

Moving & Positioning of People and Inanimate Objects Policy

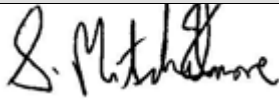

Adult Social Care: Care and Support

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Moving & Positioning of People and Inanimate Objects Policy

Directorate:	Social Care, Health, and Housing (SCHH)		
Division & Service:	Adult Social Care		
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It is the responsibility of every individual to ensure that they are working to the most current version of this document.

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1. Introduction

- 1.1. This policy applies to all Central Bedfordshire Council Adult Social Care (ASC), including permanent, bank (a pool of staff that can be called upon as and when), agency, work experience and volunteers. It provides guidance for the management of all moving and positioning activities of people and inanimate objects.
- 1.2. We will:
 - ensure, as far as reasonably practicable, the health, safety, and welfare of all Central Bedfordshire Council ASC colleagues and will do all that is reasonably practicable to protect staff and people within its care from manual handling hazards.
 - avoid, as far as reasonably practicable, all hazardous manual handling activities and where it is not possible to do this, carrying out suitable and sufficient manual handling risk assessments to reduce the risk of injury.
 - only allow staff who have completed the required training and have been assessed as competent by a designated member of staff to assist and support people's mobility.

2. Legislation and Regulatory Framework

- 2.1. Central Bedfordshire Council recognises its duty to comply with the Health and Safety at Work etc. Act (HSWA) 1974 and all subordinate regulations, such as the Management of Health and Safety at Work Regulations 1999 and the Manual Handling Operations Regulations 1992.
- 2.2. Current legislation states each employer shall avoid hazardous manual handling, as far as is reasonably practicable, therefore manual handling requires a balanced approach to ensure that:
 - Employees are not required to perform tasks that put themselves and/or others at risk, unreasonably.
 - People's personal wishes on mobility assistance are respected wherever possible as is their independence without compromising safety and the dignity, autonomy and privacy of the person is respected at all times.
- 2.3. Relevant Legislation:
 - [The Health and Safety at Work etc. Act 1974 \(HSWA\)](#)
 - [Manual Handling Operations Regulations 1992 \(MHOR\)](#)
 - [The Management of Health and Safety at Work Regulations 1999](#)
 - [Provision and Use of Work Equipment Regulations 1998 \(PUWER\)](#)
 - [Lifting Operations and Lifting Equipment Regulations 1998 \(LOLER\)](#)
- 2.4. Additional guidance available on the Health and Safety Executive (HSE) website [Moving and handling in health and social care](#)
- 2.5. This policy has been reviewed with reference to the above and following:
 - [Care Quality Commission \(cqc.org.uk\) - Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)

- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect
- Regulation 11: Need for consent.
- Regulation 12: Safe care and treatment
- Regulation 13: Safeguarding service users from abuse and improper treatment
- Regulation 15: Premises and equipment
- Regulation 17: Good governance
- Regulation 18: Staffing
- Regulation 19: Fit and proper persons employed.
- Regulation 20: Duty of candour

3. Principles of the Policy

- 3.1. The purpose of this policy is to improve service delivery and people's care and support by reducing the risk of injury to staff and people who use the service.
- 3.2. This policy provides guidance on the arrangements regarding manual handling operations and provides standards of practice through awareness, training, suitable facilities, and adequate resources to enable safe moving and handling activities.
- 3.3. To minimise all hazardous manual handling as far as reasonably practicable, the main principles are identified below:
 - Assess the risks associated with manual handling and take appropriate action to reduce such risks, including the handling of people.
 - Conduct risk assessments to ensure progressive improvements in manual handling e.g., by promoting the safe use of mechanical aids and handling equipment.
 - Provide all staff with manual handling training appropriate to their role, with the aim of avoiding, as far as is reasonably practicable, the need for hazardous manual handling.
 - Eliminate manual handling operations that may incur a significant risk of injury wherever this is possible. Where this is not possible, risks must be reduced to the lowest level as far as is reasonably practicable.
 - Where possible, put in place automation and mechanical aids to assist in manual handling duties.
- 3.4. Whilst comprehensive, this document is not exhaustive, and as such all employees must take reasonable care of their health and safety, and that of others who may be affected by their activities, particularly movement of people.
- 3.5. Where employees identify potential risk during their work, or those that are not covered by this policy, they are to record the details of the risk and bring them to the attention of their nominated manual handling trainer/champion or via their line manager.

4. Staff Training and Assessing Competency

- 4.1. All staff, whether working for Central Bedfordshire Council or an external care agency, should be adequately trained in moving and positioning of people and/or inanimate objects.

- 4.2. All Adult Social Care staff who carry out moving and positioning must also have their practice observed and be deemed competent to practice by a member of staff who holds a 'Train the Trainer' certificate in moving and positioning training.
- 4.3. All Therapists and Reablement staff who carry out the moving and positioning assessments must first have undertaken suitable training for their role, which must be kept up to date in accordance with the refresher requirements. This is in addition to the training that Therapists receive as part of their professional qualification.

Staff Competency

- 4.4. The competence of all staff should be confirmed by being observed in practice by a trained Moving & Positioning assessor/trainer/ Therapist who will complete an observation and competency assessment. This can be completed in training or in practice.
- 4.5. External agencies can access moving and positioning training provided by Central Bedfordshire Council. If they provide their own training, we expect the content and quality to be equivalent to Central Bedfordshire Council's training.

Assessing Competency

- 4.6. An observation and competency / skills assessment must be used to assess competency. This is in 3 Sections:
- To be signed at beginning of training session. The staff member's ability to undertake physical handling techniques.
 - Confirmation that training has taken place.
 - Observation in practice by moving and positioning assessor/trainer.
 - A copy of the form should be held on the staff member's supervision file, and they should be re-assessed on an annual basis: evidence of which should be recorded and held on file.
- 4.7. All staff must be observed on an annual basis to ensure that they are competent to provide moving and positioning support to people. This must be carried out by staff who have a valid 'Train the Trainer' certificate in moving and positioning training or equivalent.
- 4.8. All staff who have been trained to deliver Moving and Positioning training are required to be assessed every three years. To ensure that they are competent in moving and positioning techniques. The completion of the 'train the trainer' course qualifies the person to train their teams/colleagues in Moving and Positioning. It does not, however, qualify the person to train others to be trainers. e.g., an OT can train a member of staff in a moving and positioning manoeuvre, but they cannot train a care agency supervisor to subsequently train their staff.

5. Risk Assessments

- 5.1. The Manual Handling Operations Regulations set out a clear hierarchy of measures staff must follow to prevent and manage the risks from hazardous manual handling.
- 5.2. The AARR assessment was first introduced in the Manual Handling Operations Regulations of 1992.

5.3. AARR is a helpful acronym that can be used to remember the principles of moving and handling and the steps that should be taken before carrying out any manual handling task.

- **Avoid** - Wherever possible, avoiding a hazardous manual handling situation is always preferable. Can the person do the activity independently? Can the operation be automated? Can the treatment be brought to the person?
- **Assess** - If avoidance is not possible, making a 'suitable and sufficient' assessment of the hazards is the next step. Consider the task, load, environment, persons capacity and other factors such as equipment.
- **Reduce** - By following the risk assessment you are reducing the risk of injury to all persons involved to the lowest level reasonably practicable. Training and supervision of staff in safer handling techniques, introducing appropriate handling aids and maintaining these in good working order will, among other things, help reduce the risk.
- **Review** - Risk assessments should be reviewed when changes occur or when they are no longer valid. It should also be reviewed if there is an accident or a case of ill health as a result of a manual handling operation.

5.4. Moving and positioning/handling risk assessments must be completed for any essential moving and handling tasks. They help identify where injuries could occur and what to do to prevent them. It should be possible to complete the majority of assessments in-house as no one knows the people being supported as well as those who are supporting them. The person conducting the assessments must be competent to identify and address the risks from the most complex positioning/handling activities undertaken. This usually requires specific training.

Five steps to risk assessment

- Identify hazards.
- Decide who may be harmed, and how.
- Assess the risk and take action.
- Make a record of findings.
- Review the risk assessment.

5.5. There are two types of risk assessment that are usually needed, general risk assessments which considers the overall needs of the setting and individual assessments which consider the specific moving/handling needs as part of the care and support planning process.

General risk assessments

5.6. Care providers should balance the safety of employees with the needs, safety and rights of the people using care services.

5.7. They should consider the overall needs of the setting, including:

- the type and frequency of moving/handling tasks.
- overall equipment needs.
- staffing
- the environment

- what moving and handling would be required in emergencies such as fire evacuations or residents' falls

5.8. Risk assessment should be part of a wider needs assessment process to achieve the best outcome. Health and safety issues will then be identified and built into the complete care and support package.

Individual risk assessments

5.9. The assessment should be person-centred and, where possible, involve the person and sometimes their family in decisions about how their needs are met. This can reassure them about the safety and comfort of the equipment, and how it and the methods used will ensure their safety and the safety of staff.

5.10. Record the risk assessment and care plan. Include details on the person's moving and positioning needs, day and night, specifying:

- what the person is able/unable to do independently
- the extent of the person's ability to support their own weight and any other relevant factors, for example pain, disability, spasm, fatigue, tissue viability or tendency to fall.
- the extent to which the person can participate in/co-operate with transfers.
- whether the person needs assistance to reposition themselves/sit up when in their bed/chair and how this will be achieved, e.g., provision of an electric profiling bed.
- the specific equipment needed – including bariatric where necessary – and, if applicable, type of bed, bath and chair, as well as specific handling equipment, type of hoist and sling, sling size and attachments.
- the assistance needed for different types of transfer, including the number of staff needed.
- the arrangements for reducing the risk and for dealing with falls if the person is at risk.

5.11. When using moving and handling equipment such as hoists, standing transfer aids, slide sheets etc then a risk assessment and plan must be completed. The risk assessment should identify the number of carers required to facilitate safe use of the equipment with the person. Risk assessment should include the environment, behaviours, purpose of use and the person. There is not a legal requirement to have min of 2 carers to hoist - it is essential that this is established as depending on circumstances 1, 2 or more carers may be required.

5.12. A person's needs and abilities can change over the course of a day. Staff should understand the impact this may have on moving and positioning practices and should be reflected in the care plan.

5.13. It is a legal requirement to record the findings of your risk assessment. You must communicate the findings of your assessment to all relevant staff.

5.14. The current risk assessment must be stored with the person's information file within the service.

5.15. Where there is a joint risk assessment then a copy should be retained on all files within the services.

- 5.16. Risk assessments should be reviewed in accordance with local working practices and policies or if there is reason to suspect that it is no longer valid; or where there has been a significant change in circumstances. Any changes should be recorded on the care plan.
- 5.17. Remember, however good your manual handling technique is, avoiding a lifting and moving task should always be your first choice if possible. Where it is not possible to avoid, follow one of the acronyms: TILE, TILEO, or LITE. (For further information see Moving and Positioning Procedures)

6. The use of mechanical lifting equipment and small handling equipment.

- 6.1. The Provision and Use of Work Equipment Regulations (PUWER) will apply (including inspection and maintenance). All lifting operations involving lifting equipment must be properly planned by a competent person, appropriately supervised and carried out in a safe manner.
- 6.2. Lifting Operations and Lifting Equipment Regulations (LOLER) requires all equipment used for lifting is fit for purpose, appropriate for the task, suitably marked and, in many cases, subject to statutory periodic 'thorough examination'. Records must be kept of all thorough examinations and any defects found must be reported to both the person responsible for the equipment and Central Bedfordshire Council facilities Operations.
- 6.3. All staff have a responsibility to use moving and handling equipment correctly and to report any malfunction or potential malfunction immediately to the management team. The equipment must be marked with a sticker and dated to alert other people to the potential problem and moved to a safe place. (It cannot be used until checked/serviced and deemed safe by a competent person)
- 6.4. All staff have a responsibility to check that the equipment is clean and in good working order before using it.
- 6.5. Equipment must be suitable and sufficient for the purpose and the person for whom it was provided after an assessment of needs. It should not be used for any other person for who it was not assessed.
- 6.6. Specific lifting appliances e.g., hoists must have a current test certificate, it must be signed by the competent person and must specify the safe working load and this must not be exceeded. This equipment is also required to have a thorough and documented examination by a competent person every 6 months. (LOLER 1998).
- 6.7. Staff must use equipment with which they have been trained. It is the responsibility of each prescriber i.e., risks assessor/ employer/moving and handling trainer to give instruction in the use of such equipment. Staff must seek guidance if they are still unsure about how to use equipment.
- 6.8. Managers must ensure that sufficient resources are available to allow the prompt provision of appropriate aids, where risk assessments are completed by the appropriate member of staff have identified the need. If the required equipment is not available for use, then this must be reported to a member of the management team and the assessed task not performed until the equipment is in place.

- 6.9. Staff must avoid all unnecessary manual moving and use the appropriate equipment where it is assessed, as necessary.
- 6.10. People should be encouraged to assist in their own transfers as far as possible and appropriate moving and handling equipment should be used to reduce the risk of any injury to themselves and staff.
- 6.11. There may be cases where there is not a reasonably practicable alternative to manual moving and, in such circumstance, a detailed risk assessment must be completed identifying all elements of risks and staff skills and capabilities which need to be factored in.
- 6.12. Where a manual handling risk assessment has identified a two-person manual move, it requires both people to be trained and competent.
- 6.13. A person's health, both physical and mental, must be considered before trying to manually handle a person and an appropriate health care professional be alerted if there is a concern.
- 6.14. All accidents, handling incidents and near misses must be reported promptly to the Management team. (See section on Accident/ Incident reporting)

Examples of moving and positioning equipment:

- Hoist
- Slings
- Slide Sheets
- Standing Aids
- Rota stand
- Transfer boards
- Handling belts
- Leg lifter
- Adaptions
- Small pieces of independent aid
- Falls lifting equipment i.e., Raizer Lifting Chair

7. Difficulties Expressing their Views or may Lack Mental Capacity

- 7.1. Where the person has mental capacity in relation to the moving and handling decision but have difficulty expressing their wishes, staff should make all reasonable attempts to find out their wishes by making use of interpreters, non-verbal communication, technological aids, independent advocates and the views expressed through others.
- 7.2. Where the person may lack capacity in relation to the moving and handling decision, staff should undertake a mental capacity and best interest assessment. Refer to guidance on Mental Capacity Act for further information.
- 7.3. No-one can give consent to treatment on behalf of another adult, but health and social care professionals can normally provide treatment/intervention which they believe to be in the

best interests of the person, provided they have assessed capacity and completed a best interests assessment.

- 7.4. Under the terms of the Mental Capacity Act, it is possible for people to make an advanced decision as to their wishes and this should be honoured whenever practicable. Staff should also check whether people have made an Advance Decision to refuse a particular treatment or whether they have made a Lasting Power of Attorney (LPA) Health and Welfare or have a Court of Protection appointed Deputy. If so, both of the latter become the decision maker.

Customer Consent for use of images

- 7.5. In the event that a member of staff undertaking the persons moving and positioning assessment feels that a photograph of the equipment being used with the person would assist care staff to use it correctly / safely, they must complete a consent form.

8. Accident / Incident Reporting

- 8.1. Near misses and accidents resulting in minor injuries (e.g. reddening of the skin, bump with no visible injury, etc.) can be recorded locally (not via AssessNET, the online accident reporting system) For example if the injured / affected person was an non-employee AND the incident wasn't caused by the way a work activity was organised, supervised or carried out, any environmental / premises issues over which CBC has control, or any equipment used for an associated work activity over which CBC has control.
- 8.2. Other incidents need to be reported via AssessNET the online accident reporting system within three working days.
- 8.3. An [accident and incident reporting v3c form](#) should be completed by an authorised member of staff immediately following any incident. The form should include details of the investigation conducted and any follow up actions required to prevent recurrence. The line manager should then sign the form, to ensure they are aware of the incident and support the actions required. The form should not be completed by the person who has sustained injury or illness arising from the event.
- 8.4. Serious accidents and incidents (i.e. those resulting in more serious injury, loss of consciousness and / or the injured person requiring or being likely to require professional medical treatment) must be IMMEDIATELY reported by email to the CBC Corporate Health and Safety Team at corporatehealth&safety@centralbedfordshire.gov.uk
- 8.5. Certain categories of incidents are classified as 'reportable' under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) and must be reported to the Health and Safety Executive (HSE). There are differing timescales for HSE reporting depending on the accident outcome and type of injury (for further information see Central Bedfordshire Council [Accident, Incident, Near Miss & Dangerous Occurrences Reporting Policy and Procedure](#))
- 8.6. Managers must comply with the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR) by ensuring that:
- 8.7. The accident and incident reporting v3c form is uploaded onto AssessNET. All reports submitted on AssessNET are viewed by Corporate Health and Safety Team and they will determine if a RIDDOR report is required. They will seek additional information from the manager of the reporting service to come to this determination (and inform the RIDDOR

report content where one is required), it is important to reply promptly to any queries the Health and Safety Team may have.

8.8. If you do not have an AssessNET administrator in your team, please contact corporatehealth&safety@centralbedfordshire.gov.uk The health and safety team will provide training to nominated people in your team.

- Any additional resources are provided where the accident investigation and review of the risk assessments indicate a shortfall in resources.
- All moving and handling injuries are discussed during management meetings and any changes to procedures, service delivery or systems of work agreed.
- All moving and handling injuries must be discussed during team meetings and during the supervision of people affected.

8.9. All staff are responsible for ensuring that they implement the procedures and reporting all incidents, accidents and near misses within one working day. Where an AssessNET report is required, it must be reported within three working days.

9. Safeguarding

9.1. Any concerns regarding the safeguarding / well-being of a person or staff member should be raised using the relevant procedures e.g., safeguarding/whistleblowing.

9.2. This also includes incidents where the person's moving and positioning assessment identifies that only one member of staff is required but the agency insists that they will only carry out the instructions with two members of staff.

9.3. Concerns about staff or care agency staff not following the person's moving and positioning assessment can be raised by anyone who visits the home and witness's poor / inappropriate / unsafe practice. Concerns can be raised by contacting the services Management Team, Central Bedfordshire Council's Adult Safeguarding Team on 0300 555 1386.

9.4. Any concerns that Central Bedfordshire Council staff are found not to be following the 'Person's Moving and Positioning Assessment' in practice should be raised with the relevant manager/ senior and appropriate action taken including action under the council's Disciplinary Procedures.

10. Responsibilities

The Corporate Health and Safety Team

10.1. The Corporate Health and Safety Team serve as the council's competent persons as required by the Management of Health and Safety at Work Regulations.

- To provide expert health and safety advice and support to all levels within the organisation.
- To provide health and safety policy, guidance and tools on Central Bedfordshire Councils intranet pages
- To monitor health and safety performance of establishments and services.
- To evaluate accident/incident/near miss reports and conduct investigations when more serious accidents or incidents occur.

- To work closely with Assets in relation to property-related health and safety.
- To collaborate with enforcing authorities such as the Health and Safety Executive and Fire authority.

Line Managers

- Must ensure that all risk assessments and safe working practices are reviewed at least annually or more frequently where there has been a significant change in the workplace or a change in the persons care/support plan/risk assessment.
- Inform staff and any other affected party of the risks of the work and methods of controlling the risks, this includes training internal and external. Where problems are identified these should be reported and acted upon in accordance with this and other relevant policies and specialist advice sought if applicable.
- To ensure suitable resources, equipment, environmental changes or staffing is available where it has been identified by the assessment as being relevant control.
- To provide adequate equipment, ensuring staff are competent to use it and it is properly maintained.
- To ensure environments are suitable for the task and equipment in question.
- To ensure that the significant findings from the handling risk assessments are suitably located and available to all staff.
- To review all training records and ensure that all staff are fully trained and competent.
- Where applicable identify a suitable staff member to become a Moving and Positioning trainer / Key Assessor (staff to attend a train the trainer course).
- Where Bank or Agency staff are used, the managers must ensure that these staff are up to date with their manual handling training appropriate for the area of work. Where Bank/Agency staff are not in date they should not be used until suitably trained.
- To consider whether individual risk assessments are necessary to safeguard staff members where their capabilities may be reduced due to ill health; injury or because they are new and expectant mothers or are young persons.
- All near misses or incidents which result in injury to staff or people are reported and fully investigated and risk assessments and system of work to which the incident relates reviewed.

Adult Social Care Employees:

- Must adhere to safe systems of work and identified control measures, this will include the use of postural principles shown in training.
- Should wear appropriate clothing and footwear i.e. (not open toed sandals) that do not constrain movement/posture when moving and handling and use the personal protective equipment provided by their service.
- Must comply with infection control policy and procedures relevant to their service.
- Take reasonable care to ensure that their actions do not put themselves or others at risk.
- Must use equipment correctly, where it has been identified as appropriate.
- Inform the management team if things change or they identify hazardous handling activities.

- Must ensure that they attend moving and positioning training appropriate for their job role when required.
- Report all accidents, incidents and near misses to the management team.
- Only undertake moving and handling tasks when trained and have been assessed as competent.

11. Equality and Diversity

- 11.1. All SCHH policies are accompanied by an Equality Impact Assessment (where applicable) and an implementation plan that sets out monitoring and reporting arrangements available in relation to this policy.
- 11.2. We will be proactive, putting in place arrangements to ensure that we do not unfairly discriminate against people on the grounds of their protected characteristics.
- 11.3. We will provide culturally appropriate care (also called 'culturally competent care'). We will be alert and responsive to people's cultural identity or heritage. Personal choices around their moving and positioning support will be respected and carefully considered.
- 11.4. Care Quality Commission (CQC) states "Cultural identity or heritage can cover a range of things. For example, it might be based on ethnicity, nationality, or religion. Or it might be to do with the person's sexuality or gender identity. Lesbian, gay, bisexual, and transgender people have a particular culture. So do Deaf people who use British Sign Language."
- 11.5. Examples of culturally appropriated care:
- Some people may not wish to be moved or positioned by someone of the opposite gender.
 - If someone lacks mental capacity to consent to a decision about a particular care or treatment option. It is important to apply the Mental Capacity Act. When assessing if someone lacks capacity or giving information to support someone to make a decision, you should take cultural factors into account. Using the Mental Capacity Act to make a 'best interests' decision must include considering the person's beliefs and values.
- 11.6. People's requests will be respected as far as possible. Where there are difficulties in meeting these requests, they will be discussed with the person and/or their representatives.

12. Definitions and Policies

Term	What it means
Manual handling	Any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying or moving thereof) by hand or by bodily force.
Moving and Handling	Refers to all manual handling tasks including the use of equipment.
Ergonomics	The study of work that people carry out; the place it occurs, the tools and equipment used, and the processes of work designed, so that the people carrying out the work do not have their health or

	wellbeing compromised regardless of gender, stature, age, physical or physiological abilities. It ensures that all work is effective and efficient.
Load	A generic term to identify an object that is being carried or is about to be carried. This includes a person, who requires physical assistance with movement or any piece of equipment that is moved.
Inanimate Object	A thing that is not alive, such as a table, a chair, a rock, a book etc..
Musculoskeletal Disorders (MSDs)	Is the term used to describe any injuries to the muscular system, including ligaments and tendons, attached to the skeletal system.
Reasonably practicable	The level of risk is balanced against any potential resource input that is required to remove or reduce the risk.
Controversial	A manual handling technique that will cause moderate to considerable risk of harm to the person and/or staff member such as Underarm drag, Australian/Cradle lift, Bearhug.
People, person, or person's	An adult or older person who uses Central Bedfordshire Council's care and support services.
MCA (Mental Capacity Act)	<p>Mental Capacity Act 2005. Among other things, the MCA requires:</p> <ul style="list-style-type: none"> • adults to be assumed to have capacity to make a decision until it is proven that they do not have capacity. • mental capacity to be assessed if there is any doubt about an adult's capacity. • a best interest meeting to be held to discuss and agree on the best options for an adult who is unable to make a capacitated decision. <p>Decisions from the best interests meeting to be recorded in a plan.</p>
Risk assessment	This may be generic completed for an area or department or, an individual assessment of any manual handling risks in providing care or rehabilitation for a person.
Significant events / incidents	As soon as an error is identified the line manager must be informed immediately with details of the person concerned, the nature of the error and the actions taken to ensure the safety of the person.

Other Relevant/Supporting Documents:

- Central Bedfordshire Council - Corporate Health and Safety Policy
- Central Bedfordshire Council - P3 Accident Incident Near Miss Dangerous Occurrences Reporting Policy and Procedure
- Central Bedfordshire Council - 004 Risk Assessment Policy

- Central Bedfordshire Council – Confidential Reporting Code (Also known as “Whistle Blowing” Policy)
- Central Bedfordshire Council – SCHH Duty of Candour
- Central Bedfordshire Council – SCHH Safeguarding and Safe Care Policy
- Central Bedfordshire Council – SCHH Admissions Assessment and Care Planning Policy
- Bedfordshire Safeguarding Adults Policy and Procedures
- Mental Capacity Act Policy
- Community Deprivation of Liberty Protocol
- Infection Prevention and Control Policy

13. Monitoring and Reporting Arrangements

- 13.1. The implementation of this policy and procedures will be monitored by managers via regular audits and supervision. The results of these audits will be reported to Operations Manager, the Head of Service and during managers meetings.
- 13.2. All Adult Social Care will implement the policy and review its on-going application in practice, staff to reflect on the requirements of people who use the service.
- 13.3. It is recognised that people are cared for in a variety of settings. It is essential that the training is structured, but sufficiently flexible to reflect the differing ways in which needs are met and adapt to meet changes as they occur.
- 13.4. A key factor in implementing the policy is to ensure that all those involved in meeting the healthcare needs of people receive appropriate training and on-going support to meet these needs.
- 13.5. Induction training will be delivered when a member of staff joins the service. On-going training will be provided to meet the individual needs of people.
- 13.6. This policy supports the Care Quality Commission (CQC) Assurance Key Areas and Statements below:

Key question:	Quality statements we will use to assess quality
Safe	<p>Learning culture</p> <p>We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learnt to continually identify and embed good practices.</p> <p>Safeguarding</p> <p>We collaborate with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure we share concerns quickly and appropriately.</p>

	<p>Safe environments We detect and control potential risks in the care environment. We make sure that the equipment, facilities, and technology support the delivery of safe care.</p> <p>Safe and effective staffing We make sure there are enough qualified, skilled, and experienced people, who receive effective support, supervision, and development. They work together effectively to provide safe care that meets people's individual needs.</p> <p>Infection prevention and control We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.</p>
Effective	<p>Assessing needs We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.</p> <p>Consent to care and treatment We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.</p>
Caring	<p>Treating people as individuals We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.</p> <p>Independence, choice and control We promote people's independence, so they know their rights and have choice and control over their own care, treatment, and wellbeing.</p> <p>Responding to people's immediate needs We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern, or distress.</p>
Responsive	<p>Person-centred care We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.</p> <p>Equity in access We make sure that everyone can access the care, support, and treatment they need when they need it.</p>
Well-led	<p>Governance, management, and sustainability We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.</p>

14. Evaluation and Review

14.1. This policy will be reviewed 2 yearly. In addition, the policy will be amended when new legislation is introduced, including identification of risks identified during moving and positioning investigations, to ensure that the services are meeting the needs of people safely.

15. References

Manual Handling Operations Regulations 1992	Getting To Grips with Manual Handling. A Short Guide for Employers - HSE
Manual handling assessment Charts (MAC) - HSE	ART tool - HSE
Making best use of lifting and handling aids - HSE	Preventing manual handling injuries to catering staff - HSE
The Guide to the Handling of People 6th Edition, Jackie Smith et al. (2010)	Getting to grips with hoisting people -HSE
Understanding Ergonomics at Work - HSE	How the Lifting Operations and Lifting equipment Regulations apply to health and social care - HSE
Moving and Handling the Plus Size Person. Mary Muir & Anita Rush. National Back Exchange.	The safe handling of a manual wheelchair. Leaflet02.Penny Townsend NBE 2014
Moving & Handling in the Community and Residential Care (2015) National Back Exchange.	Resuscitation Council (UK) Guidance for safer handling during resuscitation in healthcare settings(2009) http://www.resus.org.uk/pages/safehand.pdf
Royal College of Nursing. (1999), RCN Code of practice for patient handling London	

16. Appendices

- Appendix 1: Moving and Positioning Procedures.
- Appendix 2: Moving and Positioning Individuals and Back care Guidance.
- Appendix 3: HSE Guidance How Lifting Operations and Lifting Equipment Regulations apply to Health and Social Care.
- Appendix 4: HSE Guidance Getting to Grips with Hoisting People.
- Appendix 5: HSE Guidance Manual Handling at Work Guidance.
- Appendix 6: HSE Guidance for Preventing manual handling injuries to catering staff.

- Appendix 7: Resuscitation Council (UK) Guidance for Safer Handling during Resuscitation in Healthcare Settings.

17. Reader Confirmation:

Please click the link below to complete the reader confirmation form:

[Adult Social Care Policy & Procedure Reader Confirmation](#)