

Intimate and Personal Care Policy and Procedures

Last Updated: October 2023

Purpose and Context

Kids has the following policy in place for children and young people up to the age of 25 in receipt of Kids services who require assistance with their intimate or personal care. This can include support with medical and clinical procedures Kids is authorised and colleagues are trained to carry out. This policy also sets out Kids' role and arrangements for supporting children and young people with life limiting or life-threatening conditions.

Kids provides personal and intimate care across a variety of services and settings, for example within (child's own home, respite centres, children's centres, youth and community centres, schools and the use of changing rooms in the community). This policy aims to ensure consistency of high standards and expectations of colleagues supporting children and young people, whilst meeting CQC and Ofsted regulatory requirements including the Fundamental Standards of Care (2015), National Standards for children's social care, Childcare Registration Requirements and early year's foundation framework.

Scope

This policy applies to colleagues responsible for managing and carrying out personal and intimate care with children and young people. This includes clinical procedures (for example gastrostomy feeding, oxygen and suction, intermittent catheterisation and stoma care) and general personal & intimate care (for example feeding, bathing, dressing and pad changing). For further guidance on clinical procedures please refer to the Clinical Governance Policy and Procedures for further guidance on Kids approach to working with children and young people with clinical needs. Please note, this does not include the administration or management of medication. Colleagues should refer to the Medication Policy and Procedures for guidance on managing medicines.

This policy relates to children and young people in receipt of Kids services and their parent carer or legal guardian.

This policy is relevant to and should be followed by all colleagues working for or on behalf of

Kids who have been appropriately trained (Please refer to Definitions for further explanation of colleagues) with responsibility for the provision of personal or intimate care. With the exception of:

- Volunteers and those on work experience supporting settings working with children and young people should never undertake personal and intimate care; due to safeguarding and protection needs.

Definitions

Personal Care: personal care tasks relate to social functioning and presentation, such as brushing teeth, combing hair and making sure clothes are on in a reasonably presentable fashion.

Intimate Care: intimate care tasks are essentially to do with basic bodily function e.g., helping a child or young person use the toilet, changing nappies or sanitary wear, helping with bathing or showering, which demand direct or indirect contact with, or exposure of, the sexual parts of the body.

Colleagues: the term includes employees, sessional workers, volunteers, students and trustees of Kids. This is also extended to independent contractors who are undertaking direct work with children or young people on behalf of Kids.

Medical / Clinical care tasks: these are tasks that involve working with or maintaining specialist equipment or devices vital to the health and well-being of children and young people. Examples include: enteral feeding tubes, changing of colostomy bag, oxygen therapy, ventilators / CPAP machines, cleaning / caring for stomas, shunts.

Advanced care plans: are produced by Health Professionals who are responsible for children and young people with life limiting conditions or short lives. These detail what is required in providing person centered end of life care.

General Policy

This policy is intended to protect children, young people and Kids colleagues, at all times, in the delivery of personal and intimate care. Some of our services are regulated by either CQC or Ofsted, but regardless of whether the service has a regulatory body or not, we deliver personal and intimate care across all of our services to the same standard. It is Kids' aim to afford all children and young people dignity, privacy and individualised care when they require assistance with their personal and intimate care needs.

Our policy for those involved in the delivery of personal and intimate care is to use the Fundamental Standards of Care as a universal framework, where everybody has the right to expect the following standards if receiving intimate and personal care and support:

- **Person-centered care**

- You must have care or treatment that is tailored to you and meets your needs and preferences.

- **Dignity and respect**

- You must be treated with dignity and respect at all times while you're receiving care and treatment. This includes making sure:
 - You have privacy when you need and want it
 - Everybody is treated as equals
 - You're given any support you need to help you remain independent and involved in your local community.

- **Consent**

- You (or anybody legally acting on your behalf) must give your consent before any care or treatment is given to you.

- **Safety**

- You must not be given unsafe care or treatment or be put at risk of harm that could be avoided.
- Providers must assess the risks to your health and safety during any care or treatment and make sure their colleagues have the qualifications, competence, skills and experience to keep you safe.

- **Safeguarding from abuse**

- You must not suffer any form of abuse or improper treatment while receiving care. This includes:
 - Neglect
 - Degrading treatment
 - Unnecessary or disproportionate restraint
 - Inappropriate limits on your freedom

- **Food and drink**

- You must have enough to eat and drink to keep you in good health while you receive care and treatment.

- **Premises and equipment**
 - The places where you receive care and treatment and the equipment used in it must be clean, suitable and looked after properly.
 - The equipment used in your care and treatment must also be secure and used properly.
- **Complaints**
 - You must be able to complain about your care and treatment.
 - The provider of your care must have a system in place so they can handle and respond to your complaint. They must investigate it thoroughly and take action if problems are identified.
- **Good governance**
 - The provider of your care must have plans that ensure they can meet these standards.
 - They must have effective governance and systems to check on the quality and safety of care. These must help the service improve and reduce any risks to your health, safety and welfare.
- **Personnel**
 - The provider of your care must have enough suitably qualified, competent and experienced colleagues to make sure they can meet these standards.
 - Their colleagues must be given the support, training and supervision they need to help them do their job.
- **Fit and proper colleagues**
 - The provider of your care must only employ people who can provide care and treatment appropriate to their role. They must have strong recruitment procedures in place and carry out relevant checks such as on applicants' criminal records and work history.
- **Duty of Candour**
 - The provider of your care must be open and transparent with you about your care and treatment.
 - Should something go wrong, they must tell you what has happened, provide support

and apologise.

- **Display of ratings**

- The provider of your care must display their CQC and / or Ofsted rating in a place where you can see it. They must also include this information on their website and make either the CQC or Ofsted latest report on their service available to you.

The Kids registration form which is completed in conjunction with the parents / carer of a child or young person, will inform colleagues of any training required and risk assessments to be done to ensure that intimate and personal care is delivered taking into account the above standards. Care Plans and risk assessments will be produced and agreed with families on the basis of information of the information collected through the registration process.

Care Plans and risk assessments must be reviewed as a minimum every 12 months, unless there has been any changes to their care needs and requirements or incidents prompting an earlier review.

It is Kids policy to support independence, maintain dignity and privacy wherever and whenever possible, children and young people should be encouraged to meet their own personal and intimate care needs.

Roles and Responsibilities

Training on this policy and procedure should be given during induction, delivered through training and updated through line manager supervisions and review meetings or guidance from Service Coordinators/Service Managers.

Failure to comply with this policy may lead to disciplinary action, which could include summary dismissal or as grounds to terminate your contract with Kids.

All colleagues required to give personal and intimate care must have a current enhanced DBS check, undertake appropriate training and induction as identified by their manager before administering personal and intimate care. Any queries or concerns colleagues have either before, during or after providing personal care support should be reported to their line manager immediately. If line managers are not available, colleagues should report their concerns to the senior member on duty or the Kids out of hours service (if after 5pm Monday - Friday or over the weekend).

It is important for colleagues to understand the importance of personal safety when providing personal and intimate care when in the community or in someone's home setting. Colleagues should be aware and adhere to the Kids Lone Working and Personal Safety Policy and Procedures and also complete the lone working training through the e-learning platform.

Procedures

Kids will deliver personal and intimate care to children and young people according to the procedures set out below:

Care assessment, planning and on-going review

- A Kids registration form should be completed for every child or young person we work with, regardless of whether the referral has come from the local authority, local health service or by self-referral from a family or young person. The registration form provides the initial care assessment which helps plan the individual risk assessments, Care Plans and identifies colleagues training needs.
- Either a Senior Practitioner / Co-ordinator or Service Manager will be responsible for the updating and reviewing of the Care Plan. Practitioners and Care Workers are responsible for notifying their line managers of any changes.

A Care Plan should include:

- the named individual(s) or group identified to carry out the tasks agreed;
- any special concerns identified;
- how tasks will be carried out, taking into account any cultural requirements;
- language or indications used by the child / young person for needs, body parts, etc.
- regular reviews to ensure changes are agreed.

Where it has been assessed that a child or young person requires moving, handling or positioning, please refer to Appendix 1 - Kids Safer Handling Guidelines and Appendix 2 the Safer Handling Flowchart for procedures.

- If Kids works with a child or young person for a long period of time, then they will need to re-evaluate care preferences at regular intervals. All services must review Care Plans for individual children and young people at least annually or whenever a change in need arises. Reviews should involve the parents / carers, children and young people where relevant and any other professionals supporting and working with the family. Reviews should be a planned meeting either face to face or virtually and review and confirm information held about a child or young person is accurate and up to date. This should include all aspects of care plans, risk assessments and consent. The review should also cover any significant changes or developments to the child or young person's care and support needs, what's going well with support that's being provided, what's not going so well and any challenges or complicating factors. The review should also consider discussing any personal concerns or outcomes agreed at the start of the service. An example of a service review form, 'My Care and Support Review' can be found in Appendix 3.

Choices, decision making and mental capacity

- Kids recognises that children and young people have a right to choose who supports them with their personal and intimate care. However, consideration needs to be given to the reasons for these choices, to ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time respecting children and young people's wishes. Consideration should be given around required ratios when personal and intimate care is required, always balancing requests from children, young people and their families with the ratios identified in their Risk Assessment and Care Plan.
- Wherever possible, children and young people should be included in making choices regarding their personal care, in particular personal preferences or dislikes they have and encouraged to perform their own personal and intimate care with the necessary support to do this.
- Each time intimate and personal care is given, the care should be explained to the child or young person according to their age and capacity to understand and, where possible, their permission to proceed and preferences for care should be sought. In any case reassurance and explanation should be given throughout the procedure. Kids' colleagues should wait for a child or young person to give their consent before they start to deliver intimate or personal care. Colleagues must also observe child/adults behaviour and presentation and consider non- verbal indicators of consent/non consent. If a child or young person refuses any intimate or personal care, colleagues should refer to the care plan and follow any guidance around how they manage any refusal. If a child or young person continues to refuse intimate and personal care, this should be noted in the care records and parents / carers informed as soon as practicable, e.g. the end of a home care session, when collecting children / young people from activities or by telephone. This should be recorded on the parent/carer contact records used by the service.
- If a young person aged over 16 has had a mental capacity assessment and it has been identified that they lack capacity and this is in the Care Plan, please refer to the Kids Mental Capacity Act Policy and Procedures for further guidance.

Medical and clinical procedures

- There are times where Kids services will be involved in supporting children and young people with complex health conditions or disabilities. This can involve assisting with medical / clinical procedures for example, care of stomas or shunts, use of feeding tubes, supporting oxygen therapy or sats machines, tracheotomy care, ventilators / CPAP machines, catheterisation. All clinical procedures must first be assessed by social or health care teams as being safe for non-medical colleagues (such as Kids) to perform with the correct training and instruction. This assessment should be included in referral information provided to Kids about children and young people's care needs. Care Plans that contain support with

clinical or medical procedures must be signed off as approved by the relevant social/health care team. This must also be done for any up-dates or changes to clinical / medical procedures contained in care plans.

- Only Kids colleagues who are trained and signed off as competent by a qualified health care professional can carry out clinical procedures. Colleagues must be observed annually by a qualified health care professional or manager to ensure on-going competence in the procedure.
- All medical and clinical procedures must be recorded in Kids DSB system (if applicable to your service) or daily records / session reviews as used by the service.

Equality and Human Rights

- Kids recognises the value of having all gender identities represented in our support colleagues working with children and young people. If requested, Kids will endeavour to match the gender of the child or young person to the colleague providing the care, taking into account the current ratio of Kids support colleagues. Please refer to the Kids Equal Opportunities - Gender Reassignment Policy for further guidance.
- Kids recognises the value of having colleagues members who can speak alternative languages, should the child or young person not speak English. However this is not always possible and in these instances Kids will look to provide a translator to the development and review of care plans and risk assessments.
- Kids recognises the value of having colleagues members that can communicate in alternative ways with a child or young person who is non-verbal, such as using British sign language or Makaton. However this is not always possible in the first instance, but we would endeavour to provide training to the colleagues to gain these skills.
- Colleagues should refer to the following policies & guidance to support equality & human rights when providing personal & intimate care:
 - Kids Accessible Information Standards Policy and Procedures.
 - Kids Diversity, Equal Opportunities and Human Rights Policy and Procedures
 - Legislation on the UN Convention on the Rights of the Child or the UN Convention on the Rights of Persons with Disabilities for further guidance on Human Rights.

Skills and training

- To ensure that the individual needs of the child or young person are met, personal and intimate care should only be given by an appropriately trained Kids employee or sessional worker.
- Personal and intimate care should only be given by an appropriately trained Kids employee or sessional worker.

- As a minimum, colleagues must complete the following Kids e-learning courses within the first 3 months of working with Kids if they will be carrying on personal or intimate care tasks:
 - Dignity in Care
 - Safer Working Practices
 - Infection prevention and control
 - Correct wearing and disposal of personal and protective equipment
- Colleagues must complete practical on the job training and be signed off as competent before they can provide personal or intimate care This must include:
 - shadowing 1-2 personal / intimate care sessions provided by an experienced care worker;
 - professional discussion with their line manager / qualified manager about standards and good practice;
 - completion of 1-2 supervised care sessions, which will be observed and assessed.
- Colleagues should be observed at least annually to ensure high standards of personal and intimate care practice are being maintained.
- Where required, colleagues will undertake additional training to support specific care needs such as moving and handling, use of hoists, gastrostomy feeding, eating and drinking.
- Colleagues must be trained by a qualified health practitioner to perform clinical or medical procedures and be observed at least once a year to ensure they remain competent.
- Colleagues must not give personal or intimate care or perform a clinical or medical procedure without the correct training and competency sign off by a health care professional AND their Kids line manager.
- Parents/carers and young person should not ask colleagues to support them with personal/intimate care or a clinical or medical procedure if this is not agreed in the care plan or if colleagues are not appropriately trained or signed off as competent by Kids to do so. Colleagues should report this type of incident to their line manager immediately.

Infection control

- Regarding contagious diseases such as Covid-19, all colleagues giving personal and intimate care must adapt their practice to meet national guidance from Public Health England, in particular with social distancing rules. In addition, if your service is either registered with CQC or Ofsted you must always adhere to their guidance around infection control as well.

- The responsibility of ensuring all colleagues who give personal and intimate care are made aware of any guidance that will change their practice lies with either the registered manager for all Ofsted or CQC registered Services or their Head of Service.
- Please refer to the Kids Infection and Contamination Control and Prevention Policy and Procedures for further guidance.
- Good hygiene practice should always be followed. All colleagues should who are at risk of coming into direct contact with body fluids or who are performing personal or intimate care tasks should use disposable gloves and disposable aprons.
- Fluid-repellent surgical masks should be used where there is a risk of airborne transmission of infections. Eye protection may be needed for some service users where there is risk of droplets or secretions from a person's mouth, nose, lungs or from body fluids reaching the eye (e.g., care for someone who is repeatedly coughing or who may be vomiting);
- New personal protective equipment (PPE) must be used for each episode of care unless the product being used allows for safe continuous use. The responsibility for ordering and ensuring that supplies of gloves and aprons are readily available and accessible lies with the Registered Manager or Service Manager. Colleagues must alert their line manager if they are running out of PPE.
- All colleagues should be trained in the proper use of all PPE that they may be required to wear and the correct method of wearing, removing and disposing of PPE. All used PPE should be disposed of securely within disposable rubbish bags. Additional precautions might be needed (e.g., double bagging) where there is a high risk of infection transmission.
- The use of PPE (including eye / face protection) should be guided by risk assessment and the extent of contact anticipated with blood and body fluids and pathogens. This should be discussed and agreed with line managers;
- All PPE should be compliant with the relevant BS / EN standards (European technical standards as adopted in the UK). It is essential that PPE is stored securely to prevent contamination in a clean / dry area until required. Expiry dates must be adhered to.

Safeguarding

- All colleagues required to give personal and intimate care must have a current enhanced DBS check, undertake appropriate training and induction as identified by their manager before administering personal and intimate care.
- During the delivery of personal and intimate care, should any colleagues have cause for concern regarding any types of abuse (e.g neglect, sexual, physical, emotional), please follow

the procedures laid out in the Kids Safeguarding Children and Adult Policy and Procedures for further guidance.

- If a colleague identifies any adverse or unusual reaction or physical changes in a child or young persons appearance (e.g. marks, bruises, soreness), during the delivery of personal and intimate care. These concerns should be noted and reported following the Kids Safeguarding procedures as soon as possible with their line manager or (if out of hours) call the Kids On Call number. The further delivery of personal and intimate care should then be monitored, and reassessed, and further action taken if necessary, and any changes in care should be updated in the Care Plan.
- If a child/young person is hurt accidentally or there is an issue when carrying out an intimate or personal care procedure, the colleague will report the accident/incident immediately to parent/carer, line manager. This should be detailed in a body map and recorded on the child/young person's record. Dependent on the severity of the accident/incident; through discussion with the line manager and or local Safeguarding or Health and Safety Lead, this may also need recording on the relevant reporting systems. If the accident or injury results in serious harm please follow Kids Duty of Candour Policy and Procedures
- If a child/young person, parent/carer makes an allegation against a colleague, the responsibility for personal and intimate care of that child/young person will be given to another colleague (where possible) whilst an investigation takes place. All allegations against colleagues must be reported and will be investigated according to Kids safeguarding and capability and disciplinary policy and procedures.

Health and Safety

- There should be an appropriate environment to deliver personal and intimate care, ensuring dignity and privacy throughout. There should be no interruptions or distractions when supporting a child or young person with personal or intimate care.
- The health and safety of colleagues must be considered, and all other relevant policies and procedures followed e.g., as outlined in the Kids, One Kids Way Our Employee Handbook and the Kids Health and Safety Policy and Safety Arrangements for further guidance.
- All children and young people receiving personal and / or intimate care should have an Individual Risk Assessment that clearly identifies all relevant hazards, risk levels and controls for minimising any harm to service users, colleagues and other relevant people. Risk assessments should include hazards of providing personal or intimate care at a height such as a designated changing bed or other raised platform. Kids' policy is to have children and young people in a standing position when assisting with personal/intimate care tasks such as dressing or changing pads. Risk assessments should be reviewed and up-dated annually or following any incidents, changes or developments in care and support being provided.

- Service managers should ensure a Kids home safety assessment checklist is completed and actioned as required to assure the safety of colleagues working within service user's homes. See appendix 4 for a copy. The home risk assessment should be completed during the initial home visit. A copy of this must be left in the child or young person's file at the home and a copy loaded into the DSB system (if applicable) or stored electronically. If a child or young person moves home or there are changes to the home, the risk assessment must be reviewed and up-dated as needed.
- Should an accident or injury occur this must be recorded on the health and safety recording system and in the child or young person's file. You must also inform the parent / carer or guardian. All accidents should be reviewed to understand underlying causes and identify corrective action to reduce the risk of reoccurrence. If the accident or injury results in serious harm please follow Kids Duty of Candour Policy and Procedures.

Life limiting conditions short lives and advanced care plans

There are times where Kids will be required to support children and young people with life limiting or life threatening conditions. It is Kids policy to respect and uphold the personal wishes and preferences of children, young people and their families whilst working closely with health care teams who are ultimately responsible for developing and delivering advanced Care Plans outlining end of life care and support.

- Any additional support needs outside of Kids contracted activities would need be discussed and negotiated with the local commissioning body or funder. Colleagues may help support families by signposting to other relevant organisations and agencies. Managers of support colleagues working with a child or young person with a life limiting or life threatening condition should review the wellbeing of their colleagues through regular supervisions or worker reviews.
- Once the child or young person has passed away, the manager should continue to support the member of colleagues affected through the bereavement process and signpost to online counselling services or through the employee assistance program 'health assured' employee helpline 0800 0305182 and quote Perkbox.

Recording personal care provided

- All intimate and personal care must be recorded during or immediately after care is given either on the Kids DSB system (if applicable to your service) or daily records / sessions reviews as used by your service.

Quality checks

- All colleagues who give personal and intimate care, must be trained and assessed to do so.

- Observation visits should be completed annually for all Dom Care workers whilst providing care.
- Quality Assurance visits should take place within all settings where personal and intimate care takes place.
- If Ofsted or CQC registered, you must comply with all inspection criteria.

Compliments, Comments and Complaints

- If a family, contractor or other professionals we work would like to make a compliment, pass on comments or make a formal complaint, please follow the procedures in the Kids Compliments, Comments and Complaints Policy and Procedures.

Duty of Candour

- Should something go wrong, please follow the procedures in the Kids Duty of Candour Policy and Procedures, you must tell the child or young person and their parent / carer or guardian what has happened, provide support and apologise to them.
- If you are CQC registered, you must report this to CQC.

Displaying inspection results

- You must display your CQC and / or Ofsted rating in a place where it can be seen. Ensure this information is also displayed on the Kids website and make either the CQC or Ofsted latest report on your service available to families.

References

Legislation, regulations and national guidance

- The UN Convention on the Rights of the Child
- The UN Convention on the Rights of Persons with Disabilities
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 13
- Mental Capacity Act 2005 (Applicable to Age 16+)
- CQC Single Assessment Framework

Associated policies and procedures, forms, documents and guidance

- Kids Health and Safety Policy and Safety Arrangements
- Kids Whistleblowing Policy and Procedures

- Kids Mental Capacity Act Policy and Procedures
- Kids Safeguarding and Children and Adult Policy and Procedures
- Kids Lone Working and Personal Safety Policy and Procedures
- Kids Infection and Contamination Control and Prevention Policy and Procedures
- Kids Professional Boundaries and Conduct Policy and Procedures
- Kid Clinical Governance Policy and Procedures
- Kids Risk Management Policy and Procedures
- Kids Diversity, Equal Opportunities and Human Rights Policy and Procedures
- Kids Equal Opportunities - Gender reassignment Policy
- Kids Registration form
- Kids Accessible Information Standards Policy and Procedures.
- Kids One KIDS Way Our Employee Handbook
- Kids Duty of Candour Policy and Procedures
- Kids Volunteering Policy
- Kids Capability & Disciplinary Policy and Procedures
- Care Plan for a Child or Young Person
- Your Local Adult and Children Safeguarding Partnerships

Appendices

Appendix 1 Safer Handling Guidelines

Appendix 2 Safer Handling Flowchart

Appendix 3 My Care and Support Review

Appendix 4 Kids home safety assessment checklist

Appendix 1 - Kids Safer Handling Guidelines

Please refer to these guidelines and the Safer Handling Flowchart (Appendix 2) when required to move or handle a disabled child or young person

Risk Assessment

Whenever a child or young person is referred for a Kids service, there should be an initial assessment of need in relation to moving and handling.

The attached flow chart should be used.

The use of this chart will enable Kids as an employer to comply with the Manual Handling Operations Regulations 1992.

Risk assessments should be reviewed regularly in consultation with the Kids users and the Kids colleagues involved, and in any case where circumstances change

The Moving and Handling Risk Assessment will cover:

1. The child's weight, physical ability and care needs
2. The physical environment in which the child will be in contact with the Kids worker
3. The moving or handling task if required and any alternatives
4. The individual capacity of the Kids worker for the moving and handling task (height, strength, experience, training and special circumstances)

If the risk assessment shows that it is necessary for the Kids worker to carry out a handling task, then an individual handling plan should be written for that child.

Such a plan should be constructed in consultation with the child wherever possible, and with parents / carers.

The plan should be written to ensure the safety of the child and the worker, and to protect the dignity and comfort of the child.

It should be noted that it may be necessary to have a separate plan for different workers as the physical capability of each person needs to be taken into account.

Note: Babies and small children

There is normally no risk in lifting weights of 5kg or less, and a weight of up to 24kg may be safe to carry at waist-height in ideal circumstances, but detailed assessment of the task would be needed to ensure safety.

For weights above 24kg, mechanical aids should always be used if the task involves bearing the whole weight for any time at all.

It is vital to assess the circumstances carefully; for instance, lifting a child in and out of a playpen

or car seat requires a high degree of bending and may involve a twist so that lifting even a 10kg child may cause significant risk. A risk assessment should always be carried out to determine the likelihood of risk.

Training

Kids workers involved in moving and handling tasks must be adequately trained.

All colleagues carrying out moving and handling plans should have received basic moving and handling training approved by the local authority or Health and Safety Officer.

Colleagues carrying out moving and handling risk assessments should also have received this training and preferably risk assessment training for moving and handling in particular.

Glossary of terms for use with the flow chart

Risk

a: the likelihood of injury as a result of hazard

b: the likely seriousness of that injury

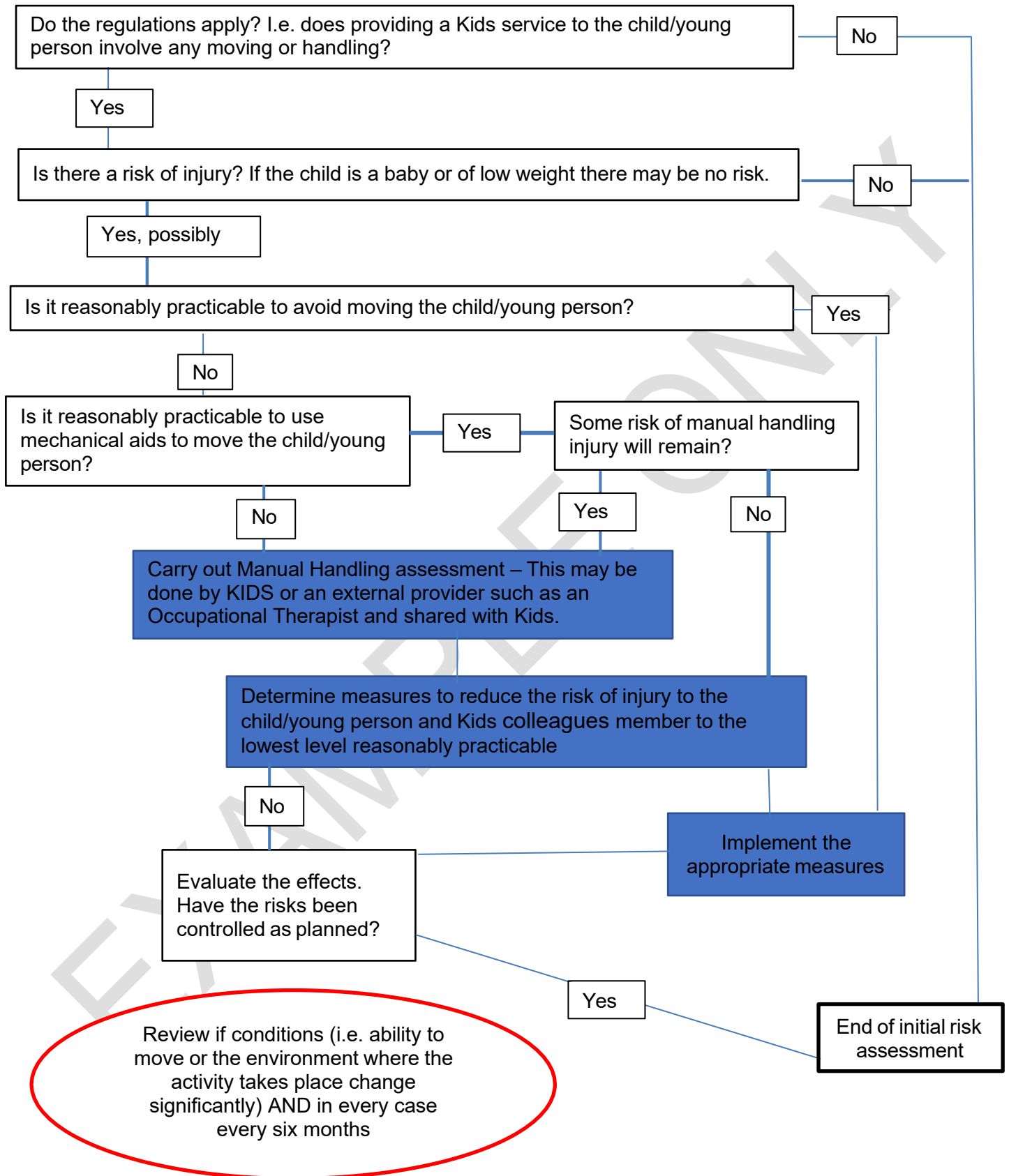
Lowest level reasonably practical

Reducing the risk until the cost of further precautions in time, trouble or money would far outweigh the benefits

Mechanical Aids

Equipment such as hoists, slings, slide sheets, transfer boards, etc

Appendix 2 - Safer Handling Flowchart



Appendix 3 – My Care and Support Review

My Care and Support Review

Name of child / young person		Date of birth	
Date of Review Meeting		At (venue)	
Review meeting completed by			
People involved in review	<input type="checkbox"/> Child/Young person	<input type="checkbox"/> Family/Carers	<input type="checkbox"/> Social Worker
	<input type="checkbox"/> Other (please say)		

	Feedback
What's going well with the support package?	
What's not going so well with support package?	
Any concerns or worries?	
Any complicating factors?	
Any changing needs or requirements?	
Any issues / concerns /	

complaints to be addressed?	
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Progress towards my personal goals / outcomes

Goal/Outcome	Start	Review	Effectiveness of intervention and child / young person's response to it

Next steps and actions

Do risk assessments need up –dating? Yes No

Does the Care Plan need to be up-dated? Yes No

Date of next review:

Additional Feedback to Support the Review

	Support Workers	Other professionals
What's going well with the support package?		
What's not going so well with support package?		
Any concerns or worries?		
Any complicating factors?		
Changing needs and requirements?		
Any issues / concerns / complaints to be addressed?		

Appendix 4- Home Safety Assessment Checklist

Home Safety Assessment Checklist

This checklist is designed to **assist** you in making a **full** risk assessment of where you will be providing home care support. It is designed to provide a reminder to some of the issues that may exist. **It is a guide and should not be regarded as an exhaustive or definitive list.** Please expand on any issue relevant to your work. Significant findings should be recorded on the risk assessment provided below.

1. Service User details

Kids Unique Reference Number (URN) (if issued)	
Name/s of child(ren) to be supported at home	
Name/s of parent/carers	
Address where home safety assessment took place:	Name of Assessor: Job Title: Date of Assessment: Signature:

2. Accessing the home and outside areas

	Assessment criteria	Y	N	Action if required	By whom	By when (date)	Completed? Y / N
1.	Is there safe, well-lit parking available close to the home?	Y	N				
2.	Are there any safety concerns regarding the route from public transport stops to the home?	Y	N				
4.	Is there easy access in / out of the home - more than one exit; doors easily opened, unobstructed.	Y	N				
5.	External doors lock properly	Y	N				
6.	Are arrangements for key handling required?	Y	N				
7.	Sheds, garages and outhouses kept securely locked?	Y	N				
8.	Ponds, compost bins and water butts are securely covered?		N/A				
9.	Outside areas / gardens are secure?	Y	N				
10.	Outside walkways are well lit, level surface,	Y	N				

	clear of debris, adequate width						
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3. Inside the home

	Assessment criteria	Y	N	Action if required	By whom	By when (date)	Completed? Y / N
11.	Inside floors are cleared of clutter, wires, other tripping hazards	Y	N				
12.	There are clear paths within + between rooms for people to move (with mobility equipment if relevant)	Y	N				
13.	Are smoke and carbon monoxide detectors fitted and working?	Y	N				
14.	Do all rooms have opening windows that are fitted with locks – keys are accessible during fire?	Y	N				
15.	Are unused electrical sockets protected?		N/A				
16.	Are cupboards which contain dangerous chemicals/substances secured by child locks?		N/A				
17.	Fires and storage heaters are protected by fire guards where necessary?	Y	N				
18.	Are heating systems regularly serviced to prevent carbon monoxide poisoning?	Y	N				
19.	Do stairs have handrails and are well lit?		N/A				
20.	Bathrooms - have non slip surfaces, safety mats in bath/shower and sturdy grab rails?	Y	N				
21.	Living / dining rooms and hallways are well lit?	Y	N				
22.	Are locks in place that deprive liberty of freedom e.g. bedrooms	Y	N				
23.	Home is free of bugs, mice, vermin, animal waste	Y	N				
24.	Animals are adequately controlled		N/A				
25.	Medications are labelled and stored correctly ?	Y	N				

26.	Medical equipment is properly stored?		N/A				
27.	Used needles are placed in sharps container?		N/A				
28.	Lifting and Moving equipment is regularly maintained and in good working order?	Y	N				
29.	Stair lifts are regularly maintained and in good working order (if relevant)		N/A				
30.	No smoking /open flames near oxygen bottles?		N/A				
31.	Is there good internet / mobile phone signal for the area / house?	Y	N				
32.	Are there any concerns about the general repair or condition of the home?	Y	N				
33.	Is the family seeking help from social services with any home repairs /improvement or equipment needs?	Y	N				
34.	Are there any safeguarding concerns regarding the home environment that need to be shared with social services?	Y	N				
35.	Is a fire / emergency evacuation procedure in place?	Y	N				

4. General comments to help inform this assessment