

**BUDDIES COMMUNITY CARE LTD.
SUPPORTING INDEPENDENCE IN PERSONAL CARE POLICY**

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1. Introduction

It is important that people remain as independent as possible while in any level of care. Staff should always promote independence when it is safe to do so and any decisions about personal care should be made in agreement with the person. Where this is not possible, decisions should be made in line with the Mental Capacity Act 2005 and The Care Act 2014.

2. Policy Statement

This policy provides best practice guidance to ensure that BUDDIES meet current legal and ethical care quality standards. BUDDIES will ensure that these standards are consistently adhered to when helping clients maintain personal independence. We will also support staff members in finding additional support and guidance where needed.

3. Scope

This policy and the procedures apply to all staff members who support the clients in our care. It may particularly affect the Registered Manager, as well as any other managers, nurses, staff and clients. Other stakeholders, such as commissioners, external health providers and the NHS, may also be impacted by policy changes. The Registered Manager is responsible for ensuring that the principles within this policy are observed.

4. Definitions

Personal care: any help with dressing, bathing, showering, brushing, washing or cutting of hair, trimming of nails, removal of unwanted hair.

Intimate personal care: care relating to incontinence of urine or faeces. Cleaning a person so they are comfortable and protecting their skin from breaking down.

Restraint: defined as '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 or not' (MCA, 2005).

Mental capacity: capacity is always decision-specific and time-specific. It should be continuously assessed and based around whether the person can consent to help with personal care at the time that that particular decision needs to be made. Clients must not be assessed as lacking capacity for a decision until all practical attempts have been made to help them make that decision.

Best interests: when a client lacks capacity to consent to personal care it can only be given if it is in the persons best interests. Chapter 5 of the MCA Code of Practice outlines how to make a best interest's decision, see also the Advocacy and Decision-Making Policy.

5. Procedure

All staff must always work within the five statutory principles of the Mental Capacity Act 2005. Failure to do this could result in disciplinary procedures under BUDDIES Disciplinary Policy or criminal charges being brought by the Police or Crown Prosecution Service.

Please refer to the Mental Capacity Policy or the appropriate legislation for a more comprehensive overview

6. 5 Principles of Mental Capacity Act

Presumption of capacity

This means it is assumed that everyone has capacity until proved otherwise. A lack of capacity should not automatically be assumed simply based on a person's age, appearance, condition or behaviour. Similarly, just because a person has lacked capacity to make a previous decision, this does not necessarily mean they cannot make the decision in question.

Support to make a decision

All practical steps should be taken, to help the person make the decision themselves before treating them as unable to make the decision. This means in practice it is important to consider how and when the person is being asked to make the decision. Is there a time of day when they are more alert? What is the most appropriate way to communicate with them? Have they been provided with all the relevant information? Can location have an effect? Do they need assistance from someone?

Ability to make unwise decisions

A person is not to be treated as unable to make a decision, merely because they make an unwise decision. This is where the focus of assessing a person's capacity needs to be based on how the person makes the decision, rather than the decision they make. In effect, the decision itself should be irrelevant.

Best interest

This requires that if a decision is made (or an act done) on behalf of a person who does not have mental capacity, then it must be made (done) in their best interest.

Least restrictive

If a decision is made (or an act done) on behalf of a person who does not have mental capacity, it should ideally be the least restrictive option of the person's rights and freedoms. Other less restrictive options should be considered and applied if at all possible.

7. Care Planning

Care plans must include ways to enable clients to manage their own personal hygiene as much as possible. They should include the availability of physical and communication aids. They should include personal preferences around care.

All care plans must be regularly updated to ensure that current guidance is followed when providing personal care.

All staff must ensure that care plans demonstrate how support has been aligned with the client's personal wishes, preferences and cultural background. They should also include up to date information on needs relating to skin integrity and health problems, such as diabetes or skin disorders, as well as detailing how these conditions are to be managed.

If a client lacks capacity to consent or refuse personal care their care plan must specify how they should be supported in improving their capacity for those decisions.

8. Privacy and Dignity

You should try to make any area where personal care is provided, as private as possible, to maintain the person's dignity and intimate personal care should be given on a 1:1 basis, where possible.

Where additional support is needed to move the client, this should be done as safely as possible and for the shortest duration possible. The client's risk assessment should be used to guide decision-making. All staff must be trained in using any equipment such as hoists or lifts.

9. Gender of Care Staff

Where possible BUDDIES will aim to provide staff of a gender to suit the preference of the client especially to assist with intimate personal care needs. This should be discussed during the initial assessment. BUDDIES acknowledges this may not always be feasible.

10. Use of Restraint

If restraint is ever necessary in the absence of consent, it must be for the shortest duration and at the lightest possible level to meet the client's care needs. It must be recorded with evidence of why it was necessary to prevent harm and why the response was proportionate to the likelihood and seriousness of the potential harm.

Clients should be given as much choice as possible on how care is provided, even if they lack capacity to consent to personal care interventions. For instance, men should not be made to be clean shaven if they do not want to be, and restraint should never be used to achieve a cosmetic improvement, such as a clean-shaven face.

Please refer to BUDDIES Restraint Policy.

11. Monitoring

Compliance with this policy will be monitored through routine auditing as well as client, family and staff feedback.

12. Related Policies

- Advocacy and Decision-Making Policy
- Care Planning Policy
- Mental Capacity Act and DoLS Policy
- Positive Behaviour Support Policy
- Safeguarding Policy

13. Legislation and Guidance

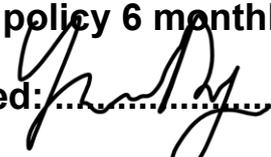
Relevant Legislation

- 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 and 5)
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
- Mental Capacity Act 2005

Guidance

- Mental Capacity Act Code of Practice online:
<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>
- Office of the Public Guardian 2016

14. BUDDIES COMMUNITY CARE LTD aims to review this policy 6 monthly.

Signed:  (Managing Director)

Date: 07TH JUNE 2024