



Staff Service Delivery Manual



Staff Service Delivery Manual-

Standard Operating Procedures

There are Standard Operating Procedures which all staff and management must adhere to within Castle Care (Scotland) Ltd.

As a Support Worker you must adhere to all Castle Care (Scotland) Ltd.'s policies and standard operating procedures, full details of all policies are in the Comprehensive Staff Delivery Manual which is on our Staff Website Portal- paper copies are also available to view in our office. This document is a summary of those policies and standard operating procedures.

- Your first point of contact within the organisation is always your Team Lead – you will be informed who this is after your Induction Training
- If you are unwell and unable to come to work you **MUST** contact the Office within Working Hours, or On-call out with 9-5 hours. Text or email is not sufficient, you must call and explain why you are not able to attend, and you must do this within a reasonable timeframe as it is your responsibility as per your registration with the SSSC to ensure that service users are not left without care. In addition, you must maintain contact with the office daily (before 3pm) on each subsequent day you are ill
- For any issues or if you need any advice whilst on a care shift, the office is the main point of contact during office hours, for out of hour you must call On-call. On-call is for emergency and urgent issues, so if your query or question is not urgent, direct it to the office or your team lead within normal working hours.
- If you go to a service user's home and you have concerns, if they are not there or they are ill or have had an accident, you can call on-call or the office for advice. If it is clearly a medical emergency always call 999 first, then inform the office who will advise what to do next
- Under no circumstances are support workers to discuss their own personal issues, or any information about any other member of staff (current or previous). Support workers are also not allowed to discuss information about our service users with anyone outside of Castle Care (Scotland) Ltd, or with any other service users.
- Castle Care (Scotland) Ltd have a Concerns Form, which has been designed to assist support workers to raise any concerns either about a service user or another member of staff. Management will act upon any concerns and will update those who reported them when appropriate
- Any incident or accident that happens in a service users home, or in the course of carrying out your role must be reported.
- Annual Leave requests are to be made to the Care Co-ordinator as far in advance as possible, the organisation will authorise leave in accordance with the safe running of the service



- All Human Resources forms are available electronically, Annual Leave request forms, Concerns Forms, Incident Forms

Our Philosophy of Care

We deliver the best person centred care possible in a way that lets the service users we serve know they are valued and cared for as individuals. This is our core philosophy of 'Person centred Care' and is based on the National Care Standards for Care at Home. We treat the whole person, not just their diagnosis, by working to restore confidence, dignity and a sense of self-worth through encouragement, kindness and open communication. Castle Care (Scotland) Ltd. provides each service user with a uniquely personalized level of care and support which helps improve outcomes and enhance the lives of those to whom we provide care.

Our Mission Statement

Castle Care (Scotland) Ltd. exists to provide high quality, person centred Care at Home to enhance the quality of life of the individuals we serve. To achieve our vision, we adhere to the following guiding principles:

- Honesty and Integrity
- Compassionately caring for others
- Continual innovation in an ever-changing environment
- Loyalty and commitment to the individuals that comprise and support Castle Care (Scotland) Ltd.
- Excellence in service to the customer above all

The service aims to support service users to achieve their own personal aspirations and:

- To deliver a service of the highest quality that will improve and sustain the service user's overall quality of life.
- To ensure that the service is delivered flexibly, attentively and in a non-discriminatory fashion, while respecting service user's right to independence, privacy, dignity, fulfilment, and the rights to make informed choices.
- To ensure that service user's needs and values are respected in matters of religion, culture, race or ethnic origin, sexuality and sexual orientation, political affiliation, marital status, parenthood and disabilities or impairments.
- Promote independence through goal-setting and re-enablement approaches



- Support people to explore and develop new personal life experiences and maintain existing interests
- Encourage social networking or leisure pursuits, maximising the wider use of the community
- Actively involve people in shaping their service, how it will be delivered and reviewed
- Develop active partnerships with families and other agencies

Objectives:

Meeting the National Care Standards Principles and Standards

We are committed to meeting and promoting the NCS Principles of: Dignity and Respect, Compassion, Be Included, Responsive Care and Support, and Wellbeing. If we do not meet these, service users and/or their families can raise their concerns with us, use our complaints procedure or complain to the Care Inspectorate.

Standard 1: I experience high quality care and support that is right for me

Service users are accepted and valued whatever their needs, ability, gender, age, faith, mental health status, race, background or sexual orientation. Service users' human rights are protected and promoted and service users experience no discrimination. If service users require intimate personal care, this is carried out in a dignified way, with their privacy and personal preferences respected. If service users are supported and cared for in the community, this is done discreetly and with respect.

This service provides high quality, person centred care and support to service users. With people using the service, we assess and review their needs, wishes and aspirations and record these in their personal plan and we will provide support people in order that people can realise these.

We support people to take control over the support they need and how and when this is delivered.

Service users specify when they want the support they need (as agreed in their personal plan) and where possible choose the member of staff who they would like to provide the support. Service users' personal plans are reviewed at least every 6 months. Where there are significant people in the service users' life, they will also be invited to attend, this may include relatives or social work or health staff.

Where changes in needs are identified, appropriate contact and/or referrals will be made to ensure the multi-disciplinary team working.



Standard 2: I am fully involved in all decisions about my care and support

We will help service users get the most out of life because Castle Care (Scotland) Ltd.'s support and care is delivered with an enabling attitude and believe in everyone's potential. We will support service users to discuss significant changes in their lives, including death or dying, and this is handled sensitively.

Service users are recognised as an expert in their own experiences, needs and wishes. Service users are supported to participate fully as a citizen in their local community in the way that they want. Service users can be with their peers, unless this is unsafe and will be fully involved in reaching this decision.

Service users are fully involved in assessing their emotional, psychological, social and physical needs at an early stage, regularly and when needs change. Castle Care (Scotland) Ltd. assures service users that their needs will be assessed by a qualified person, who involves other people and professionals as required. Future care and support needs are anticipated as part of that assessment. A service user's personal plan (sometimes referred to as a care plan) is right for each individual because it sets out how their unique needs will be met, as well as their wishes and choices.

Service users can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities, both indoors and outdoors (where appropriate). Service users are supported to make informed lifestyle choices affecting their health and wellbeing, and are helped to use relevant screening and healthcare services. We aim to support service users to be emotionally resilient, have a strong sense of their own identity and wellbeing, and address any experiences of trauma or neglect.

Service users are encouraged to control their own care and support to the extent that they wish. Service users are empowered and enabled to be as independent and as in control of their life as they want and can be. Service users are supported to understand and uphold their rights, and supported to use independent advocacy if they want or need this. If service users need help managing money and personal affairs, they are able to have as much control as possible and their interests are safeguarded. Service users are as involved as they can be in agreeing and reviewing any restrictions to their independence, control and choice.

Service users are supported to manage their relationships with family, friends or partner in a way that suits their own wellbeing. Service users are encouraged and supported to make and keep friendships, including with people their own age. If a



service user needs or wants to move on and start using another service, they will be fully involved in this decision and properly supported throughout this change.

Service users are encouraged to attend community groups and activities, particularly where they have established links or previous interests. Staff will provide support to enable people to attend, where this is set out in the personal plan, but will also work to support independent attendance or to create networks with members of the local community.

Standard 3: I am confident in the people who support and care for me

All support staff and their managers are members of the PVG scheme and all staff are recruited safely as detailed in our safer recruitment policy. Staff are trained to a minimum of SVQ level 3 and we deliver in-house training and development to ensure staff are working to the organisations values and ethos. In addition to staff induction, in-house training and qualifications, staff receive specific input on issues relating to service users' needs, such as communication, ageing, dementia awareness.

Staff receive regular supervision and attend staff meetings where continual professional development is reviewed and an annual training and development plan is produced. Staff are expected to keep up to date with good practice and meet the codes of conduct required of them.

Service users will experience people speaking and listening to them in a way that is courteous and respectful, with their care and support being the main focus of people's attention. Service users will have agreed clear expectations with people about how they behave towards each other, and these are respected. Service users can be confident that the right people are fully informed about their past, including their health and care experience, and any impact this has on them.

Service users can build a trusting relationship with the person supporting and caring for them in a way that both feel comfortable with. Service users will experience warmth, kindness and compassion in how they are supported and cared for, including physical comfort when appropriate.

Service users are treated as individuals by staff who respect their needs, choices and wishes, and anyone making a decision about their future care and support knows them.

Service users can have confidence in the staff because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. Service users' needs are met by the right number of people, who have time to support and care for them and to speak with them. Service users are supported and cared for sensitively by people who anticipate issues and are



aware of and plan for any known vulnerability or frailty. Care and support is consistent and stable because people work together well.

Service users are protected from harm, neglect, abuse, bullying and exploitation by staff who have a clear understanding of their responsibilities. Service users are protected from harm because people are alert and respond to signs of significant deterioration in their health and wellbeing that may indicate service users may be unhappy or may be at risk of harm. Service users are listened to and taken seriously if they have a concern about the protection and safety of themselves or others, with appropriate assessments and referrals made.

Standard 4: I am confident in the organisation providing my care and support

Service users will experience high quality care and support based on relevant evidence, guidance and best practice. They will receive proper notice and be involved in finding an alternative if the service they use can no longer meet my needs and wishes. Care and support is provided in a planned and safe way, including if there is an emergency or unexpected event. Service users will experience stability in their care and support from people who know their needs, choices and wishes, even if there are changes in the service or organisation. Service users are supported and cared for by people they know so that they experience consistency and continuity. If a service user is supported and cared for by a team or more than one organisation, this is well coordinated so that they experience consistency and continuity. Service users will benefit from different organisations working together and sharing information promptly where appropriate, and will understand how their privacy and confidentiality are respected.

Service users will benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. Service users know how, and can be helped, to make a complaint or raise a concern about my care and support. If service users have a concern or complaint, this will be discussed with me and acted on without negative consequences for them. If the care and support that a service user needs is not available or is delayed, people explain the reasons for this and help to find a suitable alternative.

Service users will be using a service and organisation that are well led and managed. Service users can be confident that people who support and care for them have been appropriately and safely recruited, and are encouraged to be innovative in the way they support and care for them. Service users will experience high quality care and support because people have the necessary information and resources.

Service users can visit services and meet the people who would provide their care and support before deciding if it is right for them. Service users can be meaningfully involved in how the organisations that support and care for them work and develop,



and are actively encouraged to be involved in improving the service they use, in a spirit of genuine partnership. Service users are supported to give regular feedback on how they experience their care and support and the organisation uses learning from this to improve. Service users can take part in recruiting and training people if possible.

Service users are encouraged to actively participate in decisions about how the service operates; this includes staff recruitment, staff training and service users are encouraged to take part in our internal quality and improvement reviews and the Care Inspectorates inspection activities.

We carry out an annual service review as part of our own internal quality assurance processes and people using the service, and where they wish their family/representatives are fully included in this process. We welcome comments, feedback and/or complaints in order to improve service users' experience of using our service.

We ensure that all service users are aware of the procedures of making compliments, comments and complaints.

We will manage the Care Service efficiently and effectively to make best use of resources and to maximise value for money for the Purchaser / Service User.

We involve service users and carers in the provisions, management and development of services, which will be monitored regularly as part of the quality assurance framework ensuring that the service is run in the best interests of our service users.

Standard 5: And if the organisation also provides the premises I use

Not applicable

We will:

- Encourage your independence
- Treat you as an individual
- Offer choice in all things whenever practical and possible
- Always treat you with dignity and respect
- Endeavour to fully understand our your needs
- Ensure privacy and confidentiality is maintained at all times
- Ensure that security is never breached.

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Corporate Statement of Good Practice

The philosophy of the Company is to reflect and promote values that focus upon the individual service user or Service User as being at the centre of Care Service planning and Service delivery. To help achieve this, the Company has drawn upon the fundamental Core Values of the National Care Standards, to develop the following Service Values which will form the basis for considering the provision of an individual Care Service:

- Autonomy and independence of personal decision-making, including the assumption of risks as well as responsibilities associated with citizenship.
- Choice of occupational activities, lifestyle, and the best way to maintain independence, including the opportunity to select independently from a range of options.
- Respect for the intrinsic worth, dignity and individuality of the person and his / her racial and ethnic identity and cultural heritage.
- Participation and integration in society, and in the development of plans, policies and decisions affecting the individual's life.
- Knowledge about conditions and prospects, options and opportunities, and ways of improving the individual's life.
- Fulfilment of personal aspirations and abilities in all aspects of daily life, including the chance to develop new skills and knowledge.
- Privacy from unnecessary intrusion, and the preservation and safeguarding of confidentiality.
- Equality of opportunity and access to services irrespective of age, race or ethnic origin, creed, colour, religion, political affiliation, disability or impairments, marital status, parenthood, sexual gender or sexual orientation.

The realisation of these values, together with the level of help and support required to achieve personal goals, will be a unique process for each person - every person is an individual. However, the value principles remain constant and will provide a sound foundation for the provision of care to all, regardless of personal circumstances and



in accordance with the Company's Equal Opportunities Policy. Castle Care (Scotland) Ltd. has a full Statement of Practice Policy which should be read in conjunction with this document.

Nature of the Services Provided

Castle Care (Scotland) Ltd. meet service users, prior to commencing service, to agree the care needs requirements of service users and assess each individual before service is offered including aspects such as when the service will begin and the times, frequency and duration of care to be provided.

The carers that Castle Care (Scotland) Ltd. employs are trained in accordance with Skills for Care, Care Certificate as well as bespoke training tailored to meet the specific needs of their service user group. Furthermore, they are supervised and supported to provide a quality service to a wide range of people who need care and support whilst living in their own homes, ensuring:

- Service users feel that they are treated with respect and valued as a person, and their right to privacy is upheld
- Service users are assisted to make their own decisions and control their own lives and are supported in maintaining their independence.
- All service users are treated equally and are protected against any form of discrimination.

A Service user's care plan is produced through consultation with each care user, their families and authorized persons and will include information about the service users care needs, wishes, preferences and personal goals. Key personal and care support is provided with:

- Dressing and undressing
- Bathing, washing, shaving and oral hygiene
- Toilet and continence requirements
- Medication requirements and other health related activities
- Moving and Handling
- Eating and meals
- Handling personal possessions and documents

Code of Practice for Social Service Workers

The purpose of the Codes are to set out the conduct that is expected of social service workers and to inform service users and the public about the standards of conduct they can expect from social service workers. It forms part of the wider package of legislation, practice standards and employers' policies and procedures



that social service workers must meet. Social service workers are responsible for making sure that their conduct does not fall below the standards set out in this Code and that no action or omission on their part harms the wellbeing of service users.

Status

The Scottish Social Services Council expects social service workers to meet this Code and may take action if registered workers fail to do so.

Employers of social service workers are required to take account of this Code in making any decisions about the conduct of their staff.

Social service workers must:

1. Protect the rights and promote the interests of service users and carers

This includes:

- 1.1 Treating each person as an individual
- 1.2 Respecting and, where appropriate, promoting the individual views and wishes of both service users and carers
- 1.3 Supporting service users' rights to control their lives and make informed choices about the services they receive
- 1.4 Respecting and maintaining the dignity and privacy of service users
- 1.5 Promoting equal opportunities for service users and carers
- 1.6 Respecting diversity and different cultures and values.

2. Strive to establish and maintain the trust and confidence of service users and carers

This includes:

- 2.1 Being honest and trustworthy
- 2.2 Communicating in an appropriate, open, accurate and straightforward way
- 2.3 Respecting confidential information and clearly explaining agency policies about confidentiality to service users and carers
- 2.4 Being reliable and dependable
- 2.5 Honouring work commitments, agreements and arrangements and, when it is not possible to do so, explaining why to service users and carers

2.6 Declaring issues that might create conflicts of interest and making sure that they do not influence your judgement or practice

2.7 Adhering to policies and procedures about accepting gifts and money from service users and carers.

3. Promote the independence of service users while protecting them as far as possible from danger or harm

This includes:

3.1 Promoting the independence of service users and assisting them to understand and exercise their rights

3.2 Using established processes and procedures to challenge and report dangerous, abusive, discriminatory or exploitative behaviour and practice

3.3 Following practice and procedures designed to keep you and other people safe from violent and abusive behaviour at work

3.4 Bringing to the attention of your employer or the appropriate authority resource or operational difficulties that might get in the way of the delivery of safe care

3.5 Informing your employer or an appropriate authority where the practice of colleagues may be unsafe or adversely affecting standards of care

3.6 Complying with employers' health and safety policies, including those relating to substance abuse

3.7 Helping service users and carers to make complaints, taking complaints seriously and responding to them or passing them to the appropriate person

3.8 Recognising and using responsibly the power that comes from your work with service users and carers.

4. Respect the rights of service users whilst seeking to ensure that their behaviour does not harm themselves or other people

This includes:

4.1 Recognising that service users have the right to take risks and helping them to identify and manage potential and actual risks to themselves and others

4.2 Following risk assessment policies and procedures to assess whether the behaviour of service users presents a risk of harm to themselves or others

4.3 Taking necessary steps to minimise the risks of service users from doing actual or potential harm to themselves or other people

4.4 Ensuring that relevant colleagues and agencies are informed about the outcomes and implications of risk assessments.

5. Uphold public trust and confidence in social services

In particular you must not:

5.1 Abuse, neglect or harm service users, carers or colleagues

5.2 Exploit service users, carers or colleagues in any way

5.3 Abuse the trust of service users and carers or the access you have to personal information about them or to their property, home or workplace

5.4 Form inappropriate personal relationships with service users

5.5 Discriminate unlawfully or unjustifiably against service users, carers or colleagues

5.6 Condone any unlawful or unjustifiable discrimination by service users, carers or colleagues

5.7 Put yourself or other people at unnecessary risk

5.8 Behave in a way, in work or outside work, which would call into question your suitability to work in social services.

6. Be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills

This includes:

6.1 Meeting relevant standards of practice and working in a lawful, safe and effective way

6.2 Maintaining clear and accurate records as required by procedures established for your work

6.3 Informing your employer or the appropriate authority about any personal difficulties that might affect your ability to do your job competently and safely

6.4 Seeking assistance from your employer or the appropriate authority if you do not feel able or adequately prepared to carry out any aspect of your work, or you are not sure about how to proceed in a work matter



6.5 Working openly and co-operatively with colleagues and treating them with respect

6.6 Recognising that you remain responsible for the work that you have delegated to other workers

6.7 Recognising and respecting the roles and expertise of workers from other agencies and working in partnership with them

6.8 Undertaking relevant training to maintain and improve your knowledge and skills and contributing to the learning and development of others.

Upholding Rights of Service Users

Castle Care (Scotland) Ltd. provides all Service Users with a statement outlining our key principles of care that our service promises to deliver and against which our success can be measured.

About our service, Service Users have the right to expect:

- To be encouraged to be as independent as possible, to be allowed to take risks and to live a lifestyle which is, as far as possible, geared to their personal choice and preference.
- To be treated as an individual, to make their own decisions on matters which affect them, and to participate as fully as possible in drawing up a Care plan (with the assistance of friends, family or representatives as required), reviewing it and agreeing any modifications.
- To have their values, beliefs and chosen lifestyle respected at all times and for their thoughts, opinions and attitudes to be respected, considered and to be listened to.
- To have the right to say will and who will not enter their home within the boundaries of the Company's Equal Opportunities Policy. To be empowered in the decision about the gender of the Care Worker. Castle Care (Scotland) Ltd. will not insist on Service Users having a Care Worker with whom they are unhappy.
- Not to be discriminated against for any reason, e.g. age, race, sex, colour, religion, disability, political opinion, sexual orientation, gender reassignment status, physical and financial circumstances.



- To have privacy in relation to their personal affairs and belongings, and confidentiality in respect of the care that they require, their personal circumstances, financial, domestic or family matters etc.
- To receive details of Castle Care (Scotland) Ltd. Home Care services before the start of the service.
- To receive written confirmation of a Service Plan identifying appropriate levels of care, agreed with them and by the NHS.
- To have details of the care given each day and the outcomes observed, recorded to the Company's requirements.
- That the Company will regularly review the service according to assessed care needs and within a timescale agreed with the Service User.
- That Care Plans or records will be left in their home, until completion of the assignment (when records will be returned to the Company).
- To have access to friends, relatives, religious leaders etc and to be assisted, where necessary, in making such arrangements.
- That their telephone calls to Castle Care (Scotland) Ltd. will be answered 24 hours a day.

About the Care Workers, Service Users have the right to expect:

- To have care provided in accordance with the agreed Care Plan by Care Workers whose education, experience, training and attitudes make them suitable for such a role and who will provide care in a friendly, appropriate and respectful manner.
- To receive care from Care Workers who have been personally interviewed by appropriately trained staff, and who have fulfilled the Castle Care (Scotland) Ltd. recruitment and selection criteria.
- To receive care from Care Workers that matches their requirements in terms of skills, experience, personality, cultural and religious needs.
- That Care Workers will treat their property, possessions, their home, the security of their home with due consideration as outlined in the Company's policies.



- That Care Workers will arrive at the assignment at the agreed time. If, due to exceptional circumstances, the Care Worker is late or unable to make the assignment, that the Company will make every effort to inform them and provide a suitable replacement Care Worker as required.
- That Care Workers will be dressed appropriately for the work they are to perform and in accordance with the Company's dress code.
- That every Care Worker will wear a photographic identification badge unless this is contrary to the Service user's wishes.
- That Care Workers will be covered by appropriate insurance.
- That Care Workers will understand the need to promote the Service User's privacy, dignity, independence, choice and culture at all times.

Your responsibility as a member of the team:

As a member of the staff team at Castle Care (Scotland) Ltd. you must adhere to all of Castle Care (Scotland) Ltd.'s policies and procedures at all times. You must read and sign your agreement to adhere to these policies, as well as signing to state you have read and agree to abide by the Scottish Social Services Council Code of Conduct for Workers.

Your manager is responsible for ensuring that you have been adequately inducted, trained and supported to carry out your role. Should you have any issues, questions or require any clarity, you should not hesitate to contact your manager.

This Staff Manual contains the basic information, policies and procedures required to carry out your job. You should carry this hand book with you to refer to at all times and as stated above, you should keep yourself familiar with the full detail of Castle Care (Scotland) Ltd.'s policies and procedures. Your manager will update you when these have been amended or when your training is due for renewal.

Delivery of Service

Person-Centred Approach Outline:

#1 Being genuine with the service user.

For the service user to be best supported to move towards their 'ideal-self' (what they want to be), the therapist should be genuine about their own personality and experiences. Rather than being blank and forming a barrier between therapist and



service user, the therapist should be willing to be themselves and be authentic – and not use some facade with the service user.

#2 Positive regard for the service user.

For the service user to truly grow and reach ‘self-actualisation’, they need to be valued as a person. This can only be achieved if the therapist is providing unconditional, positive regard for that service user – if they don’t feel valued by others, then as a result, they may not value themselves.

#3 Empathy for the service user.

Empathy is very important in the role of the carer – they need to demonstrate that they can understand what the service user is feeling and communicate their understanding with them. Only after being able to mutually communicate understanding, can the service user be properly supported to work towards meeting their outcomes.

As a support worker and health care assistant, your role is to meet the needs of service-users in your care.

However, service-users have an incredible range of needs and their needs vary from individual to individual. Understandably, this is why a person-centred approach is particularly beneficial in care settings, as it helps to empower the service user.

Operational delivery – you must adhere to the following policies

ACCESS, KEY HOLDING AND SECURITY POLICY

While workers will become very familiar with going in and out of service users homes it is important to remember that having strangers letting themselves in and out will not be normal for new service users. The procedures below demonstrate an attitude of respect for service users privacy and autonomy and also protect their security.

Mode of entry to a service users home.

Staff should:

- knock and wait for a reply
- announce themselves before entering
- introduce themselves if necessary and always show proof of identity
- close doors behind them
- take special care to avoid startling service users with hearing or sight impairments

**Security issues as part of the care plan.**

Specific instructions regarding security of the property or the individual will be included in the care plan as appropriate.

Use of key safes to access service users' property

As a general rule it is Home care's policy not to hold keys for service users. The exceptions are

- where Home care is acting as a key holder for the Sovereign Care Alarm Service
- as a short term (up to 6 weeks) solution to accessing a property where installing a key safe would be inappropriate or not immediately possible e.g. to provide care for a service user in the final stages of a terminal illness, or a service user undergoing a period of re-ablement, or in response to a crisis.

If workers need to use a key to access a property service users will be advised to have a key safe fitted. Wherever possible the key safe should be fitted and authorisation for access be obtained from the service user before a package of care is started. The form for authorisation is found below.

Home care assistants will hold a list of key codes and service user identity numbers coded to maintain security. Key codes must not be disclosed to any other individual without authorisation from a Home Care Manager. To do so would be considered a disciplinary offence.

Under no circumstances must keys be taken home or additional keys cut. Loss or theft of keys must be reported to the Home Care manager immediately.

Instructions for using a key safe

Workers will be shown how to use the key safes during their two weeks shadowing of an experienced worker as part of their induction.

Where key safes are not fitted.

Occasionally a service user may refuse to have a key safe fitted. It is very inadvisable for keys to be left hidden outside a property and this practice should be strongly discouraged. However if service users continue to keep keys outside their property after the risks have been brought to their attention the appropriate section on the key authorisation form should be signed by the service user.

ACCESS TO SERVICE USER HOME IN EMERGENCY POLICY**ACTION TO TAKE IF NOT ABLE TO ACCESS A SERVICE USER'S HOME**



1. Knock at a Service User's door or use key safe if normal process.
2. Look through windows; letterbox, back door, etc. (Do not attempt to break in.) Call through the letterbox and listen.
3. If Service User can be seen to have fallen, call the police/ambulance immediately.
4. Where feasible, telephone Office to inform them that the Service User is not answering the door and the above stages have been completed.
5. The Office should check Service User information, as the commissioning team should have included any relevant information on who to contact in an emergency. Unless indicated otherwise, they should telephone (in this order, as it may be resolved at each stage):
 - i. The Service User
 - ii. Relatives (any key holders if applicable)
 - iii. Warden, Alarm control (if applicable)
 - iv. The social worker
6. The support worker is to remain on site until the situation is resolved or until instructed to leave by team lead
7. All action is to be recorded appropriately and the information passed to the relevant NHS teams

DEALING WITH INCIDENTS, ACCIDENTS AND EMERGENICES POLICY

This organisation recognises its responsibility to ensure that all reasonable precautions are taken to provide working conditions which are safe, healthy and compliant with all statutory requirements and codes of practice. However, Castle Care (Scotland) Ltd. recognises that accidents are, even in the safest of working environments, from time to time inevitable, despite the best efforts of staff, service users, relatives and other professionals to prevent them. Such occurrences must be handled by Castle Care (Scotland) Ltd. and by its staff so as to minimise threat and injury to all, including service users, relatives and the general public. They must also be reported and the reports acted upon by Castle Care (Scotland) Ltd. so that accidents can be minimised in the future and Castle Care (Scotland) Ltd. and staff can learn from their experiences.

Aim of the Policy



This policy is intended to set out the values, principles and policies underpinning this organisation's approach to an accident, emergency or crisis. The goals of Castle Care (Scotland) Ltd. are to ensure that:

- all accidents and incidents are appropriately dealt with
- all accidents and incidents involving injury to staff or service users are reported and recorded, no matter how minor
- all reported accidents or incidents are fully investigated
- the results and recommendations from investigations are fully implemented to prevent any re-occurrence of such incidents
- Castle Care (Scotland) Ltd. complies fully with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

Action to be Taken in the Event of an Accident or Injury

In the event of an accident, incident or emergency staff should take the following action:

- In the event of a minor injury or health related incident the First Aid Policy should be followed and first aid care rendered according to the situation and the member of staff's capabilities and training. Following such an incident an incident or accident form should be completed and the service user's GP informed.
- In the event of an injury where medical attention is considered advisable or necessary, the service user's GP or an ambulance should be called as appropriate. If there is any doubt about the need for medical attention, an ambulance should be called immediately and arrangements should be made to take the casualty to hospital. If the first-aider, or home care worker, decides that an ambulance is appropriate, they should follow the procedure below:
 - 1) Call 999 and make arrangements for an ambulance to be sent immediately. It is essential that the precise location of the occurrence is given and the nearest point of access for the ambulance suggested.
 - 2) Make arrangements for the ambulance to be met by a relative or other person as appropriate and if available.
 - 3) Ensure that the service user is accompanied to hospital, when appropriate; by a responsible person and that they contact Castle Care (Scotland) Ltd.'s main office soon after arrival at the hospital, to give updated information on the condition and location of the casualty.
 - 4) Contact the main office or a line manager to report the incident and make arrangement for the appropriate forms to be completed.

Note: If a Support worker is unsure about the course of action to take, or in the event of complications (such as having to accompany the service user themselves) then they should contact their line manager or the main office for advice.



The support worker, or first aider, attending to the casualty should then ensure that the line managers/head office is notified of the accident/illness, as appropriate.

The responsible line manager should then ensure that arrangements are made for relatives or friends of the casualty to be advised fully of the situation, if necessary, and to ensure that an incident report form and any other relevant paperwork is completed as soon as possible.

In the event of an injury requiring first aid, where a fire is reported, where there is violence or aggression or where a service user goes missing, then the appropriate policy should be followed.

Accident or Incident Reporting

In this organisation all accidents, incidents, emergencies and "near misses" must be recorded and reported to the management using a standard incident form. Accident and incident reports should then be dealt with according to the Accident Reporting Policy.

Employers must by law notify certain categories of accidents, specified cases of ill health and specified dangerous occurrences to the Health and Safety Executive (HSE) or the local authority (LA) to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

A written record should be kept of any accident or incident, however minor, which occurs in Castle Care (Scotland) Ltd. Refer to Reporting of Accidents Policy.

DIGNITY AND PRIVACY POLICY

Castle Care (Scotland) Ltd. will ensure that Workers respect Service Users privacy and dignity and ensure that they receive the care needed, without undue interference.

Prior to entering the premises of a Service User, Workers must knock, speak through the door and wait to be given entry, unless the worker has been provided with keys, or access codes, and prior permission to enter. (Where entering with keys is the standard and routine procedure then this will be entered on the Service User's *Personal Care Plan*).

Entry without permission is only acceptable in a clear emergency situation or where there is concerns regarding the safety of the Service User.

Where the Service User is deaf, or otherwise incapable of indicating their willingness to, and acceptance of, the Worker's entry, then some other approach must be agreed and adopted at the time the service begins.



The security of entry codes have the same priority as security of keys and Castle Care (Scotland) Ltd. will ensure that entry codes for the Service User premises are not written down in such a manner that the information may be linked to the Service User. Service User access codes may be changed and the agency will seek to discuss this possibility with the Service User if it is believed that security has been compromised.

In the event that a Service User is discovered, upon arrival of the Worker, to have had an accident, or an emergency situation arises, the Worker will assess the situation and if judged serious, the Worker is instructed to call the emergency services. All events of this type are to be recorded in the homecare record.

Castle Care (Scotland) Ltd. ensures that all care workers registered are supplied with a personal copy of the SSSC'S Code of Practice for social care workers, and that they abide by this code. Para 1.4 of the code states that social care workers must protect the right and promote interest by "Respecting and maintaining the dignity and privacy of service users".

Workers must abide by the Company's Dignity and Privacy Policy at all times. This precludes our workers from divulging information about anything they have seen, heard or read about Service Users. Workers may discuss any concerns about a Service user's wellbeing or safety. If we need to speak to a third party about our Service Users care, we will seek permission before doing so, except where we are unable to do so while responding to an emergency or where we have a legal obligation to do so. Workers are made aware of this policy and any failure to observe the principles outlined will lead to disciplinary action.

When accompanying a service user to the toilet, assisting with bathing, dressing or other intimate tasks, Worker must maintain a service user's dignity and privacy, only undertaking those tasks that the Service User is clearly unable to do.

Wherever possible the Service Users wishes will be respected concerning the sex of the Worker assigned, (in particular where a *Genuine Occupational Requirement* is evident) when intimate care is to be provided.

All actions undertaken by Castle Care (Scotland) Ltd. workers are completed with the express wish of the service user and are conducted in such a way that the Service User does not feel undervalued or inadequate.

Confidentiality and Privacy in relation to Social Media

Privacy relates to the service users expectation and right to be treated with dignity and respect. Service user/ worker relation is built on trust, therefore the service user needs to be confident that their most personal information and basic dignity will be



protected by the worker. Any breach of such a nature, even inadvertent, damages the service user/worker relationship and may tarnish the company's image. Any service user information learned by the agency during the course of work must be safeguarded by that worker. Such information may only be disclosed to other members of the care team for care purposes.

Confidential information should be shared only with the service user's informed consent, when legally required or where failure to disclose the information could result in significant harm.

The use of social media and other electronic communication is increasing exponentially with growing numbers of social media outlets, platforms and applications.

The Internet provides an alternative media for workers to share workplace experiences, particularly events that have been challenging or emotionally charged.

Without a sense of caution a worker may indulge in disclosing too much information and therefore violating a service user privacy and confidentiality. Instances of inappropriate use of electronic media are considered a serious breach of the company's policies. (Also see Castle Care (Scotland) Ltd.'s Acceptable IT Use and Social Media Policy).

Service Users have the right to:

- Have their needs properly assessed, and to have those needs met on a consistent basis, to a defined level of quality;
- Receive written information about the care they are receiving, together with its cost;
- Exercise an appropriate degree of control over their lives;
- Make informed choices and to take decisions;
- Receive care, attention, and services on an equal basis with all others;
- Be protected from any abuse or conduct which is detrimental to their wellbeing and health;
- Be treated in a manner which promotes dignity, wellbeing and understanding.
- Make a complaint about any aspect of the service they are receiving; Castle Care (Scotland) Ltd. has a comprehensive complaints procedure in place that is there to ensure we are in a position to safeguard the interest of the Service users and candidates. A copy of our Compliments and Complaints Policy and Procedure can be obtained from our office.

GIFTS, GRATUITIES AND WILLS POLICY



Care services are provided in return for agreed fees. Under no circumstances should you seek any other money, gifts, favours, or rewards for services rendered, either for yourself or for any third party. It is not uncommon for a Service user, their friend or relative, to offer a voluntary gift as a mark of appreciation for care they have received. The Company believes that giving and receiving such gifts is not generally appropriate to the provision of professional care. Wherever possible, any offer of a gift: should be politely refused; with an explanation that acceptance would be against Company policy. If refusal is likely to cause serious offence to your Service user, the gift may be accepted under the following rules:

- All offers of gifts should be disclosed to your Manager who will discuss the matter with your Service user, their personal carer, or other advocate as appropriate, to explain Company policy.
- A gift of money may only be accepted with the stated intention that it will be passed in full to a charitable organisation nominated by the Company.
- Gifts of consumables (e.g. flowers, chocolates), if unlikely to cause offence, should be left in the service user's possession, to be shared and enjoyed by all members of the nursing and care team.
- Other gifts should be refused with the suggestion of an equivalent donation to charity.
- The Registered Manager will acknowledge all gifts in writing.

Gifts, Wills and Bequests

You have a personal duty to ensure that neither you, nor the Company, may legitimately face charges or allegations of malpractice or corruption in their conduct at work. As such, a Code of Conduct has been developed by the Company which follows good practice and National standards. This code, embraced within the Company's Policy/Procedure on Gifts, Wills and Bequests, includes advice on:

Solicitations – Seeking Gifts Or Favours

Any worker who seeks gifts or favours from Service Users in return for the services they are required to provide will be subject to formal action which will, almost certainly, lead to removal from the Company register.

Voluntary Gifts

It is not uncommon for a Service User, or someone closely connected to the Service User, to offer some gift as a mark of appreciation for the high quality of care they have routinely received from the care worker. At the same time, the taking of gifts or acceptance of substantial favours by workers from, for example, Service Users or relatives can give rise to embarrassing situations and may be seen as an improper inducement to give some concession in return to the donor. As such, it is the Company's policy to discourage the practice of Service Users or relatives offering



gifts to care workers, or others employed in the Company. Please seek advice from your manager if this situation arises.

PROFESSIONAL BOUNDARIES POLICY

EXPECTATIONS

- Castle Care (Scotland) Ltd. expects members of its staff to bring a wide variety of experience from their own lives to the job. We want people to be friendly, open and relaxed in the way that they work and in their working relationships with people.
- At the same time, it is important that we remain professional to prevent unwanted incidents and to safeguard people from abuse. We have to make careful enquiries before employing members of staff and require them to follow a code of conduct. The way we behave has to be consistent with Castle Care (Scotland) Ltd.'s Code of Conduct, Safeguarding Children and Adults Policies, and Health and Safety requirements for example.
- The relationships staff develop with service users are of a professional nature: the development of personal/social relationships with service users is not permitted.
- If the situation arises where a 'friend' of a member of staff requires the support of Castle Care (Scotland) Ltd. , the member of staff has a responsibility to inform his/her manager immediately, in order for an appropriate strategy to be put in place. This will reduce the likelihood of a breach of professional boundaries to safeguard both member of staff and service user. This will include no lone or key working with the service user.

SO THE GOLDEN RULES FOR EMPLOYEES ARE:

- Establish clear boundaries at the onset of a working relationship with a service user
- Think carefully about your actions and their likely impact
- Talk to people about what you propose to do

Castle Care (Scotland) Ltd. EXPECTS ITS MANAGERS TO:

- Monitor the relationships that develop between the people support and employees
- Think carefully about your actions and their likely impact
- Talk to people about what you propose to do

THINGS YOU SHOULD NEVER DO:

- Give service users personal information including where you live or your phone number.
- Divulge or discuss your religious or political persuasion with service users
- Invite service users to your home
- Arrange to meet socially
- Enter into any kind of sexual relationship with a service user
- Borrow money from a service user
- Accept gifts or free service from a service user or their relatives*
- Buy any goods from, or sell goods, to a service user
- Be the beneficiary or executor of the Will of a service user
- Abuse people, physically, sexually, financially verbally or in any other way
- Allow your own personal circumstances or friendships with other staff detract your own or the staff teams focus from that of our service users and service delivery.
- Allow your relationships with staff from partner/external agencies to detract your focus from that of our service users and service delivery, or lead to a breach of confidentiality.
- Bring Castle Care (Scotland) Ltd. into disrepute or damage its reputation through your behavior.
- Have service users on your personal facebook account
- Tweet to service users
- Put any information about Castle Care (Scotland) Ltd. on any social media platform (with the exception of Castle Care (Scotland) Ltd. own facebook account
- Put images on facebook sites that are unsuitable when your privacy is open that could bring Castle Care (Scotland) Ltd. into disrepute

RECORDS KEPT IN SERVICE USERS HOME POLICY

Records kept in the Service Users home

In accordance with good practice, and National Minimum Standards, Castle Care (Scotland) Ltd. will introduce into each home where care is provided, a procedure for recording key events and activities associated with that care.

Castle Care (Scotland) Ltd. has devised a standard written record for the purposes of recording key events and activities.

The care plan record contains information on:

- Name of the service user;
- Time and date of every visit, with a description of the services provided;
- Request for assistance with medication and action taken;



- Financial transactions undertaken on behalf of the service user;
- Details of any changes in the service user's (or carer's) circumstances, health, physical condition and care needs;
- Any accident however minor to the service user and/or care or support worker;
- Any other untoward incidents;
- Any other information which would assist the next health or social care worker to ensure consistency in the provision of care.

Service users or their advocates will have access to the records in the home. These records will be kept in the home until care ceases, after which they will be transferred to Castle Care (Scotland) Ltd. for safe-keeping. A service user may refuse to have records kept in their home. In such cases the refusal must be in writing, dated and signed, and this will be kept on the personal file of the service user by the agency.

These records remain the property of the Company and we are obliged to retain these records.

Health and Safety

Health and Safety Policy Statement

It is the policy of Castle Care (Scotland) Ltd. to ensure so far as is reasonably practicable the health, safety and welfare of all of the employees working for the company or other persons who may be affected by our undertakings.

Castle Care (Scotland) Ltd. acknowledges that the key to successful health & safety management requires an effective policy, organisation and arrangements, which reflect the commitment of senior management.

To sustain that commitment we will continually measure, monitor and revise where necessary an annual plan to ensure that health and safety standards are adequate.

The Manager will implement the company's health and safety policy and recommend any changes to meet new circumstances. The instructions will then be carried out through the normal chain of management. The company recognises that successful health and safety management contributes to successful business performance and will allocate adequate finances and resources accordingly.

The management of Castle Care (Scotland) Ltd. looks upon the promotion of health and safety measures as a mutual objective for themselves and their employees at all levels. It is therefore, the policy of the management to do all that is reasonably practicable to prevent personal injury and damage to property. Also the company aims to protect everyone, including all visitors and members of the public, insofar as



they come into contact with the company or its activities, from any foreseeable hazard of danger.

All employees have duties under the Health and Safety at Work etc Act 1974 and they are informed of their personal responsibilities to take due care for the health and safety of themselves and to ensure that they do not endanger other persons by their acts or omissions. They are also informed that they must co-operate with the company in order that it can comply with the legal requirements placed upon it and in the implementation of this policy.

The company will ensure continued consultation with the workforce to enable all viewpoints and recommendations to be discussed at regular intervals.

The company will ensure a systematic approach to identifying hazards, assessing the risk, determining suitable and sufficient control measures and informing employees of the correct procedure.

The company will provide, so far as is reasonably practicable, safe places and systems of work, safe plant and machinery, safe handling of materials and substances, the provision of adequate safety equipment and ensure that appropriate information, instruction, training and supervision is given.

The company regards all health and safety legislation as the minimum standard and expects management to achieve their managerial targets without compromising health and safety.

GENERAL GUIDELINES FOR EMPLOYEES

- You must not commit or allow to be committed any act which may result in potential danger in any way.
- You must attend as requested any training course, meeting etc, designed to further the interests of health and safety.
- You must observe all laid down procedures concerning work activities, equipment, materials and substances.
- You must ensure you understand the Health and Safety Policy and familiarise yourself with safety information and instructions.
- You must observe all safety rules on and off the Company's property.
- You must comply with all written or verbal instructions given to you to ensure your personal safety and the safety of others.
- You must conduct yourself in an orderly manner at all times and not stray from responsible behaviour.



- You must dress with health and safety of yourself and others in mind.
- You must use the safety equipment and/or protective clothing provided.
- You must avoid improvisation in any form, which may create a risk to your safety or the safety of others.
- All employees are to obey the rules of Castle Care (Scotland) Ltd. as contained in the Contract of Employment.
- You must not invite visitors onto Castle Care (Scotland) Ltd. premises without permission from Management.
- If at any time you are unsure about duties you may be asked to perform, then you must inform your Manager/Supervisor.
- Co-operation is vital to ensure successful health and safety standards.
- Health and safety notices will be posted on notice boards from time to time you must ensure you view this information.
- No alcohol or non-medical drugs are to be consumed during working hours. Employees found to be under the effects of either will subject to disciplinary action.

INFECTION CONTROL POLICY

Castle Care (Scotland) Ltd. recognises its duty to promote a safe working environment for workers and service users. The control of infectious diseases is an important aspect of this overriding duty. Care, especially intimate care, involves risks of infection which need to be managed in a safe and organised manner. Advice will be sought from time to time from appropriately trained professionals working in infection control. The arrangements described here must be followed at all times and any queries regarding any aspect of safe care and practice should be discussed without delay with the health and safety manager in the first instance.

Workers' Personal Hygiene and Fitness for Work

As the work during assignments will involve workers being in close proximity to Service users and parents, workers will keep themselves personally fresh, free from odours and practice good oral hygiene.

- Any wounds or moist skin must be covered with a waterproof dressing prior to contact with a service user
- Workers who are involved in food preparation must use blue catering plasters to cover wounds

Procedure

Routine Procedures for the control of infection

Standard/Universal precautions

It is not always possible to identify people who may spread infection to others, at any one time, and therefore precautions to prevent the spread of infection must be followed at all times. These routine procedures are called standard/universal precautions.

Standard/Universal Precautions include:

- Handwashing and skin care;
- Use of protective clothing;
- Safe handling of sharps (including sharps injury management);
- Spillage management.

All blood and body fluids are potentially infectious and precautions are necessary to prevent exposure to them. A disposable apron and latex or vinyl gloves should always be worn when dealing with excreta, blood and body fluids. Everyone involved in providing care in the community should know and apply the standard principles of hand decontamination, the use of protective clothing, the safe disposal of sharps and body fluid spillages. Each agency worker is accountable for his/her actions and must follow safe practices.

Handwashing and skin care

Handwashing is generally recognised as the single most effective method of controlling infection, and as such is the first defence against the spread of infection.

Hands must be washed:

- Before and after each work shift and work break. Remove jewellery if you can;
- Before and after physical contact with each service user;
- After handling contaminated items such as dressings, bedpans, commodes, urinals and urine drainage bags;
- Before putting on, and after removing protective clothing, including gloves;
- After using the toilet, blowing your nose or covering a sneeze;
- Whenever hands become visibly soiled;
- Before preparing or serving food;
- Before eating, drinking or handling food and before and after smoking.

Keep your fingernails short, clean and free from nail polish

Cover open wounds such as cuts, scratches and grazes

Protective Clothing

Protective clothing provides a barrier against the spread of infectious disease. Selection of protective equipment must be based on an assessment of the risk, as some situations and occurrences will present a greater risk than others.

What to wear and when:

Risk Assessment	Personal Protective Equipment
No exposure to blood/body fluids anticipated	No protective clothing is anticipated
Exposure to blood/body fluid expected, but low risk of splashing	Wear gloves and plastic apron, dispose of both after each use
Exposure to blood/body fluids anticipated – high risk of splashing to face	Wear gloves, plastic apron and eye/mouth/nose protection – dispose of all after each episode of use

Disposal of Protective Clothing

Where there is no known specific risk of infection, protective clothing may be placed into normal domestic waste. Where a specific risk of infection is known, arrangements will be made by the branch for safe disposal of protective clothing. This will normally involve using special containers in the service user's home and which are emptied periodically by people trained and equipped to do so.

Spillage Management

Spillages will inevitably occur from time to time, and it is essential that each occurrence is dealt with appropriately, and, where necessary, cleaning fluids and applications are used.

Pets

Pets can often enhance the quality of life for elderly people. However, many types of animal often kept as pets can be the source of human infection, including exotic species such as reptiles, fish or birds. Sensible precautions can reduce any infection risk to an acceptable level. All animals should be regularly groomed and checked for signs of infection, flea infestation, or other illness. If pets become ill, diagnosis and treatment by a vet should be sought without delay. All animals should have received relevant inoculations. Dogs and cats should be wormed regularly, as directed by a vet and be subject to a regular programme of flea prevention. Hands should be washed following any contact with animals, their bedding or litter. Pets should not be

fed in the kitchen or other food preparation areas and their dishes and utensils should be washed separately from other household articles. Once opened, pet food containers should be kept separate from food for human consumption. Pet food not consumed in one hour should be taken away or covered to prevent attracting pests.

Litter Box Care

Never deal with a cat's litter box if you are pregnant. Always wear a protective apron and gloves when cleaning the litter box. Always wash hands immediately after removing protective clothing. If possible, fit a disposable liner to the box for easy cleaning. Soiled litter should be changed daily. Litter should be sealed in a plastic bag and disposed of in household waste. The litter box should not be sited near food preparation, storage or eating areas. The litter box should be disinfected whenever the litter is changed by being filled with boiling water which is allowed to stand for at least 5 minutes.

Laundering of Uniforms & Infection Control

Workers are expected to launder their uniform or work attire daily, in order to control the spread of infection and to ensure decontamination following contact with contaminated products. Uniforms should be washed at a temperature of 60 degree Celsius or above, separately from the normal everyday washing cycle.

A clean uniform should be used daily.

Shoes should be cleaned daily to avoid cross-contamination.

Aseptic Technique

Aseptic technique is the method used to prevent contamination of wounds and other susceptible sites by organisms that could cause infection. This can be achieved by ensuring that only sterile equipment and fluids are used during invasive procedures.

Poor aseptic technique can lead to contamination of sterile equipment e.g. intravenous cannulae and urinary catheters

Clinical Waste

Clinical waste is divided into two categories:

- Waste that poses a risk of infection.
- Medicinal waste.

All clinical waste must be disposed of in the appropriate coloured bags:

- Radioactive waste - place radioactive "over stickers" on the yellow bag.
- Cytotoxic waste - place in purple / yellow receptacle for incineration.

- Infectious waste - place in yellow bag, label bag with source, tie bag securely at neck. Must be disposed of by incineration.
- Infectious waste - place in orange bag which may need treatment to render safe prior to disposal.
- All medicinal waste should be disposed of appropriately.

Disposal of non-clinical waste

This includes incontinence and other waste produced from humans, sanitary waste and nappies.

- Domestic waste or non-clinical waste - place in black bag, label bag with source, tie bag securely at the neck.

Management of Sharps

- Sharps injuries (e.g. from needles, scalpels and broken glass) and contamination incidents (e.g. blood splashes to mucous membranes and eyes, and contamination of broken skin) are important risks of transmission of blood borne pathogens.
- Use of sharps should be avoided if possible. Wherever possible needles should not be re-sheathed, but discarded intact, directly into a sharps container.
- If re-sheathing is necessary i.e. to change a needle, then a specific device must be used.
- Sharps must never be carried or passed in the hand, but should be placed on a tray and disposed of directly into a sharps container. Ideally the sharps container should be at the point of use.

Sharps containers should comply with European and British Standards (BS7320, 1990) i.e. they should:

- Have a handle and an effective closure device.
- Be resistant to penetration.
- Not leak or break when dropped.
- Be yellow and marked with the wording "Danger-contaminated sharps only – destroy by incineration".
- Be marked to indicate when 75% full, and should never be filled above this mark.
- Be securely closed and labelled with the date and origin before being sent for disposal.
- Be correctly assembled especially at the corners.

Sharps containers should be colour coded:

- Yellow - infectious for incineration.



- Orange - infectious for treatment to render safe prior to disposal.
- Purple - cytotoxic for incineration at licensed facility.
- Yellow / black - offensive or hygiene waste for land fill site.
- Black - domestic waste for landfill.

Linen Disposal

Soiled / infected linen - place in a water soluble bag and then in a red bag. Store in a designated area.

- Used non-soiled linen-place in clear plastic bag.

Communicable Diseases

- Infectious/Communicable Diseases could include, amongst others, the following:
- MRSA (Methicillin Resistant Staphylococcus Aureus).
- C Diff (Clostridium difficile).
- HIV and AIDS.
- Hepatitis.

Workers with Communicable Diseases

The Company recognises that Workers with communicable diseases may still be capable of fulfilling nursing or care tasks. The overriding principle to be considered is the safety and well-being of the patient/service user/service user, even where the level of risk is thought to be low. This principle should be applied by you when deciding whether to make yourself available for work and at all times during assignments, as well as by branch staff considering your suitability for specific assignments. In all assignments, it is your individual responsibility to take adequate precautions to protect your service user from communicable diseases. If you are suffering from an illness, especially: diarrhoea and/or vomiting; ear, nose or throat infection; or any skin problem; you must inform your branch immediately as certain service users/service users may be put at considerable risk if you attend them with an infection. If you are involved in an incident of exposure to a communicable disease whilst at work, contact your Manager immediately in order that the Occupational Health Advisor can be informed.

Service users with Communicable Diseases

The Company recognises the right of all Service users to receive appropriate care, regardless of their condition, or circumstances, which give rise to their need for care. Service users are expected to disclose any communicable diseases to which there is a risk of exposure and to give consent, where appropriate, for GP's, District Nurses and other health professionals to disclose and discuss such information. Service users have a right to be protected from preventable infection and Workers have a



duty to safeguard the well-being of their Service users. Owing to the nature of the work Workers undertake in assignments, good basic hygiene practices should be followed at all times.

Staff will brief Workers on known conditions relating to the Service user, to enable them to provide appropriate care, but it should be stressed that best practice (and in the case of establishments i.e. nursing homes, hospitals etc, the relevant local policy and procedure) for infection control should be followed in all cases, not just those where a specific risk is known.

Please note – see additional Infection Control Covid 19 Update at the end

AIDS AND HIV POLICY

Introduction

THE PURPOSE OF THIS POLICY:

To clarify Castle Care (Scotland) Ltd.'s policy towards those who have been diagnosed with HIV/Aids and to discuss the practical implications thereof.

POLICY CONTENT:

Definitions

- HIV – Human Immunodeficiency Virus
- AIDS – Acquired Immune Deficiency Syndrome – the destruction of the body's immune system caused by the HIV virus

Care Workers

- Workers who have contracted HIV / AIDS have the right not to inform the employment business of their condition. Castle Care (Scotland) Ltd. may not question workers in this regard or even make indirect enquiries.
- Castle Care (Scotland) Ltd. will not discriminate against any worker who has contracted this virus, even if this information is disclosed by the worker directly. The exception would be if the health or welfare of others is compromised.
- Workers must take appropriate care of themselves at all times. This means wearing protective gear while undertaking care duties, paying special attention to the policies and procedures put in place for this purpose.



Service Users

- Service users who have contracted the virus have the right not inform Castle Care (Scotland) Ltd. of their condition.
- Service users may choose to inform Castle Care (Scotland) Ltd., but Castle Care (Scotland) Ltd. will not question the service user directly or indirectly regarding their condition. Such information will be treated with the strictest confidence.
- All workers need to remain supportive and compassionate toward the service user if they chose to disclose their HIV positive status.
- Workers must wear the appropriate protective clothing at any service users home while carrying out care duties, regardless of their HIV status.

MRSA POLICY

Castle Care (Scotland) Ltd. believes that adherence to strict guidelines on infection control is of paramount importance in ensuring the safety of both service users and staff. Castle Care (Scotland) Ltd. adheres fully to Standard 4 (Management and Staffing) of the National Care Standards for Care at Home and Standard 2 (Management and Staffing) of the National Care Standards for Support Services, published in accordance with the Regulation of Care (Scotland) Act 2001, which relates to the degree to which staff and service users are protected by Castle Care (Scotland) Ltd.'s policies and procedures.

Aim

The aim of Castle Care (Scotland) Ltd. is to prevent the spread of MRSA amongst users and staff.

Goals

The goals of Castle Care (Scotland) Ltd. are to ensure that:

- Service users, their families and staff working for Castle Care (Scotland) Ltd. are as safe as possible from MRSA.
- All staff at Castle Care (Scotland) Ltd. is aware of the causes of the spread of MRSA and are trained to avoid these.
- Service users who are colonised with MRSA receive the highest quality of care and are not discriminated against.

Policy Background

MRSA or *Methicilin Resistant Staphylococcus Aureus*, is a variant of *Staphylococcus Aureus*, a type of bacterium carried normally by about a third of the population. In most people *Staphylococcus Aureus* carries no harm. However, when the skin is broken or where a patient is otherwise unwell the bacteria can cause boils or pneumonia and can prevent wounds from healing properly. MRSA behaves in much the same way as its more common relative but, while *Staphylococcus Aureus* is readily treatable with modern antibiotics, MRSA has a high resistance to antibiotics which makes MRSA infections much harder to treat.

Many people carry MRSA in the same way that they carry *Staphylococcus Aureus* without it causing any harm to themselves or others. These people are said to be 'colonised' with MRSA rather than 'infected' as they are not ill and there are no visible signs that they are carrying MRSA. However, when MRSA does cause an infection this can be very dangerous, even life threatening, and is especially problematic in elderly, vulnerable service users who are debilitated. In healthcare settings, MRSA is spread by hand from person to person unwittingly by healthcare employees who do not wash their hands sufficiently between person contacts. It can also become established in clinical areas, on equipment and in such things as bedding and clothes and extremely vigorous cleaning and infection control techniques are required to eradicate it or halt its growth.

Policy on Preventing MRSA

In healthcare organisations MRSA carriers should not be a hazard to staff and, according to Department of Health guidelines, the implementation of sound infection control techniques especially rigorous attention to hand washing are sufficient to control the spread of the bacteria.

Therefore in, Castle Care (Scotland) Ltd.

- All staff should comply with Castle Care (Scotland) Ltd.'s infection control policies and procedures and adhere to best practice in infection control at all times.
- All staff should adhere to Castle Care (Scotland) Ltd.'s Infection Control Policy at all times, ensuring that their hands are thoroughly washed and dried on arrival and before leaving a service user's home/service user, between seeing each and every service user where direct contact is involved, after handling any body fluids or waste or spoiled items, after handling specimens, after using the toilet and before handling foodstuffs. Castle Care (Scotland) Ltd. believes that, consistent with modern infection control evidence and

knowledge, hand washing is the single most important method of preventing the spread of infection, whether a service user is a known carrier of MRSA or not.

- At Castle Care (Scotland) Ltd., disposable gloves and aprons should always be worn when attending to dressings, performing aseptic techniques, dealing with blood and body fluids or when assisting with bodily care, gloves and aprons should be changed and disposed of after each procedure or contact and always between contacts with different service users.
- Cuts, sores and wounds on staff and service users should be covered with suitable impermeable dressings.
- Blood and body fluid spills should be dealt with immediately according to Highland Home Carer's Infection Control Policy.
- Clinical waste should be disposed of according to Castle Care (Scotland) Ltd.'s Infection Control Policy.
- Sharps should be disposed of into proper sharps containers.
- Equipment (such as commodes) should be cleaned thoroughly with detergent and hot water after use.
- Service users and staff should not need routine screening for MRSA unless there is a clinical reason for such screening to be performed (for example, a wound getting worse or new sores appearing) and in such cases screening should be requested by a GP or by the local consultant in communicable disease control.
- If a service user's wound gets worse or does not respond to treatment than the service user's GP should be advised immediately.
- MRSA risks should be included in COSHH assessments and any appropriate control measures taken to reduce identified risks.

If a service user is identified as colonised with MRSA:

- They should not be isolated (according to Department of Health guidelines the isolation of colonised service users in nursing organisations is not necessary and may adversely affect the service users' quality of life).
- They may receive visitors and go out, for example to see their family or friends, and should not be discouraged from normal social contact.

- Friends or family need not take any special precautions when visiting.
- Domiciliary staff with eczema or psoriasis should not perform intimate nursing care on service users with MRSA.

When arranging care for new service users or when transferring service users to and from hospital:

- The relevant care manager should always ask in the initial assessment of a potential service user if there is any record that the applicant is colonised or infected with MRSA and this should be entered into the plan of care.
- Colonisation with MRSA should never be reason for refusing a service to a potential service user, for preventing discharge from hospital or for any other form of discrimination.
- Domiciliary care staff should always inform a hospital if a service user that they care for who is admitted hospital is known to be infected with or colonised with MRSA.
- Service users with MRSA should not normally require special treatment after discharge from hospital but if a specialised course of treatment needs to be completed, the hospital should be asked to provide all the necessary details and agree in advance in the discharge plan and check that Castle Care (Scotland) Ltd. is agreeable.
- Domiciliary care staff should seek and follow expert infection control advice from the consultant in communicable disease control and/or community infection control nurse in any case where support is required and for any service user with MRSA who has a post-operative wound or a drip or catheter.

Reporting

MRSA is not a notifiable infection under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) which obliges Castle Care (Scotland) Ltd. to report the outbreak of notifiable diseases to the Health and Safety Executive. The presence of MRSA in a service user can only be ascertained by the laboratory investigation of swabs and any positive result will be notified to the service user's GP. Domiciliary care managers should liaise with the relevant GP if a positive result is received and should work with all relevant members of the healthcare team to revise the service user's plan of care and to ensure that everybody involved in the care of the service user is informed.

Medicines Management Policy – Summary

1 INTRODUCTION

This policy describes how all care at home services in NHS Highland should support people with their medicines in their own homes. The vast majority of people self-manage their medication or have support from friends and family, following advice from a health professional. This policy is specifically for the people who require a formal carer to help with their medicines to support them to continue to live as independently as possible in their own homes.

People should be given support and encouragement to manage their own medication where possible. People will receive the support they need with their medicines and should be assured that this is being done safely with their best interests central to any care plan. People and/or their representatives should be involved in all decisions regarding their medicines and treatments.

It is important that the rights and dignity of people receiving care at home services are protected and that medicines are administered as prescribed, in line with the law and best practice. The policy's aim is to ensure a safe and professional service, delivered consistently by all care at home providers within NHS Highland

The policy aims to support staff working in care at home by ensuring that they are appropriately trained and competent in managing medicines and are following the standards, processes and procedures in the policy. Staff who have any role with medicines must be familiar with this policy and be able to refer to it as necessary.

No carer should be involved in any medicines management task unless they have been deemed competent by their manager, and the task is clearly stated in the person's Support Plan. Carers must be appropriately trained and feel confident to perform tasks correctly. Competency Assessments should take place annually. Carers must observe the guidance set out in this policy and must not provide any assistance with medication out with this policy.

It is not possible within this policy to describe every situation that may arise. Nor is it possible to give strict rules as to what should be done in every situation. When situations arise that are not covered in the policy, carers will need to use their own judgment as to what to do and/or be aware of whom to ask for advice and support, in line with the principles outlined in this policy. This would normally be a line manager or relevant out of hours arrangements.

Levels of medicines support

People should be supported to manage their own medicines and to be as independent as possible. Some people will require support to manage their medicines. Care staff may be required to prompt, assist or administer medicines.

The levels of support described in this policy align with those in the Care Inspectorate document Prompting, assisting and administration of medication in a care setting: guidance for professionals.

The key difference between assisting with and administering medication is that, generally, people who require to have medication administered to them will not have capacity (cognitive function) to make decisions about their medicines.

It is important to maintain independence where possible. Family members or informal carers may provide part of a person's total care so formal care at home services may only be needed for part of the day or on specific days of the week. Care Plans must be accurate and kept up to date.

Some people may require mixed levels of support. For example, someone may not be able to manage their insulin injection and therefore require Healthcare input, yet have no difficulty taking their tablets appropriately so can self-manage this.

Relevant Legislation

The law defines what you can and cannot do so it is essential to know the parts of the law that apply to you when you are administering medicines as a carer.

Legislation is extensive and a short summary of the parts relevant to carers has been listed below:

- Medicines Act (1968): Care workers in the UK are allowed to administer prescribed medication to service users. The prescriber's instructions MUST be followed and only medicine prescribed for that individual can be administered. The medicine remains the property of the service user.
- Misuse of Drugs Act (1971) and Misuse of Drugs Regulations (2001) do not prohibit care workers from handling/administering Controlled Drugs (CDs) e.g. morphine.
- General Data Protection Regulations (2018): prohibits care workers from sharing sensitive information about service users (including what

medication they take) unless it is in the best interests of the service user. This means that information on a service user's medication could be discussed with a colleague, doctor, pharmacist or social worker but not with Family and friends.

- Regulation of Care (Scotland) Act (2001): aims to improve standards of social care services. Failure of a care service or an individual to comply with the Act and associated regulations means that they are de-registered and unable to continue providing services.
- Public Services Reform (Scotland) Act (2010): details the creation of the Care Inspectorate and allows for secondary legislation (Social Care and Social Work Improvement Scotland (Registration) Regulations (2011) to be created. The Care Inspectorate holds service providers to particular standards and will take action if they fail to meet these standards of care.
- Adults with Incapacity (Scotland) Act (2000): protects those persons who are unable to make informed decisions themselves. Before assuming responsibility for administering medicines to persons without capacity, Care Providers should be in possession of a Section 47 incapacity form for that person. These forms are obtained from a doctor (usually the person's GP).

2 MEDICINES MANAGEMENT ASSESSMENT AND REVIEW

All Care provision should be person centred. Assessment of a person's capabilities and needs is necessary to deliver the most appropriate care. In order to maintain independence, people should be encouraged to manage their own medicines for as long as possible. Assessments must take into account the expectations of the person themselves and, if appropriate, their family or friends.

All options should be considered before carers are asked to support a person with their medicines.

2.1 Initial identification and referral

It is expected that, any health or social care professionals involved in a person's care can recognise if a person is having difficulty with their medication.

Where issues are identified, either at the setting up of a care package, during the review process or when a person's capabilities or circumstances change, then an assessment should be carried out to determine what level of support is required.

Maintaining independence should be paramount & if support can be provided by a friend/relative this should be considered so as not to create unnecessary dependence on carers.

Regular review by the Care at Home provider is necessary as a person's needs may change over time. On recovering from a period of illness a person may become more able to manage their own medicines or they may require additional support as their condition deteriorates. Any changes observed in someone's ability to manage and administer their own medicines should be referred to the line manager so that a reassessment can take place.

If further assessment is necessary the Lead Professional or Officer should consider if it is clear what level of support will be required using the definitions in the Brief Assessment Tool . If however it is not clear what level of support is required then the Lead Professional or Officer should contact the person's usual community pharmacy in the first instance for advice. It may be necessary for the Lead Professional or Officer to refer the person to a pharmacy for a full assessment.

Depending on the outcome of the assessment, the following actions should be taken:

- No support (supported self-management): pharmacy/dispensing practice provide appropriate tools
- Prompting with medication
- Assisting with medication
- Administering medication
- Administration by a healthcare professional, normally a district nurse

3 LEVELS OF SUPPORT WITH MEDICINES

The level of support to be provided will depend on the person's capabilities, needs and circumstances. In some cases people will be able to manage their medicines themselves without any support. Other people may require care staff to provide support with prompting, assisting or administering medicines and carers should be clear about the differences between these levels of support.

Care at home services provide people with a variety of support. The support to be provided should be detailed in the Service User Pack/Support Plan. Carers should not undertake any tasks that are not detailed in the person's Service User Pack/File without first referring to a Care at Home Officer.

Carers should only provide support with medication if the person has been assessed as requiring support.

Support can only be provided by carers who have received appropriate training and have been assessed annually as competent.

The Care Inspectorate document Prompting, assisting and administration of medication in a care setting: guidance for professionals has defined a number of levels of support.

3.1 No support

The vast majority of people manage their medicines on their own, or with the support of informal carers. Where possible, people should be supported to maintain their independence.

An initial assessment of someone's needs can show they do not need any help with medicines. They have capacity to make decisions about their medicines and are able to self-administer without any support. If this is the case then no further assessment is necessary.

3.2 Prompting with medication

People who require prompting with medication retain responsibility for their medicines. The person has the capacity to decide whether or not to take them. The person must have been assessed as being able to follow a prompt. The carer is not responsible for checking which medicines are being taken.

Prompting is simply reminding the person of the time and asking if they have or if they are going to take their medicines. If carers are prompting someone they need to know what times of day the person is meant to take their medicines: this should be stated in the Service User Pack/File when the care package is first set up or reviewed.

Prompting with medication can involve:

1. Telling/reminding the person the time
2. Reminding the person to take/use medicines
3. Asking if medicines have already been taken. An example of a prompt is: "It is 9am, are you going to take any tablets this morning?"

3.3 Assisting with medication

People who require assistance with medication retain responsibility for their medicines but need help with simple mechanical tasks. The person has the capacity

to make decisions about medicines but lacks the physical capability to self-manage. Their independence should be supported.

The carer's role is to provide assistance, not take any decision-making responsibility.

A pharmacist may be able to offer support and advice to help someone self-manage their medicines.

Assisting with medication can involve care staff in one, all, or a combination of the following tasks:

1. Ordering and collecting repeat prescriptions from GP practices. The person must be able to tell the carer what medicines need to be ordered. Carers should take a means of identification (eg, badge or letter) for use at the GP practice when ordering or collecting prescriptions (where appropriate).
2. Collecting medicines from a pharmacy/dispensing practice and delivering to the person, but only when there is no other means to support this, eg, a family member who can help or a pharmacy providing a delivery service. Carers should take a means of identification (eg, badge or letter) for use at pharmacy when collecting medicines.
3. Bringing medicines to a person at their request so that the person can take the medicines.
4. Reading labels on medicines.
5. Performing mechanical tasks under the person's direction and instruction, for example:
 - a) Opening medicines packaging or removing tablets/capsules from pharmacy-dispensed compliance aids.
 - b) Giving the medicine to the person to take (rather than administering it). If a person needs the medicine to be placed into the mouth, this can only be done if there is a clear instruction from the person and it is stated in the Service User's Pack/File: the person must always retain control.
 - c) Measuring liquids, when the person can tell the carer how much to measure.
 - d) Assisting with the application of a prescribed medicine (eg, a cream, eye drop, ear drop or nasal spray) where the person cannot physically apply it him/herself. This must be



agreed with the care at home officer and specified in the Care Plan

e) Ensuring the person has a drink to take with his/her medication.

6. Returning unwanted medicines to a pharmacy for safe disposal. With this level of support, the person decides what medicines to return.

7. Purchasing and assisting with over the counter medicines at the request of the person.

- Carers should not generally purchase over the counter medicines at a person's request.
- In exceptional circumstances any purchases should only normally be made at the person's regular pharmacy where the person's repeat medicines are dispensed, and always be checked by the person's regular pharmacist, to ensure any purchases are safe (eg, checking for interactions against the person's pharmacy medication record).
- In remote areas without a pharmacy, advice should be sought from the person's GP before purchasing medicines from a retail outlet
- If a person requests assistance with applying non-prescribed medicine (eg, a purchased cream), this must be confirmed as safe by the officer (eg, by checking with a community pharmacist) and recorded in the Service User Pack/File before assistance is provided.

If a carer suspects that a person is not taking their medicines as prescribed, this should be discussed with the person and documented in the Care Notes, and their line manager should also be notified. If the problems cannot be addressed, then the Care at Home officer should be informed, they may consider referring the person to their community pharmacist for a re-assessment if appropriate, or re-doing the Brief Assessment Tool to identify the problem.

3.4 Administering medication

If a person is assessed as not being able to self-manage their medication and does not have the capacity to make decisions about their medication then care staff will need to take responsibility and administer their medication.

In some cases it may be clear that a person requires this level of support. If this is the case a full assessment is not necessary.

The significant difference with this level of support is that care staff are taking control away from the person by following the written direction of the prescriber to ensure that the right person is offered the right medicine, at the right dose, in the right form, at the right time and in the right way.

The carer must record medicines administered on a medication administration record (MAR chart) and must only administer medicines listed on the person's medication chart.

It is possible that a person may be capable of managing some of their medication themselves i.e. inhalers so this may be a self-managed medicine.

If administration is required, a Certificate of Incapacity (see section 2.2(i)) must be in place: carers cannot administer medicines without this certificate. Additional tasks must not be undertaken without referring to an officer.

Administering medication can involve

1. Ordering and collecting repeat prescriptions from GP practices. Where the decision to order the medicines is made by the carer and they should only order medicines listed on the person's medication chart. Carers should take a means of identification to use at the GP practice when ordering prescriptions.
2. Collecting medicines from a pharmacy/dispensing practice and delivering to the person's home. Although many pharmacies offer a delivery service, this is often not appropriate for someone requiring this level of support (ie, not able to take responsibilities for own medicines). Carers should take a means of identification to use at the pharmacy when collecting medicines.
3. Administering medicines involves the carer
 - Identifying which medicines have to be taken or applied from the MAR chart (Including topical preparations)
 - Being responsible for selecting those medicines
 - Giving a person a medicine to swallow, apply or inhale.
4. Applying medicines (eg, a cream, eye drop, ear drop or nasal spray) when listed on the MAR chart. Any administration must be agreed with the officer because some medicines require specialist skill to apply or involve intimate application and therefore are not included in this level of support.

5. Returning unwanted medicines to a pharmacy/dispensing practice for safe disposal. The decision about which medicines to return is made by the carer. Returns should be documented to ensure an appropriate audit trail.

3.5 Health Professional Input

The “health professional input” level of support involves administration of medicines that require specialist skills beyond those of a carer’s training. These are typically invasive or intimate procedures.

If a person is identified as requiring health professional input they should be referred to the local community nursing team. It should be noted that many people who require health professional input for one or two medicines may well be taking other medicines for which they may be assessed as requiring assistance with or medication to be administered.

The following tasks are always regarded as health professional input level:

- Injections
- Removal of stitches
- Insertion of catheters
- Stoma care in the post-operative phase
- Testing for diabetes
- Administration of medicines which need skilled observations either before or after administration (eg, taking a pulse), as indicated in the initial needs assessment.

The following tasks are normally carried out by a health professional. In some circumstances these tasks may be delegated providing the carer has undergone additional training and the specific tasks are documented in the Service User’s Pack/File.

They include:

- Insertion of pessaries
- Insertion of suppositories or microenemas
- Changing some types of dressings (eg, simple dry dressings). If agreed with the person’s health professional, simple dressings can be changed by carers for bathing.

A further list of tasks can be provided by carers if they have had appropriate training. They may be classed as health professional input level if a carer with additional training is not available:

- Changing catheter leg bags where this does not disturb the catheter
- Changing colostomy bags
- PEG (percutaneous gastrostomy) feeding where there is no disturbance to the catheter
- Administration of medicines via a PEG tube where specific written directions from the prescriber are available
- Naso-gastric tube feeding
- Administration of medicines via a naso-gastric tube where specific written directions from the prescriber are available

3.6 Combined care

In cases when there is combined care (eg, formal carer plus family, or more than one formal care arrangement) it is particularly important that all responsibilities are clearly defined in the person's Service User Pack/File.

It is recommended that, where possible, any person requiring medicines to be administered for them should receive this support from one care provider only. Where this is unavoidable and more than one care provider is involved, the Officer should ensure that clear lines of responsibility and accountability are agreed and documented in the Service User Pack/File

One care provider should be the main provider of support with medication and should ensure that the second provider uses the same MAR chart. All carers should use one administration recording system and excellent communication between different providers is essential.

3.7 Involvement of family/informal carers

The support that a person requires must be stated clearly in the Service User Pack/Care Plan. In some instances, a family member or other informal carer may be supporting the person for some parts of the day, eg, at nights. If a medicine is due to be given during this time and the family member/informal carer is willing to be responsible for administering this medicine, this must be detailed in the Service User Pack/File.

The record must make it clear which medicines the care at home service will administer and which medicines the family member/informal carer will administer.

Family/informal carers must be advised not to give medication at times when care at home staff are due to administer medication due to the risk of double dosing.

Family/informal carers should be advised that they will be required to co-operate with carers e.g. if ordering and collecting medicines from a community pharmacy.

All medicines should be listed on the MAR chart, including the doses administered by family/informal carers. Family members/informal carers can be asked to sign the MAR chart when administering a dose of medicine but this would be by voluntary agreement. Carers should not record administrations on behalf of a family member/informal carer. It can be recorded on the MAR chart that a medication is provided by the family.

3.8 Refusal to take medicines

Carers must not force a person to take a medicine against their will. Carers should encourage a person to take a medicine, for example by saying “Your medicines are there to help you” but this must not be done in a threatening manner. Under no circumstance should a carer attempt to conceal a medicine (eg, in food or drink). This does not affect people for whom a specific request has been made to take a medicine with food (eg, in a spoon of jam in order to address swallowing difficulties, following health professional advice). If specific arrangements are needed, these should be clearly recorded in the person’s Service User Pack/File.

If a person is having their medicines administered to them and refuses to take his/her medicines, the carer should:

- Note on the medication administration record that medicines were refused, using the codes listed on the MAR chart.
- Inform the Officer as soon as possible (who will then contact the appropriate health professional, eg, ask a pharmacist/doctor for advice).
- Place the refused medicine in an envelope marked “medicine for destruction” and write the number of tablets added and the date.
- Store the envelope safely with the person’s medicines until it can be returned to the pharmacy for safe destruction.

4 ADMINISTERING MEDICATION

Medicines can only be administered by carers exactly as stated on the person’s MAR chart. This chart should be retained in the Service User Pack/File. Refer to the Medication Administration Standard Operating Procedure (SOP) for information on

the procedure that should be followed on every occasion that medicine is administered.

4.1 SPECIAL CONSIDERATIONS

4.1.1 Monitored Dosage Systems

Monitored dosage systems – sometimes referred to as Dosette boxes or blister packs – are a form of medicines compliance aid. Some people receiving assisted support may have a monitored dosage system. A pharmacist or dispensing GP will have assessed a person for suitability for a monitored dosage system as part of the medicines needs assessment.

Carers must only assist people with monitored dosage systems that have been prepared by a pharmacy or dispensing practice. Carers must never fill a box. The reason for this restriction is because there are a number of safety concerns with the preparation of these boxes:

- Not all medicines are appropriate for use in a monitored dosage system. For example, medicines that are sensitive to moisture.
- The effectiveness of a medicine is no longer guaranteed under the product licence when it is removed from its original packaging. This makes the medicine “unlicensed” and means that all involved in its prescribing, dispensing and administration assume a greater responsibility for the person’s response to the medicine than if it had been supplied in its original packaging.
- Only professionals with appropriate training can safely dispense a monitored dosage system.

Monitored dosage systems may be useful in the following situations:

- A person has difficulty accessing medication from original packaging (but note that MDS may present similar difficulties)
- A person has difficulty following a medication regime due to factors such as:
 - Complexity of the regime
 - Some situations of forgetfulness
 - Learning difficulties

Monitored dosage systems are inappropriate when:

- They are being provided solely for the benefit of a formal/employed carer.

- People are no longer capable of making decisions about medicines (ie, assessed as requiring to have their medicines administered to them).
- People display intentional non-adherence to medicines or poor motivation.
- People have difficulty opening a monitored dosage system because of mechanical difficulties or cognitive impairment.
- People have frequent changes of medicines.
- Under no circumstances should monitored dosage systems be used for people having their medicines administered.

4.1.2 When Required Medicines (PRN medicines)

Some medicines are only required on a “when required” rather than regular basis. Examples include pain killers and laxatives. This presents a particular problem for people assessed as needing to have their medicines administered and not having the capacity to manage their own medicines. However, some people while not being able to be responsible for their medicines overall may still be able to indicate if they need a “when required” medicine. In these situations, it is more appropriate to allow the prescribing of “when required” medicines than to put such medicines onto a regular prescription.

At the prompting or assisting with medication levels of support, there is no problem with “when required” medicines because the person retains responsibility for making decisions about their medicines. Prescribers should carefully consider whether “when required” medicines are appropriate for individuals having their medicines administered. Carers cannot be responsible for deciding whether or not a person needs a “when required” medicine or what dose of a “when required” medicine is needed.

4.1.3 Warfarin

Warfarin is a medicine that requires particular care to ensure the person receives the right dose at the right time. It is not usually appropriate to be prescribed for people requiring administration of medication by the care at home service.

For people requiring administration of medication who are already prescribed warfarin, or who develop an indication for oral anticoagulation, an appropriate direct acting oral anticoagulant (DOAC) should be considered, to minimise dose changes and reduce the need for monitoring.

If a prescriber considers a DOAC to be unsuitable and warfarin to be necessary, special arrangements must be made on a case by case basis to ensure safe

prescribing of warfarin. This would include a system to ensure the MAR chart is updated with every dose change. Details of how to achieve this will need to be agreed between the carer, pharmacy and GP practice. Any complex dosing must be stated clearly on the person's MAR chart (eg, particular clarity is needed when doses are different on different days of the week).

4.1.4 Controlled Drugs

Controlled Drugs can be administered by a carer as part of the administration of medicines level of support. This is because the Misuse of Drugs Regulations state that Controlled Drugs in schedules 2 to 5 can be administered to any patient by any person who is acting in accordance with the directions of a prescriber.

Controlled Drugs should be treated as any other prescribed medicine.

Reporting incidents involving Controlled Drugs

From April 2015, all care at home providers must alert the Care Inspectorate of any adverse events or concerns involving schedule 2, 3, 4 and 5 Controlled Drugs. Notifications should be made through the Care Inspectorate's eForms system within 24 hours of the incident.

The types of incidents this covers are (a full list is available from the Care Inspectorate):

- Person given wrong medicine or wrong dose of medicine
- Medication incident/error resulting in injury or hospital admission
- Medication stolen or missing
- Falsified medication records

Due to the extensive number of Controlled Drugs and the fact that schedules of Controlled Drugs change frequently, a list of all of Controlled Drugs this applies to cannot be provided within this policy. Information about the status of medicines is available in resources such as the British National Formulary. If a carer is unsure about whether a medicine is a Controlled Drug, advice should be sought from a pharmacist.

Examples of frequently prescribed Controlled Drugs

Schedule 2 Morphine, Pethidine, Fentanyl, Diamorphine

Schedule 3 Temazepam, Midazolam, Buprenorphine, Tramadol, Gabapentin, Pregabalin

Schedule 4 Benzodiazepines (diazepam), Anabolic steroids

Schedule 5 Dihydrocodeine, Codeine linctus, Co-codamol

Further details and guidance about the Care Inspectorate requirements are available in the document Notifications about controlled drugs: guidance for providers.

4.1.5 Medicine sick day rules and dealing with illness

The medicine sick day rules highlight which medicines should be stopped when people are ill with sickness/diarrhoea. This is because these illnesses can result in dehydration, and continuing certain medicines when dehydrated can lead to serious adverse effects.

The medicines covered by the medicine sick day rules are:

- Diuretics: can cause dehydration or make dehydration more likely in an ill patient.
- ACE inhibitors and angiotension II receptor blockers: in a dehydrated patient, these medicines may impair renal function which could lead to renal failure.
- NSAIDs: when given to a dehydrated patient, these medicines may impair renal function and this could result in renal failure.
- Metformin: dehydration increases the risk of lactic acidosis, a serious and potentially life-threatening side effect of metformin.

A medicine sick day rules card should be issued to all service users receiving one of these medicines. If a patient is being supported by the care at home service is given a card by a pharmacist/GP, the carer should place this in the person's Service User file to ensure that a record is kept of the medicines that should be withheld from a person with sickness/diarrhoea.

If a person is being prompted or assisted with their medication, he or she will decide if a medicine should be temporarily stopped.

If a person is having their medication administered, the carer should contact the person's prescriber who will decide if the medicine should be temporarily stopped. This advice must be recorded in the communication record/ Care notes and appropriately recorded on the MAR Chart

Further information about this initiative is given in the NHS Scotland Polypharmacy guideline, and advice is available on individuals from GPs and community pharmacists.

In terms of general illness, if a carer notices a significant change in the person's health/condition, advice should generally be sought from the person's GP before administering medicines. Particular care should be taken when medicines have been recently started or stopped.

4.1.6 Insulin and Blood Glucose Monitoring

Insulin requires Specialist Input and at this time is not something carers within NHS Highland will be expected to do. This is currently under review.

In the interim, carers may be required to assist with blood glucose monitoring for specific service users. In these instances carers will be required to undertake training specific to individual service users and be deemed competent.

4.1.7 Patches Containing Medicines

When administering patches containing medication it is important to ensure that the patch is stuck to a clean and dry site on the service user's skin. The site of administration should be recorded in the care notes and changed each time to avoid skin irritation. On some patches it may be possible to write the date of administration on the patch itself.

Care should be taken to ensure that when a new patch is applied the old patch is removed and disposed of appropriately.

Service users who are using prescribed patches should avoid applying direct heat to the site of the patch, including a warm bath, as this can speed up the delivery of the medication from the patch.

The patch should be changed as instructed on the prescription or patient information. It is important to note that some patches require changing every 72 hours, others every 48 hours. Instruction for the careful disposal of patches is contained in the Storage and Disposal Standard Operating Procedure.

A stay in hospital may result in a change in medication. Therefore, it is vitally important that people receiving administration of medicines level of support are identified in hospital so that appropriate arrangements can be put in place for their ongoing care after discharge.

7.1 Admission

People requiring administration of medicines level of support must be identified on admission to hospital in order that care can be reinstated on discharge. For planned

hospital admissions, the care at home service should inform the hospital that the person requires administration of medicines.

When a person is admitted to hospital, the care provider should inform the person's community pharmacist of the admission so that no further supplies of medicines are made during the admission period. In addition, this will alert the pharmacist to be prepared for a potential change of medicines on discharge.

A copy of the current MAR chart should be provided to the hospital when a person is admitted, particularly for unplanned admissions. This helps the hospital determine what medicines the person is taking/being administered and which medicines have been taken/administered recently e.g. to avoid double dosing.

When a person is in hospital it is the responsibility of hospital staff to ensure that their medicines are taken/administered, Care staff should annotate the MAR chart to identify that the person is in hospital, using the appropriate key code. Where a person's medicines will be used in hospital, best practice would be for Care Staff to complete a stock transfer form, which allows them to accurately record the amount of medication being transferred to the hospital with the patient.

7.2 Discharge

It must be remembered that carers can only administer medicines as stated on the MAR chart. Therefore, to enable a safe discharge it is vitally important that an up to date MAR chart is in place and that the carer is alerted to any changes to medication made during a hospital stay. If this does not happen, there is a danger of the wrong medication being administered. Therefore, the discharge planning process must consider what support service users need with medicines. For people requiring administration of medication, the hospital must provide a MAR chart to enable discharge.

If a change in medication has happened, this must be communicated via an Immediate Discharge Letter (IDL):

- The IDL must be completed and all sections authorised before the person is discharged from hospital.
- The IDL must contain up-to-date details of all the medicines the person should be taking.
- Any changes to the person's medicines (ie, details of all medicines started/stopped/amended) should be recorded on the person's IDL.

- A copy of the IDL should be sent to the SCI (Scottish Care Information) store. A copy is also sent to the person's GP and given to the person on discharge.
- The care at home service should alert the person's community pharmacist that the person has been discharged from hospital. This would usually be done by the officer as part of the discharge planning process.
- Community pharmacists do not have access to SCI store (due to technological reasons) and therefore the pharmacist should be contacted by phone/e-mail in order to pass on any relevant information from the IDL e.g. changes to medication since admission. Only an NHS e-mail address should be used to communicate confidential and person identifiable information. Personal e-mail addresses must never be used for this purpose.
- The community pharmacist can use this information to ensure that any new prescriptions are in line with the IDL.

On receipt of an IDL, the person's GP practice will update the person's medication records with any necessary changes so that, when the person requires a new supply of medicines, the prescriptions will be in accordance with any changes that were made whilst the person was in hospital.

These prescriptions will be dispensed by a community pharmacy who will also generate a new MAR chart if the person is having their medication administered to them.

If the GP decides to change any medicines, this should be communicated to the community pharmacist so a revised MAR chart can be produced: this would normally happen via the generation of a new prescription.

8 ERRORS AND INCIDENTS

If a mistake is made during any aspect of assisting or administering medicines, the carer involved should initially contact the office who will decide on whether advice is needed from appropriate professionals, eg, the person's GP or community pharmacist.

Out of hours, it may be appropriate to seek advice from NHS24 depending on the nature of the problem.

Care Providers should report any medication incident/issue to the Care Inspectorate where the action/inaction adversely affected the welfare of the person for whom they were caring.

Any incident involving a controlled drug must be reported to the Care Inspectorate via an electronic incident form <https://eforms.careinspectorate.com/>

Summary of Levels of Support

Support	Points to consider
No support (supported self-management)	Person has the capacity and capability to self- manage medicines but may require some additional support for example: Simplifying medication regime — • Easier packaging • Large print labels • Memory aids (reminder charts, technology) —trial first to check person finds them useful • Monitored dosage systems — refer to NHS Highland MDS policy for appropriate use • Support from family/informal carers (ordering/collecting medicines, opening packages, reading labels) • Weekly dispensing
Prompting with medication	Person has the capacity to make decisions about medicines and retains responsibility for managing medicines. The person must have been assessed as being able to follow a prompt. The carer is not responsible for checking which medicines are being taken. Prompting with medication can involve: • Telling/reminding the person the time • Reminding the person to take/use medicines • Asking if medicines have already been taken.

Assisting with medication	People who require assistance with medication retain responsibility for their medicines but need help with simple mechanical tasks. The person has the capacity to make decisions about medicines but lacks the physical capability to self-manage. The carer's role is to provide assistance, not take any decision-making responsibility. Assisting with medication can involve care staff in one, all, or a combination of the following tasks: • Ordering and collecting repeat prescriptions from GP practices. • Collecting medicines from a pharmacy/dispensing practice. • Bringing medicines to a person at their request so that the person can take the medicines. • Reading labels on medicines. • Performing mechanical tasks under the person's direction and instruction. • Returning unwanted medicines to a pharmacy for safe disposal. • Purchasing and assisting with over the counter medicines at the request of the person.
Administering medication	If a person is assessed as not being able to self-manage their medication and does not have the capacity to make decisions about their medication then care staff will need to take responsibility and administer their medication. The significant difference with this level of support is that care staff are taking control away from the person by following the written direction of the prescriber to ensure that the right person is offered the right medicine, at the right dose, in the right form, at the right time and in the right way. The carer must record medicines administered on a medication administration record (MAR chart) and must only administer medicines listed on the person's medication chart. Administering medicines involves the carer: • Identifying which medicines have to be taken or applied from the MAR chart (Including topical preparations) • Being responsible for selecting those medicines • Giving a person a medicine to swallow, apply or inhale. • Applying medicines (eg, a cream, eye drop, ear drop or nasal spray)

Health professional support	Is support needed from the nursing team? Examples include: • Injections • Removal of stitches • Insertion of catheters • Stoma care in post-operative phase • Testing for diabetes • Administering medicines which need skilled observations before/after administration • Insertion of pessaries • Insertion of suppositories or microenemas • Changing of dressings • Changing catheter/colostomy leg bags • PEG (percutaneous gastrostomy) feeding • Naso-gastric tube feeding • Administration of medicines via PEG or naso-gastric tube
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MOVING AND HANDLING POLICY

Castle Care (Scotland) Ltd. are committed to maintaining the good health and well-being of all those working within the agency, and want to avoid unnecessary illness and absence from work as a result of Moving and Handling injuries.

Castle Care (Scotland) Ltd. recognizes its statutory responsibility to provide information: instruction and training to enable all who work in the department to be able perform their work safely and efficiently. This involves providing all the necessary safety and protective equipment along with providing all with adequate supervision, in turn allowing them to become competent.

Castle Care (Scotland) Ltd. regards the implementation of health, safety and welfare measures as an essential objective for all its workers, at whatever level. It aims to promote activities, which encourages safety.

As an element in achieving its aims Castle Care (Scotland) Ltd. will implement systems of work which will promote Minimal Moving and Handling Practices which adheres to the Moving and Handling Operations Regulations 1992.

This Moving and Assisting Policy is issued in accordance with:

- Health & Safety at Work Act 1974
- Management of Health & Safety at Work Act 1999
- Moving and Handling Operations Regulations 1992



- Personal Protective Equipment at Work Act 1998
- Lifting Operations and Lifting Equipment Regulations 1998

The above legislation and guidance has been implemented in the policy and procedures that follows. The value of this policy is to avoid and minimise any injuries to staff, service users and visitors

Definition of Moving and Handling Operations

Moving and Handling Operations are defined as the transporting or supporting of a load by hand or bodily force, including lifting, putting down, pushing, pulling, carrying or moving.

Policy

Castle Care (Scotland) Ltd. recognises and accepts its responsibility to provide and maintain a safe and healthy workplace and working environment for all. It seeks to enlist the support of all in meeting its responsibilities.

Castle Care (Scotland) Ltd. will comply fully with the requirements of the Health & Safety at Work Act 1974 and subsequent legislation, statutory regulations and approved codes of practice.

Castle Care (Scotland) Ltd. recognises that there is a measure of freedom for clinical staff in the treatment of service users. However we require that all shall be responsible as agency staff, for the health, safety and welfare of themselves and of others who may be affected by their actions or omissions at work.

Castle Care (Scotland) Ltd. will take all necessary steps, so far as is reasonably practicable, to reduce risks associated with the use, handling, storage and transport of any articles, which are potentially injurious to health. We will provide information, instruction and training to raise awareness, understanding of health and safety rules and appreciate the need that all have in co-operating with the Castle Care (Scotland) Ltd. policies by taking reasonable care of their own health and safety as well as that of service users, service users, and other workers.

Assessments shall be undertaken when any situation arises that will involve any level of Moving and Handling. Assessments will be recorded in care plans and will be readily available to carers and nurses involved in the administration of care services.

Training

The management team are primarily responsible to ensure that all have access to and attend suitable and sufficient training.

All staff must attend annual Moving and Handling training and/or have a valid certificate before starting to work with Castle Care (Scotland) Ltd.



The Moving and Handling training program will consist of both theory and practical elements including:

- Legislation
- Moving and Handling definition
- Causes of injury (spinal awareness)
- Ergonomics and principals of safe Moving and Handling
- Hazard Reporting
- Moving and Handling Risk Assessment
- Service user Load handling criteria
- Choice of equipment
- Communicating with service users and co-workers
- Practical safe handling techniques

Equipment

All Moving and Handling equipment must be checked on a regular basis and in good working order at all times and/or a replacement must be found to enable carers to continue working safely.

Weight and height restriction should be adhered to when using equipment. To ensure the safety of the carer and the patient

Hoists and slings – a visual inspection should be made prior to use. NHSH are responsible for inspecting equipment and there must be a yearly service on each machine. Each facility will keep records of such services. The test dates will be clearly marked on the hoist.

All workers using Moving and Handling equipment have the responsibility to report faults to the appropriate person immediately, this may be at a ward, or direct to the service user. Any services that Castle Care (Scotland) Ltd. run directly will require that arrangements are made immediately to fix and service the equipment.

Incident / Accident Reporting

All those working in the Castle Care (Scotland) Ltd. group have a duty to report an accident/incident and complete an Incident form and cooperate in any such follow-up investigation as deemed necessary.

Injuries to Staff or patient resulting from any Moving and Handling/Lifting activity will require that this task is re assessed immediately.

MAINTENANCE OF EQUIPMENT AND SAFETY CHECKS POLICY

Maintenance of Equipment and Safety checks

Workers will as a matter of course during their assignments come into contact with equipment that they may be asked to use, you should NOT use any equipment that you have not been fully trained to operate.

The Worker should as a matter of routine undertake the following safety checks prior to usage:

1. If you have not been trained in the use of the equipment, you should refrain from doing so unless you receive adequate and documented training.
2. Check the date that the equipment was last serviced, if it is more than 12 months ago, you should not use the equipment and you should alert the Service User and the Organisation accordingly.
3. Check that the equipment is in place and in the instance of slings etc. that they are not worn.
4. If there is an operation manual with the equipment, read this prior to commencing use.

Risk Assessments

If you are a Worker working in a Service Users own home, Castle Care (Scotland) Ltd. will be able to provide you with a detailed assessment that will outline the equipment in use, the experience necessary to operate such equipment and any other risks that need to be taken into account. If you do not have the experience to operate the equipment, refrain from doing so and immediately contact the Manager. If in doubt please contact the Manager immediately for further guidance.

Challenging Behaviour - Managing Risk Policy

Dealing with challenging behaviour requires strategies for assessing, reducing and managing risks.

Assessing risks

Risk assessment means evaluating the likelihood and consequences of challenging behaviour, as well as identifying measures to help avoid, mitigate or control the risks.

Risk assessment should take account of **personal** (physical, emotional, cognitive), **situational**, or **environmental** factors which increase the likelihood of challenging behaviour. Personal factors can be either current (e.g. clinical presentation) or historical (e.g. a history of challenging behaviour), and they can work independently or in combination to increase the risk.

Reducing risks

To reduce the risks associated with challenging behaviour, staff need to identify and meet the individual psychological, emotional and physical care needs of the person. This often means taking time to talk to the patient. Dignity is important: the individual

should be kept comfortable, they should be valued and respected, and they should have choices concerning their treatment and care where possible.

Flexibility in staff culture and habits is also essential. Tolerating certain behaviours rather than trying to control them may in some cases be more effective than specific preventive actions. Staff also need to be aware of the need to communicate with the patient in a sensitive way and of how their interaction can positively or negatively reinforce challenging behaviours.

A strategy for reducing risks also requires greater collaboration between colleagues to form a collective understanding of the person's behaviour, and what they all need to do to prevent the behaviours. It also involves collaboration with other colleagues, services, and family networks. More practical strategies for emergency and long-term care can be found in the section on **care strategies**.

Better understanding

Staff who are routinely exposed to challenging behaviour can come to think of it as 'just part of the job'. However, a crucial part of managing risk is **understanding the reasons** for the behaviour in order to implement immediate or long-term care strategies.

Some important questions to ask are:

'What is causing the distress?'

'What are we doing that is leading to this person's distress?'

'What can I/we as an organisation do differently?'

Staff sometimes record their observations on incident analysis 'ABC charts' used to capture:

- **Antecedents**/triggers of the behaviour
- **Behaviours** of the individual at the time of the incident
- **Consequences** of the incident

Managing risks

In potentially harmful situations, staff should apply a combination of prevention, avoidance and de-escalation. Interventions such as physical restraint, pharmacological responses and seclusion should be used as a last resort only where this approach proves ineffective on its own, and always in conjunction with continued de-escalation. Some strategies for managing risks include:

- **Care planning** informed by risk assessment, including what specific interventions may be required

- **De-escalation** based on highly developed communication skills, empathy, non-confrontation, negotiation, compromise, distraction, and/or changes in staffing
- **‘Do nothing’** in appropriate cases – such as a transitional period in care – where challenging behaviour is likely to settle down within a few days without intervention other than keeping the individual, staff and others comfortable and safe
- **‘Leave and return’** where someone resists care at a certain time, unless a medical procedure/treatment or other essential care task is urgent
- **Better understanding and tolerance**, particularly where challenging behaviours are difficult to stop (e.g. wandering or persistent vocalisation) but not offensive or harmful, including accommodation within the confines of the care environment and mitigation of the effects
- **Heightened observation** that goes beyond therapeutic engagement, as determined by the level of risk, but which is not intrusive and respects the dignity and privacy of the individual
- **Physical and pharmacological intervention** as short-term strategies for the immediate control of a dangerous situation, where de-escalation and non-pharmacological strategies have already been attempted. More detail is available in the section on **physical intervention**.
- A **post-incident review** to identify any lessons learnt from a particular incident which should be documented in care plans and shared with all relevant staff involved in delivering care for the person.

Care strategies

All staff who are involved in providing care need the skills and confidence to manage challenging behaviour as it occurs, as well as strategies to prevent it in the long term.

Managing emergency situations

In an emergency or potentially dangerous situation, those displaying challenging behaviour require the same level of care and attention as anyone else, regardless of their clinical condition and where it takes place. The person may be acutely ill and require immediate, essential treatment, and this must be the primary consideration.

In these situations, having effective strategies for managing challenging behaviour helps prevent it from reducing the ability of staff to provide care. Important principles are:

- Safety is paramount. Staff should be careful to minimise the danger and risk of injury to themselves and others.
- Staff need to be skilled in de-escalation; this will often allow them to manage a challenging episode and reduce the frequency of pharmacological or physical intervention.



- Good verbal and non-verbal communication skills are vital for reducing distress or anxiety.
- Staff should be supported to move away from a task-focused way of working, toward being compassionate, empathetic, reassuring and understanding about distressing situations from the patient or service user's perspective.

You can refer to this **aide memoire for staff** on a practical approach to de-escalating and managing an emergency situation. (Appendix 1)

VIOLENCE IN THE WORKPLACE GUIDELINES

Castle Care (Scotland) Ltd. values its staff and will take all reasonable steps to secure the health and safety of staff who may be exposed to the risk of aggression and violence in the workplace.

Castle Care (Scotland) Ltd. acknowledges that health and safety hazards may arise from the interaction between staff and members of the public and service users. It is the intention of Castle Care (Scotland) Ltd. to ensure that any risks are reduced to a minimum. Whilst it is generally recognised that work can be undertaken without undue risks to health, it is appreciated that some staff may have genuine reservations and concerns about their safety at work. Castle Care (Scotland) Ltd. will seek to give information and training to enable a fuller understanding of these issues.

1. Scope

- All staff, including those on honorary contracts, and those working primarily for other organisations but on Castle Care (Scotland) Ltd. premises have duties arising from this policy.
- All staff are required to ensure that they have a sound grasp of Castle Care (Scotland) Ltd. policies and procedures for the management of violent and aggressive incidents.
- All staff are required to apply agreed standards of behaviour and conduct, as agreed in this policy, and must take all reasonable practicable measures to prevent acts of violence.

2. Responsibilities

2.1. Management

- Castle Care (Scotland) Ltd. is committed to ensuring compliance with the Health and Safety at Work Act 1974 and that this policy is effective; that risk assessments are carried out appropriately, and that all necessary measures are taken to remedy any risks found.

- Project managers are responsible for ensuring all staff are familiar with and work to the Guidelines for Lone Working, Guidelines for safe practice
- Where an employee raises a matter related to Aggression and Violence, take steps to investigate the situation and take corrective measures where appropriate.
- Castle Care (Scotland) Ltd. will ensure that all staff receive training and refresher training on recognising and managing potentially violence situations.

2.2. Staff

- Must fully understand they have a legal duty to ensure the safety of themselves and their colleagues from their acts or omissions.
- Must follow any advice, procedures, systems and training introduced in order to reduce or eliminate risk identified.
- Inform his or her manager at an early stage of any incident.
- Fill in an accident/incident form detailing the circumstances of any incident of Aggression or Violence, which have taken place, including details of the aggressor.
- Contact police as appropriate following a violent incident.

3. Principles of Good Practice

- The key principle is prevention and involves both individuals and the service:
 1. Staff should maintain a professional attitude to service users, colleagues and members of the public at all times.
 2. Risk assessments will inform service need for managing risk of violence and aggression to staff.
 3. All individuals will be treated courteously, regardless of class, creed or colour, whether they are likeable, irritating or socially disruptive.
 4. This attitude of staff is important in both prevention and management of aggressive individuals.
- Communication between all staff including those working primarily for other organisations on Castle Care (Scotland) Ltd. premises, is vital to the successful handling of potentially aggressive individuals, especially when:
 - ..1.1. New members of staff, are involved
 - ..1.2. There are concerns regarding a new service user
 - ..1.3. Service users are known to have a history of aggression/violence



- Incidents of aggression can happen anywhere. Contributing factors to individuals acting violently are alcohol, drugs or emotional disturbances. It is therefore important that all staff are familiar with and work to Castle Care (Scotland) Ltd. policies and procedures.
- It must be accepted that although preventative measures are carried out, aggressive episodes may occur with some individuals, regardless of what staff do to try to defuse the situation.

4. Floating Support/Community Staff

- All staff must work to the Guidelines for Lone Working procedure.
- Records must be kept for all home visits or service user contacts outside of Castle Care (Scotland) Ltd. premises.

5. Support for staff involved in violent incidents

- Managers will ensure that the police are contacted if a member of staff has been assaulted. Castle Care (Scotland) Ltd. will support members of staff in making complaints to the police, although they cannot make the formal complaint on behalf of the injured person.
- Castle Care (Scotland) Ltd. will respond sympathetically to the needs of staff subjected to violent ordeals. It is management's responsibility to ensure support, aftercare and counselling are made available to any member of staff affected.
- Any person who assaults an employee during the course of their employment will be liable for prosecution. Any assault will be reported to the police for them to consider whether a crime has been committed and if so, whether to proceed against the person concerned.

ABSENCE MANAGEMENT POLICY

Castle Support (Scotland) Ltd aims to be an organisation that values, recognises and responds to the diverse needs of members and those we serve. We adhere to the Equality Act 2010 and will not discriminate against any person or other organisation with particular reference to the protected characteristics.

1. Purpose and Scope

Castle Support (Scotland) Ltd is committed to the health and wellbeing of its employees. This policy sets out the steps which are to be taken when employees are absent for short or long-term sickness, unusual or unauthorised absences. Our aim is to reduce these types of absence.

2. Definitions

- 2.1** Short term absence – periods of up to four weeks' absence from work due to sickness.
- 2.2** Long term absence – periods of more than four weeks' continuous absence from work due to sickness
- 2.3** Unauthorised absence – periods of absence from work during which the employee has not complied with Castle Support (Scotland) Ltd sickness absence reporting procedures or; where such absence does not genuinely relate to sickness or injury and where no other prior authorisation for the absence has been given.
- 2.4** Carer's Duties – absence for emergencies concerning the Support of children or close relatives.
- 2.5** Compassionate Leave – absence for emergency situations concerning dependants. For example, sudden illness of your partner or child; unexpected incident concerning your child at school; death of a dependent etc.
- 2.6** Jury service – absence to serve on a jury following receipt of a 'jury summons'
- 2.7** Maternity, paternity, parental and adoption leave – absence for mothers and fathers.

Public Duties – absence for the following services: Justice of the Peace, a member of a Local Authority, a member of a Statutory Tribunal, a member of a Regional Health Authority or Patient Forum, a member of the managing and governing body of an educational establishment maintained by the Local Education Authority.

3. Absence reporting

Contact Office
or On call

Contact your
team lead

Absence > 1 day,
stay in contact

Absence > 7 days,
requires Doctor's Fit Note

Return to
work
discussion



- 3.1** You must contact Castle Support (Scotland) Ltd during normal working hours, as soon as you know you are unable to attend work.
- 3.2** You must then contact your manager stating the nature of your absence, your expected date of return and to discuss your workload in order to minimise the impact of your absence. Castle Support (Scotland) Ltd expects you to give notification within one hour of your normal starting time, or if this is not practical, as soon as possible after this time.
- 3.3** You should make contact yourself, unless you are unable to due to the nature of your illness. If you are unable to make contact yourself, you should ask someone else to do so on your behalf.
- 3.4** If you do not notify Castle Support (Scotland) Ltd of the reason for your absence; your doctor's Statement of Fitness to Work (also known as a 'fit note' or previously as a 'sick note') has expired or if Castle Support (Scotland) Ltd has reasonable grounds to suspect your leave is unapproved, the unauthorised absence process will be followed.
- 3.5** If your absence is going to last more than one day, you must maintain contact within timeframes agreed with your manager and confirm a likely date of return as soon as it is known.
- 3.6** If your absence is going to last more than one day, you must complete a self-certification form (see attachment 1). This should be signed by you and given to your manager on the first day you return to work. It is the manager's responsibility to log the form so that all absence can be recorded.
- 3.7** All absences of more than seven consecutive days require you to provide a doctor's Statement of Fitness for Work to cover the period exceeding seven days of absence, irrespective of whether you were scheduled to work.
- 3.8** Doctors' fit notes should be given to your manager within seven days of the date the fit note became due.
- 3.9** Your manager may request a return to work discussion for all sickness or unauthorised absences upon your return to work. This discussion should cover the following items: as certain whether the employee is fit to return to work, agree any actions required to facilitate the employee's return to work, ensure the proper certificates have been completed / obtained in respect of the entire period of absence; the manager will provide a departmental update and ensure that any agreed adjustments to work have been made.

4. Long term absence

If your absence exceeds four consecutive weeks, your manager will keep a record of any absence. Your manager will review the need to reallocate your work.

Each case of long term absence is likely to be different and will be reviewed on an individual basis.

The following guidelines will be followed:

- 4.1** You should maintain regular contact within timeframes agreed with your manager, until a return to work date is agreed.
- 4.2** Castle Support (Scotland) Ltd may request that you sign a medical consent form if more information regarding your condition is required. This form authorises Castle Support (Scotland) Ltd to obtain a medical report from your doctor (see attachment 2). In some cases you may be asked to attend a medical examination with an independent specialist.
- 4.3** If appropriate, Castle Support (Scotland) Ltd will request a home visit with you to understand your situation more fully and answer any questions that you may have

Every effort will be made to assist with your return to work, as soon as is reasonably practicable, recognising any potential limitations.

Reasonable adjustments to accommodate your return to work will be discussed with you. Once agreed, this will be confirmed to you in writing.

If you are unable to return to work within a reasonable period of time, a formal meeting will be held between your manager and yourself, to investigate and discuss the next course of action.

5. Unauthorised absence

If you fail to follow the correct absence reporting procedures on your first day, your manager will attempt to contact you to discuss your reasons for the absence and a return to work date.

Unauthorised absence may result in disciplinary action.

6. Absence Monitoring and Management

All absence will be monitored considering the duration, pattern and frequency, taking into account personal circumstances with each individual case. Absence records are to be maintained confidentially by the Manager.



Once you have been absent for four or more occasions in any year, you will meet with your manager to discuss the reasons for your absence, and in certain circumstances this may lead to disciplinary action. Castle Care (Scotland) Ltd. will carry out a Performance Management and Improvement Plan (See Performance Management and Improvement Policy) for each member of staff who has ongoing absence or performance issues.

7. Sick Pay and Benefits

In cases of absence through sickness or injury for up to three days, normal salary will not be paid.

Castle Support (Scotland) Ltd does not pay Sick Pay, any member of staff who is off sick for a period of 3 or more days must claim Statutory Sick Pay. Your manager can provide with the claim form.

8. Other absence

Carer's Duties: At the discretion of the Manager, employees may be allowed to take time from their annual leave allowance at short notice for emergencies concerning the care of children or close relatives. Longer periods of absence for care, taken without pay, may also be considered.

Compassionate Leave: At the discretion of The Manager, employees may be allowed to take time from their annual leave allowance for emergency situations concerning dependants. In the case of a death of an immediate family member (parent, child, sibling) The Manager may use their discretion to agree paid leave for a determined period.

Jury Service: Any employee called for jury service should inform their manager as soon as possible to discuss potential redistribution of workload. Employees will receive full pay for the full period of jury service, less any allowances available from the Court.

Maternity, paternity, parental and adoption leave: are all covered in separate policy documents available from your manager.

Public Duties: Castle Support (Scotland) Ltd will permit time off work to be taken for public duties as set out under the Employment Rights Act. This applies to an employee who is a Justice of the Peace, a member of a Local Authority, a member of a Statutory Tribunal, a member of a Regional Health Authority or Patient Forum, a member of the managing and governing body of an educational establishment maintained by the Local Education Authority.



STAFF AND VOLUNTEERS ALCOHOL AND DRUGS POLICY

Alcohol and drug misuse or abuse can be a serious problem within the workplace. Employees who drink excessively or take unlawful drugs are more likely to work inefficiently, be absent from work, have work accidents and endanger their colleagues and customers.

Castle Support (Scotland) Ltd has a duty to protect the health, safety and welfare of all its employees, volunteers and clients. However, Castle Support (Scotland) Ltd recognises that, for a number of reasons, employees could develop alcohol or drug related problems. The charity rules aim to promote a responsible attitude to drink and drugs and to offer assistance to employees who may need it.

Our rules for a safe system of work

The effects of alcohol or drugs at work can create serious health and safety risks.

Therefore, the following rules MUST be adhered to:

- Do not come to work under the influence of alcohol or drugs.
- Do not bring or consume alcohol or non-prescribed drugs onto work premises.
- Employees representing Castle Support (Scotland) Ltd at business/client functions or conferences are not expected to consume alcohol or non prescribed drugs whilst being paid for their attendance at such events/activities.
- If you are at a colleagues leaving event no alcohol or drugs should be consumed if you are working after the event.

A breach of these provisions is a disciplinary offence and will be dealt with in accordance with Castle Support (Scotland) Ltd's disciplinary procedure. Depending on the seriousness of the offence, it may amount to gross misconduct and could result in the employee's summary dismissal.

Castle Support (Scotland) Ltd reserves the right in any of these circumstances to arrange for the employee to be escorted from Castle Support (Scotland) Ltd's premises immediately and sent home. Alternatively, depending on the circumstances, you may be required to remain at work to sober up (on an unpaid basis) before being subjected to disciplinary action.

In addition you SHOULD:

- Check with your doctor or pharmacist about the side-effects of prescribed medications.
- Ask your doctor for guidance and advice on sensible limits of alcohol consumption.
- Ask for assistance if you feel that matters are beyond your own control.



Certain roles within Castle Support (Scotland) Ltd will require doctor's confirmation that your prescribed medication does not affect your ability to work with at risk client groups.

Offer support and advice to colleagues who you suspect of suffering from alcohol or drug abuse: do not "protect" them by keeping silent.

The use of alcohol is not appropriate in the workplace and drug abuse can be a criminal offence as well as a serious risk to health and safety.

It is Castle Support (Scotland) Ltd.'s intention to deal constructively and sympathetically with an employee's alcohol or drug related problems, such as alcohol or drug dependency. When it is known that an employee has an alcohol or drug problem, a manager in Castle Support (Scotland) Ltd will be able to provide advice and guidance on how to seek suitable treatment. The primary objective of any discussions will be to assist the employee with the problem in as compassionate and constructive a way as possible. However the senior management team reserves the right to inform the appropriate authorities in the event of illegal activities.

If you have an alcohol or drug problem, you should seek appropriate help. If you have an alcohol or drug problem which affects your conduct or performance at work and you refuse the opportunity to receive help, the matter will be referred for action under Castle Support (Scotland) Ltd.'s disciplinary procedure as appropriate. Likewise, if after accepting counselling and assistance, and following review and evaluation, your conduct or work performance reverts to the problem level, the matter may also be dealt with through the disciplinary procedure.

All new and existing staff should be made aware of this policy on commencement of their employment. It is the responsibility of line managers to ensure that all staff who report to them are aware of and adhere to the policy framework within which Castle Support (Scotland) Ltd operates and to keep them abreast of updated and new policies as soon as practicable.

ANNUAL LEAVE POLICY

Castle Support (Scotland) Ltd aims to be an organisation that values, recognises and responds to the diverse needs of members and those we serve. We adhere to the Equality Act 2010 and will not discriminate against any person or other organisation with particular reference to any of the protected characteristics.

Purpose and scope

Castle Support (Scotland) Ltd is committed to the health and wellbeing of all of its employees. This policy sets out annual leave entitlement and the procedure to be followed to request annual leave.



This policy is for guidance only, does not form part of employees' terms and conditions of employment and is therefore not contractually binding, although employees are expected to abide by it. Castle Support (Scotland) Ltd reserves the right to amend this policy from time to time.

Leave entitlement

- Castle Support (Scotland) Ltd annual leave year runs from Your yearly dates e.g..1st Jan to 31st December),
- All full-time employees are entitled to annual leave according to the level of the post and the number of years' service with Castle Support (Scotland) Ltd, as follows:

For part-time staff annual leave is pro-rotated

Employees starting or leaving employment during the leave year are entitled to annual leave proportionate to the number of completed months' service.

Employees are not expected to take any leave within the first two months of service unless agreed with The Manager prior to appointment. Such leave will however accrue in the normal way, and employees will be entitled to take such accrued leave in accordance with the terms of this policy after completing two months' service.

There is no entitlement to unpaid leave. Requests for unpaid leave will be considered by The Manager. If unpaid leave is taken when permission has been refused employees will be subject to disciplinary action.

Part-time employees are entitled to paid annual leave and public holiday's pro-rata to the rates for full time employees. All other details as above apply.

Requesting annual leave

All annual leave must be pre-requested and agreed with your Line Manager using the Annual Leave request form. This agreement is to be obtained before employees commit themselves to holiday bookings or any other arrangements.

Although annual leave is an entitlement it cannot be presumed that it may be taken at any time. Line managers will make every effort to comply with leave requests, but must take into consideration the needs of the department or Castle Support (Scotland) Ltd as a whole.

This applies particularly at busy times or over popular holiday periods. Please do not make holiday bookings before you have had your leave approved.

Requests for leave of more than one day should be made well in advance (at least 28 days) of the date of the leave. (In exceptional circumstances this may be waived by the Line Manager.) Any leave requesting three consecutive weeks or greater has to be approved by the Manager.

Leave will not be granted in retrospect.



You will not be entitled to payment for any unused leave entitlement at the end of the leave year or at any time other than upon termination of your employment, in accordance with section 4 below. We have a procedure that means care staff can only book two weekends per year off for annual leave, exceptional circumstances may be considered.

Treatment of leavers

Employees leaving Castle Support (Scotland) Ltd are entitled to be paid for any untaken leave that has been accrued, but not taken, for each complete month of service during the leave year. Where this occurs, you will be paid a day's pay for each day of any accrued leave as part of your final payment, less any deductions required by law. You will not be entitled to pay in lieu for any other untaken leave unless prior approval has been given by The Manager. Any leave taken in excess of the pro-rata entitlement will be recovered from any final payments due to you.

Note that Castle Support (Scotland) Ltd reserves the right to require employees to take any accrued outstanding leave as part of their notice period prior to the termination of employment, whether such notice has been given by the employee or Castle Support (Scotland) Ltd.

Appendix 1

HOLIDAY REQUEST

TO:

FROM:

DATE:

I would like to take the following days as annual holiday:

Start Date	Start Day	Normal Days Off within requested A/L Period	Return Date	Return Day	No. Of Working Days.
		From: To:			

Days remaining prior to the above request:



Days remaining after the above request:

Signed:
Date:

Approved:
Date:

Performance Management and Improvement Policy

Introduction

Castle Care (Scotland) Ltd seeks to create a high performing culture which will support the achievement of our strategic goals and enable future growth. A high performing culture means that underperformance must be addressed and employees who have gaps in their capabilities are provided the right level of support to try and address such gaps in a structured manner thus improving their performance. This policy provides a clear framework for the consistent management of underperformance and applies to all employees. It is non contractual.

Appendix A provides a summary flow chart outlining all the stages and timescales. Normally Castle Care (Scotland) Ltd will generally follow each of the stages set out in this policy but reserves the right in appropriate cases to commence the policy at any of the specified formal stages or to omit a particular stage.

Responsibilities

When applying this policy, it is important that both managers and employees fulfil the responsibilities required of them.

Employees are responsible for:

- Ensuring they understand and perform at the standard required for their role.
- Receiving feedback openly and respectfully from students and colleagues.
- Understanding that if their work performance falls below the required standard for their role, managers will be obliged to address this.
- Bringing to their managers attention, any concerns they have about their own level of performance or personal circumstances that may impact on their ability to perform their role to the required standard.



- Actively engaging with their manager once this policy is applied and with the support of their manager making all reasonable efforts to positively improve their performance.

Managers are responsible for ensuring that:

- The required performance standards for the role are made clear, communicated and understood by the employee.
- Employees have a reasonable workload.
- Feedback is given on an ongoing basis, both formally and informally and in a timely manner.
- Underperformance issues are dealt with, as they arise, in a professional, open and respectful manner, in line with our values.
- Suitable support and access to any relevant training & development opportunities is provided, to help employees to reach and maintain the required standard of performance for their role.

Informal Management

Prior to the formal procedure being invoked, it is important that issues of underperformance have been discussed with the employee and the manager has attempted to resolve these informally.

If an informal approach does not achieve a satisfactory improvement in performance then the formal procedure outlined below should be followed. The manager must advise the HR Services Team that the matter is now progressing into the formal procedure.

Formal Procedure

STAGE 1: First written Improvement Note

Invite to Performance Meeting

The manager will contact the employee confirming they are required to attend a stage 1 performance meeting and confirm the following:

- Date, time and place of the formal meeting.
- The specific performance concerns/areas where the employee does not meet the required performance standards.
- Details of all the support and training offered to date to assist the employee e.g. formal/informal training, mentoring, peer support, coaching or adjustments to workload, if appropriate.



- A potentially outcome of a stage 1 performance meeting is that a first written improvement note will be issued alongside a performance improvement plan
- Right to be accompanied by a colleague or trade union representative.

Outcome of Performance Meeting

The manager must write to the employee **within 5 working days** confirming:

- The issue of the first written improvement note and a performance improvement plan (PIP). The PIP will set out the areas where the current performance does not meet the standard required, areas for improvement and timescale.
- Any measures, such as additional training, support or additional supervision/peer support to be provided will also be outlined.
- Date set for a performance review meeting, normally in 6 weeks' time.
- The consequences of failing to improve within the review period and right of appeal.

Review Period - During the 6 week review period, regular progress meetings should be held and a note of these issued. As this is the formal stage, progress meetings to monitor the employee's performance against the PIP should take place on a regular basis in which the employee will be expected to demonstrate improvement in their performance.

Performance Review Meeting - A performance review meeting will be held at the end of the review period. The potential outcomes of the stage 1 performance review meeting are:

1. **Satisfactory Improvement** - Where the manager assesses that the employee has achieved the required standards no further action will be taken and a letter issued.
2. **Partial Improvement** - Where the manager assesses that significant improvement has been achieved and the required standard is likely to be achieved shortly, the review period may be extended. This must be confirmed in writing and a further review meeting date set.
3. **Insufficient or no Improvement** - Where the manager assesses there has been no overall improvement or an insufficient level in performance since the issue of the first written improvement note, the manager will confirm in writing, within 5 working days, the matter will proceed to stage 2 and outline the details for the manager's decision.

4. Reoccurrence - Where an employee is signed off a staged process (performance assessed satisfactory), if after a period of satisfactory performance this is not sustained or there is a reoccurrence whilst the written improvement note is in place the employee will re-enter this process at the appropriate formal stage.

Consideration at this stage may also be given as to whether it would be appropriate to escalate the matter to the next level of manager to undertake the stage 2 process.

STAGE 2 – Second written improvement note

Invite to Performance Meeting

The manager will contact the employee giving confirming they are required to attend a stage 2 performance meeting. The notification arrangements outlined in stage 1 will be followed, with the only difference being a second written improvement note may be issued and the PIP revised accordingly.

At this stage 2 performance meeting, the manager should also seek to establish if there is any new or change to the employee's circumstances which are affecting the employee's ability to reach the required standard and perform at work.

Outcome of Performance Meeting

The manager must write to the employee within **5 working days** confirming:

- The issue of the second written improvement note and a revised PIP issued. The PIP will outline the areas where the current performance does not meet the standard required, areas for improvement, the review period and timescale set
- Any measures, such as additional training, support or supervision to be provided will also be outlined.
- Date set for a performance review meeting, normally in 4 weeks' time.
- The potential future implications on the employees future employment should they continue to fail to reach the required performance standard within the new timescales set and right of appeal.

Review Period - During the 4 week review period, regular progress meetings should be held and a note of these issued

Performance Review Meeting



A performance review meeting will be held at the end of the review period and the notification arrangements outlined in stage 1 will be followed. The potential outcomes of the stage 2 performance review meeting are

- a) Satisfactory improvement - Where the manager assesses that the employee has achieved the required standards no further action will be taken and a letter issued.
- b) Partial improvement – Where the manager assesses that significant improvement has been achieved and the required standard is likely to be achieved shortly, the review period may be extended. The manager should consider what if any additional support and training can be provided to help the employee reach the required standard and can extend and revise the PIP for a short period, this extended period must not exceed 4 weeks. This would be confirmed in writing and the terms of the further review period outlined and a further performance review meeting date set.
- c) Insufficient or no improvement – Where the manager assesses there has been no overall improvement in performance or an insufficient sustained level, the manager must advise the employee at the meeting the matter will be progressed to stage 3 a capability hearing and confirm this in writing. The manager will then prepare a summary report and escalate the matter to a senior manager with authority to dismiss.

STAGE 3: CAPABILITY HEARING – Final Stage

The capability hearing panel will be constituted by senior manager and one director, with designated the role of chair. The chair of the panel will write to the employee giving **5 working days'** of the requirement to attend a capability hearing, the invite letter will confirm:

- the requirement for the employee to attend a capability hearing.
- the performance standard that Castle Care (Scotland) Ltd considers has not been achieved
- details of the underperformance.
- supporting evidence - summary report, PIP's issued (1st & revised), notes of meetings, any other documents the manager intends to refer to.
- the right to be accompanied by a Trade Union representative or work colleague.
- the potential outcome of the capability hearing may be termination of their employment on the grounds of unsatisfactory performance.



Disciplinary Policy and Procedure

Castle Support (Scotland) Ltd aims to be an organisation that values, recognises and responds to the diverse needs of members and those we serve. We adhere to the Equality Act 2010 and will not discriminate against any person or other organisation with particular reference to any of the protected characteristics.

1. Purpose and scope

- a. It is essential that certain standards of conduct and performance are maintained to protect the smooth running of Castle Support (Scotland) Ltd and the wellbeing of all its employees. Castle Support (Scotland) Ltd Disciplinary Policy is intended to ensure fair and equitable treatment of employees where there are instances of misconduct or where job performance falls below an acceptable level.
- b. All employees are required to conduct themselves in a manner consistent with the effective and efficient operation of Castle Support (Scotland) Ltd and should recognise and uphold high standards of conduct and performance in their dealings with each other, suppliers and members of the public who access our services. This Disciplinary Policy and its subsequent procedures therefore apply to all employees, irrespective of their length of service or role.
- c. This Disciplinary Policy and Procedures is for guidance only, does not form part of employees' terms and conditions of employment and is therefore not contractually binding. Castle Support (Scotland) Ltd reserves the right to amend this policy from time to time and any changes will be communicated to and discussed with employees. Where appropriate, Castle Support (Scotland) Ltd aims to involve employees, and, where relevant, their representatives, in the development of this procedure. This procedure does not apply to cases involving genuine sickness absence, or proposed redundancies.

2. Principles

- d. The procedure is designed to establish the facts quickly and to deal consistently with disciplinary issues. No disciplinary action will be taken until the matter has been fully investigated.
- e. Where an allegation of misconduct has been made or an employee appears to be under-performing, Castle Support (Scotland) Ltd.'s first step will be to establish the facts as quickly as possible. The extent of the investigation required will vary according to the particular circumstances, but it may involve holding an investigatory meeting with

the employee. During this investigation into the facts, Castle Support (Scotland) Ltd reserves the right to suspend the employee from their duties on full pay for a limited period of time, if this is deemed to be appropriate in the circumstances. Any such action will be confirmed to the employee in writing and kept under review. However, any investigation and/or suspension will be solely for the purpose of fact-finding and will not constitute disciplinary action. For the avoidance of doubt, no disciplinary decision will be taken until the disciplinary procedure detailed in this procedure has been followed.

- f. At every stage employees will be informed of what is alleged and have the opportunity to state their case at an investigatory meeting and be represented or accompanied, if they wish, by a trade union representative or a work colleague (they will be referred to as your “Chosen Companion”). Your chosen companion cannot be a related party either through direct family relations or a personal relationship (marriage/partner etc.).
- g. An employee has the right to appeal against any disciplinary penalty

3. The Procedure

3.1. Informal disciplinary procedure

- For less serious misconduct or where performance levels are below standard, Castle Support (Scotland) Ltd may issue an oral warning after conducting an initial investigation without using the full disciplinary procedure. Examples of less serious misconduct or performance are minor breaches of organisation discipline, poor behaviour, poor timekeeping or poor job performance.
- An employee may if they wish be accompanied by a Chosen Companion of their choice to a meeting with their direct line manager under the informal procedure.
- An oral warning may be recorded on an employee's file by means of a written note. The note will remain on file for a period specified by the manager taking action (normally 6 months).

3.2. Formal disciplinary procedure

Stage 1 – formal verbal warning

If conduct or performance is unsatisfactory, the employee will be given a formal verbal warning or performance action plan. Such warnings will be recorded on file, but disregarded after 6 months of satisfactory service. The employee will be given a copy of the file note. The employee will also be informed that a formal

written or final written warning may be considered if there is no sustained satisfactory improvement or change. (Where the first breach is sufficiently serious, for example because it is having, or is likely to have, a serious harmful effect on Castle Support (Scotland) Ltd, it may be justifiable to move directly to a final written warning).

Stage 2 - formal written warning

A formal written warning is normally given when the misconduct or level of performance is more serious, but falls short of serious misconduct or a serious performance issue, or as an escalation from a formal verbal warning that has not corrected the misconduct or performance shortfall. The formal written warning will normally remain in force for a 6 month period.

In some cases, Castle Support (Scotland) Ltd may consider it appropriate to issue a second formal written warning, such as when a minor misconduct or performance issue has re-occurred following a formal verbal and first written warning.

Stage 3 – final written warning

Depending on the seriousness of the misconduct or level of the shortfall in performance level, this is the next stage after a first or any applicable second written warning. A final written warning can also be given in the first instance if the misconduct or performance issue is sufficiently serious. The warning will normally remain in force for a twelve month period.

Stage 4 – dismissal or action short of dismissal

If the conduct or performance has failed to improve or is of a serious enough nature, the employee may suffer demotion, disciplinary transfer, loss of seniority (as allowed in the contract) or dismissal (with or without notice or payment in lieu of notice, as appropriate).

3.3. Gross misconduct

If, after investigation and a disciplinary hearing, Castle Support (Scotland) Ltd considers that an employee has committed an offence of the following nature (the list is not exhaustive), the normal consequence will be dismissal without notice and without payment in lieu of notice:

- I. Refusal to carry out a reasonable instruction;
- II. insulting, indecent or offensive behaviour;
- III. theft or attempted theft;
- IV. damage to property;
- V. fraud, cheating or taking a bribe;
- VI. incapacity for work due to being under the influence of alcohol or illegal drugs;



- VII. physical violence;
- VIII. wilful giving of advice to voluntary community organisations without authorisation which is detrimental to Castle Support (Scotland) Ltd;
- IX. bullying;
- X. conduct which causes, or has the potential to cause, serious reputational or public harm to Castle Support (Scotland) Ltd;
- XI. safeguarding breached;
- XII. gross insubordination;
- XIII. a criminal offence while employed which renders the employee unsuitable to carry out their duties;
- XIV. serious breach of data protection or confidentiality
- XV. And/or committing any other offence of a similar gravity to the examples above.

While the alleged gross misconduct is being investigated, the employee may be suspended, during which time he or she will be paid their normal pay rate. Any decision to dismiss will be taken by the employer only after full investigation and a disciplinary hearing, at which the employee has had an opportunity to comment on the allegations.

Safeguarding breaches are an act of gross misconduct and will result in summary dismissal.

4. Appeals

An employee who wishes to appeal against any disciplinary decision must do so in writing to the Castle Support (Scotland) Ltd The Manager or their nominee (normally line manager) within ten days of the disciplinary decision being confirmed to them in writing, stating the grounds upon which they intend to appeal.

Once notice of an employee's appeal has been received, Castle Support (Scotland) Ltd will, within **five working days**, give the employee written notice of a date, time and place of the appeal meeting. The employee will be entitled to be accompanied at this meeting by their Chosen Companion.

A Panel from the Senior Management Team of the Castle Support (Scotland) Ltd will hear the appeal and decide the case as impartially as possible.

The decision of the appeal will be given to the employee in writing after the meeting. The chairperson's decision is final, and there is no further right of appeal.

5. The Right to be Accompanied



The Employment Relations Act 1999 gives you the right to be accompanied by a fellow employee or trade union officer at any stage of the formal disciplinary procedure where that disciplinary meeting could result in:

- a. A formal warning being issued
- b. The taking of some other disciplinary action
- c. The confirmation of a warning or some other disciplinary action (e.g. an Appeal hearing)

You do not have the right to be accompanied by anyone else from outside Castle Support (Scotland) Ltd. The right to be accompanied applied to employee who are not related, or in a relationship.

It is the responsibility of all employees to familiarise themselves with all of Castle Care (Scotland) Ltd.'s policies and procedures. Copies of the full documents can be viewed in our office.

[Covid-19 Updated - Key measures for infection prevention and control](#)

A guide for social care workers providing care in an individual's home.

Introduction

This guide highlights essential practical actions to support good infection control practice during COVID-19, particularly hand and cough hygiene and personal protective equipment (PPE). It signposts to some of the key measures you will need to protect yourself and others when providing care and support for people, including those with suspected or confirmed COVID-19.

Important information about national guidance:

The COVID-19 response is evolving rapidly and we are working with key partners to update this guide as more information becomes available.

Please make sure you are accessing the most recent guidance from the pages below.

- **[Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum](#)**
- **[Health Protection Scotland](#)** (click on 'Information and guidance for other settings').
- **[NHS Inform](#)**

COVID-19 is spread directly through close contact with an infected person (within two metres) and indirectly through touching a surface, object or the hand of an infected person. Infection prevention and control precautions are of critical importance to reduce the spread of the virus and keep ourselves, as workers, and the people and families we support safe in their homes.

If you're new to the workforce, please use this information and speak with colleagues if you need support. If you're an existing social service worker, this information will update you in relation to the COVID-19 response and help you share learning with others as appropriate. If you wish to further your learning around COVID-19 practice issues, including infection prevention and control, the SSSC has further COVID-19 guides on our [Learning Zone](#). NHS Education for Scotland (NES) has practical [COVID-19 units](#) ('Skills Bundles') for health and social care workers and many other resources on a dedicated TURAS Learn [Infection Prevention and Control \(IPC\) zone](#).

This guide is based on, but does not replace, national guidance at the time of publication in particular the two resources below.

1. The [Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum](#) provides specific guidance for community settings including health and social care services which are provided in people's own homes. This addendum is part of the [National Infection Prevention and Control Manual \(NIPCM\)](#) which aims to ensure the safety of those being cared for, staff and others in the care setting. It sets out Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs), both of which are included in this guide
2. The [COVID-19: Guidance for Domiciliary Care](#) from Health Protection Scotland which supports those working in domiciliary care settings and gives staff and users of their services advice about COVID-19. This includes staff who support and deliver care to people in their own homes (including supported living settings).

This guide has larger sections on hand and cough hygiene and PPE. Please also take some time to review the information below about how COVID-19 is spread, and the precautions we must all take to prevent this. You can find more detail in the national guidance.



Contact precautions are used to prevent and control infection transmission via direct contact with the patient or indirect contact with the equipment/environment.

Airborne precautions are used to prevent and control infections spread via aerosols from the respiratory tract of one individual directly onto the eyes, nose and mouth (mucosal and conjunctivae surfaces) of another individual. Aerosols are smaller than droplets, at less than or equal to 5 micrometres (5µm) in size. As aerosols are airborne, infection can be spread without necessarily having close patient contact. Aerosols penetrate the respiratory system to the alveolar level.

COVID-19 is considered to spread by contact and droplet-type transmission. However airborne transmission is possible through Aerosol Generating Procedures (AGPs).

Contact precautions

Used to prevent and control infections that spread via direct contact with the patient or indirectly from the service user's immediate care environment (including care equipment). This is the most common route of cross-infection transmission.

Droplet precautions

Used to prevent and control infections spread over short distances (at least 3 feet or 1 metre) via droplets (greater than 5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Droplets penetrate the respiratory system to above the alveolar level.

Airborne precautions

Used to prevent and control infections spread without necessarily having close patient contact via aerosols (less than or equal to 5µm) from the respiratory tract of one individual directly onto a mucosal surface or conjunctivae of another individual. Aerosols penetrate the respiratory system to the alveolar level.

Personal Protective Equipment (PPE)

Surgical masks

A type IIR fluid resistant surgical mask should be worn when caring for a patient with a suspected/confirmed infectious agent spread by the droplet route.

Surgical masks worn by service users with suspected/confirmed infectious agents spread by the droplet or airborne routes, as a form of source control, should meet type II or IIR standards.

Eye/face protection

A face visor or goggles should be used in combination with a fluid resistant type IIR surgical mask when caring for symptomatic service users infected with droplet transmitted infectious agents.

A face visor or goggles should be used in combination with a fluid resistant FFP3 respirator when caring for symptomatic service users infected with an airborne transmitted infectious agent.

Eye/face protection should be worn

- by all of those in the room when potentially infectious AGPs are conducted
- for the care of service users with novel infectious agents including pandemic influenza

Aprons/Gowns

An apron/gown should be worn when caring for service users known or suspected to be colonised/infected with antibiotic resistant bacteria including contact with the service user's environment.

Plastic aprons and/or fluid repellent gowns should be used in health and social care settings for protection against body fluid splash and spray.

A full body fluid repellent gown should be worn when conducting AGPs on service users known or suspected to be infected with a respiratory infectious agent.

RPE

Respiratory Protective Equipment (RPE) i.e. FFP3 and facial protection, must be considered when a patient is admitted with a known/suspected infectious agent/disease spread wholly by the airborne route and when carrying out aerosol generating procedures (AGPs) on service users with a known/suspected infectious agent spread wholly or partly by the airborne or droplet route.



Further information regarding fitting and fit checking of respirators can be found on the [Health and Safety Executive website](#).

In the absence of an anteroom/lobby remove FFP3 respirators in a safe area (e.g. outside the isolation/cohort room/area).

All other PPE should be removed in the patient care area.

Symptoms and how COVID-19 is spread

Common symptoms include a new continuous cough, fever or loss of/ change in sense of smell or taste.

Older people, very young people, people with underlying health conditions or who are immunocompromised may present with atypical or non-specific symptoms.

COVID-19 is spread through respiratory droplets produced when an infected person coughs or sneezes. This is thought to be the main way the infection is transmitted between people and is most likely to happen when there is close contact (within two metres) with an infected person who is symptomatic. It is likely the risk of infection transmission increases the longer someone is in close contact with an infected person.

There are two routes for COVID-19 to spread.

- **Directly:** from close contact with an infected person (within two metres) where respiratory secretions can enter the eyes, mouth, nose or airways. This risk increases the longer someone is in close contact with an infected person who has symptoms.
- **Indirectly:** by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching your own mouth, nose or eyes.

General points to prevent and control infection during COVID-19

1. Cleaning and disinfection, including care equipment

COVID-19 is readily inactivated by commonly available home disinfectants. Make sure frequently touched surfaces are cleaned regularly, for example door handles and counter tops.

You should clean any equipment used during a visit, such as mobile aids, using detergent or disinfectant and store it safely in the home.

2. Waste

While in the home any waste generated due to personal care (including PPE) should be bagged as normal. If the person has COVID-19 this should be double bagged and held in the home for 72 hours before disposal into the household waste stream for collection. The bag should be marked for storage for 72 hours (add date and time to the bag).

If the household/ individual has a special waste uplift for personal care items, PPE should be bagged and placed in the container.

3. Laundry, including staff uniforms

If the person has COVID-19 symptoms, any laundry should be washed at the highest temperature advised for the fabric as soon as possible.

Shaking linen should be avoided to prevent dispersal of viral particles. Items heavily soiled with body fluids, for example vomit or diarrhoea, or items that cannot be washed should be disposed of with the owner's consent.

If the individual does not have a washing machine, wait a further 72 hours after their 7-day isolation period has ended. The laundry can then be taken to a public launderette.

It is safe to launder uniforms at home. If the uniform is changed before leaving work, take it home in a disposable plastic bag. If wearing a uniform to and from work, change as soon as possible when you get home.

Uniforms should be laundered daily.

Uniforms should be washed:

- separately from other household linen
- in a load not more than half the machine capacity

- at the maximum temperature the fabric can tolerate, then ironed or tumble dried.

4. Work and personal travel

When travelling for work or for personal purposes national guidance on [physical distancing](#) and [staying safe](#) should be followed.

The following general infection prevention and control measures should also be followed.

- Hand hygiene - use handwashing facilities or, where available, alcohol based hand rub before and after journeys.
- Catch coughs and sneezes in tissues or cover mouth and nose with sleeve or elbow (not hands), dispose of the tissue into a bin and wash hands immediately.
- Practice physical distancing. For example, sit or stand approx. 2 metres from other passengers, travel in in larger vehicles where possible or use vehicles with cab screens, if available.
- If using public transport, wear a face covering and try to avoid busier times of travel to ensure you can practise physical distancing.
- Clean vehicles between different drivers or passengers as appropriate.

See Transport Scotland's [advice on how to travel safely](#) for further information.

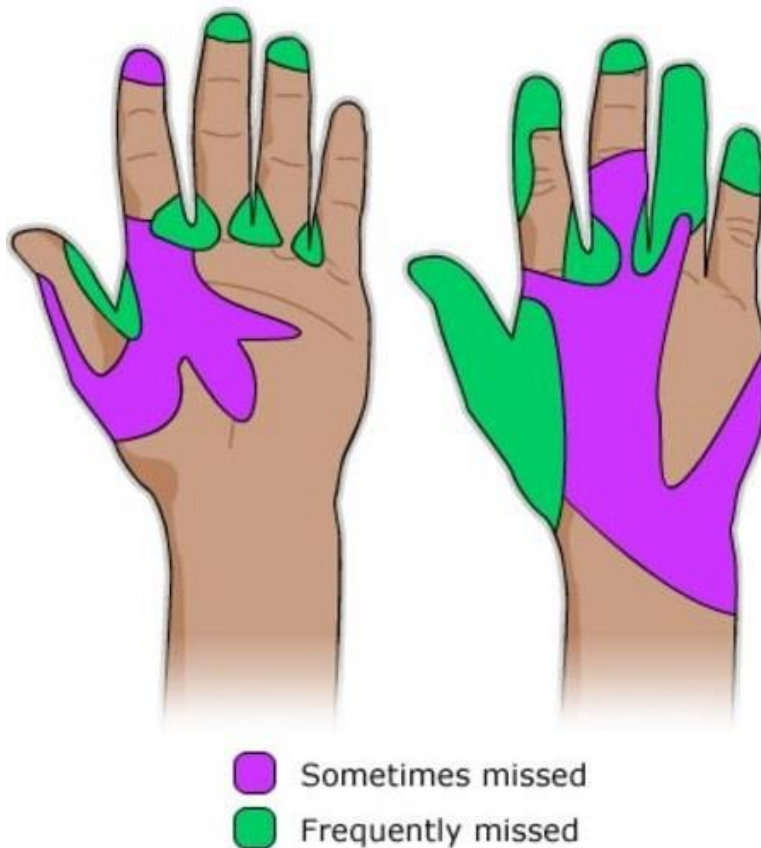
Hand and cough hygiene

Washing and drying hands, and cough and respiratory hygiene

Performing regular and thorough hand hygiene is the single most important thing you can do to reduce the transmission of any infection, including COVID-19, in any care setting.

Hand hygiene is something that everyone in the household must stick to, including social care workers, carers and family members. You may like to share this message with others in the household.

Good cough and respiratory hygiene measures are also essential for minimising COVID-19 transmission.



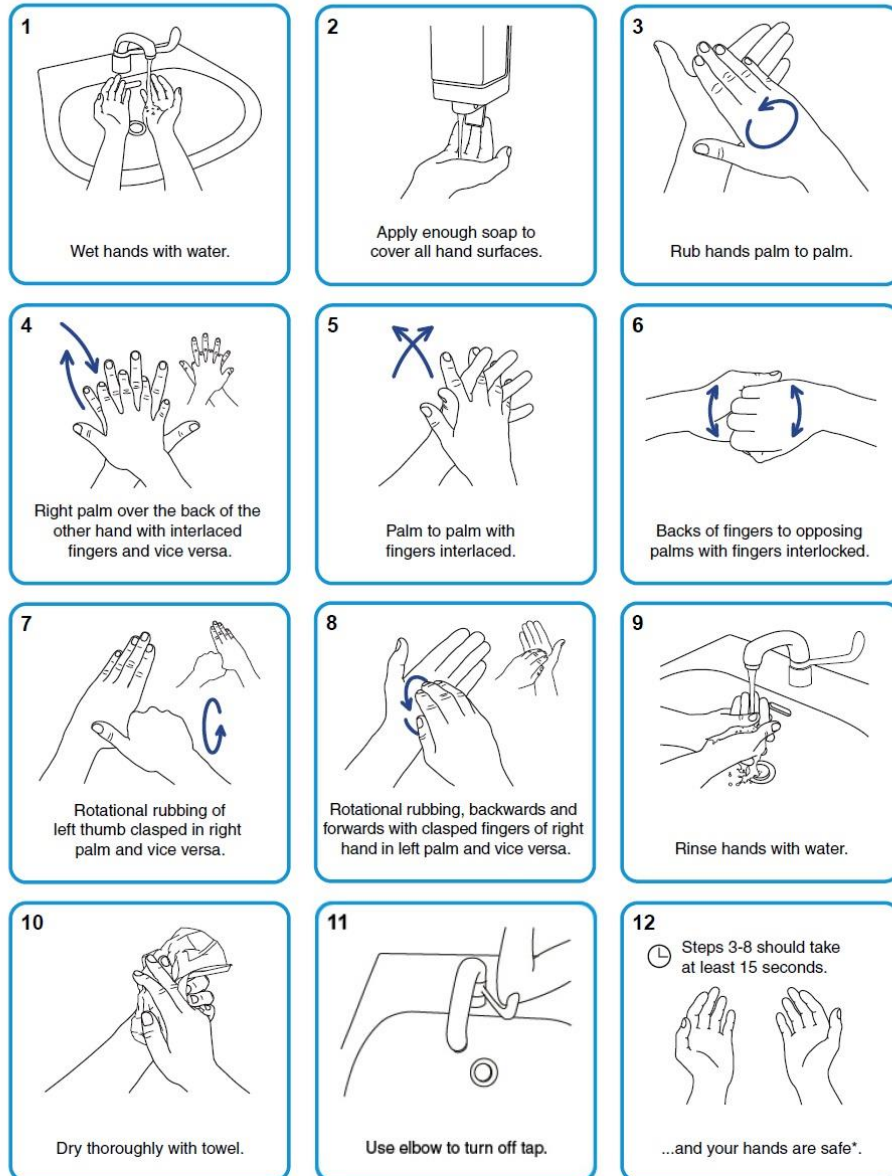
CASTLE CARE

Scotland

the care experts

Best Practice: Appendix 1 - How to hand wash step by step images

Steps 3-8 should take at least 15 seconds.



Adapted from the World Health Organization



*Any skin complaints should be referred to local occupational health or GP.

Germ. Wash your hands of them.



Part of the National Infection Prevention and Control Manual (NIPCM), available at: <http://www.nipcm.hps.scot.nhs.uk/>.
Produced by: Health Protection Scotland, July 2018.

Best Practice: how to hand rub

Duration of the process: 20-30 seconds.



Respiratory and cough hygiene



Personal protective equipment (PPE) Protecting yourself and others from the transmission of infection

Personal protective equipment (PPE) is used to protect you while performing specific tasks that might involve contact with body fluids or blood that may contain infectious agents (germs).

During the COVID-19 pandemic wearing PPE is critical for health and social care workers, carers and those receiving support and care.

PPE will only protect you and others if you:

- put it on, use it, remove it and dispose of it in the correct manner
- practice good hand, cough and respiratory hygiene
- follow standard infection prevention and control precautions (SIPCs)
- avoid touching your face.

Not following any of the above can lead to passing germs on.

Remember to check you are always using the most up to date national guidance which is described below.



What does national PPE guidance mean for me?

Your employer will have a policy on PPE including its supply, risk assessment and training in its use. If you have specific questions or concerns around these areas please discuss them with your employer.

The information in this section is based on Health Protection Scotland's [COVID-19: Guidance for Domiciliary Care](#) (updated 20 August 2020).

We will review the information given here so that it also fully aligns with section [7.5 Personal Protective Equipment](#) in the new Scottish COVID-19 Community Health and Care Settings Infection Prevention and Control Addendum (published January 2021).

PPE exists to provide the wearer with protection against any risks associated with the care task being undertaken.

PPE requirements as per standard infection prevention and control are detailed in [section 1.4](#) SICPs.

PPE requirements during the COVID-19 pandemic are determined by the care categories and are detailed in [table 2](#).

Extended use of face masks for staff, visitors and outservice users

New and emerging scientific evidence suggests that COVID-19 may be transmitted by individuals who are not displaying any symptoms of the illness (asymptomatic or pre-symptomatic).

The extended use of facemasks by health and social care workers and the wearing of face coverings by visitors is designed to protect staff and residents. The guidance and FAQs are available [Scottish Government guidance and associated FAQs](#)..

PPE determined by COVID-19 care category

The PPE worn for direct care differs depending on the COVID-19 care category and the task being undertaken. It is important that the need for PPE required for any other known or suspected pathogens is also risk assessed.

[Table 2](#) details the PPE which should be worn when providing care in each of the COVID-19 care risk categories.

Type IIR facemasks should be worn for all direct care regardless of the risk category. This is a measure which has been implemented alongside physical

distancing specifically for the COVID-19 pandemic. FRSMs should be changed if wet, damaged or soiled.

Table 2: PPE for direct individual/patient care determined by risk category

PPE used	Medium-risk category	High-risk category
Gloves	If contact with BBF* is anticipated, then single-use.	Worn for all direct care. Single use.
Apron or gown	If direct contact with patient, their environment or BBF is anticipated, (Gown if splashing spraying anticipated), then Single use.	Always within 2 metres of patient (Gown if splashing spraying anticipated). Single-use.
Face mask	Always within 2 metres of a patient - Type IIR fluid resistant surgical face mask	Always within 2 metres of a patient - Type IIR fluid resistant surgical face mask
Eye and face protection	If splashing or spraying with BBF, including coughing/sneezing anticipated. Single use or reusable following decontamination.	Always within 2 metres of a patient Single-use, sessional** or reusable following decontamination.

* Blood and body fluids (BBF)

PPE – Putting on (Donning) and Taking off (Doffing)

All staff must be trained in how to put on and remove PPE safely. A [short film showing the correct order for putting on and the safe order for removal of PPE](#) is available. The video will also describe safe disposal of PPE. A [poster describing the donning and doffing of PPE is available in the NIPCM Appendix 6](#) and is also described below.

Putting on PPE

Before putting on PPE:

- Check what the required PPE is for the task/visit

- Select the correct size of PPE
- Perform hand hygiene

PPE should be put on before entering the room.

- The order for putting on is:
 1. apron,
 2. surgical mask
 3. eye protection
 4. gloves

You may require some of these items or all of them – See [Table 2](#).

- When putting on mask, position the upper straps on the crown of head and the lower strap at the nape of the neck. Mould the metal strap over the bridge of the nose using both hands.

When wearing PPE:

- Keep hands away from face and PPE being worn.
- Change gloves when torn or heavily contaminated.
- Limit surfaces touched in the care environment.
- Always perform hand hygiene after removing gloves.

Removal of PPE

PPE should be removed in an order that minimises the potential for cross-contamination.

Gloves

- Grasp the outside of the glove with the opposite gloved hand; peel off.
- Hold the removed glove in gloved hand.
- Slide the fingers of the un-gloved hand under the remaining glove at the wrist.
- Peel the glove off and discard appropriately.

Gown

- Unfasten or break ties.
- Pull gown away from the neck and shoulders, touching the inside of the gown only.
- Turn the gown inside out, fold or roll into a bundle and discard.

Eye Protection

- To remove, handle by headband or earpieces and discard appropriately.

Fluid Resistant Surgical facemask

- Remove after leaving care area.
- Untie or break bottom ties, followed by top ties or elastic and remove by handling the ties only (as front of mask may be contaminated) and discard as clinical waste.
- For face masks with elastic, stretch both the elastic ear loops wide to remove and lean forward slightly. Discard as clinical waste.

To minimise cross-contamination, the order outlined above should be applied even if not all items of PPE have been used.

Perform hand hygiene immediately after removing all PPE.

Putting on (donning) and taking off (doffing) in an individual's home

PPE should be put on in a safe area either inside the premises, such as a porch or a separate room, or, if there is no available area then the mask can be put on immediately prior to entering the home, and gloves and apron when in the home.

PPE should be removed before leaving the home or care setting and should not be worn out with the home or to the next visit.

If caring for more than one individual in the same house, then only the mask/eye protection can be considered sessional use until completion of the tasks/care.

Hand hygiene must be carried out on immediately after removing PPE.

Aerosol Generating procedures (AGPs)

An Aerosol Generating Procedure (AGP) is a medical procedure that can result in the release of airborne particles from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

Below is the full extant list of medical procedures for COVID-19 that have been reported to be aerosol generating and are associated with an increased risk of respiratory transmission:

- tracheal intubation and extubation
- manual ventilation
- tracheotomy or tracheostomy procedures (insertion or removal)
- bronchoscopy
- dental procedures (using high-speed devices, for example, ultrasonic scalers/high-speed drills)
- non-invasive ventilation (NIV): Bi-level Positive Airway Pressure Ventilation (BiPAP) and Continuous Positive Airway Pressure Ventilation (CPAP)
- high flow nasal oxygen (HFNO)
- high frequency oscillatory ventilation (HFOV)
- induction of sputum using nebulised saline
- respiratory tract suctioning (see **note 1**)
- upper ENT airway procedures that involve respiratory suctioning
- upper gastrointestinal endoscopy where open suction of the upper respiratory tract occurs
- high speed cutting in surgery/post-mortem procedures if respiratory tract/paranasal sinuses involved

Note 1: The available evidence relating to Respiratory Tract Suctioning is associated with ventilation. In line with a precautionary approach open suctioning of the respiratory tract regardless of association with ventilation has been incorporated into the current (COVID-19) AGP list. It is the consensus view of the UK IPC cell that

only open suctioning beyond the oro-pharynx is currently considered an AGP i.e. oral/pharyngeal suctioning is not an AGP. The evidence on respiratory tract suctioning is currently being reviewed by the AGP Panel.

Chest compressions and defibrillation (as part of resuscitation) are **not** considered AGPs; first responders can commence chest compressions and defibrillation without the need for AGP PPE while awaiting the arrival of other personnel who will undertake airway manoeuvres. On arrival of the team, the first responders should leave the scene before any airway procedures are carried out and only return if needed and if wearing AGP PPE.

Certain other procedures/equipment may generate an aerosol from material other than an individual's secretions but are not considered to represent a significant infection risk and do not require AGP PPE. Procedures in this category include:

- administration of humidified oxygen;
- administration of Entonox or medication via nebulisation.

NERVTAG advised that during nebulisation, the aerosol derives from a non-patient source (the fluid in the nebuliser chamber) and does not carry patient-derived viral particles. If a particle in the aerosol coalesces with a contaminated mucous membrane, it will cease to be airborne and therefore will not be part of an aerosol. Staff should use appropriate hand hygiene when helping service users to remove nebulisers and oxygen masks.

An [SBAR produced by Health Protection Scotland \(HPS\) and agreed by NERVTAG specific to AGPS during COVID-19](#) is available.

The NERVTAG consensus view is that the HPS document accurately presents the evidence base concerning medical procedures and any associated risk of transmission of respiratory infections and whether these procedures could be considered aerosol generating. NERVTAG supports the conclusions within the document and supports the use of the document as a useful basis for the development of UK policy or guidance related to COVID-19 and aerosol generating procedures (AGPs).

Aerosol Generating Procedures (AGPs) in an individual's home

Wherever possible, staff should avoid visiting service users/individuals in the medium and high categories who require a routine consultation and where AGPs are undertaken in the home. This is because potentially infectious aerosols will still be

circulating in the air. The most common AGPs undertaken in the community are Continuous Positive Airway Pressure Ventilation (CPAP) or Bi-level Positive Airway Pressure Ventilation (BiPAP).

Consider phone/digital consultations in the first instance to assess whether the individual requires a home visit. If it is safe to postpone the visit, then do so.

Care at home staff will not be able to postpone visits. In such instances where a home visit cannot be avoided;

- Find out what time the individual is on CPAP/BiPAP and plan to visit at least an hour or more after the CPAP or BiPAP has been switched off.
- Ask the individual to move to another room in the property and close the door to the room where the CPAP or BiPAP is undertaken.
- If the visit must take place when the patient is on the CPAP/BiPAP or if the above measures cannot be followed, the member of staff must wear AGP PPE in line with [section 7.5.4](#). It is the responsibility of care providers to ensure that all staff have been fit tested for FFP3 respirators where appropriate.

PPE for Aerosol Generating Procedures (AGPs)

Airborne precautions are required for the medium and high risk categories where AGPs are undertaken and the required PPE is detailed in [table 3](#).

All FFP3 respirators must be:

- Fit tested (by a competent fit test operator) on all healthcare staff who may be required to wear a respirator to ensure an adequate seal/fit according to the manufacturers' guidance.
- Fit checked (according to the manufacturers' guidance) every time a respirator is donned to ensure an adequate seal has been achieved.
- Compatible with other facial protection used i.e. protective eyewear so that this does not interfere with the seal of the respiratory protection. Regular corrective spectacles are not considered adequate eye protection. If wearing a valved, non-shrouded FFP3 respirator a full face shield/visor must be worn.
- Changed after each use. Other indications that a change in respirator is required include: if breathing becomes difficult; if the respirator becomes wet

or moist, damaged; or obviously contaminated with body fluids such as respiratory secretions.

Table 3: PPE for aerosol-generating procedures, determined by risk category

PPE used	Medium-risk category	High-risk category
Gloves	Single-use.	Single-use.
Apron or gown	Single-use gown.	Single-use gown.
Face mask or respirator**	FFP3 mask or powered respirator hood. ²	FFP3 mask or powered respirator hood.
Eye and face protection	Single-use or reusable.	Single-use or reusable.

**FFP3 masks must be fluid resistant. Valved respirators may be shrouded or unshrouded. Respirators with unshrouded valves are not considered to be fluid-resistant and therefore should be worn with a full face shield if blood or body fluid splashing is anticipated

Post AGP Fallow Times (PAGPFT)

Time is required after an AGP is performed to allow the aerosols still circulating to be removed/diluted. This is referred to as the post AGP fallow time (PAGPFT) and is a function of the room ventilation air change rate.

The post aerosol-generating procedure fallow time (PAGPFT) calculations are detailed in [table 4](#). It is often difficult to calculate air changes in areas that have natural ventilation only.

All point of care areas require to be well ventilated. Natural ventilation, provides an arbitrary 1-2 air changes per hour. To increase natural ventilation in many community health and social care settings may require opening of windows. If opening windows staff must conduct a local hazard/safety risk assessment.

If the area has zero air changes and no natural ventilation, then AGPs should not be undertaken in this area.

The duration of AGP is also required to calculate the PAGPFT and clinical staff are therefore reminded to note the start time of an AGP. It is presumed that the longer the AGP, the more aerosols are produced and therefore require a longer dilution time.

Safe management of Care Equipment

Care equipment is easily contaminated with blood, other body fluids, secretions, excretions and infectious agents. Consequently it is easy to transfer infectious agents from communal care equipment during care delivery.

All care equipment should be decontaminated as per [Table 5](#).

Re-useable care equipment used in the community setting such as stethoscopes, syringe drivers and pumps must be decontaminated prior to removal from an individual's home. Where this is not possible, they should be bagged and transported back to base for decontamination.

Table 5: Equipment cleaning determined by risk category

Risk category	Product
Medium-risk category (Amber)	Combined detergent/disinfectant solution at a dilution of 1000 ppm av chlorine or general purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1000ppm av chlorine.
High-risk category (Red)	Combined detergent/disinfectant solution at a dilution of 1000 ppm av chlorine or general purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1000ppm av chlorine.

7.7 Safe Management of the Care Environment

During this ongoing pandemic, cleaning frequency of the environment should be increased across **all** categories. A minimum of 4 hours should have elapsed between the first daily clean and the second daily clean. Where a room has not been occupied by any staff or residents since the first daily clean was undertaken, a second daily clean is not required.

It is the responsibility of the person in charge to ensure that the care environment is safe for practice (this includes environmental cleanliness/maintenance). The person in charge must **act** if this is deficient.

The care environment must be:

- visibly clean
- free from non-essential items and equipment to facilitate effective cleaning
- well maintained and in a good state of repair

Ideally rooms which are carpeted should be avoided when carrying out consultations in healthcare facilities

Environmental cleaning in the Medium and High Risk COVID-19 categories should be undertaken using either a combined detergent/disinfectant solution at a dilution of 1000 ppm available chlorine or a general purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1000ppm.

Cleaning across the categories is summarised in [table 6](#).

Table 6: Environmental cleaning determined by category

	Medium risk category (Amber)	High risk category (Red)
First daily clean	Full clean	Full clean
Second daily clean	High Risk Touch Surfaces*	High Risk Touch Surfaces
Product	Combined detergent/disinfectant solution at a dilution of 1000 ppm av chlorine or general-purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1000ppm av chlorine. If an item cannot withstand chlorine releasing agents consult the manufacturer's	Combined detergent/disinfectant solution at a dilution of 1000 ppm av chlorine or general-purpose neutral detergent in a solution of warm water followed by a disinfectant solution of 1000ppm av chlorine. If an item cannot withstand chlorine releasing agents consult the manufacturer's

Table 6: Environmental cleaning determined by category

	Medium risk category (Amber)	High risk category (Red)
	instructions for a suitable alternative to use following or combined with detergent cleaning.	instructions for a suitable alternative to use following or combined with detergent cleaning.

*High risk touch surfaces as a minimum should include door handles/push pads, taps, light switches, lift buttons. Resident areas should include the bedroom and treatment areas and staff rest areas.

Any areas contaminated with blood and body fluids across any of the three categories require to be cleaned as per [Appendix 9 of the National Infection Prevention and Control Manual](#).

Cleaning practice points

NHS healthcare facilities will be cleaned by NHS domestic services who will adhere to the [National Cleaning Specification Standards](#). For all other health and care facilities (excluding patient/individuals own home) the following good practice points apply:

- Use disposable cloths/paper roll/disposable mop heads, to clean and disinfect all hard surfaces/floor/chairs/door handles/reusable non-invasive care equipment/sanitary fittings in the room.
- Clean, dry and store re-usable parts of cleaning equipment, such as mop handles.
- For carpeted floors/items that cannot withstand chlorine-releasing agents, consult the manufacturer's instructions for a suitable alternative to use following, or combined with, detergent cleaning.
- Decontamination of soft furnishings may require to be discussed with the local HPT/ICT. If the soft furnishing is heavily contaminated, you may have to discard it. If it is safe to clean with standard detergent and disinfectant alone then follow appropriate procedure.

- If an item cannot withstand chlorine releasing agents staff are advised to consult the manufacturer's instructions for a suitable alternative to use following or combined with detergent cleaning.

When an organisation adopts practices that differ from those recommended/stated in this national guidance with regards to cleaning agents, the individual organisation is fully responsible for ensuring safe systems of work, including the completion of local risk assessment(s) approved and documented through local governance procedures..

Safe Management of Blood and Body Fluid Spillages

All blood and body fluid spillages across the three pathways should be managed as per [section 1.8 of SICPs – Safe management of Blood and Body Fluid Spillages](#) and [Appendix 9 of the National Infection Prevention and Control Manual](#).

Waste generated during the management of blood and body fluid spillages should be disposed of as per [section 7.10](#).

Safe Disposal of waste (including sharps)

Waste should be handled in accordance with [Section 1.9 of SICPs](#).

Waste generated from service users/individuals who are known to be COVID positive, or suspected or where there is a confirmed outbreak, should be disposed of as clinical waste where clinical waste contracts are in place.

NB: Type IIR facemasks worn as part of the extended use of facemasks policy should be disposed of as clinical waste.

If the community health and care setting does not have a clinical waste contract, or for care at home, ensure all waste items that have been in contact with the patient/individual (e.g. used tissues and disposable cleaning cloths) are disposed of securely within disposable bags. When full, the plastic bag should then be placed in a second bin bag and tied. These bags should be stored in a secure location for 72 hours before being put out for collection.

Occupational Safety

Coronavirus (COVID-19): guidance on individual occupational risk assessment

Risk assessment guidance and tool for staff across all industries which should be used by employers to support staff and line managers to understand and carry out effective risk assessments.

Vehicle sharing for all staff

Wherever possible, car sharing should be avoided with anyone outside of your household or your support bubble. This is because the close proximity of individuals sharing the small space within the vehicle increases the risk of transmission of COVID-19. All options for travelling separately should be explored and considered such as;

- Staff travelling separately in their own cars
- Geographical distribution of visits – can these be carried out on foot or by bike?
- Use of public transport where social distancing can be achieved via use of larger capacity vehicles

However, it is recognised that there are occasions where car sharing is unavoidable such as:

- Staff who carry out community visits;
- Staff who are commuting with residents as part of supported care;
- Staff who are commuting with students as part of supported learning/mentorship;
- Staff living in areas where public transport is limited and car sharing is the only means of commuting to and from the workplace;

Where car sharing cannot be avoided, individuals should adhere with the guidance below to reduce any risk of cross transmission;

- Staff (and students) **must not** travel to work/car share if they have symptoms compatible with a diagnosis of COVID-19.
- Ideally, no more than 2 people should travel in a vehicle at any one time
- Use the biggest car available for car sharing purposes

- Car sharing should be arranged in such a way that staff share the car journey with the same person each time to minimise the opportunity for exposure. Rotas should be planned in advance to take account of the same staff commuting together/car sharing as far as possible.
- The car must be cleaned regularly (at least daily) and particular attention should be paid to high risk touch points such as door handles, electronic buttons and seat belts. General purpose detergent is sufficient unless a symptomatic or confirmed case of COVID-19 has been in the vehicle in which case a disinfectant should be used.
- Occupants should sit as far apart as possible, ideally the passenger should sit diagonally opposite the driver.
- Windows in the car must be opened as far as possible taking account of weather conditions to maximise the ventilation in the space.
- Occupants in the car, including the driver, should wear a fluid resistant surgical mask (FRSM) provided it does not compromise driver safety in any way.
- Occupants should perform hand hygiene using an alcohol based hand rub (ABHR) before entering the vehicle and again on leaving the vehicle. If hands are visibly soiled, use ABHR on leaving the vehicle and wash hands at the first available opportunity.
- Occupants should avoid eating in the vehicle.
- Passengers in the vehicle should minimise any surfaces touched – it is not necessary for vehicle occupants to wear aprons or gloves.
- Keep the volume of any music/radio being played to a minimum to prevent the need to raise voices in the car

Adherence with the above measures will be considered should any staff be contacted as part of a COVID-19 contact tracing investigation.

Staff Uniforms

It is safe to launder uniforms at home. If the uniform is changed before leaving work, then transport this home in a disposable plastic bag. If wearing a uniform to and from work, then change as soon as possible when returning home.



Uniforms should be laundered daily, and:

- separately from other household linen;
- in a load not more than half the machine capacity;
- at the maximum temperature the fabric can tolerate, then ironed or tumble dried.

Physical distancing

All staff working within NHS Scotland healthcare facilities, including non-clinical areas, must maintain 2 metres physical distancing wherever possible. This does not apply to the provision of direct care where appropriate PPE should be worn.

Outbreaks amongst staff have been associated with a lack of physical distancing in recreational areas during staff breaks and when car sharing. There are many areas within healthcare facilities where maintaining 2 metres physical distancing is a challenge due to the nature of the work undertaken. Where 2 metres physical distancing cannot be maintained, staff must ensure they are wearing face masks/coverings in line with the extended use of facemasks guidance.

Staff must adhere to physical distancing as much as possible and should;

- stagger tea breaks to reduce the number of staff in recreational areas at any one time.
- maintain 2 metre physical distancing when removing FRSMs to eat and drink.
- not care share with colleagues when commuting to and from work unless absolutely necessary. Where this is absolutely necessary, staff should sit as far apart as possible, wear a face covering or FRSM and keep windows open in the car to improve ventilation.

This Policy and Procedure is updated in line with changing legislation and guidance, for the most up to date information Castle Care (Scotland) Ltd will continue to use the Health Protection Scotland Guidelines