Personal Care Procedure

1. **Purpose**

To provide guidance to staff on intimate care including bathing and showers.

2. **Introduction**

Intimate care encompasses areas of personal care which most people usually carry out for themselves, but some are unable to do so because of impairment or disability. Intimate care is described as:

*Care tasks associated with bodily functions, body products and personal hygiene that demand direct or indirect contact with or exposure of the sexual parts of the body (Cambridge P and Carnaby S 2000).*

2.1. **Mental Capacity Act 2005 Considerations**

If the service user is assessed as lacking capacity to make decisions about their personal/intimate care a “best interest” consultation will be undertaken by the Multi Disciplinary Team and relevant stakeholders to establish the level of support required to carry out tasks in their best interests (see Procedure C20.13 Mental Capacity Act 2005 – Mental Capacity Assessment and Best Interest meeting Documentation is available on the G drive Community Forms, Service User, Mental Capacity and Best Interest – any documents completed should be uploaded to the individuals Reports section on their Electronic Record). The Team Manager will be responsible for ensuring this happens.

It is essential that every service user is treated as an individual respecting privacy and dignity and that each service user should have a support and care plan detailing their specific support and care needs.

2.2. **Disclosures of Abuse**

Intimate care if **NOT** practiced in a sensitive and respectful manner can lead to misinterpretation and occasionally, allegations of abuse. There are many forms of abuse such as neglect, physical injury, emotional and sexual abuse. It is essential that all Personal Assistants are sensitive to the issues around intimate care and are alert to the potential for service users to be the victims of abuse.

The sexuality of people with learning disabilities may raise questions and sometimes dilemmas, on the one hand we wish to secure freedom of choice for the service users but at the same time we have a duty to protect them from exploitation and abuse. The risks of abuse are acute during intimate and personal care.

If staff at any time witness or suspect the sexual abuse of a service user they should report this immediately to their line manager and take action to
safeguard the individual. In the event of a service user disclosing a situation of concern or abuse, it is important that they are listened to and action is taken to ensure the protection of that individual. Staff must contact their Team Manager who must then forward this information to a senior manager.

Sexual activity between staff and a vulnerable adult is exploitative, abusive and forbidden by law. All incidents of alleged or suspected abuse will be taken seriously and thoroughly investigated and referred for Police investigation where appropriate, on discussion with the Multi Disciplinary Team.

(See C9.17 Safeguarding Vulnerable People).

3. Principles

Where available same gender support will be provided to support service users during personal and intimate care (also see Section 4).

Where service users make a specific request (verbal or non verbal) for a same sex support to undertake their personal care their request must be accommodated. This information should be recorded within an individual's person centred plan 'How best to support me' or 'what is important to me'

NB: Where a same sex worker cannot be provided the Team Manager (or Key Holder) will raise the matter with the Operational Network Manager who will if unable to resolve the matter discuss with the Operations Manager. If out of hours and where an immediate action is required the On Call Manager will deal with the situation and report to the Operational Network Manager at the first available opportunity.

Where possible service users will be supported to express a preference regarding a choice of specific staff from within a team to assist them with personal care.

Staff must at all times when involved in the physical or intimate care of service users adhere to Future Direction's Policy/Procedure on all matters of Infection Prevention and Control (see Management of the Risks Associated with Infection Prevention and Control ICC23).

NB: Where service users are unable to express a choice of preferred gender support, attempts will be made to facilitate same gender support. It should however be noted that service users would often choose to be supported by staff who know them, rather than solely same gender.

4. Personal and Intimate Care

Where it is identified that a service user requires support from staff to attend to their personal and/or intimate care this may form part of their Person Centred Plan (see Planning and Support Process – Person Centred Planning Procedure C5.1A).

Where a full plan is not available a routine or support plan which details what is important to the service users will be drawn together. The plan will also
reflect what actions staff must take in order to support the service user successfully, whilst keeping them and others safe.

The Team Manager is responsible for ensuring that a routine or support plan is in place and that it is up to date in accordance with the person’s wishes and/or following change of need.

4.1. **Personal care**

Personal care differs from intimate care, although the tasks associated with personal care often involve touching another person, the nature of such touching is more socially acceptable, as it is of a non-intimate nature.

- Washing face and hands (and other non-intimate parts of the body)
- Bathing or showering *(covered in more detail at Section 9 of this procedure)*
- Washing hair / hair care
- Cleaning teeth
- Shaving for both ladies and men
- Application of deodorants, hair preparations or make up etc.
- Dressing / undressing (clothing)
- Skin care/applying external medication
- Administering oral medication
- Assistance with eating and drinking

**NB:** *This is not an exhaustive list*

4.2. **Intimate care** may include assistance or support with:

- Cleaning of genital and anal areas
- Washing under the breasts and/or application of creams etc.
- Supporting someone to use the toilet
- The use of sanitary towels or tampons
- Incontinence pads/wear
- Emptying urine or colostomy bags
- Supporting to change clean underwear
- Inserting suppositories – this can only be undertaken within specific contracts by appropriately skilled staff and must not be routinely undertaken, usually undertaken by District Nurses.
- Giving enemas – this can only be undertaken within specific contracts by appropriately skilled staff and must not be routinely undertaken, usually undertaken by District Nurses.

**NB:** *This is not an exhaustive list*

Staff supporting a service user with personal and intimate care must encourage the service users to engage in as much of the activity as they are able and be aware of verbal and if non verbal any non verbal body language.
Staff will keep records in the service user's personal records or in the “What we need to add” section of the plan (whichever is most appropriate) of any new responses during intimate care and any new skills, e.g. communication, self help etc. acquired by the service user. Things that are important to the service user will be recorded within the service user's person centred plan – support plan which will be reviewed regularly (at least every four months or when any changes need to be added by the Team Manager – copies of which are stored in the individuals Kare File and stored electronically in PCP tab on their electronic record).

When supporting some to wash, always use a sponge/flannel or scrunchy and where possible encourage the service user to wash their own genital area. Using prompts or gestures where necessary.

4.3. Religious or Cultural Considerations

In order to meet individual service users need with regards to religious and/or cultural issues and aspects of intimate care support staff will be provided with information and/or training. The Team Manager will be responsible for identifying and ensuring the provision of this training. Specific information or requests will be detailed within a person centred plan, routine or support plan (see Section 2.1).

4.4. Privacy and Dignity During Intimate Care

Support staff will ensure that privacy and dignity are maintained at all times. Consideration checklist (this is not exhaustive):

- Intimate care should be undertaken in private.
- Service users should be able to lock their bedroom doors.
- Closing toilet/bedroom/bathroom doors.
- Consulting the service users about their intimate care and obtaining the service users consent where possible.
- Support staff should make their intentions and purpose known to the service user before initiating personal care
- Personal and/or intimate care should always form part of their Person Centred Plan (see Planning and Support Process – Person Centred Planning Procedure C5.1A)
- Sensitivity when talking to a service user.
- Awareness of cultural beliefs and practices.
- The service user must have a right to choose who assists them when they need support.
- Avoiding negative comments or disapproval.
- The emotional and physical safety of the service user should be
considered at all times.

- Encouraging the service user to carry out as much of the task as possible.
- Same gender staff or preferred support staff whom the service user knows/is familiar with.

5. **Issues Related to Sexuality**

5.1. **Masturbation**

People with disabilities are no different from other human beings and develop the same feelings and interest in theirs and other people’s bodies. What is sometimes difficult and does cause problems is expression of sexuality or feeling.

Masturbation is normal sexual behaviour and it may take place whilst staff are supporting service users to undertake personal care.

Where this is a known behaviour for service user guidance for what staff must do will be detailed within a support/care plan in regards to privacy and dignity for the individual whilst maintaining a safe environment.

**Drawing a Support Plan together** must be carried out with utmost respect, privacy and dignity for the service users. Parties involved in the discussion must be kept to a minimum and involve someone who knows the person well.

It is the responsibility of the Team Manager to ensure that the plan is drawn together and where appropriate the Operational Network Manager must be consulted and sign off the support plan. Once the plan has been drawn together it will form part of the individuals person centred plan and will only be made available to staff on a need to know basis.

Where a support plan is in place and a staff member feels uncomfortable following the support plan, the staff should discuss this with the Team Manager and a decision made.

Where there are concerns regarding masturbation, i.e. more specialist support is required, a service user is injuring themselves etc. this will be discussed with the Operational Network Manager who may seek further advice from a specialist, i.e. Psychologist, Behaviour or other Therapist who deals with sexual matters.

6. **Staff**

Future Direction will make every endeavour to ensure that same sex workers are provided to support service users during intimate care.

Although it may be more preferable for service users to receive intimate care from a member of staff of the same gender, this is not always possible.

In these cases risk assessment(s)/support plans must reflect this need.

The best interests of the service user need to be considered in making such decisions on staffing.
Where a service user is known to make allegations against staff management guidelines or a Risk Assessment Support Plan (RASP) will be completed (see Procedure C4.3 for further guidance). This will be completed in consultation with local services, i.e. Care Manager, Social Worker, Specialist Nurse or Psychologist etc.

7. Supporting Service Users to Medical Examinations

All medical consultations, examinations and investigations are potentially distressing. Service users may find investigations involving the breasts, genitalia or rectum particularly intrusive, also examinations where there may be a need to undress. The ethnic religious and cultural background of some women can also make intimate examinations particularly difficult.

Respect, explanation, consent and privacy take precedent in these situations.

Many service users feel reassured by the presence of a familiar person. Protecting the service users from vulnerability and embarrassment means that the support staff would usually be of the same sex as the service user. The service user should always have the opportunity to decline a procedure or particular person as an support staff if they are not acceptable to them for any particular reason.

Support staffs are most often requested when a male examiner is carrying out intimate examination or procedure on a female service user, and it is seen as good practice to offer an support staff. The role of the support staff is to provide emotional comfort and reassurance to the service user. An support staff is present to safeguard all parties (service users and Practitioners) and is a witness to continuing consent of the procedure.

The support staff in these circumstances will be designated by the Team Manager dependent on the role expected of them and whether they will need to assist the service user or the Medical Examiner in some way. When necessary the Team Manager may be required to support the service user (solo or in along with a support staff) if more detailed medical information is to be communicated. All support staffs, where possible, should be of the same gender as the service user.

If the service user declines the offer of an support staff during a consultation it is important to record in the electronic record in the health intervention notes that this was offered and declined. If for clinical or security reasons an support staff must be present this will be explained to the service user, recorded within their person centred plan which highlights this requirement and the reasons why i.e. a service user may be subject to a Community Treatment Order or that a best interest decision has been made under the Mental Capacity Act. Issues of confidentiality, dignity and respect must remain paramount.

Consent is implicit when attending a consultation; however, explicit consent should always be sought (see Consent to Medical Treatment 5.3 and
20.5). Prior to attending the appointment it must be explained to the service user what the appointment is for before attending and asking them if they agree. Staff must ensure that they communicate with the individual concerned in their preferred way.

NB: It must also be noted that consent to procedures being undertaken will be obtained by the clinician undertaking e.g.: doctor, dentist etc and supporting staff or relatives can and must not and cannot give consent on behalf an individual they are supporting.

In life threatening situations the Medical Examiner may need to make a professional judgement based on the best interests of the service user if the delay of a medical procedure would cause serious harm to the service user.

8. Students and Volunteers

Student Nurses will only be involved in the intimate care of service users where:

- There is a specific learning need to be met whilst on placement.
- The student has been provided with appropriate advice and orientation to undertake personal care and has been observed as competent to do so.

9. Intimate Care and Role of the Operational Operational Network Manager

Includes:

- Monitoring of support plans and RASP documentation.
- In consultation with the support team monitoring change of need.
- In consultation with the Team Manager ensure that rotas are completed in order to meet service user need or request.
- Referral/involving other specialists in support plans.
- Checking delivery of service with service users, where possible.
- Where available checking service delivery with service user families.
- Checking service delivery with support staff.
- Referring issues of concern to Care Managers and/or Operations Manager, i.e. occasions where same gender carers are required but unable to be provided on occasions.
- Ensuring staff compliance with this policy and procedure.
- Through Operations Manager appraising Commissioners of situations where same gender carers are required but unable to be provided on occasions.
10. **Intimate Care and the Role of the Commissioner**

**Should include:**

- Monitoring of service delivery in accordance with this and any locally agreed policies or procedures.
- Agreement with Future Direction’s policy and procedure regarding intimate care management.
- Following change of need review realignment of contract hours or allocation of additional resource, as appropriate.
- Ensure the issue of same gender support requirements are considered and discussed with Future Direction as appropriate upon initial referral.

11. **Bathing and Showering**

Every effort should be made to encourage service users to bathe/shower daily.

Any refusal or omission to bathe/shower daily must be recorded in the service user's electronic records. If the service user refuses on a regular basis this must be discussed with them and those who support in order to determine a future personal hygiene plan.

A daily bed bath may be appropriate when service users are ill in bed, where this is appropriate a Health Support Plan will reflect this and be in situ.

The service user should be afforded the strictest privacy, dignity and respect at all times.

Every effort must be made to enable the service user to express preference whether to bath or shower, what products to use, time of day etc. whenever possible.

12. **Supervision and Risk Management for Bathing**

Each home will have thermostatically controlled mixing valves to the water supply.

Each bathroom will have a bath thermometer (**not mercury**). This will be used to test the hot water temperature daily **prior** to initial use. The hot water temperature will be recorded in the 24 Hour Report Book.

On **every** occasion **before** a person uses the bath or shower the bath thermometer will be used to check the running water temperature and this will be recorded in the 24 Hour Report Book.

Ensure that the running hot water is not more than 44º or less than 37ºC. Any variation to this should be reported to the Line Manager or On Call Manager and the Housing Association as urgent health and safety issue. If the water
temperature is outside these limits **DO NOT BATHE OR SHOWER.** Record in 24 Hour Report Book.

- The bath/shower must be disabled.
- A clear notice must be displayed instructing all staff and service users not to use the bath until it has been repaired, and the water temperature is again within safe limits (*see Appendix A*).

Service users who bathe independently must be clearly informed not to use the bath until further notice.

Each house will as part of its workplace risk assessment have a plan of how to disable its baths and showers, e.g. by removing bath taps, locking doors, turning off the electric power etc – *this will be documented in the Communication File*.

Where there is a risk to service users exposed spindles of removed hot water taps must be protected with a safe cover, e.g. a towel, soft sponge ball, foam etc.

Tap tops must be stored out of reach away from the service users. If unable to remove tap tops remove plug from bath to prevent flooding or total body immersion. Where there is a risk of service users drawing a bath and where possible, support staff may have to consider locking the bathroom door.

Each service user must have a bathing risk assessment. The risk assessment for each service user will be completed in order to determine the level of support and supervision required. This will also include specific health needs assessment, e.g. epilepsy (*Procedure No. C24.5*), and a moving and handling assessment (*Procedure No. H & S 5*). Risk assessment must consider choice, privacy and dignity and the level of dependency/support required.

All bathing/use of showers should take place under constant supervision unless otherwise identified through risk assessment.

When a service user is learning to bathe unattended this must be planned, documented and reviewed at each Planning Meeting.

Staff should ensure that everything is prepared and available in the bathroom for bathing/showering before turning on the water, e.g. soap, sponge, shampoo, towels etc. to prevent the service user being left alone. Service users must not be left unattended.

**Staff must not leave the bathroom under any circumstances unless the risk assessment states otherwise.**

Whilst a service user is being supported to bathe or shower staff must take opportunity to observe for any abnormalities, i.e. bruising, swelling, sores, rashes or lumps in a non intrusive way. These should be reported to the Line Manager or for more serious injuries to the Operational Network Manager or out of hours On Call Manager and recorded appropriately in the service user’s electronic record (*by completing a prism and marking the service user as the person effected*) and 24 Hour Report Book and PRISM report.

Staff should be aware of the Health and Safety issues/dangers within the
bathroom, e.g. a wet floor, and take appropriate safety measures.

Where able the service user must be supported to clean and tidy the bathroom or shower after use. Where service user is not able to clean or tidy the bathroom or shower it is the support staffs responsibility to ensure compliance.

13. **Supervision and Risk Management Whilst on Service User Holiday**

Each home will have an additional bath thermometer to take with them on service user's holiday.

When bathing service users, to ensure the correct water temperature the cold water should be run first adding hot water until temperature in bath reaches no more than 44ºC or less than 37ºC.

When running the bath water staff must not leave the bathroom. Preparation for bathing should take place before turning on the water.

The bath water temperature will be recorded in the Holiday Journal.

A risk assessment for each service user will be completed and taken on holiday in order to determine the level of support and supervision required as 2.7.

All bathing should take place under constant supervision unless otherwise identified through risk assessment.
Intimate Care Including  
Bathing & Showers Procedure  
Appendix A

Community Services  
Water Temperature Safety Protocol

In the event of the running hot water in the bathroom being below 37°C or above 44°C DO NOT USE and the following action MUST be taken:

1. Remove the tops from the hot water taps, if possible, and put in a safe/secure place.
2. Cover any exposed spindles with towel or sponge.
3. Record in 24 Hour Report Book and report to the On Call Manager/Operational Network Manager.
4. A clear notice must be displayed instructing all staff not to use the bath.
5. Inform Housing Association and record in House Maintenance Record.
6. The Team Manager must make a weekly check on the progress of the repair.
7. Provide a regular report to the Operational Network Manager until problem rectified by the Landlord/Housing Association.
8. The Team Manager in conjunction with the Operational Network Manager will devise a contingency plan if appropriate.
9. Where it is not possible to remove the tops from the taps and where there is a risk of service users drawing a bath then the bathroom must be locked, or the service users must not access the bathroom unsupervised.

In the event of the shower running at below 37°C or above 44°C DO NOT USE and the following action MUST be taken:

If the location of the isolator switch is known switch it off or:-

1. Tape a plastic bag securely over the showerhead.
2. Fasten a dated out of order DO NOT USE notice over the control panel.
3. Make a record in the 24 Hour Report Book and report to the Operational Network Manager and On Call Manager.
4. The Team Manager in conjunction with the Operational Network Manager will devise a contingency plan if appropriate.
5. Inform Housing Association and record in maintenance report book.
7. No hot water to be used in bathroom/shower room until attended to by professional.