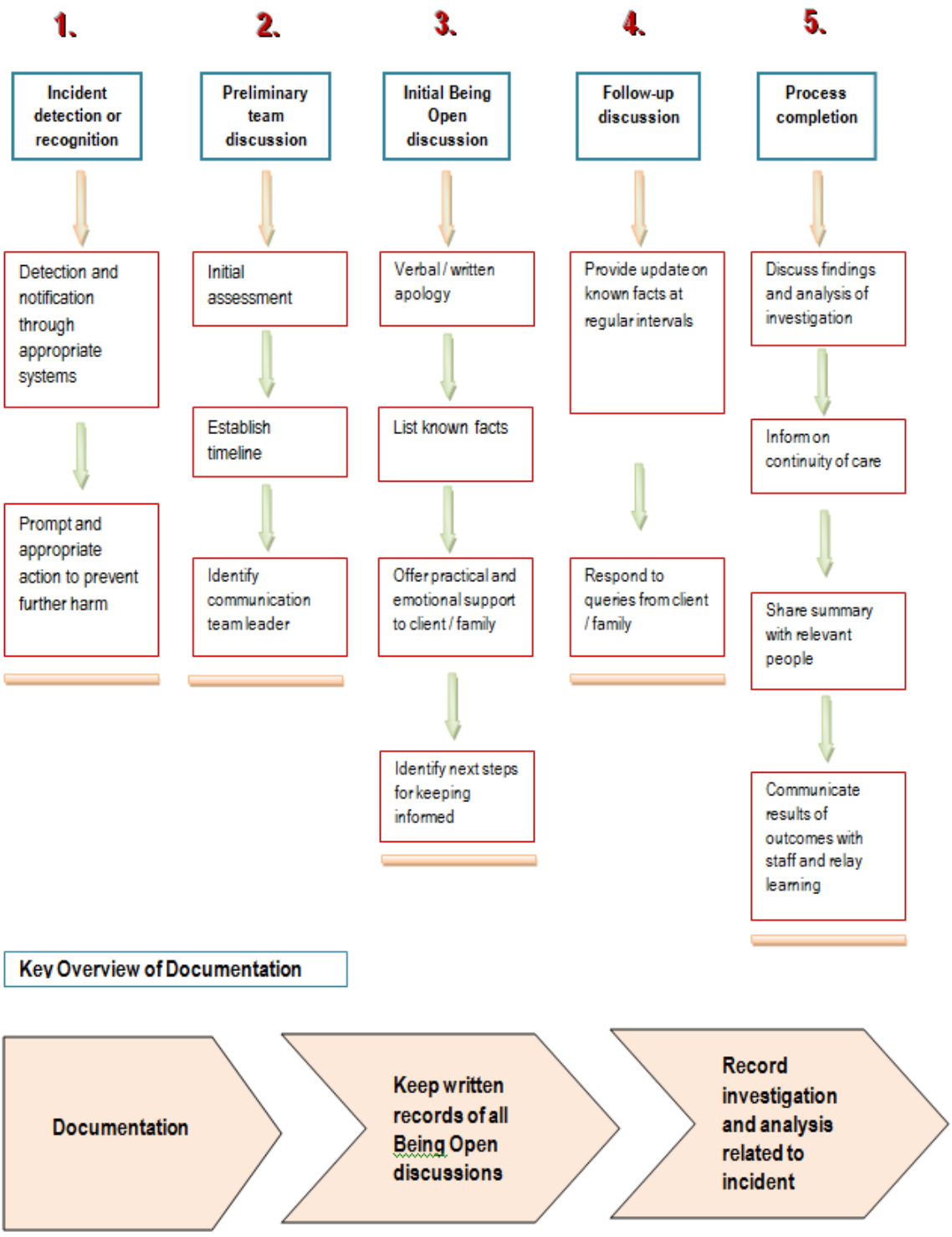
Custom Home Care Ltd. is committed to ensuring as far as practicably possible, the way we provide care to the public and the way we treat our staff, reflects their individual needs and does not discriminate against individuals or groups on any grounds.

Monitoring Compliance

Regulation	Monitoring and Audit Method	Monitored By	Overseen By	Frequency
CQC Regulation 20: Duty of Candour	Audit of client incidents graded moderate and above	Registered Manager and qualified high-ranking member of staff	Director	Annual
	Provision of evidence of compliance with the Duty of Candour requirements	Registered Manager and a qualified high-ranking member of staff	Directorial meetings	Six monthly

N.B. If no issues have been reported within the frequency schedule, the audit report indicate this.

Appendix 1 – Incident Detection or Recognition flowchart



Appendix 2 – Severity of Incident and Required Level of Response

Incident	Incident Severity / Grading	Complaint Grading	Level of Response Required
No harm (including prevented client safety incident)	Insignificant	Low	Clients are not usually contacted or involved in investigations. These are outside the scope of the Being Open policy, but local decisions can be taken as to whether 'no harm' events are discussed with the client, their families and carers depending on the best interest of the client. Complaints should be dealt with locally. If unresolved, escalate through normal complaints procedure.
Low harm	Minor	Low	Unless there are specific indications or the client requests it, the communication, investigation, and analysis will occur at the local level (within the company), with those directly involved with the incident. Communication should take the form of an open discussion between staff providing care, the client, and their family. The principles of Being Open must be applied. Complaints should be dealt with locally and safeguarding bodies notified if the incident is deemed notifiable. .
Moderate harm, severe harm or death	Moderate Major Catastrophic	Medium High	A higher level of response is required. The process of Being Open must be applied to meet the requirements under the Duty of Candour (Appendix 3). Standard written communications with clients and/or their relatives should be used (Appendix 4). Complaints must be escalated to safeguarding bodies.

Appendix 3 – CQC Regulation 20: Duty of Candour

Source: https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour#full-regulation

20.—

1. Registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity.
2. As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred a registered person must—
   a. notify the relevant person that the incident has occurred in accordance with paragraph (3), and
   b. provide reasonable support to the relevant person in relation to the incident, including when giving such notification.
3. The notification to be given under paragraph (2)(a) must—
   a. be given in person by one or more representatives of the registered person,
   b. provide an account, which to the best of the registered person's knowledge is true, of all the facts the registered person knows about the incident as at the date of the notification,
   c. advise the relevant person what further enquiries into the incident the registered person believes are appropriate,
   d. include an apology, and
   e. be recorded in a written record which is kept securely by the registered person.
4. The notification given under paragraph (2)(a) must be followed by a written notification given or sent to the relevant person containing—
   a. the information provided under paragraph (3)(b),
   b. details of any enquiries to be undertaken in accordance with paragraph (3)(c),
   c. the results of any further enquiries into the incident, and
   d. an apology.
5. But if the relevant person cannot be contacted in person or declines to speak to the representative of the registered person —
   a. paragraphs (2) to (4) are not to apply, and

b. a written record is to be kept of attempts to contact or to speak to the relevant person.

6. The registered provider must keep a copy of all correspondence with the relevant person under paragraph (4).

7. In this regulation—
"apology" means an expression of sorrow or regret in respect of a notifiable safety incident; "moderate harm" means—

a. harm that requires a moderate increase in treatment, and

b. significant, but not permanent, harm;

"moderate increase in treatment" means an unplanned return to surgery, an unplanned re-admission, a prolonged episode of care, extra time in hospital or as an outpatient, cancelling of treatment, or transfer to another treatment area (such as intensive care);
"notifiable safety incident" has the meaning given in paragraphs (8) and (9);
"prolonged pain" means pain which a service user has experienced, or is likely to experience, for a continuous period of at least 28 days;
"prolonged psychological harm" means psychological harm which a service user has experienced, or is likely to experience, for a continuous period of at least 28 days;
"relevant person" means the service user or, in the following circumstances, a person lawfully acting on their behalf—

c. on the death of the service user,

d. where the service user is under 16 and not competent to make a decision in relation to their care or treatment, or

e. where the service user is 16 or over and lacks capacity in relation to the matter.

"severe harm" means a permanent lessening of bodily, sensory, motor, physiologic or intellectual functions, including removal of the wrong limb or organ or brain damage, that is related directly to the incident and not related to the natural course of the service user's illness or underlying condition.

8. In relation to a health service body, "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, could result in, or appears to have resulted in—

a. 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, or

b. severe harm, moderate harm or prolonged psychological harm to the service user.

9. 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—

   a. appears to have resulted in—

      i. 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,

      ii. 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,

      iii. changes to the structure of the service user's body,

      iv. the service user experiencing prolonged pain or prolonged psychological harm, or

      v. the shortening of the life expectancy of the service user; or

   b. requires treatment by a health care professional in order to prevent—

      i. the death of the service user, or

      ii. any injury to the service user which, if left untreated, would lead to one or more of the outcomes mentioned in sub-paragraph (a).

Appendix 4 – Special Circumstances Relating to Being Open

The approach to Being Open may need to be modified according to the client's personal category and circumstances.

Clients with Mental Health Issues

Being Open for patients with mental health issues should follow normal procedures, unless the client also has cognitive impairment. The only circumstances in which it is appropriate to withhold client safety incident information from a mentally ill client is when advised to do so by a consultant who feels it would cause adverse psychological harm to the client. It is advisable to obtain a second opinion in order to justify the withholding of information from a client. Apart from exceptional circumstances, it is never appropriate to discuss client safety incident information with a relative without the express permission of the client. To do so would be an infringement of the client's human rights.

Clients with Cognitive Impairment (Lacking Capacity)

Some clients have conditions that limit their ability to understand what is happening to them. They may have authorised a person to act on their behalf by an enduring power of attorney. In these cases, steps must be taken to ensure this extends to the decision-making and to the care of the client. The Being Open discussion would be held with the holder of the power of attorney. Where there is no such person, the client's GP or social worker may act in their best interest in deciding who the appropriate person is to discuss incident information with, regarding the welfare of the client.

A client with a cognitive impairment should, where possible, be involved directly in communications about what has occurred. An advocate with appropriate skills should be available to the client to assist in the communication process.

Clients with Learning Difficulties

Where a client has difficulties in expressing their opinion verbally, an assessment should be made about whether they are also cognitively impaired. If not cognitively impaired, they should be supported in the Being Open process by alternative communication methods (i.e. given the opportunity to write questions down). An advocate, agreed on in consultation with the client, should be appointed. Appropriate advocates may include other carers, family or friends of the client. The advocate should assist the client in the Being Open process, focussing on ensuring that the client's views are considered and discussed.

Clients Who Do Not Agree with the Information Provided

Sometimes, despite the best efforts of the Being Open Team, the relationship between the client and/or carers, healthcare professionals, family etc breaks down. Clients may not accept the information provided or not wish to participate in the Being Open process. In this case, the following strategies may be of assistance:

- Deal with the issue as soon as it emerges.
- Where the client agrees, make sure their carers are involved in discussions from the beginning.
- Provide mechanisms for communicating information, such as offering another contact person.
- Appoint a mediator to help identify the issues and come to a mutually agreeable solution.

If for any reason there is doubt about a person's mental state, it is highly advisable to have an advocate acting on their behalf. It is accepted that a person may lack capacity for a temporary period only.

Appendix 5 – Being Open Client Information Leaflet

More Information

If you would like to know more information about how Custom Home Care Ltd. deals with mistakes, please contact our office on 0114 275 9703 and we can arrange for a senior member of staff to speak with you.

For further advice on the implementation of the Duty of Candour and Being Open, please contact our regulating body, The Care Quality Commission on 03000 616161 or visit their website: www.cqc.org.uk. You can also email the CQC on enquiries@cqc.org.uk.

Custom Home Care Ltd.

560 City Road
Norfolk Park
Sheffield
S2 1GE

Phone: 0114 275 9703

E-mail: wecare@customhomecare.org

Custom Home Care Ltd.

Being Open – Saying Sorry When Things Go Wrong

Custom Home Care Ltd. takes its responsibility as a care provider very seriously. Occasionally, however, something can go wrong and a client suffers harm.

We expect our staff to be completely open with people when mistakes are made. If a mistake seriously harms you, a family member or someone for whom you are responsible, you will be able to expect our Registered Manager to apologise and explain clearly what went wrong. The Registered Manager should also tell you what they will do to stop the problem happening again.

A Chance to Talk

Being Open will mean that someone in authority involved in your care package will ask to arrange a meeting with you to talk about what went wrong.

You will be able to choose who comes to this meeting.

This will normally be a senior member of Custom Home Care Ltd. staff, but you can choose someone else if you prefer. You may wish to invite a friend or relative to the meeting.

You can also choose where you want the meeting to take place. The majority of the time this may be your home. However, if you prefer to have the meeting elsewhere, Custom Home Care Ltd. will make the required arrangements.

At the meeting, someone from your care team should:

- Say sorry for what happened.
- Explain exactly what went wrong.
- Ask you what you think went wrong and why?
- Tell you what they will do to stop the problem happening again.
- Let you ask any questions.

It can sometimes take weeks to investigate a problem. So it might be at the first meeting that no-one can tell you exactly what went wrong. However, someone will keep you up-to-date with the progress of the investigation.

After the meeting you will get a letter of apology. This letter will explain how and, if possible, why things went wrong with your care. If this information isn't available, you will be told how your case will be investigated and when you can expect more details. The letter will also say what action(s) Custom Home Care Ltd. will take to prevent the problem happening again.

Custom Home Care Ltd. can learn from people who have been harmed whilst receiving care. You should also be offered support from a counsellor.

You may feel anxious about talking through your experience, but people who have encountered problems with care often say they are better able to cope once they receive an apology and understand what went wrong.

Appendix 6 – Template for Communication Letter in Accordance with Being Open and Duty of Candour

Date: ##/##/###

Dear Client name/Relative name (as appropriate)

You/Your [insert relative] have/has been involved in an adverse event [describe event here].

I wish to express my sincere regret that this event has occurred.

Custom Home Care Ltd. aims to provide a quality care service to you/your [relatives as appropriate], and to investigate promptly such adverse events and share findings with those involved. In order to support anyone involved in an adverse incident, Custom Home Care Ltd. has a Being Open Policy. I enclose a leaflet with more details for your information.

[If appropriate] We would like to invite you/your relative to attend a meeting which is being organised as part of the incident investigation. Prior to this taking place, I would appreciate your views on the following in relation to this meeting.

- Your preference of time and date of the meeting?
- Where would you wish to meet if we are unable to meet at your home?
- With whom would you prefer to meet?

If you wish to do so, please feel free to bring along a friend or relative to offer you support during this meeting. Following the meeting, you will be provided with further information relating to the outcome of the investigation.

If you would prefer not to attend any meetings, please do not hesitate to let us know.

When our investigation is complete, we will provide you with written feedback regarding the outcome of the investigation.

I/Staff member xxxxx is acting as your lead contact for the duration of the Being Open process. I/they can be contacted on telephone number xxx xxxx

Yours sincerely,

_____

Name

Position

Appendix 7 – Reportable Client Safety Incident Initial Discussion

Date of Conversation:					
Summary of Incident:					
Who was present at the meeting?					
Client Name:		**Client No.:**		**DOB:**	
Who was informed (tick as appropriate)	**CLIENT** ☐ **NOK** ☐ (If discussing with NOK, please ensure you have obtained consent from the client if they have capacity)				
Add Name / Address / Contact details of NOK if required					
Does the client want a written copy of the investigation once complete?			**YES** ☐ **NO** ☐		
Signed:		**Print Name:**			

Appendix 8 – Subsequent Meetings to Discuss Findings

Date of Meeting:		**Place held:**			
Who was present at the meeting?					
Client Name:		**Client No.:**		**DOB:**	
What was discussed at the meeting?					
Are there any actions following this meeting and who is to undertake the actions?					
Has another meeting been agreed?	**YES** ☐ **NO** ☐				
If YES, when is the meeting to be held?					
Who is to arrange the meeting?					
Does the patient or NOK require a written summary of this meeting?	**YES** ☐ **NO** ☐				
Signed:		**Print Name:**			

Appendix 9 – Guidance Relating to Severity of Harm Relating to a Notable Incident

This list is not exhaustive.

Descriptor	Actual Impact	Example
CATASTROPHIC	▪ Any incident that directly causes the death of a client including suicide, homicide, or permanent injuries.	▪ A fall leading to injury that directly causes the death of a client. ▪ Medication incident directly resulting in client death.
MAJOR	▪ Any incident that contributes to but is not the direct cause of a patient death. ▪ Any incident that results in permanent harm, loss of body part etc.	▪ A fall causing an injury that contributes to client death or causes permanent harm or disability e.g., fractured neck of femur. ▪ Pressure ulcer resulting on sepsis and sepsis recorded on death certificate. ▪ Medication error that contributes to client death.
MODERATE	▪ Semi-permanent harm or damage, e.g., injury takes over one month and up to one year to resolve	▪ Fall causing harm that takes 1-12 months to resolve, e.g., fractured humerus. ▪ Care acquired Stage 3 or 4 pressure ulcer.
MINOR	▪ Short term injury or damage, e.g., injury that has been resolved within one month.	▪ A fall causing harm that resolves within one month, e.g., scalp laceration. ▪ Client develops care acquired Stage 1 or 2 pressure ulcer. ▪ A medication error resulting in client harm which resolves within one month.
INSIGNIFICANT	▪ No injury or adverse outcome. ▪ Near miss.	▪ Fall – client unharmed. ▪ Medication error results in no patient harm, e.g., error realised before client takes medication. ▪ **N.B** – Ulcers are never insignificant.

Covid-19 Statement and Govt. Guidance

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Coronavirus (COVID-19): provision of home care - Updated 8 November 2021

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Introduction

This guidance has been updated in line with the latest advice on testing and infection prevention control (IPC).

Purpose of the guidance

The purpose of this guidance is to support the safe delivery of services throughout the COVID-19 pandemic. In addition to protecting against the risk of COVID-19, we want to support home care providers to enable the people they support to lead healthy, independent lives.

Providing home care

Following expert clinical advice and the successful rollout of the COVID-19 vaccine programme, people previously considered to be clinically extremely vulnerable (CEV) will not be advised to shield again. If you were previously identified as CEV, you are advised to continue to follow the guidance contained in Coronavirus: how to stay safe and help prevent the spread (https://www.gov.uk/guidance/covid-19-coronavirus-restrictions-what-you-can-and-cannot-do). Individuals should consider advice from a health professional on whether additional precautions are right for them.

How homecare providers can ensure they are caring for people safely

Homecare providers must ensure that the level of support provided to an individual meets their assessed needs. However, home care providers may need to reallocate duties or reduce visits if a person being cared for tests positive for COVID-19. These decisions will need to:

- be made subject to agreement with partner agencies and/or commissioners that the reduction in duties or visits balances the risks of reducing care with that of potential transmission of COVID19
- consider the care support needs, wishes and feelings of the relevant person and the unpaid carer or carers, in line with a personalised care approach • where significant changes are made, be based on a new assessment of the person's needs – the new level of support provided to the person must meet their assessed needs • be made in agreement with the person's social workers and family

What to do if someone being cared for develops COVID-19 symptoms

If anyone being cared for by a home care provider reports COVID-19 symptoms they should be supported to contact NHS 111 (https://111.nhs.uk/service/covid-19) via telephone or online.

Home care workers should report suspected cases of COVID-19 to their managers.

Providers should work with other community providers of care to review and assess the impact of risk on their care needs if they have symptoms and when they test positive. This could include district nurses, GPs, other health professionals involved in the person's care, commissioners, and the relevant person. Ring 111 or speak to the relevant community provider where appropriate.

All confirmed and suspected cases of COVID-19 should be reported in the Capacity Tracker (https://capacitytracker.com/).

Suspending care

If a person receiving care or their unpaid carer wishes to suspend their care, particularly if they are self-isolating, the commissioner should be alerted to this by the provider. All parties should work together to agree whether this is the appropriate step and what can be done to ensure the person's assessed support needs are met and they have access to essential items throughout this period, for example food or medicines. It is important to understand the reasons behind the request to suspend care and to provide advice about the precautions which should be taken to help reduce the risk of transmission of COVID-19.

Providers should assess the risks to the person posed by a reduction or suspension of visits or care. If the care provider is concerned about the risks, or the capacity of the person to make this decision, they must seek advice from the relevant commissioning authority. If the person receiving care is self funding, they can contact the local authority for advice.

There is further guidance available on how the Mental Capacity Act applies to a person's ability to make decisions around receiving care (https://www.nhs.uk/conditions/social-care-and-support-guide/makingdecisions-for-someone-else/mental-capacity-act/).

If at any time providers or managers think that someone may be acting against the person's best interests in making the decision to suspend care on their behalf, then they should contact their local authority's adult safeguarding team.

Where care is commissioned by the local authority then the decision to suspend the care package must be made by the local authority in partnership with the person and the ethical framework (https://www.gov.uk/government/publications/covid-19-ethical-framework-for-adult-social-care) for social care.

If staffing capacity

leads to care being suspended or prevents any care duties from being delivered, those identified as most at risk from not receiving care should be prioritised. The relevant people should be alerted to this, such as local authorities and CQC. If the provider is unable to meet the assessed needs of one or more supported people because of staff shortages, they should discuss this with the relevant service commissioner. Adequate provisions should be put in place should care be suspended due to staffing capacity. When assessing their staffing capacity, providers should refer to the guidance on restricting staff movement between their care home and other health and care settings.

Providers can access advice on recruiting and maintaining staffing capacity (https://www.skillsforcare.org.uk/Recruitment-retention/COVID-19/COVID-19-Safe-and-rapid-recruitment.aspx).

Hospital discharge

Upon discharge, individuals should receive information about who they can contact if their condition changes, ranging from direct contact points within the clinical team who supported the person in an acute or community hospital, through to signposting to relevant voluntary or housing sector partners for help in day-to-day duties.

Vaccination

Why it is important to get a COVID-19 vaccination

People who are fully vaccinated are far less likely to get COVID-19 with symptoms, become seriously unwell, be admitted to hospital, or die from the disease.

Frontline social care workers are more likely to be exposed to COVID-19 at work than the population as a whole and are at higher risk of repeated exposure to the infection due to the nature of their work. Catching COVID-19 can result in serious illness and may lead to long-term complications. These are more common in older staff and those with underlying health conditions.

All home care workers have now been offered a vaccine. The first dose of the vaccine offers good levels of protection, but to get maximum protection everyone must get a second dose and any further recommended booster doses.

It is essential that home care workers continue to follow guidance on infection control, including recommendations for hand hygiene, testing and the use of PPE regardless of vaccination status.

Infection, prevention, control (IPC) and personal protective equipment (PPE)

IPC measures should continue to be practised in home care to reduce transmission of COVID-19 and other infections including flu. This includes regular cleaning, ventilation, limiting social contact and hand hygiene.

PPE must be used correctly and is only effective when combined with:

- cleaning your hands regularly and appropriately for at least 20 seconds respiratory hygiene.
- avoiding touching your face with your hands.
- following standard infection prevention and control precautions.
- use the correct technique for putting on and taking off PPE.
- Safely dispose of used PPE

Home care workers should continue to follow the recommendations on use of PPE in how to work safely in domiciliary care (https://www.gov.uk/government/publications/covid-19-how-to-work-safely-indomiciliary-care).

Advice for staff

Staff in individual risk groups

Healthcare workers and those working in social care are at a higher risk of repeated exposure to infection. COVID-19 infection can be serious and may lead to long-term complications. These are more common in older staff or those with underlying clinical risk factors.

Factors including age, sex, ethnicity, certain underlying health conditions and pregnancy may be associated with an increased risk of or from COVID-19. Employers are encouraged to ensure that an appropriate person, such as a line manager, carries out individual conversations with all staff who may be at greater risk.

Staff from Black, Asian and Minority Ethnic (BAME) backgrounds may have increased concerns about COVID-19 and employers should handle these conversations sensitively. Employers should ensure that staff are supported and any necessary steps to reduce risk are considered on an individual and proportionate basis. The employee should consult their employer if they have any concerns and discuss issues raised with their line manager.

Many staff will be able to work normally.

COVID-19 testing for home care workers

Full information about how to access, conduct and report tests can be found in Coronavirus (COVID19) testing for homecare workers: information for agencies (https://www.gov.uk/government/publications/coronavirus-covid-19-testing-for-homecare-workers-information-foragencies).

All home care workers should continue to take part in the weekly PCR testing regime for home care workers. This includes those care workers who 'live in' with the people they support.

Anyone who has symptoms of COVID-19 (https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/main-symptoms/) should self-isolate immediately and get a PCR test from the online government portal (https://www.gov.uk/get-coronavirus-test) or by calling 119. Additionally, a symptomatic individual who tests negative for COVID-19 may have another infectious illness like flu and actions to limit transmission may be needed.

How home care providers can support the NHS Test and Trace service

NHS Test and Trace is a key part of the government's COVID-19 response. If we can rapidly detect people who have recently come into close contact with a COVID-19 case, we can take swift action to minimise transmission of the virus.

Staff from NHS Test and Trace or other public health professionals may contact home care providers if one of their staff or service users has tested positive for coronavirus to alert those who have been in close contact with them.

Home care providers can assist NHS Test and Trace by keeping a record of their care staff and recipients of care. This may include:

- the name and telephone number for a home care worker the dates and times that a home care worker is usually at work.
- records of care workers' visits including names and addresses of clients, arrival, and departure times of their visit.
- the names and telephone numbers of other home care workers, when working in proximity with someone else (for example, during a 'double up' visit).

Self-isolation for adult social care staff

From 16 August, fully vaccinated health and social care workers will not be required to isolate, and can continue working, if they come into 'close contact' with a COVID-19 positive person provided they have both:

- received a negative PCR test.

- received a daily negative Lateral Flow Test (LFT) for the duration of their otherwise isolation period.

Consideration should be given to how to ensure staff can deliver safe care during the 10 days after being identified as a close contact of someone who has tested positive for COVID-19. This includes applying the measures known to reduce risk such as distancing, maximising ventilation, PPE, charting, and enhanced testing of COVID-contacts.

This should be built into home care providers' general risk assessments for responding to infectious diseases and ensuring safe staffing levels are maintained. Where possible, staff should be redeployed for 10 days following contact with a positive COVID-19 case to undertake service where contact with people who are at higher risk of severe illness (https://www.nhs.uk/conditions/coronaviruscovid-19/people-at-higher-risk/who-is-at-high-risk-from-coronavirus/) if infected with COVID-19 can be minimised; recognising this may be challenging in adult social care settings.

If an unvaccinated or partially vaccinated staff member is notified as a contact of a COVID-19 case, by NHS Test and Trace or their workplace, they must self-isolate for 10 days as advised unless they are exempt (because they are under 18, unable to be vaccinated due to medical reasons or are taking part or have taken part in a clinical trial for a COVID-19 vaccine).

Further information can be found in the guidance on COVID-19 management of staff and exposed patients or residents in health and social care settings (https://www.gov.uk/government/publications/covid-19-management-of-exposed-healthcare-workers-and-patients-in-hospital-settings/covid-19-management-ofexposed-healthcare-workers-and-patients-in-hospital-settings).

Reducing contact between staff

From 19 July 2021, the legal restrictions on social distancing no longer apply and there are no legal limits on contact between households. COVID-19 can still be spread through social contact. You can mitigate this risk by reducing the number of people your staff encounter, for example:

- holding supervision and team meetings remotely, wherever possible, or in small groups in well ventilated rooms.
- not conducting information sharing (for example at the end of a shift) through face-to-face meetings unless necessary.
- staggering times at which staff access designated locations from which PPE and other equipment are collected.
- minimising the risks of transmission of the virus in locations visited by multiple people through good infection control (for example, regular cleaning of touch points and surfaces).
- minimising vehicle sharing.

- making use of secure means of sharing information remotely between agencies such as NHSmail or other secure email systems.

Staff returning from international travel

Staff should take a cautious approach to international travel.

We advise staff to avoid travel to red list countries. Staff members that do travel to red list countries must follow the guidance on red list countries and territories (https://www.gov.uk/guidance/red-list-ofcountries-and-territories#when-you-arrive-in-england---red-list-rules). There is a responsibility on staff to disclose to their employer that they have travelled through a red list country.

It is advisable that managers and supervisors request proof of pre and post travel PCR results before the staff member returns to work as a precaution in these instances.

If a fully vaccinated staff member travels to a non-red list country and is required to work the day after they return, they should undertake a PCR test and await a negative result before returning to work.

An additional PCR test should be taken 48 hours later as well as daily lateral flow tests (LFTs) (up to 10 days) from the day of arrival.

Mental health support for staff

Guidance to support and maintain the wellbeing of those working in adult social care (https://www.gov.uk/government/publications/coronavirus-covid-19-health-and-wellbeing-of-the-adult-social-careworkforce) has been published on GOV.UK. It provides advice and resources on maintaining mental wellbeing and how employers can take care of the wellbeing of their staff during and beyond the COVID-19 pandemic.

Support from commissioners

Business continuity planning and emergency preparedness – See also Emergency Contingency Plan – General and Emergency Winter Contingency Policy.

All local areas are required to have arrangements in place to respond to emergencies (https://www.local.gov.uk/coronavirus-information-councils/social-care-provider-resilience-during-covid-19guidance-commissioners) under Civil Contingencies legislation, which specifies the roles and responsibilities of the different organisations involved in planning for, responding to and recovering from emergencies.
In relation to adult social care, the lead role in responding to emergencies lies with the local authority.

Risk monitoring and emergency response

Local authorities need to have the strongest possible intelligence about emerging risks and national government needs to have robust information about risks to enable a national-level response where necessary.

Home care providers should continue to update the Capacity Tracker (https://capacitytracker.com/) to provide information about the impact of COVID-19 on their service. This will support local resilience forums (LRFs) and local authorities to direct mutual aid to providers where needed.

The role of LRFs in supporting the stabilisation and recovery of home care and home care providers is specified in The role of local resilience forums: a reference document (https://www.gov.uk/government/publications/the-role-of-local-resilience-forums-a-reference-document).

Strategic Co-ordinating Groups should continue to work with local authorities, CCGs, and Safeguarding Adults Boards (SABs).

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