

CC88 - Supporting Independence in Personal Care Policy and Procedure

Category: Care Management Sub-category: Care Practice







Policy Review Sheet

Review Date: 14/06/17 Policy Last Amended: 14/06/17

Next planned review in 12 months, or sooner as required.

Note: The full policy change history is available in your online management system.

Business Impact:	Low	Medium	High	Critical
	X			
Minimal action required circulate information amongst relevant parties.				

 Reason for this review:	New Policy
 Were changes made?	Yes
 Summary:	A policy to clarify how providers must meet the expectations of the Mental Capacity Act 2005 when personal care is given in the absence of capacity to consent to it.
 Relevant Legislation:	<ul style="list-style-type: none"> • The Care Act 2014 • Care Quality Commission (Registration) and (Additional Functions) and Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012 (Amendment to Parts 4 & 5) • The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 • Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015 • The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015 • Mental Capacity Act 2005 • Mental Capacity Act Code of Practice
 Underpinning Knowledge - What have we used to ensure that the policy is current:	<ul style="list-style-type: none"> • Office of the Public Guardian, (2016), <i>Mental Capacity Act 2005, Code of Practice</i>. [Online] Available from: https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice [Accessed: 14/06/2017]
 Suggested action:	<ul style="list-style-type: none"> • Notify all staff of changes to policy • Share 'Key Facts' with professionals involved in the service • Share 'Key Facts' with people involved in the service • Discuss in team meetings • Discuss in supervision sessions • Confirm relevant staff understand the content of the policy • Encourage sharing the policy through the use of the QCS App

CC88 - Supporting Independence in Personal Care Policy and Procedure

This page is deliberately left blank

CC88 - Supporting Independence in Personal Care Policy and Procedure

1. Purpose

1.1 To ensure Service Users are enabled to be as independent as possible in achieving personal hygiene that supports good health.

1.2 To ensure compliance with the Mental Capacity Act 2005.

1.3 To support Eleven Sisters Community Support Services Ltd in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
EFFECTIVE	E7: Is consent to care and treatment always sought in line with legislation and guidance?
CARING	C3: How are people's privacy, dignity and independence respected and promoted?

1.4 To meet the legal requirements of the regulated activities that Eleven Sisters Community Support Services Ltd is registered to provide:

- The Care Act 2014
- Care Quality Commission (Registration) and (Additional Functions) and Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012 (Amendment to Parts 4 & 5)
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice

2. Scope

2.1 The following roles may be affected by this policy:

- Registered Manager
- Other management
- Nurse
- Care staff
- Activities

2.2 The following people may be affected by this policy:

- Service Users

2.3 The following stakeholders may be affected by this policy:

- Commissioners
- External health professionals
- NHS

3. Objectives

3.1 Service Users remain as independent as possible.

3.2 Carers promote independence of Service Users.

3.3 Decisions about provision of personal care support are made either with the agreement of the Service User or in compliance with the Mental Capacity Act 2005 and the Care Act 2014.

CC88 - Supporting Independence in Personal Care Policy and Procedure



4. Policy

- 4.1 Service Users are given all possible help to maintain their independence in self-care and personal hygiene.
- 4.2 A Service User's right to dignity and privacy should be respected by staff.
- 4.3 Where Service Users might lack mental capacity to consent to support with personal hygiene, decisions and actions are made in accordance with the Mental Capacity Act 2005.



5. Procedure

- 5.1 Where Service Users are aged 16 and above, staff work within the five statutory principles of the Mental Capacity Act at all times.
- 5.2 Care Plans outline ways to enable Service Users to manage their own personal hygiene as far as possible; this includes ensuring the availability of walking aids, good signage and lighting for toilets and washing facilities, and giving tactful reminders when appropriate.
- 5.3 Care Plans are updated when necessary to provide up to date guidance on Service Users needs for assistance to maintain adequate personal hygiene.
- 5.4 Care Plans evidence how staff have sought to align support with the personal wishes, preferences and cultural background of each Service User.
- 5.5 Care Plans evidence up-to-date assessments of relevant specific needs regarding skin integrity or health problems such as diabetes or skin disorders, with information about how these are to be managed.
- 5.6 Care Plans show evidence if a specific Service User lacks capacity to consent to or refuse personal care when this is necessary for health. This will include evidence, where appropriate, of efforts that have been made to improve their capacity for these decisions.
- 5.7 Good practice to ensure maximum possible privacy and dignity for Service Users when providing personal care and intimate personal care is to encourage one-to-one support as much as possible. Where additional support is required for moving and handling or to ensure safety, this should be for as short a duration as possible as determined in a risk assessment.
- 5.8 Where Service Users lack mental capacity to consent to personal care, including intimate personal care, decisions must be made in accordance with the Mental Capacity Act 2005.
- 5.9 Where restraint is necessary in the absence of consent, it will be the lightest possible, for the shortest possible time, to meet the Service User's need. It must be recorded with evidence of why it is **necessary** to prevent harm to the person and a **proportionate response** to the likelihood and seriousness of that harm.
- 5.10 Even where Service Users lack capacity to consent to personal care interventions, they are to be given as much choice as possible in how the care is given, and what products are used, taking account of their known wishes and preferences.
- 5.11 Male Service Users are not made to be clean-shaven when this is not what they want. In particular, restraint is never to be used to achieve a 'cosmetic' aim such as a clean-shaven face.

CC88 - Supporting Independence in Personal Care Policy and Procedure



6. Definitions

6.1 Personal Care

- Any help with dressing, bathing or showering, brushing, washing or cutting of hair, trimming of nails, and removal of unwanted hair

6.2 Intimate Personal Care

- This refers specifically to care given when a person is incontinent of urine or faeces, and refers to the cleansing required to enable Service Users to be comfortable and socially acceptable, while protecting skin from risk of breakdown

6.3 Restraint

- The MCA defines restraint as 'the use or threat of use of force, to make someone do something they are resisting, or restricting their freedom of movement whether they are resisting it or not.' Hence restraint is often used when providing personal care to someone who lacks capacity to consent to it

6.4 Mental Capacity

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

6.5 Best Interests

- When a Service User lacks capacity to consent to personal care or intimate personal care, this can only be given if it is in their best interests
- The MCA Code of Practice Chapter 5 outlines how to make a best interests decision



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Personal care, including intimate personal care, can only be given either with the consent of an individual Service User or in accordance with the MCA
- Any care intervention in the absence of capacity must be decided by following the MCA best interests decision-making process
- Where a Service User lacks capacity to consent to personal care, and restraint is needed for its administration, this is lawful provided it meets the best interests requirements together with two extra conditions: it must be necessary to prevent harm to the person and be a proportionate response to the likelihood and seriousness of that harm



Key Facts - People Affected by The Service

People affected by this service should be aware of the following:

- Personal care, including intimate personal care, can only be given with your consent or, if you lack capacity to make this decision, a best interests decision may be made as discussed in the MCA
- Even if you lack capacity for this decision, your wishes and feelings must be honoured as far as possible in the way you are given personal care
- Staff must always protect your right to privacy and dignity when giving you personal care

CC88 - Supporting Independence in Personal Care Policy and Procedure



Further Reading

As well as the information in the 'Underpinning Knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

- The Guide to the Handling of People – a systems approach (Sixth edition)



Outstanding Practice

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

- Staff do all they can to respect Service Users' preferences about their own personal care, for example by following wishes about when and how personal care is given
- Care Plans show attempts to learn from relatives or other carers how to give personal care in a way that the Service User will find acceptable
- The wide understanding of the policy is enabled by proactive use of the QCS App