



Ark[®]
People
Housing
Care

Intimate & Personal Care Procedure

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1.0 Introduction

Support to meet assessed intimate personal care needs will always be provided with respect and dignity, and in line with the individual's abilities, wishes and preferences. This procedure should be read in conjunction with the individual's Good Life and Risk & Vulnerability documentation.

1.1 Relevant Policies and Procedures

This procedure is aligned with policy **CS02 Personal Planning**

It should be read and understood in conjunction with:

- CS04 Risk & Vulnerability
- CS06 Reducing Restrictive Practice
- CS17 Behaviour of Concern
- HS01 Health & Safety
- HS08 Moving & Handling
- HS10 Control of Infection

2.0 Heading

Personal care means tasks that individuals usually undertake themselves; like eating, drinking and dental hygiene.

Any task involving washing or touching an intimate area of an individual's body is 'intimate personal care', which includes bathing, continence care and intimate hygiene. It also includes when supported people require supervision to carry out these tasks themselves.

2.1 Personal outcomes and person-centred planning

Individuals are likely to have preferred rituals and routines regarding personal care that must be recorded in their Good Life plan and followed when supported with tasks. These may be very simple preferences that help the individual feel good like a weekly face mask, or more complex, like the tasks being completed in the same order to help the individual predict what is coming next. Records must also note any religious or cultural rituals or routines related to personal care that the supported person wishes to observe.

Maintaining good personal hygiene is important for people to keep them safe and well. It can also impact on people's abilities to develop and maintain friendships and be a part of

their local community. Care & Support staff should think holistically about an individual's personal outcomes and how these are met (or supported) by all of the tasks they assist with, or do on the individual's behalf.

Individuals, particularly those with profound disabilities, may have become accustomed to having a lack of agency during intimate and personal care. This means they may not realise that they can make choices about how they are supported with intimate care, or what those choices may be. Some individuals may also not realise that they have a right to privacy because of the long-term nature of intimate care provision. It is the responsibility of the Care & Support team to seek ways to maximise the individual's privacy and independence.

See **Appendix 2 – Promoting continence for people living with dementia and long-term conditions** (NHS Scotland, 2015)

3.0 Consent and capacity

3.1 Consent

Individuals must give consent to be supported with any intimate or personal care task. This must be recorded in the individual's Good Life plan and Risk & Vulnerability documentation. It must also be sought prior to any intimate or personal care task being undertaken.

Consent includes ensuring that the process of carrying out the task meets the individual's preferences and wishes. This may include the time, how the tasks are completed and the order in which they are undertaken.

Individuals who use AAC (alternative and augmentative communication methods) must have access to these at all times to be able to consent to the intimate or personal care being carried out. Individuals - for example those without speech or with limited speech - may demonstrate their consent through gestures, behaviours or sounds. Care & Support staff should be confident that those individuals have consented as far as they are able. Note that a lack of consent may be an Adult Support & Protection issue.

If an individual refuses, then the task may not be undertaken. This includes during the task being undertaken – the individual can withdraw consent at any point. Care & Support staff members are expected to explain and negotiate in order to meet the individual's wishes while still promoting their rights to hygiene and safety.

If the level of refusal is such that it places the individual at risk of harm; from, for example skin breakdown or urinary tract infection (UTI), Care & Support staff must inform their Care & Support Manager/Registered Operations Manager. Note that this may be an Adult Support & Protection issue; see **G57a Adult Support & Protection**

3.2 Capacity

If an individual does not have capacity to consent to support with intimate or personal care, the individual's welfare guardian should have the power to consent on the individual's behalf. For individuals without capacity and no guardianship order in place, a GP can issue an s.47 certificate (Mental Health (Care & Treatment) (Scotland) Act 2003), which will allow Care & Support staff to provide support with intimate or personal care as a 'basic healthcare need', see: **Appendix 1 – further reading 'Consent to Treatment'** (Mental Welfare Commission, 2018)

4.0 Protecting people

4.1 Safeguarding

Supporting people with intimate or personal care increases risk to both the individual and Care & Support staff; through increased vulnerability and opportunities for abuse, or from misunderstanding or misinterpreting the support being offered.

Care & Support staff should be clear about what support they are offering, why it is necessary and how it is being completed. There should be boundaries between safe and unsafe touch and should avoid direct touch where possible. See: **CS24 Professional Boundaries.**

Wearing gloves maintains a physical barrier between the individual and Care & Support staff, in addition to promoting hygiene. This may help individuals recognise this as essential, safe touch from staff.

Alternatives to direct touch should be a point of review when people require support with personal or intimate care; for example, an individual with restricted mobility using a long-handled sponge so they can reach more of their body by themselves, or decanting products into containers that are easier to grip and therefore use independently.

The support an individual needs with personal or intimate care must be recorded in their Good Life and Risk & Vulnerability documentation. Care & Support staff members who do not follow those processes may be subject to disciplinary procedures as this could be an Adult Support & Protection issue. See: **G36 Keeping People Safe** and **HR18 Disciplinary**

Care & Support staff will be registered with the Scottish Social Services Council (SSSC) and have a valid PVG.

Individuals who prefer to have a Care & Support staff of the same sex provide their support with intimate or personal care will have this choice respected.

Intimate tasks will always be undertaken in privacy.

An individual's dignity will be maintained throughout. This may mean, for example, during intimate care placing a washcloth over the individual's lap, or leaving the room or facing away while the individual completes the part of the task they are able to. More generally for personal care, this may include not making personal comments or avoiding doing parts of a task the individual can complete independently because it is faster or easier for the Care & Support staff member to complete instead.

Note that failure to maintain an individual's privacy and dignity is a breach of their rights and of the SSSC Codes of Practice. Care & Support staff members who fail to maintain and promote an individual's rights may be subject to performance management or disciplinary proceedings and referred to the SSSC. See: **HR05 Performance Management** and **HR18 Disciplinary**.

The methods used to maintain the person's dignity will be referred to the Good Life and Risk & Vulnerability documentation and should evolve over time.

4.2 Hygiene

Appropriate personal protective equipment (PPE) will always be worn when undertaking personal care. See **HS10 Control of Infection**

Continence aids, soiled clothing or bedding must be managed as per the guidance contained in **HS10 Control of Infection**

Mobility aids used to support people with personal care, for example; plinths, grab rails, commodes and shower chairs must be cleaned after use.

UTIs are the most common healthcare-acquired infection (NHS, 2018) and are often due to the use of urethral catheters. Good continence care is an important factor in avoiding the use of catheters and therefore lowering the risk of UTIs.

Care & Support teams must seek advice from, and work collaboratively with, healthcare professionals like the GP and continence nurse to ensure the best outcome for the supported person.

5.0 Training and learning

5.1 Training

Care & Support staff will be trained in all aspects of intimate personal care required for their job role, for example management of pressure sores or stoma care. It is the responsibility of the CSM to source relevant training, with support from ARK's Learning & Development team if required.

Mandatory training includes 'Adult Support & Protection' and 'values'; these are important for supporting people with intimate or personal care sensitively while upholding their rights.

Care & Support teams should actively seek advice from healthcare professionals regarding developing and maintaining people's abilities to undertake their own personal care; for example the Community Learning Disability Team or Speech & Language Therapy (SaLT). The CSM is responsible for ensuring the competence of their Care & Support team in supporting individuals with intimate and personal care. The supported person must be involved in deciding how new staff members will learn how to support them with personal care, and at what point they may support them with these tasks on a 1:1 basis.

5.2 Management of pressure sores

Individuals with limited mobility, cognitive impairment or palliative care needs are at greater risk of developing pressure sores. There are a range of other risk factors, for example diabetes, or compromised bowel or bladder function (Healthcare Improvement Scotland, 2019); this means that many supported people are at greater risk of developing pressure sores.

Care & Support teams will work to prevent pressure sores and will work in partnership with health professionals to ensure that these are managed effectively if they do develop. We will follow best practice in the management of pressure sores and ensure that Care & Support staff members have the correct skills to do so, see: **Appendix 1 – further reading**.

5.3 Dysphagia and choking risks

Supported people at risk of choking, whether through dysphagia or any other reason, must have input from SaLT. The Risk & Vulnerability Assessment and Good Life documentation must give exact guidance to Care & Support staff about how to support the individual with eating and drinking. Care & Support staff members must complete ARK's internal training before supporting an individual at risk of choking with eating and drinking.

Additional protocols for specific individuals regarding eating and drinking must be in place if required. These must be written by SaLT and make it clear to Care & Support staff members which foods and drinks are allowed, and how they must be prepared and presented. It is the

responsibility of Care & Support staff members to ensure they understand these protocols. Any ill-defined terms or vague instructions must be clarified with SaLT by the CSM.

See: **HS16 Supporting People at Risk of Choking**

5.4 Support for Care & Support staff

We recognise that employees may find supporting people with intimate or personal care challenging. Care & Support staff will be offered support through formal supervision, as per **HR05 Performance Management**, and other opportunities like team meetings and mentorship.

6.0 Implementation and Review

6.1 Implementation

Care & Support Managers/Registered Operations Managers are responsible for the implementation of these procedures by their Care & Support staff teams.

11.2 Review

ARK Area Managers' group is responsible for the review of these procedures, at least every 3 years. Any changes to the associated policy as a result must be submitted to the Board of Management for approval.

Appendix 1 – Further reading

Healthcare Improvement Scotland (2019) *Prevention and management of pressure ulcers: draft standards* **available at:** <file:///H:/chromedownloads/20190911-Revised-draft%20pressure-ulcer-standards.pdf>

Mental Welfare Commission (2018) *Consent to treatment* **available at:** https://www.mwscot.org.uk/sites/default/files/2019-06/consent_to_treatment_2018.pdf

NHS (2018) *Promoting excellence in continence care* **available at:** <https://www.england.nhs.uk/wp-content/uploads/2018/07/excellence-in-continence-care.pdf>

NHS Education for Scotland (2017) *The prevention and management of pressure ulcers: an educational reference book* **available at:** https://www.nes.scot.nhs.uk/media/3978822/pressure_ulcers_reference_book_dec_2017_-_final.pdf

NICE (2017) *Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition* **available at:** <https://www.nice.org.uk/guidance/cg32/resources/nutrition-support-for-adults-oral-nutrition-support-enteral-tube-feeding-and-parenteral-nutrition-pdf-975383198917>

NICE (2020) *Stoma care* **available at:** <https://bnf.nice.org.uk/treatment-summary/stoma-care.html>