

Shared Lives South West

Training Resource

This Training Resource must be read in conjunction with:

- SLSW Carer Agreement
- SLSW policies as outlined below
- SLSW Carer Handbook
- SLSW Safeguarding Booklet

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Carer Applicants will be issued with a workbook containing questions. The questions can be answered by reading this Training Resource & associated SLSW policies which can be found in the SLSW Carer Handbook.

1. Health and Medication

(To be read in conjunction with SLSW Control of Medication policy – P14)

Shared Lives Carers need to uphold the rights of the people they support, this includes their rights over their health and medication which include:

- To register with a GP of their choice
- To choose which Pharmacy they use
- To receive medication as prescribed and to know what medication it is and what it is prescribed for
- To refuse medication
- To talk with health professionals in private
- To be as independent as possible with administering their own medication
- To have information about the health conditions, illnesses, medication and potential side effects in an accessible format
- To have medication review at least annually
- To have recognition from others that medication belongs and is the property of the person it is prescribed for.

Registering with a Doctor

When a new permanent placement is made within your home you will be expected to support the individual to contact a GP Surgery of the individual's choice within your catchment area to arrange for them to become registered there.

Changing Health Needs

If the health needs of an individual placed with you changes you need to let Shared Lives know, as some changes to health will affect the level of support you are then needing to provide, including potential medical intervention e.g. administering insulin. To undertake such tasks as this you will require specific training if the person is not able to carry out the task themselves which Shared Lives also needs to know about so we can ensure you are adequately supported.

Administering medication

People living within Shared Lives may be prescribed medication to aid them in managing different health conditions. It is important to encourage and empower people to take responsibility for their own medication where possible.

It may be that with some support such as aiding someone to set up an alarm to remind them to take their medication that they are then able to be independent in self-administering their medication. Some people are able to administer their own medication, but not able to order it, or able to use an inhaler themselves when needed but forget to take their tablets. Support around medication should be person-centred to ensure people are as independent as possible.

When a carer administers medication for someone there are several factors that the carer needs to think about.

The 8 R's

- **Right Person** – Ensure that you are administering the drug to the person it is prescribed for.
- **Right Time** – Ensure that you are administering the medication at the right time, some medications are very time specific and need to be taken within a small window of time. Some need to be taken with/before/after food.
- **Right Medication** – Check that you are administering the right medication, different tablets can look very similar and it can be easy to make mistakes if not careful. Check the prescription against the label on the medication packet/box. Check you are administering it in the correct form. For example tablets should not be crushed or added to food without specific reason which the prescriber needs to agree is ok to do. This authorisation needs to be given in writing before you can give altered medication.
- **Right Dose** – Check that you are giving the right dose of the medication, depending on the type of medication this may be checking the measurements of liquid.
- **Right Route** – Check how the medication is to be taken, for example it could be oral or nasal or applied to the skin.
- **Right Reason** – Make sure you are administering for the right reason, why is this medication prescribed? What does it do? Is it PRN (take as required)? Should the medication be reviewed?
- **Right Documentation** – Make sure you are checking the right information, and ensure that you record the administration of the medication on a Medication Administration Record (Known as a MAR sheet). You need to do this for any type of medication given.
- **Right Response** – Make sure that the medication does not cause adverse reactions, ensure you monitor for any unwanted side effects.

Please seek advice if in doubt about medication prescribed, instructions, side effects or any other concerns you may have. Always read the information issued with all medication and follow good hygiene practice such as washing hands and not handling medication unnecessarily.

Refusal of Medication

Gain consent from the person that they are willing to take any medication if possible before you take medication out of its packaging, as this saves on spoiled medication needing to be returned to the pharmacy to be destroyed. If someone refuses medication, then speak to a pharmacist or GP for advice, let Shared Lives know that the person has started to refuse their medication if it happens a few times, or is a

significant medication such as an anticonvulsant tablet. It is important to remember that everyone has the right to refuse. There may be a particular reason why the person no longer wishes to take specific medication such as side effects, not understanding what it is for, or struggling with swallowing it.

Missed Medication

People may sometimes miss taking their medication, this could be due to being asleep, unwell or just by accident. It is usually acceptable for most medication to be taken up to two hours late but always check the Patient Information Leaflet that comes with any medication. It is important to check whether it is ok to take the medication when remembered as accidental overdosing of medication can occur if medication is taken too close together in time. Sometimes it is advised to omit the missed dose and continue as normal with the next dose and time.

Certain medication such as anticonvulsant medication prescribed for epilepsy if not taken could lead to an increase in seizure activity and some medication is time specific so if missed ring the GP, or pharmacist and follow their advice. You need to record any missed medication on the MAR sheet.

Medication Errors

If you have made any medication errors you need to seek immediate advice if it is likely that you have given someone the wrong medication or too much medication. Report to the GP, 111 or the emergency services to gain advice on any remedial action needed. An accident/incident form should be completed and sent to Shared Lives and you must advise Shared Lives as soon as possible after the incident.

Types of Medication

Prescription only (POMs)

Prescription only medication can only be obtained through a pharmacist after a prescription has been completed by a medical professional such as a GP, dentist or specialist nurse.

Pharmacists issue medication as instructed by the prescriber for the person named on the prescription only, and it should only be taken or used in accordance with the instruction given. If administering medication or supporting someone to administer their own medication you will need to record this.

Over the Counter Medication (OTC)/ Pharmacy Medication (P)

Over the counter medication is medication you can obtain through a pharmacist without the need for a prescription. The pharmacist will talk through what the medication is intended for and ask questions about your health, and whether you are taking any other medication to check that it is safe for you to take. You can only give this medication to people you support following guidance or advice from the GP,

health specialist or pharmacist. These medications are referred to as “non-prescribed” or homely remedies. You will need to record any use of these.

General Sales List Medication (GSL)

Medication such as paracetamol that you can purchase from a shop without needing to speak to a pharmacist or needing a prescription as classified as General Sales List medication, also known as homely remedies. If you support someone to take their medication consult with a GP or pharmacist before administering any homely remedies. You will need to record any use of homely remedies on a MAR sheet.

Controlled Drugs

Controlled drugs have strict legal controls needed as these medications can cause issues such as dependence (addiction) or harm if not used properly. Sometimes these medications are used illegally and have high street value so strict rules are in place to ensure they are only used as intended by the person they are prescribed for. In some support services controlled drugs are stored in very secure conditions and need two people involved in any task involving the drug. In Shared Lives as it is a family environment the same strict rules do not apply. Controlled drugs should be stored securely if possible, and Shared Lives South West need to be informed if someone is prescribed any type of controlled drug, you need to seek clarification and instruction from the prescriber in relation to storage, administration, disposal and what to do if any go missing.

Covert Medication

Covert medication is a term used to describe administering medication to someone without their knowledge. Covert administration of medication is not acceptable as the person has not consented to this and it counts as a form of physical abuse. There are some situations where covert medication is seen as being necessary and in a person’s best interests. You can only give medication covertly if a capacity assessment and best interest decision is made with the relevant persons, the decision maker would be the prescriber of the medication. Shared Lives Carers are unable to give medication covertly until this process has taken place and written confirmation from the prescriber is obtained. The prescriber should also explain how the medication can be given as some types may not be able to be crushed or mixed with other substances.

Ordering and Collecting Medication

When necessary the carer should support the individual to order and collect any medication prescribed or required. Different GP practices have different systems in place for the ordering and re-ordering of medication.

Some points to consider are:

- Ensuring the person has enough medication, ordering prescriptions within the required timeframe.
- Planning ahead for any holidays or trips away.
- Only ordering medication when required as to prevent large quantities of unneeded medication from accumulating.
- Check the order is correct when collecting, that the medication given matches the prescription and inform pharmacist of any errors.
- Check that the new medication is labelled correctly and refuse to accept any medication that is not labelled with the individual's details.
- Ask about any medication given that looks different from the previous prescription.

Storage of Medication

As Shared Lives placements are within a family home there is some flexibility about where and how to store medication. Medicines should not be kept in places that are easily accessible by children or areas which are subject to damp, steamy, or hot conditions i.e. bathroom cabinets or next to the boiler. If individuals are able to store their medication safely themselves then this should be encouraged. Medication should be kept out of reach and sight of children, and not left in direct sunlight

Recording of Medication

When Shared Lives Carers administer medication this must be recorded on a MAR sheet/chart (Medication Administration Record). You can initial the relevant box on the form when medication is administered, if medication is refused/ not taken/given this needs to also be recorded. *See example below.*

These can be produced by the pharmacy, or supplied by Shared Lives South West for a carer to fill in themselves.

MAR sheet/charts should detail the following information:

- **Person's details:** -Full name, date of birth, known allergies or sensitives, address, and GP information
- **Medication details:** - Names of each medications prescribed (including creams), strength of medication, dosage, form (e.g. tablet), route (sometimes stated if not oral medication) how often it is given, time to be taken, and any special instructions on how the medication should be taken.

Disposal of Medication

Medication needs to be disposed of if it has been spoiled or damaged, is no longer required or has reached its expiry date.

Medication should be returned to a pharmacy or your GP Surgery for disposal with information about what the medication is, the dosage and quantity of the medication, the date returned. This should be signed on receipt at the GP's or pharmacy.

Adverse Reactions

An adverse reaction is an unwanted or harmful experience to a medication. Adverse reactions can develop soon after taking a medication, or up to two weeks after taking certain medications.

Anaphylaxis is a dangerous adverse reaction that is life-threatening. It requires immediate treatment. It includes tightness in the throat, difficulty in breathing, dizziness and wheeziness. You must call an ambulance immediately.

Severe reactions can also include skin blistering, vision problems or severe swelling and itching. Call 111 and follow the instructions given.

Hospital Passports

A Hospital Passport is a document that has information about a person and their health needs. It also contains information about how best to communicate with the person, any likes or dislikes the person has and any interests. It is good where possible to make sure the person you support has an up to date hospital passport that they can take with them if they do need to go to hospital, as staff can then check it and use the information to help engage with the person and keep them calm.

EXAMPLE

Medication Administration Record

Name: Mr A Person **Date of Birth:** 01/01/1950 **Address:** 1 Street, Town **Doctor:** Dr Who, Tardis Surgery,

Carer: Mr Carer **Month:** May **Start Day:** 1/5/2020 **End date:** 28/05/2020

Allergies/Hypersensitivities: Penicillin, Bad Puns

		Week 1						
Medication	Time	1	2	3	4	5	6	7
Metformin 1 x 500mg Tablet To be taken twice a day with food	Breakfast	kh.	kh.	kh.	kh.	kh.		
	Dinner	kh.	kh.	R	kh.			
Paracetamol - PRN 500mg tablet One or two tablets to be taken relieve pain every 4 hours as required. No more than 4 doses in 24 hour period				kh.				
				9pm				

Notes – 03/05/2020 Refused metformin at dinner. 03/05/2020 Given paracetamol for headache at 9pm

Nutrition and Hydration

Eating a healthy and balanced diet helps people to maintain good health and can help people to feel good.

Controlling portion sizes so that they are not too large or small, and eating a variety of different types of food helps to achieve a healthy immune system and healthy weight.

People who have certain conditions, certain prescribed medications or special dietary requirements should gain advice from their GP, a registered dietician or other specialist.

The NHS states to have a healthy diet you should try to:

- Drink plenty of fluids
- Eat at least 5 portions of fruit and vegetables a day
- Consume dairy or dairy alternatives
- Eat some protein such as meat, fish, beans, eggs or pulses
- Meals should have a base of high fibre carbohydrates such as bread, potatoes, rice or pasta
- Use unsaturated oils and spreads in small amounts
- Avoid having too many meals or large quantities of foods high in fat, salt or sugar.

Most people who live in the UK have unhealthy diets which consist of too many calories, high levels of sugar and salt and saturated fat, and not enough fruit, vegetables, fibre or oily fish.

Hydration plays a big part in keeping us healthy, as our body needs fluid to carry out basic processes that enable it to function correctly. It is recommended for people to drink 6- 8 glasses of fluids a day.

Poor Nutrition and Hydration

Around a third of people admitted to hospital in the UK have poor nutrition or are malnourished or dehydrated.

Poor nutrition from not having a healthy and varied diet can cause the following health issues:

- Muscle weakness
- Increased infections and slow healing of wounds
- Constipation
- Gaining or losing weight
- Depression
- Feeling tired all the time and sleep difficulties
- Lack of energy

Poor Hydration from not drinking enough fluids, or from having several drinks that can actually dehydrate you (such as alcohol) can cause:

- Constipation
- Kidney stones and infections
- Poor wound healing and low immune system
- Headaches, tiredness and confusion
- If severely dehydrated blood circulation can be affected and kidneys can fail to function.

Supporting People to Eat and Drink

Some people require support to help them eat or drink, this can be because of several different factors such as having dementia, having swallowing difficulties (dysphagia), not being able to physically prepare meals or drinks themselves or bring them to their mouth themselves, having a visual impairment or having difficulty with chewing food due to dental issues.

The level of support people may need will vary from person to person, and any support should be person centred ensuring the person's dignity and right to choose is upheld, as well as encouraging people to be as independent as possible where safe to do so. It is important to follow any guidance or instruction received in aiding people to manage their nutrition.

Some people may have specific guidance issued by speech and language therapists in how to aid them to eat safely and what to use if different equipment is needed, such as two handled cups, plate guards, special cutlery or non-slip mats.

If you have concerns that an individual is not eating or drinking enough despite being encouraged and supported, you should discuss your concerns with your SLC. Advice may be sought from a specialist such as a dietician, nutritionist or a speech and language therapist.

Culture, religion, beliefs and preferences

It is important when supporting an individual to manage their nutrition that their religion, beliefs, preferences, and culture are taken into account. This could include people choosing not to eat meat/fish/dairy or consume alcohol or caffeine or other products. It is important to remember that every individual is different in how they practice their religious or belief system, and their ethical decision making.

Weight

The Body Mass Index is a tool that can be used to see if you are within a healthy weight range for your age, gender and height. There are free calculators online including on the NHS website to help you calculate your BMI. If your BMI is within the range of 18.5 – 24.9 then your weight is deemed healthy, below and you are

underweight, above you are overweight. If your BMI is above 30 then you are in the obese range.

If you are overweight you are at a higher risk of developing serious health issues such as type 2 diabetes and some types of cancer. You are also at higher risk of having a heart attack or stroke.

If you are underweight it can cause you to have a weakened immune system, fertility problems and nutritional deficiencies.

Other Health Related Support

You will receive training relating to the specific needs of the people who are placed with you, such as Epilepsy, Autism, Dementia, or Mental health. Your SLC will help you identify which training you need in any of these areas and support. If you believe the needs of the person / people placed with you have changed and you required training in order to support them, please talk to your SLC.

2. Mental Capacity Act (Refer to SLSW Policy – P03)

The Mental Capacity Act (MCA) came into force in 2007 and applies to all people who are 16 years old and above. The Mental Capacity Act aims:

- To empower and uphold rights of people to be able to understand and make decisions for themselves wherever possible.
- To enable people to plan ahead in case they are unable to make important decisions for themselves in the future.
- To discourage anyone who is involved in caring for someone who may have limited capacity from being overly restrictive or controlling.
- To balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack capacity to make decisions to protect themselves.

What is Mental Capacity?

Having mental capacity means that a person is able to make their own decisions, this includes a person:

- Understanding information,
- Retaining the information,
- Being able to weigh the different options,
- Communicating their decision.

Some people's capacity to make decisions may fluctuate due to a health condition, medication taken or other factors. This means we may need to look at assessing their capacity at a particular time as lack of capacity may not be a permanent condition.

The Five Principles of the MCA

1. Every adult has the right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that people cannot assume that someone cannot make a decision for themselves because of a particular diagnosis.
2. People must be supported as much as practicably possible to make a decision themselves. This means that you should make every effort to encourage and support the person to make the decision for themselves. If a lack of capacity is then established, it is still important that you involve the person as far as possible in making decisions.

3. People have the right to make what others may see as unwise or poor decisions. Everyone has their own values, beliefs and preferences and choices. You cannot treat someone as lacking in capacity due to these differences.
4. Anything done for or on behalf of a person who lacks capacity must be done in their best interests, and not influenced by what other people would prefer for the person.
5. Anything done for or on behalf of a person who lacks capacity should be the least restrictive and interfere least with their basic human rights and freedoms.

Two Stage Functional Test

Assessing someone's capacity should be **decision specific** and **time specific**. People cannot be seen as lacking capacity in general for every decision in their lives. You cannot also decide someone lacks capacity due to their age, condition, how they present themselves or their behaviour alone.

There are two main stages to assessing capacity which are:

Stage 1. Is there an impairment of or disturbance in the functioning of a person's mind or brain? If yes move to stage 2

Stage 2. Is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

The MCA says that a person is unable to make their own decision if they cannot do one or more of the following four things:

- Understand the information given to them
- Retain that information for enough time to be able to make the decision
- Weigh up the information available to make an "informed" decision
- Communicate their decision – remember that people communicate in different ways. Wherever possible the person should be able to communicate in their preferred method.

Any assessment made must be on the balance of probabilities – is the likelihood that the person doesn't have capacity or that they do. You need to be able to explain the reason why you have reached the decision that someone is lacking capacity to make a specific decision.

Helping People to Make Decisions for Themselves

When a person you support needs to make a decision, you must start from the assumption that the person **has capacity** to make the decision. You should make every effort to encourage and support the person to make the decision themselves. You will have to consider a number of things to help the person decide, including:

- Does the person have the relevant information needed to make the decision? If there is a choice, has information been given on the alternative options?
- Could the information be explained or presented in a way that is easier for the person to understand, for example; using signs, symbols, pictures, photographs, video's, or experiences?
- Are there any particular times of the day when a person's understanding is better or is there a particular place where they feel more at ease and able to make decisions? For example, if a person becomes drowsy soon after having taken their medicine, this would not be a good time for them to make a decision.
- Can anyone else help or support the person to understand information or make a choice? For example, a relative, friend or advocate.

Best Interest Decisions

If someone is found to be lacking capacity in regards to a certain decision then any action taken or any decision made on behalf of the individual needs to be made in the person's best interests. In the best interests process the person who overall makes the decision on someone's behalf is known as the "decision maker".

Depending upon the significance and impact of a decision depends on how formal the process of making a best interest decision becomes, including the recording of the decision.

Sometimes the carer for a person may be seen as a decision maker for smaller everyday decisions, if they are the best placed person to weigh up the options and make the decision. For example, if making a best interest decision as to whether someone should have a medical procedure, the decision maker should be the relevant medical professional such as the surgeon to decide whether performing the surgery is in the person's best interests or not.

When looking at making a best interest decision, the following should be followed:

- Ensure that you do not make assumptions about someone's best interests
- Consider all the relevant circumstances relating to the decision
- Consider whether the person is likely to regain capacity. If so can the decision or act wait until then?
- Ensure that you have done whatever is possible to permit and encourage the person to take part, or to improve their ability to take part, in making the decision.
- Consider the person's past and present wishes and feelings (in particular if they have been written down)
- Consider any beliefs and values (e.g. religious, cultural or moral) that would be likely to influence the decision in question and any other relevant factors.

- Decisions concerning the provision or withdrawal of life sustaining treatment must not be motivated by a desire to bring about the person's death.

Advocacy and IMCA's

Advocates can be appointed to aid people to make decisions, they are trained to aid people to understand information to help them be able to make informed decisions. They can also make sure that views of the person they support are being listened to by other people or organisations involved in a decision or situation.

IMCA's - Independent mental capacity advocates

IMCA's are seen as a legal safeguard for people who lack the capacity to make some of the bigger decisions about their lives including where they live, who they are supported by and decisions about medical treatment. IMCA's are usually involved when there is no independent representative for the person involved.

It is important to remember that dependent on the decision that needs to be made and the specific circumstances, the person may not have anyone in their life that can represent them and make a best interest decision on behalf of the person without their own bias affecting the process. This does mean that sometimes family members are not best suited to being the decision maker for the individual.

IMCA's gather information about the person and the decision that is needing to be made. They then evaluate the information and check that the person has been supported to be involved in the process as much as possible, check that all the options available have been considered and try to work out what the person's decision might be from any values, beliefs or feelings they have demonstrated, or any cultural impact.

After doing this the IMCA reports back to the people involved in the process with their findings which the decision maker needs to consider. IMCA's can also challenge decisions made where the person's best interests do not appear to have been upheld.

Mental Capacity Act Code of practice

The Mental Capacity Act code of practice or MCA Code provides guidance and information on how to apply the Mental Capacity Act when working with people whose capacity may be questioned. The MCA does not place a legal obligation onto everyone in society to follow the code, but if you fall within a certain criteria then you are legally bound to apply the code to your practice, this includes if you are a paid professional involved in the health, care or welfare of a person.

Deprivation of Liberty and Safeguards (DOLS)

Under the Human Rights Act everyone has the right to liberty and security of person. This means everyone has the right to their freedom. Deprivation of Liberty safeguards is the legal process of restricting someone's freedom when they lack capacity to consent to their care or treatment in order to keep them safe from harm, and there are no other less restrictive alternatives.

In July 2018 the Government passed a Mental Capacity (Amendment) Bill, which passed into Law in May 2019. The main amendment of the bill related to DOLS, and how going forward DOLS will be replaced by a new scheme known as Liberty Protection Safeguards which is planned to come into effect by October 2020

The Acid Test

The Acid Test which consists of two questions helps to determine whether someone is being deprived of their liberty.

1. Is the person subject to continuous supervision and control?
2. Is the person free to leave? (If they want to)

If someone is subject to this level of supervision and cannot leave freely then they are being deprived of their liberty, and the provider of care and support need to request for authorisation of the deprivations in place.

If someone lives in Shared Lives the process differs somewhat to if the person lives in a care home as a request to deprive someone of the liberty in the best interests is made to the court of protection. If you feel that the person you support could be being deprived of their liberties please inform Shared Lives as soon as possible.

Some examples of deprivations include:

- Regular use of physical restraint to control behaviour
- The person is confined to a particular place within their environment in which they are being supported
- Frequent use of sedation medication to control behaviour

Restrictive Practice (SLSW Policy P22)

The Mental Capacity Act identifies two additional conditions which must be met in order to protect staff from liability and when restraint can be used:

- You must reasonably believe that it is necessary to restrain the person who lacks capacity in order to prevent them coming to harm
- Any restraint must be reasonable and in proportion to the potential harm

Any excessive restraint could leave you liable to a range of civil and criminal charges. For instance, it may be necessary to accompany someone when going out because they cannot cross roads safely, but it may be unreasonable for you to stop them from going outdoors altogether.

Any of the restrictive practices listed below must be discussed with your SLC, agreed with the individual's social worker who will seek authorisation for any restrictive practices and detailed within their shared lives plan:

- Locked external or internal doors
- Locked cupboards
- Restriction on any part of the communal space in your home
- Restriction on the individual's personal space such as their bedroom
- Restricted access to food and drink

It is recognised that on occasions it may be necessary to either put in place restrictions or use physical intervention in an emergency. This must always be reported to your SLC and the individual's social worker for a decision on whether a Behaviour Care Plan is required.

Lasting Power of Attorney

This is a legal document that explains that you have appointed a specific person to make decisions on your behalf. This can be put in place as a way of ensuring in the future if you no longer have capacity to make your own decisions, that any decisions are handled by someone you know and trust. There are two types of LPA – One is for finance and affairs, the other is for health and welfare. For LPA's to be valid they must be registered with the Office of Public Guardian.

Advance Decisions

An advance decision is a document that outlines instructions about what healthcare or medical treatment you want to refuse in the future in case you do not have capacity in the future to make these decisions. You can only make advance decisions if you are 18 years old or more, and you have the capacity at this time to make the decisions yourself. Advance decisions can be amended at any time if you change your mind.

3. Health and Safety

Accident Prevention (SLSW Policy P25)

Accidents are a major cause of ill health, injury and death across all sectors of the population.

People placed with you may have difficulties understanding and evaluating danger and risk and what action to take in relation to any dangers. Some conditions people may have can increase the likelihood of accidents happening such as visual impairments, or mobility issues.

As a shared lives carer, you should:

- Be aware of any factors that might increase the likelihood of the person you support in experience accidents such as mobility issues, or effects of their medication
- Ensure that you sure you have the appropriate balance between promoting independence and protection from risk.
- Remember that people are entitled to make unwise decisions
- If an accident occurs, complete an accident form after any action needed is taken and send to Shared Lives, sometimes you will also need to complete a body map form.
- Inform your SLC of any serious accidents within a timely manner

Fire Safety (SLSW Policy P34)

It is important that the fire precaution arrangements in homes are maintained regularly to a high standard to safeguard people living there

Key points for fire safety:

- You should have smoke detectors fitted within your home and undertake weekly checks to ensure they are working.
- You must follow the manufacturer's advice regarding when to replace batteries.
- You must have a fire safety blanket situated in your kitchen.
- You should have a carbon monoxide detector fitted in any room with a fuel burning appliance including boilers and ovens.
- Keep keys where everyone can find them
- You must give information to anybody that lives with you or visits about what to do in the event of a fire including people knowing the best way out dependent on the location of the fire.
- Ensure that doorways and passageways in your home are kept clear.
- You must inform your SLC of any actual fires that have occurred in your home.

COSHH (SLSW Policy32)

COSHH stands for Control of Substances Hazardous to Health. Substances that are hazardous to health include any materials, substances or mixtures that are used at a place of work including a Carer's home.

These substances can cause harm through either inhalation, absorption or ingestion. They will have one or more of the following warnings on the packaging: - Toxic, Corrosive, Highly Flammable, Explosive, Harmful, Irritant, Oxidising.

Some of the most common substances hazardous to health found in a Carer's home include cleaning chemicals and medication.

- Substances must be stored safely out of sight and reach of children or others who may misuse the substances
- Substances must be stored in their original containers
- Substances should be stored, used and disposed of in line with their instructions

Food Safety (SLSW Policy P35)

Cleaning

Keeping your kitchen clean is essential to keep food safe otherwise bacteria can spread, multiply and potentially make you very unwell.

It's very important to keep all surfaces clean as if they are not clean then you could be contaminating food whilst preparing it.

Dirty, damp cloths are the perfect place for bacteria to breed, to reduce the risk of this you should clean/wash kitchen cloths and sponges regularly and leave them to dry before using them again. It is best practice to keep different cloths for different areas/tasks to reduce the spread of harmful bacteria.

Hands

Infectious agents such as bacteria spread very easily through our hands due to us touching lots of different surfaces such as worktops, food, handles. Wash your hands thoroughly when preparing food, and in between food preparation tasks to reduce cross contamination. It is also important to clean your hands using clean dry towels as bacteria thrive on moist surfaces.

Cooking

Cooking food thoroughly will ensure that any harmful bacteria is killed, and is the most effective process in destroying bacteria. Eating food that isn't cooked thoroughly could give you food poisoning.

Cooking thermometers or temperature probes can be used to check that food is cooked properly, if you don't have a thermometer check food is steaming hot all the way through before consuming. Standard advice is to cook food until it has reached 70°C in the thickest part and is kept at that temperature for at least 2 minutes.

Chilling

High risk food needs to be kept in the fridge to help stop bacteria multiplying as bacteria become dormant when at low temperatures. Such foods include those with a 'use by' date, cooked food, raw meat and ready-to-eat food such as desserts.

- The coldest part of your fridge should be below 5°C.
- Wait for food to cool down before you put it in the fridge.
- If your fridge is full, change the settings to help keep it cold enough
- Follow instructions on food packaging or labels.
- When you're preparing food, keep it out of the fridge for the shortest time possible.
- Cool leftovers as quickly as possible (ideally within 90 minutes) and then store them in the fridge. Eat any leftovers within two days, except for cooked rice, which you should eat within one day to help avoid food poisoning.
- Store raw meat and poultry in clean sealed containers on the bottom shelf of the fridge, so they can't touch or drip onto other food.
- Keep cooked food, raw meat, and fresh food separate in the fridge to reduce the likelihood of contamination from raw foods.

Keeping food in the freezer

The temperature of the freezer should be kept below -18°C.

You can keep food safely in the freezer much longer than in the fridge as the very low temperature as bacteria aren't able to multiply or produce toxins.

You can check any instructions on food labels or in your freezer's handbook to see how long food should be frozen.

- Freeze it before the 'use by' date.
- Follow any freezing or thawing instructions on the label.

Cross-contamination

Transferring bacteria from one place to another is called cross-contamination. It's very important to prevent cross contamination to help stop harmful bacteria from spreading and growing.

It's especially important to keep raw meat and fish away from ready-to-eat food, such as salad, fruit and bread. This is because these types of food won't be cooked before you eat them, so any bacteria that is transferred onto them will be consumed and could make you ill.

To help stop bacteria from spreading:

- Don't let raw meat or fish touch other food, and clean/change chopping board and utensils when switching between preparing different types of food e.g. raw meat to salad.
- Don't wash raw meat before cooking it. Washing doesn't get rid of harmful bacteria – the only way to do this is by cooking the food thoroughly. If you wash raw meat or fish you also run the risk of splashing bacteria onto worktops and utensils.

Infection Control (SLSW Policy 31)

Infections can make people very unwell, and make existing medical conditions worse. Regular contact with other members of the household, family and friends as well as sharing a living space all mean infections can easily be passed around. It is really important that steps are taken to prevent this from happening.

Certain infectious illnesses are notifiable meaning Shared Lives South West need to notify the local Health and Protection team. Some notifiable diseases are Covid-19, Legionnaires' disease, Malaria, Mumps and Plague.

Bacteria – Bacteria are single celled organisms which can live in diverse environments. Bacteria can be helpful or harmful and bacterial infections are quite common. Due to unnecessary or overuse of anti-biotics in recent year, some strains of bacteria have developed a resistance against this form of treatment, which means that these infections are now much more harmful than they previously were. This has also led to the medical industry severely reducing the amount of anti-biotics prescribed as treatment in an effort to prevent other bacterial types also becoming resistant to treatment.

- Common bacterial infections include Cellulitis, Impetigo, UTI's, pneumonia, Chlamydia.
- Common bacteria strains causing illness include: E.coli, Listeria, Salmonella, Clostridium Difficile (C Diff), Methicillin-resistant Staphylococcus aureus (MRSA)

Viruses - Viruses are another type of tiny microorganism, and are much smaller than bacteria. Unlike bacteria that can live in diverse conditions, viruses are parasitic and require living cells or tissue to grow and multiply, and produce other viruses which can kill, damage, or change cells which results in illness to the person.

- Usual treatment for common viral infections such as the Rhinovirus (common cold) is to use medications to aid with relieving the symptoms, and rest whilst the body's immune system develops antibodies to fight off the viral infection.
- Vaccinations have been developed to prevent viral infections from many different viruses such as Polio, Measles, Mumps, Rubella, and Hepatitis.
- Some anti-viral medication has been developed to help manage or fight off infection from some viruses such as HIV.

Fungi - Fungi are multicelled, plant like organisms, and there are many different types of fungus that can infect or grow on humans, some of which are harmless, but others can make us unwell. People with weak immune systems are more likely to experience more serious fungal infections.

- The most common fungal infections develop on the skin, these include Ringworm, Athlete's foot, fungal nail infections and Thrush, more severe infections include fungal meningitis.
- The treatment for most fungal infections is anti-fungal medication.

Parasites – Parasites are living organisms that live on or in a host using the host as its food source as well as habitat, and without a host the parasite cannot survive. Parasites can cause illness and harm to the host, and some can also spread diseases such as malaria or Lyme disease to the host.

- The main types of parasites that humans can get include tape worms, hookworm, pinworm, lice, scabies, bedbugs and ticks.
- There's different treatment available depending on the type of parasite including lotions and gels for parasites living on the skin, to medication you take orally to kill intestinal parasites.

Localised infection – A localised infection is an infection that originates and is confirmed to one particular area or organ of the body.

Systemic infection – A systemic infection is an infection that affects the entire body. When an infection enters the bloodstream it is seen as a systemic infection. Localised infections can develop into systemic infections.

Transmission/Spread of infection.

There are different ways that infections can spread, and some diseases are more infectious than others.

Direct contact – This includes:

- Person to Person Contact - An infected person touching or exchanging bodily fluids with another person. People can infect other people this way without knowing if they have not developed any signs of the illness yet.
- Droplet Spread – The spray of droplets during coughing, sneezing and speaking can infect other people in closed proximity.

Indirect contact -This includes:

- Airborne transmission – Some infectious agents can travel long distances and stay airborne for long periods of time. For example you can catch measles from entering a room that has had a person with measles in it beforehand.
- Contaminated objects – Some organisms can live on objects for short periods of time depending on the surface and material of the object and the particular infectious agent. If you touch an infected object or surface and then touch your eyes nose or mouth you can become infected yourself.
- Food or drinking water – If you consume contaminated food or water then you can become infected with the disease it is carrying.

- Animal to person contact – Some infectious diseases can be spread to humans by animals either from bites or scratches or from handling animal waste.
- Insect bites – Some insect bites can infect you with disease such as malaria.

Prevention of infection

There are several things people can do to reduce the transmission of infectious agents.

The best way to prevent infection from spreading is with good hygiene.

- Washing hands thoroughly for 20 seconds with warm water and soap dramatically reduces the spread of infection as it removes dirt, viruses and bacteria.
- Drying your hands after washing is also important as bacteria and other infectious agents can thrive in moist environments. It is important to ensure you dry your hands using clean materials such as paper towels, or dry fabric towels. If you are sharing a towel with others this can increase the risk of spreading infection as if someone has contaminated the towel, then everyone using that towel can come into contact with an infectious agent.
- Hand sanitiser can also be used to help ensure clean hands, but should not be used instead of washing hands. Hand sanitizer kills some but not all infectious agents.

You should wash your hands:

- After using the toilet or handling continence or sanitary products.
- Before and after handling raw foods such as meat, and between food preparation tasks.
- Before eating or handling food.
- After coughing, sneezing or blowing your nose.
- After smoking or vaping.
- After disposing of waste, touching bins.
- Before and after treating a wound such as a cut.
- After touching animals including pets.
- Before and after carrying out any personal care for other people.
- Before and after the use of any personal protection equipment in care situations.
- Before and after administering medication.
- In line with any government guidance – during the Covid-19 pandemic people were instructed to wash their hands when arriving home or at work as well as before.

Environmental cleaning

- Cleaning environments with relevant cleaning agents, and using different cloths and mops for different areas and surfaces reduces the risk of infection spreading throughout the home.
- Regularly cleaning your home is important for good infection control.
- “Deep cleaning” or more thorough cleaning should take place regularly as part of a good cleaning routine.
- You may need to clean your home or specific areas of your home more frequently if someone in the environment has had an infectious illness.
- It is important to clean points of contact regularly – these include light switches, door handles, appliance handles, tv remotes toilet handles and taps as well as other “high traffic” points of contact.

Personal Protective Equipment (PPE)

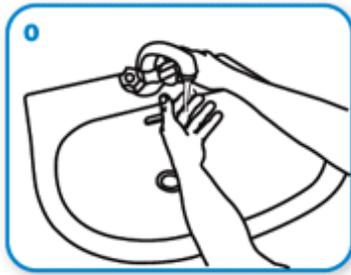
- Personal protective equipment referred to as PPE is used to create a barrier between yourself and others when the risk of infection is higher than normal day to day life. In care PPE is often used when supporting people with personal care, using the toilet or when cleaning.
- Gloves and Aprons are the most common types of PPE used in Health and Social care, although sometimes face masks and eye goggles may be seen as necessary if looking after someone with a highly infectious illness.
- PPE does not replace the need for handwashing, and without effective handwashing before and after using PPE the risk of infection does not reduce by much.
- It is important that the application and removal of PPE is carried out correctly as well to reduce the likelihood of contaminating the environment. Follow instructions for particular types of equipment to ensure effective use of PPE.

Disposal of waste

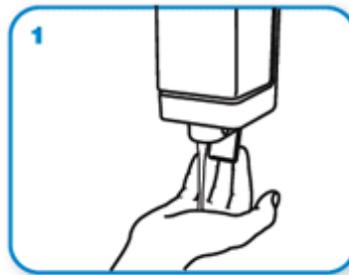
It is really important that any waste or dirtied items are dealt with correctly to prevent the risk of contamination. For example, soiled continence items should be bagged separately to general waste before being put into the bin, any PPE worn for this task should also be disposed of carefully as to not contaminate other surfaces or objects.

Pandemic Plan

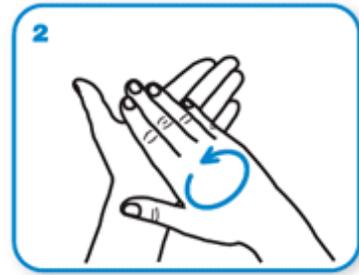
In the event of a Pandemic such as Covid-19 in 2020, Shared Lives South West will refer to their pandemic plan, and follow government guidance issued.



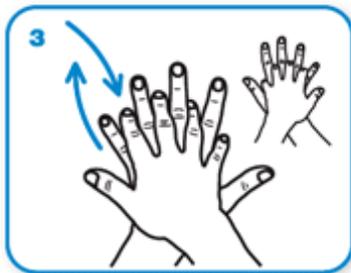
Wet hands with water



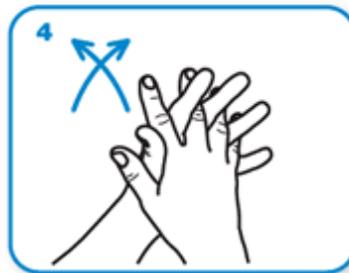
apply enough soap to cover all hand surfaces.



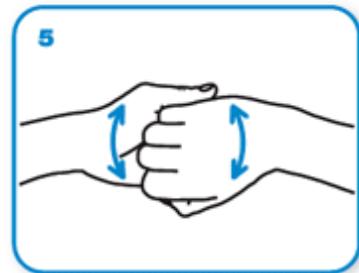
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



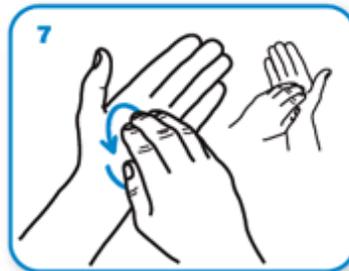
palm to palm with fingers interlaced



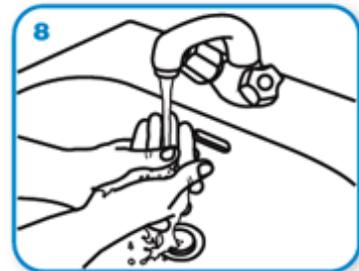
backs of fingers to opposing palms with fingers interlocked



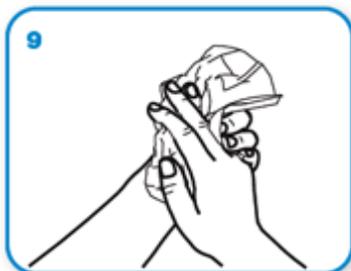
rotational rubbing of left thumb clasped in right palm and vice versa



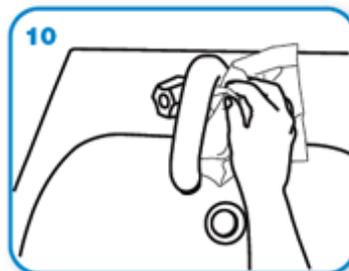
rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.



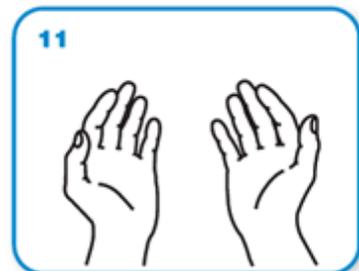
Rinse hands with water



dry thoroughly with a single use towel



use towel to turn off faucet



...and your hands are safe.

4. Equality, Diversity and Inclusion

Within Shared Lives it is important to consider the importance of Equality, Diversity and Inclusion. As a Shared Lives Carer you need to ensure that you support people in a way that is fair and respectful, whilst upholding their dignity and choice.

Equality is ensuring that everyone has equal opportunities regardless of abilities, background or lifestyle. It does not mean to treat people the same as this doesn't take into consideration people's own individual needs. For example you may need to give information in different formats such as in easy-read or in Braille to ensure equal access.

Diversity is recognising, respecting and appreciating difference. All individuals are different and there are many factors that make everyone so unique. These include factors such as: Background, Age, Appearance, Ability, Job Role, Education, Disability, Health, Family, Friends, Religion, Beliefs, Race, Culture, Sexual Orientation, Political leaning, Values and Marital status.

It is important to recognise that people's future aspirations, relationships, support needs, expectations, values and views are shaped by their background, culture and community.

Inclusion is a term used meaning to be included within a group, or society as a whole. Inclusion links with diversity and equality as it is important to understand individual's differences in able to include them fully and ensure equality.

Discrimination is being excluded, not being given equal opportunities and being treated less favourably due to someone's differences. This can lead to people being disadvantaged and oppressed through society. The following can lead to discrimination:

- Labelling – Giving a group of people a name because of certain characteristics which could cause offense.
- Stereotyping – To have an opinion about a group of people and applying that opinion to anyone in that group,
- Prejudice – Having a prejudgement, usually negative about a group that a person could belong to.

The Equality Act 2010 protects people from unfair treatment due to "protected characteristics" and brings all anti-discrimination legislation together under one law. It also protects people from discrimination due to association with someone who has a protected characteristic. There are 9 protected characteristics which are:

- Age

- Disability
- Race
- Religion or Belief
- Sex
- Sexual Orientation
- Gender Reassignment/Identity
- Marriage and Civil Partnership
- Maternity and Pregnancy

Principles that promote Equality, Diversity and Inclusion and decrease the likelihood of discrimination include:

- Respect Diversity by providing person centred support.
- Ensure you work in a non-judgemental way.
- Do not allow judgemental beliefs to effect the care and support you provide.
- Work in an inclusive way that sees the positive input that all individuals can make to society and their own support.
- Be confident to challenge or confront any discriminatory practice you see.

5. Person Centred Support and Values

The Guiding principle of the Care Act 2014 is the Wellbeing Principle which puts an individual's wellbeing at the centre of all care and support. The following values have been recognised as vital to ensuring the wellbeing of people we support and are known as **the 6 C's**:

- **Care**: Having someone's best interests at heart and ensuring you are supporting them in a way that maintains or improves their wellbeing.
- **Compassion**: Being able to feel for someone, understanding who they are and their situation.
- **Competence**: To have the knowledge and skills to provide the right support and understanding the individual's needs.
- **Communication**: Being able to communicate in a way that a person can understand, and learning how best to hear what the person is communicating with you.
- **Courage**: To speak up if you are concerned about anything, and to have the confidence to try out new things or different approaches.
- **Commitment**: To understand the responsibility and duty of care you have as a care, and being dedicated to providing the right level of support to any individual.

Person Centred Support means that each individual must be placed at the centre of their care and support, and any support provided must suit and fit the individual, rather than the individual having to fit in with existing routines, methods or approaches. The individual should be promoted to be as involved as possible in all aspects of their support ensuring that the support provided is therefore person led.

Person Centred Values are guiding principles that help to ensure that you are supporting someone in a person centred way. These include:

- **Individuality** – Recognising each person has their own identity, wishes, needs, values, choices and beliefs and ensuring these are respected and inform their support.
- **Choice** – Everyone should be supported to make choices about their support, individuals should be given information in a way they can understand and supported to express their needs, wishes and preferences as much as possible to inform their support.
- **Independence** – Each Individual should be supported and empowered to do as much as possible for themselves, even if this takes longer or requires specific equipment. This does not mean leaving someone to struggle on their own but agreeing the level of support they need and want.
- **Rights** – You should ensure that you support an individual have their rights respected. These rights are set out by the Human Rights Act 1998 and include the right to speak your mind, the right to be kept safe from

harm, the right to dignity, equality and respect, and the right to a private family life.

- **Privacy** – You should ensure an individual's privacy is upheld, this includes ensuring that they have time and space to themselves when they need or want it. It also means ensuring to maintain someone's privacy as much as possible when providing certain types of support in relation to personal hygiene or intimate care. It is important to also respect someone's privacy and not share information about them without their permission or to non-relevant people in relation to their care and support.
- **Empowerment** – To support individuals to have confidence to speak on their own behalf and feel in control of their actions, support and lives.
- **Dignity** – To ensure you treat someone in a dignified way respecting and valuing who they are by having a positive and open attitude. Also to uphold their personal dignity when supporting someone with personal care, for example ensuring the curtains/blinds are closed when supporting someone to get dressed.
- **Respect** – Respecting the person you support and recognising that they have importance as an individual and showing them that. Respecting their own feelings and opinions even if yours differ to theirs.
- **Partnership** – Ensure you work in partnership with the individual you support, as well as others involved in their support and their lives such as Social Workers, family members and friends. Good communication and respect help in partnership working being successful.