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SUPPORTING PERSONAL CARE

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SUPPORTING PERSONAL CARE POLICY

1. PURPOSE

- 1.1 To ensure that Service Users are enabled to be as independent as possible in achieving personal hygiene that supports good health.
- 1.2 This policy should be read in conjunction with other relevant policies and procedures. These include:
 - Oral Care Policy and Procedure
 - Infection Control Policy and Procedure
 - Dignity, Respect and Choice Policy and Procedure
 - Promoting Independence with Continence Policy and Procedure
 - Personal Protective Equipment (PPE) Policy and Procedure
- 1.3 To support Nursing Direct in meeting the Key Lines of Enquiry/Quality Statements as set out by the Care Quality Commission (CQC).
- 1.4 To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide:
 - The Care Act 2014
 - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
 - Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
 - Health and Safety at Work etc. Act 1974
 - Mental Capacity Act 2005
 - Mental Capacity Act Code of Practice
 - The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012
 - Coronavirus Act 2020

2. SCOPE

- 2.1 The following roles may be affected by this policy:
 - Registered Manager
 - Other management
 - Staff including Agency Worker
 - Activities
- 2.2 The following Service Users may be affected by this policy:
 - Service Users
- 2.3 The following stakeholders may be affected by this policy:
 - Commissioners
 - External health professionals
 - NHS

3. OBJECTIVES

- 3.1 For Service Users to receive support and remain as independent as possible with their personal care to meet their needs, from Staff including Agency Workers who are trained and competent.
- 3.2 The beliefs, wishes and preferences of the Service User regarding personal care needs are facilitated and considered at all times, and where possible the Service User is supported to self-care.
- 3.3 Decisions about provision of personal care support are made either with the agreement of the Service User or in compliance with the Mental Capacity Act 2005 and the Care Act 2014.

4. POLICY

- 4.1 Personal care or personal hygiene involves the practices involved in maintaining health and preventing disease. Personal hygiene is the self-care by which people attend to functions such as bathing, toileting, general body hygiene, dressing and grooming.

Personal hygiene for the Service User can include; Bathing, Showering, Bed bath, Assisted wash, Hair care, Nail care, Oral care, Continence care, Eye care, Ear care, Nose care, Skin care, Foot care, Shaving, Hair removal options, Menstrual hygiene, Dressing, Ensuring bed linen and towels are fresh.
- 4.2 Feeling and looking good are important to the Service User's emotional and physical well-being. Personal hygiene also impacts the lives of those around the Service User. Poor personal hygiene can result in a negative attitude from other people, which can affect the Service User's interactions and self-confidence.
- 4.3 Service Users are given all help to maintain their independence in self-care and personal hygiene.

Staff including Agency Workers at Nursing Direct promote and support Service Users to remain or become as independent as possible.

- 4.4 Nursing Direct recognises its responsibility to ensure that all Service Users wash, bathe and shower as safely as possible in their own home and this will be clearly identified in the Service User's Care Plan.
- 4.5 The Service User will be individually assessed as to their needs, ensuring that suitable equipment is in place to support them with personal care needs.
- 4.6 A Service User's right to dignity and privacy are always respected by Staff including Agency Workers.
- 4.7 Staff including Agency Workers will report any problems and significant changes in the Service User's personal hygiene to Nursing Direct.
- 4.8 Where Service Users might lack mental capacity to consent to support with personal hygiene, Nursing Direct ensures decisions and actions are made in accordance with the Mental Capacity Act 2005.
- 4.9 Staff including Agency Workers should refer to best practice recommendation resources which include the Royal Marsden Manual of Clinical Nursing Procedures.

5. PROCEDURE

5.1 Personal Hygiene Assessment

At the pre-service assessment stage, personal hygiene needs will be established. This will identify the support the Service User will require, and if Staff including Agency Workers at Nursing Direct can support the Service User with their needs.

5.2 Care Plans and Risk Assessments

Care Plans and risk assessments are essential in outlining how to enable Service Users to manage their own personal hygiene as far as possible, in a safe way, that minimises risk. The Care Plan indicates the objectives and suggests how to complete them, and the risk assessment highlights any potential risks, how to manage them to ensure both a safe working environment and the safety of the Service User.

Care Plans at Nursing Direct will:

- Outline any areas (including medical conditions) that if not monitored or looked after correctly, pose a potential risk of harm to the Service User and how this is managed
- Include information on walking and sensory aids needed
- Include which room/s to provide assistance with personal care, considering space and good lighting
- Evidence how Staff including Agency Workers have sought to align support with the personal wishes, preferences, and the cultural background of each Service User
- Evidence up-to-date assessments of relevant specific needs regarding skin integrity or health problems such as diabetes or skin disorders, with information about how these are to be managed
- Ensure that evidence is available where a specific Service User lacks the capacity to consent to or refuse personal care when this is necessary for health purposes. This will include evidence, where appropriate, of efforts that have been made to improve their capacity for these decisions

Risk Assessments at Nursing Direct will:

- Outline any identified hazards and indicate how the risk will be minimised, this includes both environmental and mobility risks
- Outline and identify any sensory risks and how they are managed
- Outline any mobility risks and how they are managed

Care Plans and risk assessments are updated when necessary to provide up to date guidance on Service Users' needs for assistance to maintain adequate personal hygiene.

5.3 Personal Hygiene Care Plan

All Service Users will have a Care Plan which includes personal hygiene formulated and agreed by the Service User and/or their family (where consent and the law allow) and should include the following:

- The Service User's level of independence with personal hygiene
- What support they need with personal hygiene
- Any aids or appliances the Service User may use to maintain independence
- How Staff including Agency Workers will align support with the personal wishes, preferences, and cultural background of the Service User, including:
 - Bath or shower preference
 - How and when they like to wash
 - How often they like their hair washed and who performs this task
 - How they like to look (hair style, make up)
 - Choice of clothing
 - What products they prefer (creams, deodorants)
 - Jewellery
 - Facial hair preference (clean-shaven, beard, moustache)
 - Religious and cultural beliefs
- Number of Staff including Agency Workers required to support the Service User
- Is the Service User motivated to perform personal hygiene (depression)
- Does the Service User have the energy to perform personal hygiene, due to weakness or fatigue
- Is the Service User in pain or discomfort that could impair their ability to perform personal hygiene
- Any cognitive or perceptual impairment
- Any physical impairment
- Their dexterity to manage clothing and any equipment
- Their skin integrity
- Any encouragement the Service User may require
- Any family involvement

- Signposting to other relevant Care Plans and related care documents, including:
- Skin Integrity
- Diabetes

The Service User's Care Plan will be subject to review as a minimum, 6 monthly, or as and when needs change. Staff including Agency Workers can refer to the Service User Care Planning Policy and Procedure.

5.4 **Service User Involvement / Supporting Independence**

Where possible, Service Users and/or their families will be supported to be as independent as possible to manage their personal care needs. How this is supported must be documented clearly within the Service User's records to aid a consistent approach from all Staff including Agency Workers.

Empowering Service Users to maintain their independence fosters a sense of dignity and self-worth while minimising the need for Care. The Service User's ability to perform self-care measures may change and fluctuate, and will need to be assessed regularly, even on a daily basis.

5.5 **Consent**

Consent for Staff including Agency Workers to follow the care plan, including providing personal care, must be obtained from the Service User prior to providing personal care, taking into account the mental capacity of the Service User.

Staff including Agency Workers providing care must always ensure that when giving personal care, they clearly communicate to the service user the tasks they are performing.

Where a Service User lacks the ability to consent and due to the sensitive and intimate nature of personal care, advice will be sought from a multidisciplinary perspective and alternative strategies considered in line with the Mental Capacity Act (2005) and best interest decisions.

Care Plans show evidence if a specific Service User lacks capacity to consent to or refuse personal care when this is necessary for health. This includes evidence, where appropriate, of efforts that have been made to improve their capacity for these decisions.

5.6 **Offering Personal Care**

The following general principles apply when offering and providing support with personal care:

- Where possible, Service Users must be encouraged and supported to be as independent as possible
- Aids to support independence must be sourced from suitably trained healthcare professionals
- Personal hygiene will be offered at least daily
- Any prescribed creams must be administered as prescribed
- Create a relaxed atmosphere and a safe environment
- Ensure room temperature meets the Service User's individual preferences
- Ensure any water temperatures meet the Service User's individual preferences
- Ensure that toiletries, material, and equipment required are placed within the Service User's reach
- Report any problems and significant changes in the Service Users personal hygiene to Nursing Direct
- Ensure materials, equipment and facilities are left clean, tidy, and ready for future use
- Even where Service Users lack capacity to consent to personal care interventions, they are to be given as much choice as possible in how the care is given, and what products are used, taking account of their known wishes and preferences

5.7 **Privacy and Dignity**

Personal hygiene can be embarrassing and stressful for Service Users.

It is good practice to ensure maximum privacy and dignity for Service Users when providing personal care and intimate personal care, therefore, encourage one-to-one support as much as possible. Where additional support is required for moving and handling or to ensure safety, this should be for as short a duration as possible, as determined in a risk assessment.

5.8 **Gender Preference**

The Service User's Care Plan should contain details of their preference in relation to the gender of Staff including Agency Workers providing personal care.

It is the responsibility of Nursing Direct to ensure that the staffing mix meets the Service Users preferences around gender of Staff including Agency Workers delivering personal care. However, it is important for Nursing Direct to be clear with Service Users that this could impact service delivery.

5.9 **Aids / Equipment**

Nursing Direct will assess any equipment that the Service User requires to support independence with personal care and raise this with the commissioning team ahead of starting care. These may include; Perching stool, Bath Seat, Shower chair or stool, Shower commode, Grab rails, Handrails, Non-slip bath mats.

5.10 **Procedure for the Provision of Personal Care**

Staff including Agency Workers at Nursing Direct must:

- Gain verbal consent for any aspect of Care provided
- Explain and discuss the procedure with the Service User and where possible, encourage the Service User to carry this out themselves
- Wash and dry their hands
- Use PPE as required
- Prepare any equipment as necessary

Staff including Agency Workers must ensure that they follow the Service User's Care Plan to ensure person-centred care:

- Bathing and showering
- Bed bath
- Perineal, perianal care
- Hair care, including washing a Service User's hair in bed
- Foot care
- Fingernail and toenail care
- Ear and nose care
- Eye care
- Shaving the face (wet and dry shave)
- Dressing

Mouth care - please refer to the Oral Care Policy and Procedure at Nursing Direct. Continence care - please refer to the Promoting Independence with Continence Policy and Procedure and the Catheter Policy and Procedure.

5.11 Personal Protective Equipment (PPE)

Staff including Agency Workers must wear appropriate PPE in line with the Personal Protective Equipment Policy and Procedure at Nursing Direct.

5.12 Showering Procedure

Where a Service User requires support with showering, Staff including Agency Workers at Nursing Direct must:

- Review the Care Plan and risk assessments to ascertain what level of support the Service User requires
- Take the time to discuss with the Service User whether they would like a shower (as described in the Care Plan), ensuring that verbal consent is obtained
- Prepare everything that is needed for the shower, including:
 - Gathering the Service User's specified toiletries and towels required for the completion of the task
 - Ensuring that the room and shower is clean before use
 - Ensuring that the bathroom is at a comfortable room temperature
- Where space permits, a chair must be available for the Service User to sit on whilst undressing or drying themselves to prevent the risk of falling
- Where a bath mat is supplied, this must be positioned safely to help reduce the risk of a slip, trip or fall. The Staff including Agency Worker must not leave the Service User unattended in the bath or shower at any time - unless this is specifically requested as part of the Care Plan and a full risk assessment has been undertaken
- Check that any grab rails used to enter or use in the shower are secure and safe before use
- The Service User must be given the opportunity to use the toilet or commode before showering
- Allow the Service User to wash as much of themselves as they are able without assistance

A Shower Must be Operated in the Following Way:

- Run the shower to establish a constant temperature
- The water temperature for a shower must not exceed 44°C
- The temperature of a shower must be checked, ideally using an integral or scoop thermometer. If these are not available, the Staff including Agency Worker must check the temperature of the water using their forearm or elbow before the Service User enters the shower
- The temperature of a shower must not be increased while the Service User is in the shower
- Staff including Agency Workers must be aware of the potential for sudden water flow and temperature fluctuations of a shower - as such, supervision of the water temperature will be required
- The Staff including Agency Worker must ensure that privacy and dignity are maintained at all times

5.13 Assisting With a Bath or Shower

Staff including Agency Workers should:

- Ensure the room is warm and free of draughts
- Use a shower chair if needed
- Where space allows, position a chair near the bath for the Service User to sit on before getting in and after getting out
- If using an assisted bath with a mechanical chair, check it is in full working order and ensure that you are competent in its safe use
- Use a blanket or towels to cover the Service User when sat on a chair or shower chair to prevent them getting cold
- Remember to check water temperature. It should be warm to the touch; the temperature should not exceed 44°C
- Fill the bath one third to halfway
- If using a shower be sure to test the water temperature continuously
- Inspect skin for signs of injury or changes in condition
- Provide privacy and warmth for the Service User
- Talk about things of interest to the Service User
- Encourage the Service User to do as much as they can for themselves
- Be prepared with all supplies
- Ensure skin folds are washed and dried thoroughly
- The Service User should not be left unattended in the bath or shower unless the Care Plan indicated that this is safe, and a risk assessment is in place
- Where a bath mat is supplied, this must be positioned safely to help reduce the risk of a slip, trip or fall

A Bath Must be Filled in the Following Way:

- If using a two-tap bath, the cold tap must be run first before turning on the hot tap and mixing the water
- The water temperature must be checked, ideally with a bath thermometer. If this is not available, the Staff including Agency Worker must check the temperature of the water with their forearm or elbow before the Service User enters the bath
- Where possible, allow the Service User to test the temperature of the water. Care needs to be taken if the Service User suffers from circulatory problems, in particular diabetic neuropathy or any condition involving loss of sensation in any limbs
- The water temperature for a bath must not exceed 44°C
- The Service User must be positioned facing the taps
- Additional hot water must not be added while the Service User is in the bath

5.14 **Bed Bath**

Bed baths are a way to attend to a Service User's personal hygiene if they are bed bound.

Bed bathing is felt by some to not be as effective as showering or bathing, and therefore this should be considered. General principles include:

- Keep the Service User warm at all times
- Only expose the area of the body being washed
- Change water if it becomes dirty or cold and after washing the genitalia and sacrum
- Change wash cloths if they become soiled and after washing the genitalia and sacrum
- Check skin for pressure damage
- Pat skin dry to reduce the risk of friction damage
- Ensure skin folds are separated, washed, and dried
- Use correct manual handling procedures
- If the Service User is unconscious, remember to still talk to them explaining what you are doing
- Staff including Agency Workers must ensure that they do not talk over the Service User, but engage in appropriate conversation with the Service User

5.15 **Assisted Wash**

Some Service Users may prefer to have an assisted wash sitting in front of a sink rather than a shower or bath, or there may be no safe alternative in their home.

- Review the Care Plan and risk assessments to ascertain what level of support the Service User requires
- Take the time to discuss with the Service User whether they would like an assisted wash (as described in the Care Plan), ensuring that verbal consent is obtained
- Prepare everything that is needed for the assisted wash:
- Gathering the Service User's specified toiletries and towels required for the completion of the task
- Ensuring that the room is a comfortable room temperature
- If not using the bathroom, ensure there is plenty of space to put the bowl of water for washing
- Where space permits, a chair must be available for the Service User to sit on whilst undressing, washing, or drying themselves to prevent the risk of falling
- Encourage the Service User to wash as much of themselves as they are able without assistance
- Use fresh bowls of water and flannels for upper and lower body
- A good rule of thumb is to start from the top of the body and work down
- Use a clean, fresh bowl of water to soak the Service User's feet
- It is important to keep warm and remain dignified, ensure that the parts of the Service User not being washed whilst attending to other areas of the body are kept covered, preserving dignity, and keeping warm

5.16 **Perineal and Perianal Care**

Perineal and perianal care means the bathing of the genital and anal area:

- Providing hygiene care for this area can be an overly sensitive personal care activity for the Service User
- Whenever possible, Service Users should be encouraged and assisted to perform this care themselves
- Perineal and perianal care should be attended to at the end of bathing or washing. Any water or wipes/cloths should be changed after attending to this area
- Care should be taken with the use of soap and lotions in this area to avoid irritation and infection

5.17 **Hair Care**

This includes washing and styling of the Service User's hair:

- The condition and how a Service User's hair is styled is important to their identity and well-being
- Staff including Agency Workers should support the Service User to maintain their hair care to maintain their self esteem
- Staff including Agency Workers should remember that hairstyle is an individual choice for the Service User
- Caring for a Service User's hair provides an opportunity for Staff including Agency Workers to observe the scalp for signs of pressure damage, dandruff, dry skin or underlying skin conditions, and head lice
- Where required, Staff including Agency Workers should also make arrangements for the Service Users to access a hairdresser of their choice for washing, styling, or cutting of their hair

5.18 **Foot Care**

Maintaining a Service User's foot health care can have positive effects on their general health and well-being. Good foot care can have a range of benefits for Service Users including:

- Reducing pain - painful feet can impair balance and functional ability
- Increasing mobility and physical activity - foot problems are a major cause of walking difficulties in older Service Users
- Increasing self-esteem
- Increasing social contact and participation in leisure and cultural activities
- Reducing risk of trips and falls - foot pain can cause Service Users to wear loose footwear, which can contribute to falls

Foot problems can occur in all age groups but increase with age. Common foot problems can include:

- Toenail disorders including hardened or ingrown nails
- Toe deformities such as overlapping toes
- Corns and calluses
- Bunions
- Fungal infections of the foot or nail

Staff including Agency Workers at Nursing Direct should be able to provide basic foot care to Service Users, such as nail filing, and understand when to refer Service Users for more specialist treatment.

Referrals should be made to the Service User's GP if a Service User has:

- Medical complications that put feet at risk, such as diabetes with peripheral vascular disease, significant peripheral arterial disease without diabetes, painful deformity due to rheumatoid arthritis or neurological conditions such as stroke and Parkinson's disease
- Medications that compromise peripheral circulation and/or tissue viability, such as steroids or anticoagulants
- Painful foot lesions, including severe deformities and toenails that are excessively thickened and cause pain, prevent mobility or are a risk to surrounding skin
- Any changes such as the onset of pain or infection

Staff including Agency Workers can refer to the Diabetes Policy and Procedure at Nursing Direct for further information on foot care for diabetic Service Users.

5.19 **Fingernail and Toenail Care**

Clean and trimmed fingernails and toenails are important for the Service User's overall health. Germs often collect underneath nails.

Nails that are too long and/or rough and torn, can scratch and cut a Service User's skin, which can result in a local infection, and cause pain. Poor toenail condition can affect mobility.

Certain conditions, such as peripheral vascular disease and diabetes, carry an increased risk of peripheral complications (such as neuropathy and foot ulcers). A chiropodist or podiatrist must assess these Service Users.

5.20 **Ear and Nose Care**

Lack of ear and/or nose care can lead to impairment of the Service User's sense of smell and hearing. Staff including Agency Workers should observe for a buildup of wax in the ears and deposits in the nose.

Staff including Agency Workers should also ensure that if the Service User has hearing aids these are checked to ensure they are clean and in working order.

5.21 **Eye Care**

Eye care is performed to maintain healthy eyes that are moist and infection free. Inadequate care of the eyes can lead to the transmission of infection from one eye to the other, or damage to the eye, which can result in loss of sight.

Eye care can be necessary for Service Users:

- Who have had eye surgery
- Who are unconscious
- To relieve pain or discomfort
- To prevent or treat infection
- To care for false eye prostheses

If an infection is present in one eye, this should be cleaned last to prevent transmission to the unaffected eye. Staff including Agency Workers should also ensure that if the Service User has glasses these are checked to ensure they are clean.

5.22 **Shaving and Hair Removal**

Shaving of legs, underarms, or face is a very personal matter to Service Users.

Cultural differences may be a key to whether an individual shaves or does not shave. For example, in some cultures, women do not shave their legs or underarms. In some cultures, men do not shave their facial hair. Facial hair in male Service Users

- Staff including Agency Workers should be aware of a male Service User's facial hair and shaving preference
- Being clean shaven may give male Service Users feelings of dignity and identity. Facial shaving is highly visible and is immediately noticeable if it has not been performed, and can be interpreted as a sign of lack of care by the Service User's family members
- Many men do not completely shave their faces daily, due to personal preference, culture, or other reasons
- Some male Service Users may need their facial hair washing or grooming
- A Service User's needs should be respected and followed
- Male Service Users are not made to be clean-shaven when this is not what they want
- Service Users on anticoagulants or with a bleeding disorder should use an electric shaver
- Communal razors and electric shavers must not be used due to cross infection, each Service User must have their own
- Care of a Service User's beard or moustache is important to ensure food is not trapped
- Regular grooming is essential for hygiene and comfort
- Shaving or beard trimmers should be used as appropriate
- Facial hair in female Service Users:
- Female Service Users may have unwanted facial hair that they have always removed in the past and wish for this to continue
- Staff including Agency Workers should be aware of the methods used to achieve this, such as depilatory creams or waxing
- Unwanted facial hair can have emotional and psychological consequences for the Service User

5.23 **Dressing**

Staff including Agency Workers should support the Service User as required and appropriate:

- To choose suitable clothes for the weather
- Choose clothes that are clean and odour free
- Select clothes that are appropriate to wear
- Ensure dirty clothes are washed as required
- To put on and take off clothes
- Assist with buttons, zips, and other fasteners
- Simplify clothing choices according to their ability to choose
- Lay out clothes in the order that they will be used
- Clothing that is easy to put on and take off
- Use aids as assessed by occupational therapist (buttonhook)
- Consider substituting Velcro or elastic waists rather than buttons and zippers
- Larger sized clothing can be easier to put on and remove than tighter clothing

- Consider a front fastening bra
- Be aware of any physical injuries or limitations:
- With CVA (stroke) injuries, the Service User's affected side should be dressed first, and the unaffected side undressed first

5.24 Menstrual Hygiene

- Staff including Agency Workers must ascertain what sanitary products a Service User uses during their menstrual period
- Staff including Agency Workers will need to know the level of support the Service User requires in managing their menstrual hygiene
- The Service User will require facilities for disposing of used period products

5.25 Poor Personal Hygiene

Poor personal hygiene can lead to:

- Body odour
- Greasy skin
- Transfer of bacteria from unwashed hands to the mouth or eyes leading to infections
- Skin breakdown from moisture (sweating and incontinence)

5.26 Refusal of Personal Care

If a Service User declines to receive support to achieve personal care, Staff including Agency Workers must consider the following:

- Rule out if any aspect of personal care is causing discomfort or pain, or if the Service User is experiencing pain from another cause, if assessed as such, administer analgesia as prescribed and monitor the effectiveness
- Where a Service User repeatedly refuses personal care, Staff including Agency Workers at Nursing Direct will contact the relevant professional to consider an assessment including a mental capacity assessment. Failure to maintain personal care may become a safeguarding issue and all actions must be documented in the care notes
- The Service User's Care Plan will detail how refusal will be managed within the personal care section.
- Where a Service User lacks capacity to consent to personal care, and restraint is needed for its administration, this is lawful, provided it meets the best interests requirements together with two extra conditions: it must be necessary to prevent harm to the person and be a proportionate response to the likelihood and seriousness of that harm
- Staff including Agency Workers should refer to the Reducing Physical Intervention Policy and Procedure at Nursing Direct.

5.27 Dementia

Staff including Agency Workers should read the Dementia Policy and Procedure at Nursing Direct. Service Users with dementia can find washing and dressing difficult. As a Service User's dementia progresses, they may need more help with washing and dressing.

Personal hygiene activities can be a source of anxiety for the Service User with dementia and Staff including Agency Workers caring for them. Challenges:

- The Service User may experience memory loss that can affect their ability to remember how to do tasks
- They may struggle to carry out a sequence of activities in the right order, such as the steps to take a shower
- They may have difficulty with perception and understanding the objects around them Staff including Agency Workers should:
- Allow plenty of time so they do not feel rushed
- Choose the time of day that works best for the Service User
- Try to match what has been their preferred routine
- Focus on what the Service User can do rather than what they cannot
- Simplify choices to help them make decisions
- Consider different approaches based on the Service User's mood
- Give clear explanations and repeat if necessary
- Not ask for too much at one time
- Demonstrate how things can be done and use signage to support this
- Be encouraging about the activity
- Be organised to help reduce stress, ensuring everything is ready to hand before
- Create a relaxed, safe environment

If the Service User resists or refuses personal care, Staff including Agency Workers should try to understand why they may not want to, it could be that:

- The Service User does not understand what they are being asked to do
- The request does not fit with the Service User's standards and preferences – for example, we are asking them to go to bed when they want to stay up
- The Service User feels they are being talked down to or bossed about, and is refusing in order to keep a sense of control
- The Service User is misinterpreting the situation or environment, for example, the person may perceive a shiny floor as being wet and refuse to walk on it
- The Service User does not trust us

Trying to force a Service User to accept personal care constitutes abuse. It is a fundamental human right to say 'no'. However, neglecting a Service User's personal care needs can also be abusive, as the Service User's health may be put at risk. Therefore, it is essential to understand the Service User's reason for refusing and to address this.

Staff including Agency Workers need to try alternatives, such as:

- Offer a bath rather than a shower
- A change in rota, another Staff including Agency Worker may be successful
- Leave the Service User for a while and try again later

The Service User's Care Plan should outline any strategies to support the Service User and encourage them to accept personal care.

Staff including Agency Workers should inform Nursing Direct if the Service User repeatedly refuses personal care and Staff including Agency Workers are unable to provide care to maintain their personal hygiene. The Service User's mental health professional (Dementia Nurse / Outreach Team) should be contacted for further support and strategies to help.

5.28 **Bed Linen and Towels**

Service Users should be encouraged to have their bed linen and towels changed frequently, as they are in regular contact with the Service User.

5.29 **Competency and Training**

Staff including Agency Workers skills and knowledge will be based on the individual needs of the Service Users they are supporting.

Staff including Agency Workers must have a minimum of 1 year of practical experience in delivering care within a healthcare environment, including but not limited to hospitals, care homes, or community settings. This experience should be substantiated by references from previous employers or supervisors. In addition to the experience requirement, Staff including Agency Workers are required to undergo mandatory training aligned with personal care standards. This training encompasses essential topics such as infection control measures, safeguarding protocols, privacy regulations, and maintaining dignity in care practices. These training sessions ensure that Staff including Agency Workers are equipped with the necessary knowledge and skills to uphold high-quality care standards while respecting the rights and confidentiality of the individuals they support.

Staff including Agency Workers will be observed in practice during spot checks and care reviews to gain assurance of their competence in delivering personal care.

Staff including Agency Workers must inform Nursing Direct if they feel that they are not competent to undertake any aspects of personal care for a Service User so that additional training needs can be identified and facilitated at a local level.

Additional development and learning may be in the form of team meetings, supervisions and by direct observation in practice.

6. **DEFINITIONS**

6.1 **Staff including Agency Workers**

6.1.1 **Staff**

Denotes the employees of Nursing Direct Healthcare Limited.

6.1.2 **Agency Workers**

Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

6.2 **Nursing Direct**

Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

6.3 **Nursdoc Limited**

As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

6.4 **CQC (Care Quality Commission)**

CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

6.5 **Mental Capacity**

- Capacity is decision-specific and time-specific: Can a person make a particular decision, such as whether to consent to help with their personal care, at the time the decision needs to be made
- A person must not be assessed as lacking capacity for a decision until all practicable attempts have been made to enable them to make that decision

6.6 **Best Interests**

- When a Service User lacks capacity to consent to personal care or intimate personal care, this can only be given if it is in their best interests
- It is in someone's best interests to be clean, comfortable, and socially acceptable; the MCA Code of Practice Chapter 5 outlines how to make and record a best interests decision

6.7 **Podiatrist**

- Provides treatment of disorders of the foot, ankle, and related structures of the leg

6.8 **Peripheral Vascular Disease**

- A condition that affects the blood vessels outside the heart and brain, causing them to narrow, block or spasm

6.9 **Cognitive Impairment**

- Characterised by problems with language, memory and thinking

6.10 **Anticoagulants**

- Medicines that help prevent blood clots

OUTSTANDING PRACTICE

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

- Regular audits take place within Nursing Direct to ensure that the dignity and privacy of Service Users is maintained
- Staff including Agency Workers do all they can to respect Service User preferences about their own personal care, e.g. by following wishes about when and how personal care is given

- Care Plans show attempts to learn from relatives or other carers on how to give personal care in a way that the Service User will find acceptable

BATH OR SHOWER PROCEDURE

Check the Service User's Care Plan to find out how much assistance and supervision they require. Staff including Agency Workers should ensure they honour the Service User's preferences around products used.

Equipment:

- Clean clothes
- Towels
- Wash cloths
- Soap and other toiletries

Procedure:

- Explain the procedure to the Service User and gain consent
- Prepare all equipment required
- Assist the Service User to undress as needed, maintaining privacy, and keeping them warm by covering with a towel or blanket
- Check the water temperature; it should not exceed 44°C
- Assist the Service User into the shower or bath tub

If full assistance is needed:

- Fold the wash cloth around your hand to form a mitt
- Begin by washing the eyes without any soap, then wash the face using the Service User's soap or other cleansing product
- Continue washing by working down the body towards the feet, wash the genital area last
- Rinse well
- Ensure all skin folds are washed and rinsed
- Wash the Service User's hair if required
- Assist the Service User out of the shower or bath
- Assist the Service User in drying off
- Assist with any toiletries, such as deodorant, creams
- Assist with dressing as required
- Ensure the bath or shower are cleaned after use if communal
- Dispose of used towels and other linens

If a Service User has faecal matter on their body:

- The affected area should be washed in the bath or shower first
- Then help the Service User out of the bath or shower and cover them with a towel or blanket
- Clean and disinfect the bath tub or shower
- Refill the bath and assist the Service User to have a bath or shower as above

BED BATH PROCEDURE

Equipment:

- PPE
- Clean bed linen
- Towels
- Laundry skip
- Flannels or disposable wipes
- Service User's toiletries
- Wash bowl
- Clean clothes

Procedure:

- Discuss the procedure with the Service User and gain consent
- Two Staff including Agency Workers should carry out the procedure if the Service User is unable to assist
- Check whether the Service User has any pain. Offer analgesia if necessary and ensure it has taken effect before starting the bed bath
- Ensure that the environment is warm, close the door and/or draw the curtains to ensure privacy and dignity
- Collect equipment and ensure everything is at hand to minimise the amount of time the Service User is exposed
- Ensure the bed is at the correct working height
- Clean the wash bowl with hot soapy water if not using a disposable bowl
- Fill the wash bowl with warm water
- Wash your hands and put on PPE in accordance with local policy
- Check for hearing aids, glasses and wristwatches and remove with the Service User's permission
- Place a towel across the Service User's chest
- Cleanse the Service User's eyes according to local policy, and wash the Service User's face, nose, and ears, ensure you ask the Service User if they use soap or any other cleanser on their face
- The Service User's glasses and hearing aids should be cleaned and returned to them
- Help the Service User to remove their upper clothing and use a sheet or bath towel to cover them. Only expose the part of the body that is being washed
- Starting with the arm farthest away, place a towel under the arm to avoid wetting the sheet. Wash and dry the upper body, including the arms, hands, axilla, and torso
- Remove clothing from the lower body
- Wash and dry the legs and feet. Place a towel under the leg, starting with the leg farthest away and working from the top of the leg to the foot
- If appropriate, ask the Service User if they wish to wash their own genitalia, or gain consent to continue

Using a disposable cloth, wash the area and dry:

- Female Service Users should be washed from the front to back to reduce the risk of urinary tract infection
- Male Service Users, if loose and able to do so the foreskin in uncircumcised men should be drawn back and the skin underneath washed. The foreskin must be returned to its natural position
- Further details can be found in the Perineal / Perianal Care Form
- Change the water and gloves
- Roll the Service User onto their side using any required equipment, and wash their back
- Using a disposable cloth, wash the sacral area, then dry
- Roll the Service User back and then remove gloves and wash hands
- Change the bedlinen as required
- Assist the Service User to get dressed
- Check the Service User's finger nails and toenails, and offer nail care if required
- Assist the Service User to clean their teeth and/or dentures, or provide mouth care
- Comb or brush the Service User's hair
- Assist with shaving or removal of facial hair if required. Or attend to a Service User's beard/moustache
- Finish making the bed and ensure the Service User is comfortable
- Remove and dispose of PPE, and wash hands
- Document care given

PERINEAL AND PERIANAL CARE PROCEDURE

Care for Male Service Users:

- Staff including Agency Workers should wear disposable gloves
- While holding the penis wash and rinse the tip, washing from the urethra outwards, use a different part of the washcloth for each wipe to prevent spreading germs
- Then wash and rinse the shaft of the penis, in the direction of the pubic area, then dry
- If not circumcised, and able to do so with ease, be sure to pull back the foreskin, wash, and rinse. Return the foreskin to its natural position
- Ask or assist the Service User to spread his legs apart to wash and rinse the scrotum, then dry
- Ensure the skin folds are thoroughly cleaned and dried
- Wash and rinse the anal area, moving front to back, using a new part of the wash cloth for each wipe. Dry area thoroughly

Care for Female Service Users:

- Staff including Agency Workers should wear disposable gloves
- Separate the folds of skin in the genital area, the labia. Wash with one down stroke the sides of the labia
- Using a different side of the wash cloth or a new one, wash down the middle of the labia
- Rinse from front to back
- Wash and rinse the anal area, moving front to back, using a new part of the wash cloth for each wipe. Dry area thoroughly

HAIR CARE PROCEDURE

HAIR GROOMING

Equipment:

- Comb
- Brush
- Mirror
- Personal hair products

Staff including Agency Workers should remember:

- Ask the Service User if they have a preference for hair style today
- Service Users may change their minds about how they style their hair
- If the hair is tangled, use a wide-tooth comb, to prevent damage to the hair
- Use only the Service User's personal comb and brush
- Clean comb and brush regularly
- Combs with sharp teeth can injure sensitive scalps, use comb and brush with a gentle touch
- Encourage the Service User to do as much for themselves
- Service Users may like different brands of shampoo or conditioner
- If hair is long, divide into sections before combing or brushing
- Assist with drying wet hair with a dryer and applying gels, hair spray, and other hair products as appropriate

Washing a Service User's Hair in Bed:

Consider dry and no-rinse shampoos or no-rinse shampoo caps.

Devices such as inflatable basins and shampoo trays are available, which allow the hair to be washed with water and shampoo while the Service User remains in bed, and drain soapy water away from the head, helping to keep the Service User dry.

Equipment:

- Apron
- Towels
- Laundry skip
- Disposable wash cloths
- Plastic sheet
- Preferred shampoo and conditioner
- Comb or brush

- Clean clothes and bed linen
- Shampoo tray
- Disposable jug and basin

Procedure:

- Review the Service User's Care Plan for hygiene needs and check there are no contraindications to positioning flat in bed
- Ensure someone will be available to help position the Service User during the procedure if require
- Discuss the procedure with the Service User, ask about their usual hair routine and gain their informed consent for the procedure
- Check whether the Service User has any pain. Administer analgesia if necessary and ensure it has taken effect before starting the procedure
- Ensure the Service User's privacy and check that the environment is warm and free of draught
- Assemble your equipment and ensure everything is to hand to minimise the amount of time the Service User is lying flat
- Ensure the bed is at the correct working height
- Decontaminate your hands and put on an apron
- Remove the Service User's clothes from their upper body and cover them with a sheet to maintain dignity
- Remove the pillows from behind the Service User's head so they are lying flat. This allows water to drain away from the eyes and ears during the procedure. Ask the Service User to let you know if they feel uncomfortable in this position at any time
- Remove the head of the bed so you can access the Service User's hair easily
- Place a plastic sheet under the Service User's head and shoulders, and wrap a towel around their shoulders
- Position the Service User's head on the shampoo tray, ensuring you follow manufacturer's instructions carefully. A towel can be placed under the neck for support
- Following manufacturer's instructions, ensure the receptacle that will collect the water from the shampoo tray is positioned under the drainage spout
- Fill a disposable wash bowl with warm water and check the temperature
- If required, cover the Service Users eyes with a disposable washcloth to protect them from water and shampoo
- Using a disposable jug, take water from the disposable bowl and wet the Service User's hair. Start at the front hairline and allow the water to drain down and away from the face, avoiding the eyes and ears
- Apply the shampoo and massage it into the hair
- Using the jug, rinse the Service User's hair with water
- Apply conditioner, if required by the Service User, and rinse the hair again
- Regularly check the Service User is comfortable and can maintain their position
- Pat the hair with a towel to remove the excess water, avoid pulling on the hair as this can be uncomfortable
- Remove the shampoo tray and wrap a towel around the Service User's head to dry the hair and ensure they do not feel cold
- Dry the surrounding skin, paying particular attention to skin folds in the neck
- Change any wet bed linen. Dispose of soiled bedlinen directly into the linen skip
- Replace the bedhead and reposition the Service User so they are comfortable
- Help the Service User to get dressed
- Style the Service User's hair according to their preferences
- Dispose of equipment according to local policy. Decontaminate the shampoo tray and drainage receptacle according to local policy
- Remove and dispose of your apron and decontaminate your hands
- Record care that has been given, record and report any abnormal findings and update the Service User's Care Plan if required

FOOT CARE PROCEDURE

Foot care includes:

- Toenail cutting
- Skin care
- Footwear advice
- Prevention advice
- Signposting to podiatrists and other health professionals

Foot care should include:

- Ideally, feet should be washed every day

Daily checks of the feet should include checking:

- The top and bottom of the foot, the tips of the toes, in between the toes and the back of the heels
- Skin integrity
- Skin colour
- For signs of skin infection, inflammation
- For areas of hard skin
- Signs of pressure damage
- Any pain
- They should be well-dried, especially between the toes
- Talcum powder should not be used on the feet as this can clog the skin and cause friction between the toes
- Socks or stockings should be changed every day
- Moisturising cream or emollients, if used, should be applied to the feet but avoid the area between the toes, which can become too moist and split

Footwear Advice:

- Footwear should be reviewed to assure both the safety and stability of the Service User
- Footwear should be checked for any foreign bodies or blood, which could indicate injury to the Service User's feet
- Service Users should be encouraged to wear comfortable, well-fitting, and supportive shoes rather than slippers
- Some footwear can increase the risk of slips, trips, and falls, such as slippers, shoes with high heels or with no tread, and badly fitting shoes
- Wearing well-fitting shoes will reduce the risk of falls

Shoes can help with walking and gait if they have:

- A high back to support the ankle
- A hard, slip-resistant sole
- Heels that are less than one inch
- Specialist shoes, such as those with Velcro fastening, should be considered, especially for feet that are swollen

FINGERNAIL AND TOENAIL CARE PROCEDURE

Cleaning and trimming nails where the provider offers this:

- Special care should be practiced when assisting with nail care
- Service Users with diabetes require professional assistance with nail care
- Toenails and fingernails should be kept clean, neatly filed, and smooth to prevent injury to skin
- Trimming the nail too short may cause ingrown nails that can be painful and cause infection
- Encourage Service Users to do as much as they can for themselves
- Staff including Agency Workers should observe for complications, such as fungal infections (Athletes foot)
- Remember: Service Users with diabetes need professional assistance for nail care

Equipment:

- Personal cuticle or orange stick
- Bowl
- Clean water
- Soap
- Towel
- Personal emery board

Procedure:

- Assist the Service User to soak their hands or feet in warm water for at least 5 minutes and then wash hands or feet with soap. Soaking will soften the nails and make them easier to trim
- Gently push nail cuticle back (from fingers or toes) with cuticle or orange stick to prevent hangnails
- Assist the Service User to clean under the nails (fingers or toes) with orange stick or tool on nail clipper for this purpose
- Change the water and wash, rinse, and dry hands or feet
- Assist the Service User to use nail clippers to trim toenails straight across. Fingernails can be trimmed with a slight curve. Use an emery board to shape and smooth the nails

EAR AND NOSE CARE PROCEDURE

Ears:

- The outer ear can be cleaned with gauze or cotton wool and warm water
- Cotton buds must not be inserted into the ear canal, as they can damage the ear canal and eardrum, and push wax further down into the ear

Nose:

- Gentle cleansing of the nose with cotton wool or gauze, and warm water Piercings to the Service User's ears or nose should be observed for signs of infection.

EYE CARE PROCEDURE

Equipment:

- Sterile dressing pack
- Sterile lint swabs
- Sterile water or saline (cool boiled water)
- Disposable apron and gloves

Procedure:

- Discuss the procedure with the Service User and gain consent
- Wash hands
- Assemble equipment
- Ensure the Service User is in a comfortable position with the head tilted back, and the bed at a good working height
- Wash hands and put on apron and gloves if indicated
- Ask the Service User to close their eyes
- Open sterile pack, take a sterile swab and moisten it slightly with the sterile water or saline
- Swab the lower eye lid from the medial canthus (where the upper and lower eyelids meet nearest the nose) outwards
- Repeat, using a clean swab each time to reduce the risk of infection, until the eyelid is clean
- Repeat the procedure for the other eye if required
- Dab off any excess water/saline to ensure the eye is dry and comfortable
- Remove PPE
- Dispose of equipment
- Wash hands

SHAVING PROCEDURE

It is important to assist and support the Service User to shave safely and to avoid nicks and cuts that can lead to infection.

- Shaving steps can be used for facial, leg, or underarm hair
- An electric razor should not be used in same room where oxygen is used

- Electric razors should not be used around water
- Check all types of razors for chips or rust on the blades
- Always dispose of used razor blades
- Use only a Service User's personal razor
- Supervise the use of razors closely for safe and correct handling before the Service User shaves independently
- Encourage the Service User to do as much for him or herself as possible

Shaving the face, wet shave:

Equipment:

- PPE
- Towels
- Bowl
- Service User's own razor
- Shaving products (foam/gel, aftershave)
- Washcloth

Procedure:

- Explain the procedure and gain consent
- Assist the Service User into a comfortable position
- Collect equipment
- Wash hands and put on PPE
- Drape a towel over the Service User's chest
- Wet the Service User's face and any beard by applying a warm, moist cloth
- Apply shaving cream or gel to the Service User's face
- Hold the skin taut and using the razor at 45° angle to the skin, shave the hair in short, firm strokes in the direction of the hair growth
- Rinse the razor in water regularly to remove accumulated shaving foam on the blade
- After shaving, wipe the Service User's face using a wash cloth or wipe, and dry
- Apply any aftershave products
- Dispose of any equipment and ensure the Service User is comfortable

Shaving with an Electric Razor:

Equipment:

- PPE
- Towels
- Service User's own electric razor
- Shaving product (aftershave)

Procedure:

- Explain the procedure and gain consent
- Assist the Service User into a comfortable position
- Collect equipment
- Wash hands and put on PPE
- Drape a towel over the Service User's chest
- Turn on the electric razor, and shave the cheeks in a circular motion, going over the same area a few times. Shave the upper lip area in a downward direction following the direction of the hair growth, and shave the neck area in an upward direction
- Assist with applying aftershave or skin lotion if the Service User chooses
- Dispose of towels and ensure the Service User is comfortable

DRESSING PROCEDURE

Assist Dressing a Service User in Bed

Good communication is necessary when dressing a Service User lying in bed.

A second Staff including Agency Worker may be required to avoid injuries depending on the Service User's ability to assist.

Top Garments:

- If the Service User can sit up in bed this will assist with dressing the top half
- If not, the Service User will need to turn side to side for the upper garment dressing
- Assist the Service User onto their unaffected side if applicable
- Take the Service User's affected arm and place it through the sleeve area of the clothing
- Assist the Service User to turn to the other side, then gather the clothing in the front or the back depending on the closures
- Slide the clothing under the Service User toward the unaffected arm, then place it through the sleeve and close the garment

Lower garments:

- If the Service User is able to sit in bed, Staff including Agency Workers may ask them to move when putting on clothing for the lower part of the body
- Put pants on both legs, starting with the affected side first, if applicable
- If the Service User is able, ask them to raise their buttocks so that pants can be pulled over their buttocks up to their waist
- If the Service User is unable to raise their hips, put the side rails up on their unaffected side
- Assist the Service User to turn towards the side rail, then pull the pants over their buttocks and up to their waist
- Continue with trousers or skirts in a similar fashion

HEARING AIDS PROCEDURE

Hearing Aids

Hearing aids should be cleaned daily unless the manufacturer's guidance differs. A cleaning kit should be supplied by the manufacturer with the hearing aid.

It will usually include a wax brush, a wax pick, and a cloth.

Cleaning reduces the wax build up that can damage the hearing aid.

Hearing aids should be protected from dirt and oil by ensuring your fingers are clean and dry before handling them. It is recommended to remove the battery from the hearing aid at night and to leave the battery compartment open.

Cleaning and maintenance of an ITE (In The Ear) and RIC (Receiver In Canal) hearing aids:

- Hearing aid should be placed in a drying device at the end of the day, this will allow moisture to be removed from both the electrics and any wax or debris gathered on the aid
- In the morning clean the receiver and microphone ports using the soft bristle brush from the cleaning kit
- To clean off built up wax, hold the hearing aid and gently clean the openings with the wax brush
- If there is still wax in the ports that has not been dislodged, use the wax pick to clear more stubborn deposits out of the ports. Be careful not to jab the pick in, just use gently
- Check the battery compartment and the battery contacts for wax or debris, and brush it off if present
- Wipe the entire hearing aid with the cloth provided
- Assess the wax guard, if it looks like it needs changing, you should change it
- Look over the hearing aid, checking the casing and any joints for any signs of cracks or issues. If present check the receiver wire, making sure there are no kinks or twists

Cleaning and maintenance of BTE (Behind The Ear) hearing aids:

- Hearing aids should be placed in a drying device at the end of the day, this will allow moisture to be removed from both the electrics and any wax or debris gathered on the aid
- When needed (not daily) remove the earmold and tube (If present) from the hook and clean it with warm soapy water
- If the BTE has a thin tube, remove the thin tube, and use the supplied wire to push through the tube
- Use an air blower to force water out of the tube and then place the tubing in the drying kit with the hearing aid overnight
- In the morning, clean the microphone ports and any other user controls like programming buttons or volume controls, using the soft bristle brush from the cleaning kit
- To clean off built up wax, hold the hearing aid and gently clean it with the wax brush
- If there is still wax in the ports that has not been dislodged, use the wax pick to clear more stubborn deposits out of the ports. Be careful not to jab the pick in, just use gently
- Check the battery compartment and the battery contacts for wax or debris, and brush it off if present
- Wipe the entire hearing aid with the cloth provided
- Look over the hearing aid, checking the casing and any joints for any signs of cracks or issues


Glasses

Regularly cleaning glasses helps to keep the Service User's vision clear and can lengthen the lifetime of the glasses.

- Wash your hands
- Spray both side of the lenses with a specialist lens cleaner, or use a small amount of a neutral hand soap and lukewarm water
- Gently rub the lenses with a lens cloth, wiping away the solution as you clean
- Do not use paper towels, or other linen to wipe the lenses as they can leave particles of dust or dirt on the lenses
- Do not use any soaps or cleaners that contain strong chemicals on the lenses

Frames:

- Use warm, soapy water and a soft cloth to gently wipe down the frames
- Wipe dry

COMPLETED DATE:	
SIGN OFF DATE:	
REVIEW DATE:	
SIGNED:	 Marc Stiff – Group Managing Director