



Intimate & Personal Care Procedure

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<input type="checkbox"/> Board of Management <input type="checkbox"/> All Staff <input type="checkbox"/> ET/SLT <input type="checkbox"/> Head Office Managers <input type="checkbox"/> Head Office Staff <input type="checkbox"/> Finance <input type="checkbox"/> Housing <input type="checkbox"/> Asset <input type="checkbox"/> ICT		<input type="checkbox"/> OD <input checked="" type="checkbox"/> Compliance <input type="checkbox"/> All Care & Support <input checked="" type="checkbox"/> C&S Managers (RM,OM, CSM) <input checked="" type="checkbox"/> C&S Staff <input type="checkbox"/> Contractors <input type="checkbox"/> Agency Staff <input type="checkbox"/> Unite the Union <input type="checkbox"/> Employee Voices Group <input checked="" type="checkbox"/> Other: <u>_Speak Out Group_</u>	

Version Control

Date	Owner	Version	Reason for Change
Aug. 2023	Sean Taylor	4.0	Note that review date set to align with CS02 and CS02a Cyclical Review
Apr. 2020	Nikki Fildes	3.0	Scheduled review

Summary of Changes

Section	Change
All	Updated to reflect AIMS, minor amendments to terminology and Management roles Removal of Good Life Plan documentation references. Good Life Support Plan / R&V references added where required.



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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 Support Plan / R&V (Risk & Vulnerability) information stored digitally on Ark Information Management System (AIMS).

2.0 Learning & Development Requirements

2.1 Training

Care & Support staff will be trained in specific aspects of intimate personal care required for their job role, for example management of pressure sores or stoma care. Training may include an assessment of competence to be completed. Support workers have a duty to identify the changing needs of supported people, highlight these to their line manager where training or multi-disciplinary involvement is required. Where there are new and complex intimate and personal care support requirements, staff must ensure these are discussed with their line manager. Care & Support Managers (CSM) should raise this to their Operation Managers (OM), Regional Managers (RM) and the Learning and Development team to ensure robust training and quality assurance is considered; and to enable appropriate skills development and maintenance to mitigate risks to supported people, staff and Ark. It is the responsibility of the Care & Support Manager (CSM) to liaise with local authority health and social care partnerships to source relevant training, with support from Ark's Learning & Development team if required. Training will be recorded as complete in individual training records.

There is a shared responsibility of local health and social care partnerships to identify changing needs of supported people and where possible provide appropriate training to Ark staff.

Mandatory training such as 'Adult Support & Protection', Ark Medication, NES; IPC, Continence and Catheter Care and Personal Care modules (see appendix 1) 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.

2.2 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 nutrition, 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**

2.3 Dysphagia and choking risks

Supported people at risk of choking, whether through dysphagia or any other reason, must have input from SaLT. The Good Life Support Plan / R&V 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 E-Learning training "Eating and Drinking Safely awareness" and subsequently the E-Learning module and associated documentation for "Dysphagia" when it has been identified that a person is at risk of choking.

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: **CS25 & CS25a – People at Risk of Choking** Policy & Procedure

2.4 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.

3.0 Personal Care

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, intimate hygiene and application of topical creams/ointments. It also includes when supported people require supervision to carry out these tasks themselves.

3.1 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 Support Plan / R&V and followed when supported with tasks. These may be very simple preferences that help the individual feel good like a weekly facial cleansing routine, or more complex, like the tasks being completed in the same order to help the individual predict what is coming next. Good Life Support Plan / R&V 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 control with regards to their rights to make choices 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)

4.0 Consent and capacity

4.1 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 / R & V 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/Operations Manager. Note that this may be an Adult Support & Protection issue; see **G57a Adult Support & Protection**

4.2 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 (Adults with Incapacity (Scotland) Act 2000), 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)

5.0 Protecting people

5.1 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, especially in intimate areas.

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. Staff must follow this in line with the Infection Prevention and Control Manual (IPC). Supported people may also opt for staff and / or themselves to wear a face mask even where this may not be necessary.

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.

There may be situations where a supported person requires medication to be applied to intimate areas such as topical creams and pessaries to treat invasive fungal infections. In such cases the person must be assessed if they are able to do so independently and safely. GP's, District Nurses or other Health Professional will be involved in this assessment. See: **CS08a Support with Medication Procedure.**

The support an individual needs with personal or intimate care must be recorded in their Good Life Support Plan / R&V. 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 in the Good Life Support Plan / R&V and should evolve over time.

5.2 Hygiene

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

Continence aids, soiled clothing, bedding or bodily fluids 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. Where catheters are required the [catheter passport](#) is a recognised tool, support should be sought from the local health partnership to provide training and assist in completing this passport.

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.

6.0 Implementation and Review

6.1 Implementation

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

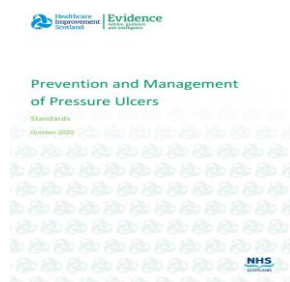
6.2 Review

Ark Regional 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.

6 monthly reviews are carried out between Ark, the supported person and any other relevant stakeholders. This will highlight any areas of concern where there is requirement for any adjustments to supports.

Appendix 1 – Further reading

Healthcare Improvement Scotland (2019) *Prevention and management of pressure ulcers: Standards October 2020* (click image below to open):



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 (2022) *The prevention and management of pressure ulcers: an educational reference book* **available at:** [Prevention and management of pressure ulcers : reference book | Turas | Learn \(nhs.scot\)](https://www.nhs.uk/learning-and-development/learning-objects/pressure-ulcers-reference-book)

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>

NES: Continence and Catheter Care <https://learn.nes.nhs.scot/Scorm/Launch/59275>

NES: Personal Care <https://learn.nes.nhs.scot/Scorm/Launch/59276>