

NORTHUMBERLAND

Northumberland County Council

ADULT SERVICES

Policy, Procedure and Guidance for Managers and Staff

Residential, Supported Living and Day Services
(In house services)

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INTRODUCTION

This is a policy and procedure manual within which guidelines are identified separately.

It is intended that the manual be used by staff working in or with responsibilities for County Council homes and day services for Older People and People who have Learning Disabilities.

The aim of the manual is to ensure that the care provided and work carried out in the services are consistent throughout all the services.

Concept of care

The clients' quality of life is the main concern of the County Council run services. Clients can expect to be well-informed and involved in every stage of their care, and to have their needs met by skilled, qualified staff. This requires the creation of a caring and outcomes-focused environment, which reflects the right values and meets the standards expected by the Care Quality Commission and local quality monitoring systems. These can be summarised as:

- Privacy.
- Dignity.
- Safety.
- Health and Wellbeing.
- Respect and Involvement.
- Choice and Independence.
- Rights and Inclusion.
- Person-Centred Outcomes and Fulfilment.
- Good Value for Money.

Important issues to consider are:

- Race and language.
- Age.
- Gender.

- Culture.
- Religion or belief.
- Abilities.
- Sexual Orientation.

Risk management

Care should be a positive experience. All clients have the right to lead a life which is as satisfying as possible and this will involve taking positive risks. The responsibility of managers and staff is to identify the risks individuals may present and take reasonable measures to reduce the risks without placing unnecessary restrictions on individuals.

Personal relationships

All clients, regardless of gender and sexual orientation, must have the right, freedom and privacy to enjoy personal relationships including sexual fulfilment. This will require staff to exercise particular tact and diplomacy.

Spiritual needs

Any client wishing to talk to a leader of religion should be helped to do so by the Unit Manager where he/she is unable to make such arrangements themselves.

Voluntary organisations should be encouraged to call for and assist clients, who wish to, to attend local services.

Leaders of religion should be encouraged to visit clients and hold services as required at reasonable intervals by arrangement with the Registered Manager. Clients will be free to decide whether to participate in such services.

It is important that arrangements for services to continue must not impinge upon the quality of life for those clients who choose not to attend. Those clients who do not wish to participate should be given alternative accommodation to use without being forced to retire to their rooms or leave the establishment.

Cultural care and ethnic needs

Staff should be responsive to the diverse needs and requirements of clients. Staff should be aware of, and provide for, ethnic and cultural observances, both dietary and ritual. Clients with different ethnic backgrounds and/or languages should be able to feel that their needs will be responded to willingly by staff who understand the value of maintaining the sense of continuity and identity based on past traditions and practices.

Access to appropriate information

Services and information must be accessible to all clients. For some people with particular needs (e.g. due to sensory impairment, a learning disability, or where their first language is not written or spoken English) this may mean having access to translators, interpreters, alternative information formats or other relevant support. Staff should be aware of how to access the range of information and services to ensure equality within the service.

SECTION ONE: LEGISLATIVE FRAMEWORK

Registered Managers must be familiar with the legislation regulating the conduct of residential care homes to ensure that they comply with the requirements of the Care Quality Commission (CQC). The legislation listed below relates to the CQC's essential standards of quality and safety; it is not exhaustive. If in doubt seek legal advice.

1.1 [Health and Social Care Act 2008](#)

The Health and Social Care Act 2008 established the Care Quality Commission as the regulator of all health and adult social care services, replacing the three previous regulatory bodies - the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Commission.

Regulations are made under powers set out in the Health and Social Care Act and they provide more detail about the powers and duties the commission has, and about the duties that people providing and managing services have. The regulations made under the main Act change more frequently than the act itself. It is important to be aware of all the up to date provisions.

1.2 [Health and Social Care Act 2008 Regulations 2012](#)

These regulations replace the minimum standards of the Care Standards Act 2000. The Care Quality Commission (CQC) inspects against these regulations, which are outcome-focused in six key areas: user involvement and information, personalised care, safeguarding, staff suitability, quality and management, and management suitability.

1.3 [Care Quality Commission \(Registration\) Regulations 2009](#)

These regulations came into force on 1 April 2010. They apply to all regulated activities, and make requirements about the way that people who wish to provide or manage a regulated activity in England can become registered.

They also contain details of the standards that people registered to provide and manage services will have to observe.

1.4 [Protection of Freedom Act 2012](#)

This amends the Safeguarding Vulnerable Groups Act 2006, which places a statutory duty on all those working with vulnerable groups to register and undergo an advanced vetting process.

In 2012 a new organisation called the Disclosure and Barring System (DBS) took over the functions of the Independent Safeguarding Authority and the Criminal Records Bureau. The definition of regulated activity is changing to focus on work that involves close and unsupervised contact with vulnerable groups.

It is a criminal offence to knowingly allow a barred person to work in regulated activity, or to fail to inform the DBS that a person has been dismissed or removed from regulated activity because they harmed or posed a risk of harm to vulnerable people.

1.5 [Equality Act 2010](#)

This consolidates an array of Acts and Regulations which formed the basis of anti-discrimination law. The Equality Act requires equal treatment in access to employment as well as private and public services, regardless of the protected characteristics of age, disability, sex and sexual orientation, gender reassignment, marriage and civil partnership, race, religion or belief.

1.6 [Mental Health Act 2007](#)

The Mental Health Act 2007 amends the Mental Health Act 1983 with new powers of Supervised Community Treatment, including Community Treatment Orders; broadening the range of mental health professionals who can be responsible for the treatment of patients without their consent and the introduction of independent mental health advocates (IMHAs). It also amends

the Mental Capacity Act 2005 to include the Deprivation of Liberty Safeguards (see paragraph 1.7).

1.7 [Mental Capacity Act 2005](#)

The Mental Capacity Act provides a framework to empower and protect people who may lack capacity to make some decisions for themselves.

The Act includes Deprivation of Liberty Safeguards (2009), which aim to make sure that a care home (or hospital) only restricts someone's liberty safely and correctly. A Court of Protection will help with difficult decisions and an Independent Mental Capacity Advocate (IMCA) service provides help for people who have no intimate support network.

Mental Capacity Act 2005: Deprivation of Liberty Safeguards - [Code of Practice 2008](#) and the main **Mental Capacity Act 2005 [Code of Practice](#)** support the Mental Capacity Act and provide guidance for all those who care for and/or make decisions on behalf of adults who lack capacity.

1.8 [National Health Service and Community Care Act 1990](#)

This Act is the legislative basis for the "Community Care" approach which introduced market forces to social care, resulting in the separation of Purchasers (Care Management) and Providers (Adult Service Division).

All services provided by the Adult Services Division are purchased by the Care Management Division through Service Level Agreements.

1.9 [The Mental Health Act 1983](#)

The Mental Health Act 1983 (which was substantially amended in 2007) allows people with a 'mental disorder' to be admitted to hospital, detained and treated without their consent for their own health and safety, or for the protection of other people.

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The different sections of the Mental Health Act include powers to place people on supervised Community Treatment Orders (CTO) after a period of compulsory treatment in hospital. Conditions of the CTO might include staying at a particular address, attending for treatment at a particular time or place, or taking medication. Failure to comply with the conditions, or a significant deterioration in mental health, may result in the individual being recalled back into hospital for assessment.

Guidance can be found in the:

[Mental Health Act Code of Practice, revised 2008.](#)

1.10 [National Assistance Act 1948](#)

Section 21 of this Act describes the power of local authorities to provide residential accommodation for persons who by reason of age, infirmity or any other circumstances are in need of care and attention which is not otherwise available to them. The National Assistance Act, 1948, has been amended by the Supplementary Benefits Act, 1976, and by the NHS and Community Care Act 1990.

1.11 Other Acts and Statutory Instruments

There are other Acts and Statutory Instruments relevant to the operation of a residential care home. For example there are health, safety, fire and food hygiene requirements which will entail periodic inspections by the Environmental Health Officer and the Fire Prevention Officer. The following, although not exhaustive, is a list of the main regulations and acts that apply.

- [The Building Regulations 2010](#) (and all sub regulations)
- [The Health and Safety at Work Act, etc., 1974](#) (and all sub regulations)
- [The Food Hygiene \(England\) \(Amendment\) Regulations 2012](#)
- [The Food Standards Act 1999](#)
- [The Food Hygiene \(General Food Hygiene\) Regulations 1995](#)

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- [The Food Safety \(Temperature Control\) Regulations 1995](#)
- [Food Safety \(General Food Hygiene\) Regulations 1995](#)
(and all other sub regulations made under the Act)
- [The Food Safety Act 1990](#)
- [The Food Safety Act 1990 \(Consequential Modifications\) \(England and Wales\) Order 1990](#)
- [The Reporting of Injuries, Diseases and Dangerous Occurrences \(Amendment\) Regulations 2012](#)
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995](#)
- [Control of Substances Hazardous to Health \(Amendment\) Regulations 2004](#)
- [Control of Substances Hazardous to Health Regulations 2002](#)
- [Electricity Act 1989](#)
- [Electricity at Work Regulations 1989](#)
- [The Employment Rights Act 1996](#)
- [Regulatory Reform \(Fire Safety\) Order under the Regulatory Reform Act 2005](#) replaced all previous fire legislation in England and Wales from 1 October 2006
- [The Data Protection Act 1998](#)
- [Human Rights Act 1998](#)
- [The Health and Safety Information for Employees Regulations 1989](#)
- [Health and Social Services and Social Security Adjudications Act 1983](#)
- [Health and Safety \(First Aid\) Regulations 1981](#)
- [Health and Safety \(Safety Signs and Signals\) Regulations 1996](#)
- [Manual Handling Operations Regulations 1992 \(as amended in 2002\)](#)
- [Health and Safety \(Display Screen Equipment\) Regulations 1992](#)
- [The Working Time \(Amendment\) Regulations 2003](#)

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- [The Local Authority Social Services and National Health Service Complaints \(England\) Regulations 2009](#)
- [The Controlled Drugs \(Supervision and management and use\) Regulations 2013](#)

1.12 Legislative Guidance

- [Deprivation of Liberty Safeguards: A guide for hospitals and care homes \(DH, 2009\)](#)
- [Information Sharing: Guidance for practitioners and managers \(DCSF, 2008\)](#)
- [The handling of medicines in social care \(RPSGB, 2007\)](#)
- [The Controlled Drugs \(Supervision of Management and Use\) Regulations 2013 Information about the Regulations](#)
- [Safeguarding Adults: A National Framework of Standards for good practice and outcomes in adult protection work \(Association of Directors of Adult Social Services, 2005\)](#)
- [The safe and secure handling of medicines: a team approach \(RPSGB, 2005\)](#)
- [Guidance for restrictive physical interventions: How to provide safe services for people with learning disabilities and autistic spectrum disorder \(DH, 2002\)](#)
- [Manual handling at Work: A brief Guide \(Health and Safety Executive, 2011/12\)](#)

SECTION TWO: SAFEGUARDING AND ALLEGATIONS OF ABUSE

Please note these are general guidelines only and managers need to refer to the Northumberland Multi Agency Policy for Safeguarding Adults dated 2012 and the 12 Steps Procedural Framework (www.tinyurl.com/nlandsafeguarding).

2.1 Definition of abuse

“Abuse is a violation of individuals human and civil rights by any other person or persons”. (No Secrets, DH 2000)

Abuse may consist of:

- A single act or repeated acts.
- An act of neglect or an omission to act.
- Intentional or unintentional act(s)/behaviour which may result from lack of knowledge.

2.2 The main types of abuse

- i. **Physical abuse**, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- ii. **Sexual abuse**, including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting; it can include non-contact abuse such as indecent exposure, photography, video, internet pornography.
- iii. **Psychological abuse**, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- iv. **Financial or material abuse**, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial

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transactions, or the misuse or misappropriation of property, possessions or benefits.

- v. **Neglect and acts of omission**, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- vi. **Discriminatory abuse**, including racist, sexist, that based on a person's disability, cultural norms, religion, and other forms of harassment, slurs or similar treatment.
- vii. **Institutional abuse**, where the organisation of a care setting does not meet the needs of individuals or creates an abusive or neglectful culture.
- viii. **Self-neglect**. Although self-neglect is not included in the "No Secrets" definition of abuse, in such cases this policy will apply where there is deemed to be significant risk to life. In cases of self-harm, staff should refer to policies in this area.
- ix. **Domestic abuse**, which can be described as any violence between current or former partners in an intimate relationship, wherever and whenever violence occurs. The violence may include physical, sexual, emotional or financial abuse. This policy is concerned with vulnerable adults as defined above. However incidents reported by the police through the domestic violence protocols will be addressed under the adult protection processes if it is considered that a vulnerable adult may be at risk of abuse.
- x. **Random criminal acts** by strangers are not usually included within the definition of abuse. It may sometimes be appropriate, however, to use the Policy to ensure that the vulnerable person receives the support that they need.

Section Two: Safeguarding and allegations of abuse

2.3 Responding to allegations of abuse

2.3.1. Responsibility of staff

- i. All staff members in all organisations have a responsibility to share safeguarding adults concerns.
- ii. **Where an 'adult at risk' is in immediate danger, steps should be taken to protect their safety, e.g. by calling 999 for emergency medical assistance and/or the Police.**
- iii. The person identifying the concern shouldn't put themselves at risk.
- iv. Every care should be taken to preserve evidence.

2.3.2 Responsibility of the organisation

All organisations, including the Council, should:

- i. Identify a Designated Person within their organisation – usually the registered manager.
- ii. Ensure that staff report their concerns to the 'Designated Person' identified.
- iii. Consider whistle-blowing procedures where a staff member is implicated; if the allegation is about, or implicates, the Designated Person and/or the Responsible Manager, then the Alerter will need to contact the Foundry House Call Centre on 01670 536400.
- v. Keep a written record of the alert as soon as possible and keep this.

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2.3.2 Responsibility of the Designated Person

- i. On receiving the information, the Designated Person should:
 - Review the information.
 - Decide whether the reported concerns could constitute abuse.
- ii. Where there is **any** suspicion of abuse, the Designated Person shall contact **Foundry House Call Centre** on **(01670) 536400** and share precise factual details about the allegation
- iii. If a crime is suspected, the Designated Person will contact Northumbria Police Central Referral Unit at the **North of Tyne Protecting Vulnerable Person's Unit** on **(03456) 043043** (or in the case of an emergency **999**).
- iv. Apart from initial fact finding, no attempt should be made to question the adult at risk, the alleged perpetrator or any other witnesses; this will be done as part of a formal Police investigation.
- vi. Registered health and care services should notify the **Care Quality Commission** of safeguarding concerns and immediate protective actions. The number to call is **03000 616161**.

2.4 Allegations made against members of staff

If an allegation is made against any worker in any organisation, the employer should refer to his/her organisation's internal human resources/suspension/staff disciplinary procedures and takes prompt action to protect the interests of all parties.

Section Two: Safeguarding and allegations of abuse

2.5 Allegations made against people who have contact with children

- i. Allegations about people who also have contact with children through their work will need to be referred to the organisation's nominated 'Senior Manager' to **Northumberland County Council's LADO** on **(01670) 533503** or via www.northumberland.gov.uk/safeguarding
- ii. More information about how to alert safeguarding children concerns can be found in the Local Safeguarding Children Board procedural guidance. The Designated Person should make a written record of their actions as soon as possible and keeps this for future reference.

2.6. Cases involving multiple service users

Institutional abuse or serious injury or death and PREVENT referrals

These types of referrals will always be allocated to the **Safeguarding Adults Unit**. For advice contact the Safeguarding Team on **01670 622683**

Note: Registered Managers –re Notification to CQC

SECTION THREE: RESPONSE TO CQC INSPECTION REPORTS

3.1 Background

Care Quality Commission (CQC) inspections involve a process of external examination, intended to establish whether a service is being managed and provided in conformity with expected standards, and that:

- i. The quality of life of users meets agreed standards and they are protected from abuse, neglect and exploitation.
- ii. Statutory needs are met and good practice is promoted
- iii. Action is identified to improve performance against established standards.
- iv. Policies are implemented to ensure staff recruitment, support and training facilitates service development.

3.1.2 Frequency of inspection

All registered services will receive an unannounced inspection annually, with follow up visits where improvements are identified. All registered services could be inspected in response to serious incidents or concerns raised with the CQC; this would be unannounced and over and above the annual inspection.

3.1.3 Responsibilities during inspection

For all inspections the Registered Manager or Duty Officer of the service will contact the Operations Manager and Senior Manager upon the arrival of the inspector. The Operations Manager and/or the Senior Manager will attend the inspection to offer support and will inform the Associate Director of Strategic Commissioning and Safeguarding and Governance Manager.

Section Three: Departmental response to CQC inspection reports

3.2 Reports

3.2.1 Informal feedback

The Operations Manager will attend, with the Registered Manager, the verbal feedback from the Inspector, which will be given following each Key inspection.

3.2.2 Draft report

The CQC will forward a copy of the draft inspection report to the Registered Manager and Nominated Individual (Corporate Director of Adult Services). The Registered Manager will:

- i. Consult with the Operational Manager and correct any errors or fact contained in the draft report.
- ii. Forward a copy of the draft report and amends to the Governance Manager.
- iii. Return written notification of errors of fact to the CQC to be incorporated (if agreed) before the final report is issued.
- iv. Treat the report as accepted as final in that form if no response is received within two weeks.

3.2.3 Final inspection report

The final report will be issued two weeks after the receipt of comments. The Registered manager will copy the report to the Operations Manager and Governance Manager indicating:

- i. Action taken to implement the recommendations and requirements of the report.
- ii. Progress being made to effect the recommendations and requirements.
- iii. Recommendations and requirements which he/she cannot achieve.

Section Three: Departmental response to CQC inspection reports

3.3 Responsibilities

3.3.1 Registered Manager and Operations Manager

The Registered Manager and the Operations Manager are responsible for:

- i. All communication with the CQC on particular issues, completing any required CQC Notifications .
- ii. Ensuring that appropriate action is taken to effect the recommendations contained in the Inspection Report.
- iii. Advising the Corporate Director of Adult Services and the Integrated Governance and Performance Meeting of:
 - a. Action taken.
 - b. Timetable within which action will be completed.
 - c. Outstanding action with an explanation of why these
 - d. Recommendations have not been affected.

SECTION FOUR: RECORDS

4.1 Records and access to information

4.1.1 Responsibility of the Registered Manager

People's personal records should be accurate, fit for purpose and kept safe and confidential. Other records kept for the protection of their safety and wellbeing should be maintained and held securely where required.

Records will be available at all times for inspection by any authorised person. See paragraph 4.2 below.

4.1.1 Legal requirements and policy guidance

- i. In accordance with Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, the Registered Manager 'must ensure that clients are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them' by maintaining:
 - a. An accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user.
 - b. Such other records as are appropriate in relation to:
 - Persons employed for the purposes of carrying on the regulated activity.
 - The management of the regulated activity.
- ii. In line with the legislation outlined above, the Registered Manager must ensure that the records referred to in 4.1.1.i. (which may be in paper or electronic form) are:
 - a. Kept securely and can be located promptly when required.

- b. Retained for an appropriate period of time.
 - c. Securely destroyed when it is appropriate to do so.
- iii. We are required by law to manage our records properly. Legislation such as the Data Protection Act 1998 (DPA) and the Freedom of Information Act (FOI) 2000 are particularly relevant, as they set out specific requirements on the creation and management of records.

Other relevant policies, guidance, strategies and standards can be found on the Council website within the Records Management Service (www.tinyurl.com/NCCrecords).

4.1.2 Records and Information Management

- i. The following principles apply to good records and information management:
 - The regular review of information.
 - The controlled retention of information.
 - The controlled destruction of information.
- ii. The Registered Manager will compile all records specified in Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, adhering to the relevant legislation, which is covered by the following Council policies and guidelines:
 - The Council's Code of Conduct.
 - Information Security Policy.
 - Corporate Records & Information Management Policy.
 - Data Quality Policy.
 - Data Protection Policy and Code of Practice.
 - Data Breach Management Policy.
 - Transportation, Transfer and Sharing of Data Policy.
 - Confidential Records Disposal guidelines.
 - Email Usage Policy.

- Internet Usage Policy.
- Mobile Computing Policy.

Records will be available at all times for inspection by any authorised person. See paragraph 4.2 below.

- iii. Records to be maintained as a requirement are:
 - a. Risk assessments
 - b. Purchasing records
 - c. General operating policies and procedures
 - d. Incidents, events or occurrences that require notification to CQC
 - e. Use of restraint or the deprivation of liberty
 - f. Detention
 - g. Maintenance of the premises
 - h. Maintenance of equipment
 - i. Electrical testing
 - j. Fire safety
 - k. Water safety
 - l. Medical gas safety, storage and transport
 - m. Money or valuables deposited for safe keeping
 - n. Staff employment
 - o. Duty rota's
 - p. Financial accounts and audits

4.1.3 Data Protection

- i. Registered managers should ensure all staff are familiar with Data Protection and other related policies. Data Protection refers to the principles and provisions of the Data Protection Act 1998 for the secure management of personal data, and in particular:
 - a. The obtaining of personal data.
 - b. The storage and security of personal data.

- c. The use of personal data.
 - d. The disposal and/or destruction of personal data.
- ii. Personal data, defined by the legislation, is information that would enable the identification of any living individual.
 - iii. The Data Protection Act is based upon 8 principles, aimed at ensuring that all personal data is:
 - Fairly and lawfully processed.
 - Processed for limited purposes.
 - Adequate, relevant and not excessive.
 - Accurate and up to date.

 - Not kept for longer than is necessary.
 - Processed in line with the rights of the subject of the data.
 - Secure, e.g. not left unattended on desks; computers locked when unattended; careful consideration to secure locations for whiteboards that contain confidential information.
 - Not transferred to other sites, departments, organisations or countries without adequate protection, e.g. properly packaged and appropriately labelled.

Further information about Data Protection and the Council's Data Protection policy can be found on the Intranet, from the Data Protection link on the following web page: www.tinyurl.com/nccdataprotect

4.1.4 Data Quality

- i. Data Quality can be defined as being the creation, processing and management of Council information in such a way as to ensure:
 - Its authenticity.
 - Its reliability.

- Its integrity.
- Its usability.

Further information on data quality can be found in the Council's Data Quality Policy.

- ii. The Registered Manager will ensure that all members of staff are counselled on the confidential aspect of their work. Staff must be made aware that:
 - a. They are responsible for the security, integrity and accountability of service user records in either paper or electronic format.
 - b. All records must conform to approved standards in structure, format, content and quality.
 - c. Data must be kept up to date throughout the lifecycle of the data.
- iii. Errors in personal data that cause data subjects damage or distress could lead to the Council being prosecuted. It is important therefore that all appropriate measures are put in place to verify the accuracy of data when collected, especially when any significant decisions or processes depend upon the data.

4.1.5 Access to records

- i. Clients, or their advocates, must be informed of the following:
 - a. That personal information is being held on file (manual and electronic) about the client.
 - b. How this information might be used.
 - c. Their rights of access. See paragraph 4.1.8 below.
- ii. It is safest to assume that all information about a living, identifiable individual is personal data. Sensitive Personal Data can include

information relating to religious belief, sexual life, physical or mental health conditions and any offence committed or alleged to have been committed.

Sensitive data must only be used for approved purposes. It should never be kept in a generally accessible record or file.

- iii. Confidential information must be kept in a separate section of the client's personal file and be held within a secure filing system. Access is limited to officer staff. Employees must never access data unless it is part of their job and there is a business need to do so.

"Confidential information" may include information about:

- a. Financial personal affairs.
 - b. Personal affairs i.e. funeral arrangements.
 - c. Medical history information (as distinct from current medical information).
- iv. Before making data available to anyone else, staff must make sure that they have the authority to release it. As a general rule personal and sensitive data must not be disclosed, transferred, or copied to third parties without authorisation from an appropriate senior officer, who understands the purpose of the request and is aware of the procedures to follow.
 - v. Advice on the issue of confidential data can be sought from the Council's Data Protection Officer at ITSecurity@northumberland.gov.uk

4.1.6 Sharing information

- i. Information received in confidence from a third party must not be disclosed without the consent of the third party.
- ii. Information about a third party must not be disclosed to the client without the consent of that third party.

4.1.7 Disclosure of data by telephone/SMS

- i. Many of the general rules regarding personal and / or confidential data apply to the use of telephones. Further information can be found in the Council's Telephone Usage Policy, Data Protection Policy, the ICT & Information Security Policy and the Transportation, Transfer & Sharing of Data Policy, or from the Information Security Officer at ITSecurity@northumberland.gov.uk . See also section 21.9 of this guidance.
- ii. Special care must be taken regarding telephone enquiries.
- iii. The credentials of the caller must be established before information is given. The name, official position, addresses and telephone number of the caller will be taken.
- iv. Information must never be given out over the phone or by any other verbal means unless it is absolutely clear who the data is being given to, that they are entitled to that data and are ready and able to accept it. If satisfied that information should be disclosed it can, if urgent, be the subject of a **return telephone call**.
- v. Ordinarily information should be sought and given by correspondence as described in paragraph 4.1.8 below.
- vi. All staff should ensure that they cannot be overheard by unauthorised people when making or receiving sensitive telephone calls, and they should avoid identifying clients by name if it is not essential.
- vii. Voicemail messages containing personal information must only be left after due consideration has been given to the security and confidentiality risks involved.

- viii. Recorded phone messages containing confidential information must be secured by password access. There should be a deputy and / or group password for times of absence.
- ix. If using text (SMS) messages for personal information, the recipient's consent to be being contacted in this way must be obtained.
- x. Coded messages must be considered, and all messages received or sent must be documented and deleted immediately.
- xi. A dedicated work phone must be used for SMS messaging, with named staff responsible for its physical security and access password.

4.1.8 Client access to case records

- i. Individuals have various rights under the Data Protection Act. These are:
 - The right to be told that processing is being carried out.
 - The right of access to their personal data.
 - The right to prevent processing in certain cases.
 - The right to have inaccurate or incorrect information corrected, erased or blocked from processing.
- ii. Requests for access to personal data must be made in writing using the Subject Access Request form in the Subject Access Information Pack (www.tinyurl.com/nccsubjectaccess) and sufficient detail must be obtained to ensure that the request has been made by the data subject in person.
- iii. As proof of identity at least two identifying documents of the data subject must accompany the request. If a third party is making the request, a signed letter of consent from the data subject should also be enclosed.

- iv. The completed Subject Access Request Form and accompanying documents with fee payment by cheque or postal order (usually £10) must be sent to the following address:
Information Governance Office, Information Services, Northumberland County Council, County Hall, Morpeth, Northumberland, NE61 2EF.
- v. Subject Access Requests must be satisfied within 40 calendar days of their receipt by the Council. The Operations Manager will be responsible for arranging access.
- vi. Some data may be withheld, for instance if it also refers to other people, may be of a risk of serious harm to the client or another person, or may compromise crime prevention.
- vii. The need to withhold access to sensitive items is never justification for withholding access to the remainder.
- viii. In some circumstances data about other people may be released with written permission from the subject of the data.
- ix. The Senior Manager and Director of Administration and County Solicitor will normally be responsible for deciding to withhold information. This decision must be agreed with the Executive Director for Adult Care (EDAC) where the decision to withhold information is taken because of a risk of serious harm to the client or another person.

The Council have a formal IT governance framework in place, led by the Information Security Board, with the remit to oversee information security across the organisation.

4.1.9 Transfer of service user identifiable information

- i. Registered Managers have a responsibility to ensure that all staff are instructed in their responsibilities in relation to personal information and work at all times in a way that is compliant with the Transportation, Transfer and Sharing of Data Policy.

- ii. Registered Managers also have a responsibility to investigate and take relevant action to address any potential breaches of the Policy, supported by the Information Security Officer. The Information Security Event Report Procedure provides more information on how to report incidents.
- iii. Wherever possible correspondence and reports should be written so that they can be shared on an open basis with the client concerned. If this is not possible the correspondence should contain a clear statement that the contents of the letter or report have been written in confidence and cannot be divulged without obtaining prior written consent from the author.
- iv. All letters and reports should not indiscriminately contain statements requiring that they cannot be divulged without prior written consent.
- vi. The access, use and sharing of information will often involve its removal from one location to another either physically or electronically and may include:
 - Personal handover.
 - Conversations in person or by telephone.
 - Using the fax.
 - By post or courier.
 - By computer or email.
- vi. Whatever the method used, the confidentiality and security of the information is paramount. If in paper form it must be in a sealed envelope so that no part of the information is visible and the information should be handed directly to the intended recipient, and not left on a desk or in a tray.
- vii. If using a fax, the recipient should be first contacted by telephone and asked to wait at the fax machine until the fax is sent and they should be

asked to confirm that they have received the fax. The number dialled should be double checked before sending.

- viii. If using the post or courier, information should always be sealed into a robust envelop with the recipient's name, designation and address clearly written on the front and a return address written on the back. The envelope should also be marked confidential to the addressee.

4.1.10 Private details of an employee of the Department

Information concerning an employee's private affairs must not be supplied to any person unless the consent of the employee concerned is first obtained, in writing.

4.2 Records to be kept in the establishment

The following records are maintained in the service, in accordance with the Data Quality Policy to ensure authenticity, reliability, integrity and usability of the information recorded.

4.2.1 Aims and objectives of the service

- i. A copy of the statement of the service aims and objectives will be kept in the establishment and reviewed by the Registered Manager at least annually.
- ii. The aims and objectives statement will be used by Inspectors to measure the achievement of the objectives.
- iii. Aims are broad philosophical declarations of intent.
- iv. Objectives define how the aims are to be achieved and it is important that the objectives are specific, measurable and achievable.

4.2.2 Daily register of clients

A daily register of all clients is maintained, which includes the following details:

- i. Name, address, date of birth and marital status (including appropriate details of the client if the subject of a court order or any other process).
- ii. Next of kin and/or any person authorised to act on his/her behalf, including the person's name, address and telephone number.
- iii. Name, address and telephone number of each client's medical practitioner, community nurse etc.
- iv. Date of client's entry to home/service.
- v. Date of client's leaving home/service.
- vi. Transfer details, e.g. to hospital or nursing home, including date reasons for transfer and name of receiving establishment.
- vii. Date, time and cause of death where applicable.
- viii. If the client is subject to the guardianship of a Social Services Authority, the name, address, telephone number of the Authority and name of Supervising Officer.
- ix. Name, address and telephone number of person/organisation who arranged admission.

4.2.3 Case record for each client

A case record of each client includes:

- i. Relevant personal information and life history
- ii. An assessment of individual needs which should include where appropriate physical, mental, social, personal relationships emotional and daytime activity needs.

- iii. Support / care plans to meet individual need and reflective of a persons needs, choices and preferences and with agreed outcomes and is monitored and regularly reviewed
- iv. Medical treatments and requirements
- v. Details of medication
- vi. Risk assessments
- vii. Reviews – in service and outside of the service
- viii. Any legal information including Mental capacity assessments
- ix. Details of special needs.
 - i. Medical treatment/requirements.
 - ii. Details of medication.
 - iii. Periodic review notes including health, welfare and progress.
 - iv. General progress notes.
 - v. Any other reviews outside the service in relation to the client; and
 - vi. The support plan for the client which results from an assessment exercise and is:
 - A process agreed by the client and/or carers.
 - Always focused on client's agreed outcomes and priorities.
 - Designed to meet individual need as stated in the Personal Plan, which is attached to the residency agreement
 - Focused on agreed areas of need.
 - Concerned with breaking tasks down into achievable goals or targets.
 - Constantly monitored, recorded and evaluated.

4.2.4 Retention of records

- i. In accordance with the Data Protection Act 1998 and the Freedom of Information Act 2000, records should be kept only as long as necessary, regardless of the media in which they are stored. This requirement is reflected in the Council's ICT and Information Security Policy and the Retention and Disposal Guidelines.
www.tinyurl.com/nccretentiondisposal
- ii. The length of retention for a record will often be decided by legislation, administrative need or evidential need and the details of retention periods are listed on a Retention Schedule that staff can consult when trying to determine how long they should keep a record. The Retention Schedule is created and updated by the Records Manager in consultation with senior management.
- iii. Retention periods must be for clear business purposes and must be documented to identify why certain records are retained for certain periods of time.
- iv. When no longer required, data must be deleted or disposed of securely. Further information on this is available in the ICT & Information Security Policy or from the Information Security Officer.
- v. When a client moves to another Northumberland County Council Unit, the individual's files should follow them to the new unit as soon after the move as possible.
- vi. Where a client moves to another unit that is not a Northumberland County Council Unit, all files appertaining to them should be sent, as soon as possible, to be stored off-site in Woodhorn Records Management Service.

- vii. All files appertaining to a client who has died should be sent, as soon after the death as possible, to the Woodhorn Records Management Service.

4.2.5 Disposal of clients' records

- i. Records identified for disposal should be disposed of appropriately. All records containing personal information, or sensitive policy information should be shredded after disposal. Any other records should be bundled up and disposed of to a waste paper merchant or disposed of in other appropriate ways.
- ii. The Freedom of Information Act 2000 requires the Council to maintain a list of records which have been destroyed and who authorised their destruction. Members of staff should record at least:
 - File reference (or other unique identifier).
 - File title (or brief description).
 - Number of files.
 - The name of the authorising officer.
 - Date of destruction.

4.2.6 Transfer of records to the Northumberland Collections Service (formerly Northumberland Archives Service)

- i. Where records have been identified as being worthy of permanent preservation, arrangements should be made to transfer them to the Head of Collections, Woodhorn, Northumberland Museum and Archives, Queen Elizabeth II Country Park, Ashington, Northumberland, NE63 9YF.
- ii. Records pertaining to administration of public service in Berwick-Upon-Tweed should be sent for archiving to the Borough Archivist, Berwick Record Office, Council Offices, Wallace Green, Berwick-Upon-Tweed, Northumberland, TD15 1ED.

- iii. Where lengthy retention periods have been allocated to records, members of staff may wish to consider converting paper records to other media such as digital media. The lifespan of the media and the ability to migrate data where necessary should always be considered. The Collections Service Digital Preservation Policy can be used to advise on storage media.

4.2.7 Medication within the establishment

A record of all medicines kept in the establishment for a client with details of the date the medication was dispensed, the number of each medication received, a complete record of each medication administered and details of their disposal when no longer required. See Section Fourteen of this guidance for further details.

4.2.8 Record book/CQC file

A record book must be maintained to record:

- i. The dates of visits by authorised Inspectors with the reasons for the visit and reference to any report of that visit; and
- ii. A notification should be made without delay to the Operations Manager and to CQC such as:
 - a. The death of someone who uses the service including the circumstances of that death.
 - b. An absence of over 28 days for the registered manager or service provider (and return from absence).
 - c. Abuse and allegations of abuse involving people who use the service

- d. Serious injuries to people who use the service.
- e. Application to deprive a person of their liberty (under the Mental Capacity Act), including its outcome.
- f. Incidents reported to or investigated by the police.
- g. Any unauthorised absence or death of a person who is detained or liable to be detained under the Mental Health Act 1983 (see the Missing Resident Procedure at Appendix 1).
- h. Any event in the home which affects, or may affect, the wellbeing of any client, including admission to hospital
- i. Changes to the regulated activity, registered person or organisation who delivers the regulated activity
- j. Other notifications refer to Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

4.2.9 Food

Record of food provided in sufficient detail to indicate:

- i. The type and quantities of meal provided.
- ii. Any other food stuffs provided.

(See also Section Eighteen and in particular paragraph 18.7)

4.2.10 Fire Practice and Fire Drill Record Book

All records specified in the Fire Precautions Log (See Section Twenty).

4.2.11 Fire procedure

- i. A fire record book must be maintained to record a statement of the procedure to be followed in the event of a fire, which includes instructions to staff of action required of them.
- ii. It will be available to all staff, who will initial that they have read and understood the procedure.
- iii. All newly appointed staff should have the procedure explained to them as part of their induction process to the service.
- iv. A further copy will be fixed in an appropriate place in the establishment.

4.2.12 Procedure regarding accidents

A statement of the procedure to be followed in the event of accidents and a separate procedure for a missing resident are to be included in the Record Book. (A model missing person procedure is in Appendix 1).

4.2.13 Staff records

- i. A record of staff details for each person employed must include:
 - a. Full name and address.
 - k. Date of birth.
 - l. Qualifications and experience.
 - m. Details of the post held.
 - n. Date of employment and number of hours for which the person is employed.
 - o. A copy of references requested prior to appointment and details of DBS (Disclosure & Barring service) clearance.
 - p. Emergency Contact details

- q. Safe Driving check list (if required)
- ii. A record of any relatives of staff in the establishment who are clients must be included on the staff and clients' personal files.
- iii. Records of Personal Development Reviews, supervision, supervision contract and training to ensure all statutory and mandatory training is up to date and training specific to the client group is undertaken.

4.2.14 Facilities in the establishment

A statement of the facilities provided in the establishment for clients and details of visiting arrangements should be documented in the Statement of Purpose/Service User Guide and individual home brochure.

4.2.15 Valuables deposited for safe-keeping

A record is maintained to include all details of money or other valuables deposited by a client or service user for safe- keeping or received on the client or service user's behalf. Particulars recorded include:

- a. Date on which money or valuables were deposited or received.
- b. Date that they were returned to the client or used on their behalf.
- c. Purpose for which cash was used (if appropriate).

Property and valuables should be recorded on the Resident's Property Card. (See section Twelve)

4.3 Additional records to be kept

- i. Contractors Property Log
- ii. Individual staff training records (personal development file and Fire Safety Log)

iii. Responses to challenging behaviour:

A record is maintained in the case notes of any special arrangements made to manage the behaviour of clients and any sanctions applied. See Section Thirteen of this guidance.

iv. Terms and Conditions of Residency:

A copy of the signed and agreed Terms and Conditions of Residence (contract) for each client is included on the client's personal file.

v. Accident forms - See Section Nineteen.

vi. Visitors book:

To be signed by all visitors to the home upon entry and exit.

vii. Infection Control logs/records

viii. Quality Assurance tools/records

ix. Contracts –Maintenance /Estates

SECTION FIVE: ADMISSIONS AND DISCHARGES

5.1 Brochure

5.1.1 Approved brochure

An approved brochure about the home is available for prospective clients and/or agreed representative considering residential care.

5.1.2 Contents of brochure

The brochure provides the statement of purpose of the home as required by the Care Homes Regulations 2001 and more recently, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, and the Care Quality Commission (Registration) Regulations 2009. The brochure includes:

- i. The name and address of the registered provider and the registered manager.
- ii. The relevant qualifications and experience of the registered provider and registered manager.
- iii. The number, relevant qualifications and experience of the staff working at the care home.
- iv. The organisational structure of the care home.
- v. The age-range and sex of the clients for whom it is intended that the accommodation should be provided.
- vi. The range of needs that the care home is intended to meet.
- vii. Whether nursing is to be provided.

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- viii. Any criteria used for admission to the care home, including the care home's policy and procedures (if any) for emergency admissions.
- ix. The number and size of rooms in the care home.
- x. Details of any specific therapeutic techniques used in the care home and arrangements used for their supervision.
- xi. The fire precautions and associated emergency procedures in the care home.
- xii. Agreed arrangements for:
 - a. Ensuring clients have health checks, health actions plans and access to the range of health and social care services required.
 - b. Engaging clients in exercise, health promotion activities, social activities, hobbies, leisure activities, education and employment opportunities as appropriate.
 - c. Consulting with clients about the operation of the care home.
 - d. Supporting clients to attend religious services of their choice.
 - e. Facilitating contact between clients and their relatives, friends and representatives.
 - f. Involving clients and dealing with complaints and safeguarding issues.
 - g. Dealing with reviews of the clients' plans referred to in Regulation 15 (1).
 - h. Respecting the privacy, rights, choice and dignity of clients.
 - i. Decision-making including mechanisms for capacity assessments, informed consent, best interest decisions, advocacy and planning for end of life care as appropriate.

5.1.3 Service User Guide

The guide is made up of the following (including accessible information):

- a. A summary of the statement of purpose.
- b. A summary of quality standards and charters used.
- c. Terms and conditions in respect of accommodation which includes the amount and method of payment.
- d. Contract.
- e. Recent inspection report.
- f. Summary of the complaints procedure.
- g. Address and telephone number of the CQC.

5.2 Statement of Terms and Conditions of Care Home placements

5.2.1 Availability to prospective residents

A copy of the standard terms and conditions of care home placements is available to a prospective resident and/or agreed representative, upon enquiry.

5.2.2 Use of the Statement of Terms and Conditions

The agreed terms, including the Personal Plan, are signed by the client's Care Manager and the client prior to admission. A copy is given to the client and another is filed on the individual client's file.

5.2.3 Personal Plan

A client moving into a Care Home will also be given a copy of the Personal Plan which identifies the particular needs of the client and comprises of:

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- a. The name of the resident.
- b. Accommodation, i.e. whether single or double.
- c. The aims and objectives of the placement.
- d. Monitoring and review arrangements.
- e. The name of the Care Manager.
- f. Any associated risk assessments

The Personal Plan is agreed between the client, the Registered Manager and the Care Manager prior to admission. The Care Manager uses it as a monitoring tool.

5.3 Introductory visits/information

5.3.1 Prospective resident's visit

To assist any prospective client to make an informed decision about admission to residential care the Care Manager will give him/her:

- a. An opportunity to visit the home; in some instances this can be a series of day visits and overnight stays depending on the individual.
- b. The home's statement of purpose.
- c. The home's service user guide.
- d. Information Sheet 6 – Charges for Living in a Care Home – which provides an explanation of the charging system.

5.3.2 Details about the prospective resident

- i. The Registered Manager requires details of the assessment i.e. the social, cultural, health, physical, psychological, spiritual and medical needs of the client, which may have implications for the type of care required.

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- ii. The Registered Manager should be fully aware of the needs of the client upon admission so that appropriate provision can be made e.g. if the person has an infectious disease to prevent infection spreading, contact should be made with the Care Manager and advice should be sought from the:

Health Protection Agency North East Office

Floor 2, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4WH

Tel: 0844 225 3550

Open Monday to Friday 9.00am to 5.00pm.

An out of hours service is available to healthcare professionals and local authorities for urgent issues.

- iii. Such information is obtained sensitively, with the consent of the prospective client, from relatives and the Care Manager and held in the strictest confidence.
- iv. Any special dietary requirements should be discussed with a dietician or religious adviser. See paragraph Section18.8.

5.4 Trial stay

5.4.1 Length of trial stay

Prior to admission the Registered Manager, the Care Manager and the prospective resident will agree a time following admission, which forms a trial period to allow for an assessment to be made regarding the success of the admission. This is usually four weeks but could be up to eight weeks in exceptional circumstances.

5.4.2 Charges

Charges are based on a financial assessment carried out by a Financial Assessment and Benefits Officer.

5.4.3 Property

The prospective resident will be encouraged to defer any decision about selling a home or terminating a tenancy until the permanency of stay is established.

5.4.4 Reviews

The suitability of the placement will be reviewed in an open manner with the prospective resident during the course of the trial and at the trial's conclusion. All review decisions are recorded and implemented. See paragraph 5.5.4.

5.4.5 Financial assessment

- i. The financial assessment of a client who joins a home as a result of an emergency will be undertaken as soon as practicable after the admission.
- ii. Financial Assessment and Benefits Officers will arrange to visit the client (or representative) to collate income and capital details.
- iii. Charges will be reviewed:
 - Annually, or in year if there is a change to legislation.
 - When the circumstances of a client changes.

5.5 Admission procedure

5.5.1 Initial admission

Permanent admission will follow a trial period in the home as described above at paragraph 5.4.

5.5.2 Admission from another Local Authority

Section Five: Admissions and Discharges

Any application from a person who lives within the administrative area of another Local Authority should be made via that other Local Authority. The other Local Authority should write to Contracts Section, Adult Services and Housing, County Hall, Morpeth NE61 2EF (who, as the holder of the contract will decide if a place is available), requesting a place and confirming that they will contribute the full charge for the residential placement. This charge will be offset by the client's contribution due to the other Local Authority.

5.5.3 Periodic reviews

- i. Upon admission, a programme of reviews should be established as follows:
 - With the Care Manager 4 weeks after admission and will involve the Registered Manager.
 - With client and family soon after admission.
- ii. The Residential Care Review Team or Care Manager, depending on which service, will then coordinate person centred reviews at regular intervals, at least annually. They will help the client prepare for their review with appropriate and accessible information.
- iii. The keyworker, client, family/advocate and Registered Manager might meet at regular intervals to discuss the client's on-going care plan. If changes occur, then a review can be requested by any of the people involved.

5.5.4 Purposes of reviews

- i. To be used as the basis of a care plan for the client's on-going care, reaffirming outcomes and updating information in support plans and risk assessment/management forms as necessary.

Section Five: Admissions and Discharges

- ii. To fully discuss the suitability of the accommodation and services provided and in particular the client's feelings on the subject.
- iii. To reaffirm that the establishment is the client's home and the service meets their needs.
- iv. To consider any problems and implement action to resolve them.
- v. To consider the financial implications of the review i.e. if the stay changes from being temporary to being permanent.
- vi. To consider the possibility of a transfer if the placement proves to be unsuitable or, if appropriate, to agree an exit strategy and move-on plans.

5.5.5 Action following a review

The appropriate Care Management form is used to record the review meeting and a copy will be filed on the client's case file and a copy will be available to those present at the review.

5.6 Short stay bookings (Tynedale House)

5.6.1 Responsibility of the Registered Manager

- i. To ensure that a workable booking system is established in the Unit that allows families/carers to organise short breaks to suit the individual client's needs.
- ii. To provide information about the service in a format that the individual understands and to facilitate an introduction to the service for all new or prospective clients. (This can be several visits depending on the individual needs).
- iii. To ensure a full assessment of needs is carried out and a plan of care is compiled to support the individual with all their care needs, prior to the service starting.

Section Five: Admissions and Discharges

- iv. To ensure that a welcome is arranged for all clients to help them settle into the unit.
- v. To provide families and carers with a post-stay letter to give them feedback about their stay.
- vi. To provide feedback to the individuals' care managers and take part in client reviews.
- vii. To notify the Financial Processing section of admission and discharge dates.

5.6.2 Actions expected of the Care Manager

- i. Arrange and confirm the stay with the respective Registered Manager.
- ii. Submit the Care Management form to the appropriate Financial Assessment and Benefits Officer; CM forms for short break care are completed by the Care Manager and forwarded direct to the Financial Processing Section at County Hall. All forms should be forwarded as soon as possible, preferably to allow the charge to be identified before the placement commences.
- iii. Be responsible for any introductory visit, which will enable the client to become familiar with the home.
- iv. In an emergency the appropriate Care Management form should be submitted as above within 5 working days following admission.
- v. The Financial Assessment and Benefits Officer will negotiate with the client (or representative) to agree a method by which the charge for temporary or permanent care will be collected. The charge for short break care is requested by letter, to be followed up by an invoice if no payment is received.
- vi. Ensure that the appropriate Care Management form is completed to confirm a continuing placement when a short break care period of eight weeks is due to be completed.

5.6.3 Action of the Financial Services (Assessments) Section

The Financial Services (Assessments) Section will notify the client and/or financial representative of the charge to be made.

5.7 Discharges

5.7.1 Residents discharged to hospital

- i. Where a client is admitted to hospital, it is the Registered Manager's responsibility to ensure that the individual's Care Manager and family are informed.
- ii. A client's room may normally be kept for a period of six weeks. At the end of this period a decision should be made as to whether the person can return to the home. If not, the bed can be given up with 48 hours' notice. If the decision is still not clear at this point, a further review can be planned.
- iii. If it becomes clear before the end of the six weeks that the person will not be able to return, as the care which the home can provide is no longer appropriate, a decision to give up the bed can be made at that point and a period of 48 hours' notice given to the home will apply.
- iv. When a decision about giving up a bed is made this should be confirmed in writing by the care manager and copies of the letter sent to all parties to prevent any further misunderstandings.

5.7.2 Residents discharged to other establishments

Where it is deemed that a home can no longer provide the care that a client needs, a review should be convened with all parties concerned. The client's needs are then discussed and an appropriate alternative placement found. The client will remain in the current home with additional care if required until the placement can be arranged.

5.7.3 Unplanned discharge from the establishment

- i. Where a short-term client decides that they wish to terminate their placement it is the Registered Manager's responsibility to ensure that the individual's Care Manager is informed and an immediate visit requested.
- ii. It is important that, where the person is in receipt of other care services that may have been suspended for the period of respite, these services can be rearranged. Should the individual insist on returning home prior to these services being operational then a risk assessment should be completed and interim measures put in place to ensure the continued health and welfare of the person takes precedence.
- iii. Where a prospective long term client decides to terminate the placement within the trial period then a review should be convened with all parties concerned. Alternative means of providing the necessary care to maintain the health and welfare of the person concerned may then be put into place.
- iv. Where a long term client makes a decision to leave the establishment where a tenancy or ownership of the home has been terminated a review should be convened with all parties concerned to determine the future care of that individual.
- v. In some circumstances it becomes untenable for an establishment to maintain the care of an individual where the individual presents with unacceptable behaviour that impinges on the life of others. In this instance it is the responsibility of the Registered Manager to inform all parties concerned and to arrange a review of the placement in order that continuing care needs may be discussed.

SECTION SIX: APPLICATION FOR ABSENT VOTE

6.1 Responsibility of Registered Manager

It is the responsibility of the Registered Manager to ensure that clients:

- i. Have the opportunity to take part in the democratic process by ensuring that they are registered to vote as soon as possible on permanent residency. (Registering electors is now a rolling function and can be done at any time of the year. The Annual Canvass is still, however, carried out by all Local Authorities).
- ii. Are aware that they may be eligible for a postal or proxy vote for all elections.
- iii. Are enabled to exercise their right to vote where it is their choice to do so.

6.2 Postal or proxy vote

6.2.1 Postal vote

There are no restrictions on applying for a postal vote either for a one-off election, or permanently. Electors must understand the voting process and able to cast their vote without being influenced.

6.2.2 Proxy vote

As long as there is a good reason why someone cannot vote in person on Election Day they can apply to vote by proxy either for a one-off election, or permanently. Such reasons include:

- i. Being away on holiday (in the UK or abroad).
- ii. Working away from home.
- iii. Having moved house since October 15th last.
- iv. Disability or health.

Section Six: Application for Absent Vote

6.3 When to apply

6.3.1 Postal or proxy vote – permanent

This can be done at any time.

6.3.2 Postal or proxy vote for a particular election

Anyone who knows they will be unable to vote in person should request either a postal or proxy form from the electoral Registration Officer as soon as the election has been announced.

6.3.3 Timetable of application

The proxy application must reach the Registration Officer by 5 pm six working days before polling day (not counting Saturdays, Sundays, Christmas Eve, Christmas Day, Good Friday or a bank holiday).

Postal application must reach the Registration Officer by 5pm 11 days before polling day.

6.4 How to apply for an attested application due to disability or health - Proxy

A proxy application form must be completed and the application attested (i.e. countersigned) by a person who:

- i. Can certify that, to the best of his/her knowledge and belief, the statement in the application is true.
- ii. Is aged 18 or over.
- iii. Is the Registered Manager or other person registered under the Registered Homes Act 1984 as carrying on a residential care home.

Section Six: Application for Absent Vote

6.5 Following completion of application

6.5.1 Completed form

The signed and dated form should be sent to the electoral Registration Officer.

6.5.2 Disallowed application

If an application is disallowed the Registration Officer will inform the applicant.

6.5.3 Postal vote

If a person applies to vote by post and their application is allowed, they will receive a postal ballot paper a week or so before polling day. This must be returned before:

- i. 10.00 pm on polling day at local government elections; or
- ii. 10.00 pm at parliamentary and European Parliament elections.

6.5.4 Proxy vote

If a person applies for a proxy vote and their application is allowed, the Registration Officer will issue the proxy with a “proxy letter”, which entitles that person to go to the polling station and vote in place of the applicant.

6.6 Other clients

All other clients should be offered transport to a polling station and, where necessary, offered whatever assistance they need to exercise their right to vote.

SECTION SEVEN: COMPLAINTS

7.1 Complaints Policy

Rather than rules, this guidance offers some principles about how to handle complaints and it is important to remember that one size does not fit all.

The complaints policy and procedure should be available to all staff and complaints leaflets should be given to clients and family members.

- i. **If you receive a complaint of any sort, the complaints team must be contacted as soon as possible** – the law says all complaints must be acknowledged within three working days of receipt.
- ii. If you are in any doubt or would like advice or guidance about handling complaints or concerns please contact the complaints team.

7.2 When is a complaint a complaint?

- i. The Local Government Ombudsman says, “Some Councils say that contact from a service user is a complaint if the service user says it is. While this is temptingly simple, care must be taken with a definition such as this as many service users may wish to make a complaint without actually using the word. It could also cause confusion if the service user says it is a complaint when in fact it is something else (for example, a safeguarding alert) ...”
- ii. Wherever possible, staff should inform the registered manager immediately if service users, families, carers, other professionals and members of the public have concerns or complaints. The manager will support staff to understand the appropriate informal or formal action to take in response.

7.3 General principles

When a complaint is received, it is important to:

- i. Put the person in the position they would have been in if the fault had not occurred.
- ii. Record the complaint in the record book.
- iii. Make the remedy appropriate and proportionate to the harm suffered.
- iv. Take specific action if needed.
- v. Offer compensation if appropriate (replacing a damaged personal possession is compensation i.e. it is not necessarily money and may be within your authority).
- vi. Always apologise if we are at fault.
- vii. Consider what can be learnt to improve services in the future.
- viii. However you receive a complaint, always try to speak to the complainant as soon as possible to clarify what may have gone wrong and what the person wants to see happen.
- ix. Get the information that will allow you to assess someone's concerns correctly, resolve them quickly if you can and build a good on-going relationship with them.
- x. If the complainant is clearly satisfied with the outcome make a record in the case file to this effect. You do not have to inform the complaints team.

7.4 Verbal complaints

- i. If someone has phoned you, offer to call them back.
- ii. It is always helpful to clarify whether or not the person wants to make a complaint and what their expectations are.

Section Seven: Complaints

- iii. Offer them the opportunity to meet face to face to discuss the issue.
- iv. Complaints that are made verbally and can be resolved to the person's satisfaction within one working day of receipt do not have to be registered as complaints. Make a record in the case file to this effect.
- v. If you cannot resolve the issue to the person's satisfaction within one working day of receipt **please contact the complaints team as soon as you can** – the law says all complaints must be acknowledged within three working days of receipt.

7.5 Written complaints

- i. If you receive a written complaint, please pick up the phone and talk to the complainant. It is always helpful to clarify whether or not the person wants to make a complaint and what their expectations are.
- ii. Offer them the opportunity to meet face to face to discuss the issue.
- iii. **Contact the complaints team as soon as you can** – the law says all complaints must be acknowledged within three working days of receipt.

7.6 Resolution process

Always confer with the complaints team. The 2009 complaints regulations are person centred with an emphasis on outcomes and learning.

- i. A 'resolution plan' is developed which may be refreshed as required.
- ii. The response to the complaint is appropriate and proportionate to the circumstances of the case, taking into account risk, seriousness, complexity or sensitivity of events.
- iii. The officer or officers tackling the complaint should be able to access a number of options to try and resolve things and should avoid lengthening the process. For example, a well-meant apology or an opportunity to meet and discuss the issues may suffice.

Section Seven: Complaints

- iv. Alternatively, the complaint may warrant a 'formal' investigation; at which time an investigating officer will be appointed, provided with a brief of role and a timescale agreed to provide a report on the incident. The report then provides conclusions and recommendations to look at resolving the issues.
- v. The process ends with a final written response from the appropriate manager in which the complainant is directed to the Local Government Ombudsman if they remain dissatisfied

7.7 Complaints Team

- James Hillery – Complaints Manager
01670 622673 James.Hillery@nct.nhs.uk
- Astrid Adams – Complaints Officer
01670 622667 Astrid.Adams@nct.nhs.uk
- Vivienne Sommerville – Complaints Officer
01670 622668 Vivienne.Sommerville@nct.nhs.uk

SECTION EIGHT: GUIDANCE REGARDING SOCIAL FUNCTIONS

8.1 General

Organising events of any kind in the establishment should take into account the need to maintain safety and privacy within the environment. Staff should remember that social care establishments are first and foremost a place of support for vulnerable people, whose wishes must be respected.

8.2 Press and television

- i. All requests from the press and or/ television to attend an event or function must be referred directly to the Communications Team.
- ii. If any reporter wishes to speak to a member of staff prior permission must be sought from the Corporate Director of Adult Care before the employee speaks to the press.

8.3 Private parties such as birthdays

Subject to the wishes and preferences of the person, the celebration of birthdays should be restricted to family and friends. Any party should be on a scale appropriate for the client concerned and should preferably take place in the unit or home where they live.

8.4 Day trips/excursions from the establishment

8.4.1 Responsibility of the Registered Manager

- i. Outings should be part of person-centred plans to achieve outcomes such as increased independence, engagement in the

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wider community and developing social networks, as well as building self-esteem, confidence and relationships with other clients and staff.

- ii. It is the responsibility of the Registered Manager to ensure that each outing is properly organised and planned around individual needs, choices and person-centred approaches, and not for the convenience of the organisation or staff.
- iii. The manager should ensure that:
 - a. Full risk assessments and risk management plans are completed for the outing, and individual risk assessment/management plans are reviewed for each client involved.
 - b. All staff are familiar with these risks and the action to take if problems arise.
 - c. Transport arrangements are adequate.
 - d. The staff/client ratio is adequate for the needs of the clients and particular staff are given responsibility for particular clients.
 - e. Adequate supervision arrangements are in place.
 - f. All venues to be visited during the excursion are fully risk assessed to ensure good access and egress and that facilities such as toilets are suitable for disabled people.

8.4.2 Written record

It is important that a brief written record of the outing is kept by the Registered Manager to include:

- a. How many individuals were involved.
- b. How many staff supervised.
- c. The agenda and the timetable of the outing.

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- d. An evaluation of the outing experience to inform planning of subsequent outings.

8.4.3 Care of clients during outings

- i. While accepting the difficulty of getting the balance between treating individuals as adults and offering adequate supervision, the safety and well-being of the clients is the responsibility of staff, and consequently appropriate supervision must be offered.
- ii. If clients are not being directly accompanied, it is important that staff are aware of clients' whereabouts, and risk assessments must reflect that they will be unsupervised for some of the time during the excursion.
- iii. Every care must be taken to formally check clients' safety on the outing at appropriate times i.e. that numbers are confirmed at the outset of the trip, during the trip and at the departure back to the establishment.

8.5 Allowances for attending clients' Christmas meals

When staff attend Christmas meals with clients outside their place of work the following guidance must be borne in mind.

- i. For each member of staff, the cost of the meal up to a maximum of £7.00 can be claimed on the blue subsistence form. The cost will be debited to the staff budget of the appropriate unit. The Registered Manager must ensure the staffing budget can accommodate these costs.
- ii. The balance of claims will be met either from the Amenity Fund (providing the client agrees) or by the staff themselves.
- iii. Registered Managers should decide the appropriate number of staff to attend the Christmas meals to ensure care standards are maintained.

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8.6 Guidance on the operation and accounting for amenity funds

See also section Twenty Three on Finance (23.11.11 Amenity Funds)

- i. Amenity Funds should be operated by volunteers, possibly relatives or friends of clients within the establishment. Where this is not possible approval needs to be agreed with the Senior Manager for Care Services or Operations Manager, and the Corporate Director of Finance informed of this in order that the fund may be reviewed by Income Management of the Finance Group.
- ii. The bank account in which the money is being held should be in the name of “(Service Name) Amenity Fund”, with any withdrawals requiring two signatories. Normally, these signatories will be nominated but only two are required to sign cheques/withdraw money.
- iii. Where the fund is operated independently of the management team, staff should not be involved in any way with the handling of monies collected at fund raising events. If staff are directly involved in the running or control of the amenity fund, the fund should be operated via a suspense account in the main accounting system.
- iv. Goods and services should only be purchased following the approval of the committee with the agreement of the Registered Manager and for the benefit of all clients. It is important to keep a record of all transactions and report the balance and recent spending to the committee. Closing accounts should be presented annually to the Corporate Director of Finance.

**SECTION NINE: CLIENTS' HOLIDAYS
ORGANISED BY THE DEPARTMENT**

9.1 General

9.1.1 Responsibility of the Registered Manager

It is the responsibility of the Registered Manager to seek appropriate authority from the Operations Manager to depart from the standard procedure if they consider it necessary.

9.1.2 Responsibility of the Operations Manager

- i. It is the responsibility of the Operations Manager to ensure that the Registered Manager does not depart from the standard procedure lightly.
- ii. In consideration of a client's holidays the Operations Manager must ensure that the appropriate budget is available.

9.2 Choice of holiday

- i. Discussions between clients, staff and volunteers/relatives regarding proposed holidays should take account of clients' wishes, within limits set by the individual's needs and risk assessment, the overall cost and the practicalities of arrangements, and should take into account the opportunity for all clients to participate if they wish.
- ii. Prior to any arrangements being made, a full risk assessment and management plan for individuals and for the transport arrangements and holiday venue must be undertaken to ensure the safety of all clients and staff attending. This must include access, egress, disabled facilities and fire safety precautions.

Section Nine: Clients' holidays organised by the Department

9.3 Staff accompanying clients

Holidays must be staffed according to the clients' assessed needs and risks.

9.4 Financial arrangements for staff accompanying clients

9.4.1 Staff salary/wage

Staff will receive their normal salary/wage for the time they are away i.e. as if they were fulfilling their normal rota commitment.

9.4.2 Time back in lieu

No time back in lieu of time spent on the holiday in excess of the staff's normal working week will normally be granted. In exceptional circumstances, Registered Managers, with agreement from the Operations Manager, can consider giving time off in lieu where practicable, and must keep a record to ensure that time off in lieu is appropriate.

9.5 Booking arrangements

9.5.1 Use of the Council's online booking system

- i. Following appropriate discussion, holidays should normally be booked using the Council's online booking system (Redfern/tRIPS) for rail, accommodation and flights. An approval must be completed to obtain a username and password in order to access the booking system. The form is to be returned to Commercial and Procurement Services, County Hall, Morpeth, Northumberland, NE61 2EF and can be sent electronically to janine.ternent@northumberland.gov.uk.

Section Nine: Clients' holidays organised by the Department

- ii. The NCC Business Travel and Accommodation Policy states the accommodation allowances for Bed and Breakfast, which, at the time of print, are £103.20 (outside London) and £117.69 in London).
Standard Class travel only should be booked unless there are exceptional circumstances.
- iii. It may be appropriate to inform the travel agent of any special needs the holidaymakers may have, for example access problems.

9.5.2 Insurance cover

Insurance cover should be obtained for all people going on holiday and be sufficient to meet unexpected events such as illness, death. Insurance cover for residents should be arranged with the travel agent as should cover on UK holidays. Staff going on overseas holidays will be covered under the County Travel Policy as detailed in paragraph 9.7.4 below.

9.5.3 Holiday expense funds

Staff should avoid carrying large amounts of loose currency. Holiday expenses funds should be organised through Cashiers and Income Management at County Hall.

9.6 Funding of holiday costs

9.6.1 Residents

Residents who are paying towards the cost of the holiday must be responsible only for the whole or part of their own costs and not those of the staff.

Section Nine: Clients' holidays organised by the Department

9.6.2 Staff/official helpers

The funding for staff/official helpers will come from:

- a. Amenity funds; or
- b. Personal expense; or
- c. A combination of a. and b.

9.6.3 "Float"

The "float" taken on holiday should be sufficient to cope with incidental expenses and unforeseen events and should be approved in advance by the Operations Manager.

9.6.4 Receipts

- i. Wherever appropriate and possible, the Registered Manager must ensure that receipts are collected and retained to show holiday costs and expenses. (These will be used by the Accounts Section to reclaim VAT).
- ii. The officer in charge of the holiday must keep a note of all expenditure, including non-receipted expenditure, and sign a statement of expenditure at the conclusion of the holiday.
- iii. The holiday reconciliation statement should bring together all items relevant to the holiday including any monies collected from clients, staff and the amenity fund, together with all expenditure on holiday costs and incidentals. These statements should be retained with the relevant copy of imprest reimbursement claims.

Section Nine: Clients' holidays organised by the Department

9.7 Proposed holidays outside the United Kingdom

9.7.1 Approval of the Senior Manager

If holidays are proposed outside the UK then the approval of the Senior Manager is required.

9.7.2 Passports

The Registered Manager should ensure that applications for passports are processed in sufficient time before the holiday.

9.7.3 Currency/travellers cheques

Arrangements for obtaining foreign currency and travellers' cheques should be made through Cashiers and Income Management at County Hall. Staff should avoid carrying large amounts of loose currency.

9.7.4 Insurance

i. Staff:

The County Council has a travel policy which covers its employees while on official business trips outside of the UK. The Insurance Officer in the Finance Department should be informed of the names of staff involved, the dates of the holidays and the destination prior to the commencement of the holiday.

ii. Clients:

The County Council's insurer does not provide insurance cover for clients on holiday. Insurance cover for such clients must be arranged through the travel agent or tour operator. If these options are not appropriate, insurance cover for clients should

Section Nine: Clients' holidays organised by the Department

be arranged from a high street insurer. Such arrangements will have to be made each time clients go on holiday.

9.8 Staff cover in the home

The Registered Manager must assess the need to maintain adequate staffing levels to care for those clients not away on holiday.

9.9 Transport

If a vehicle is not usually available to a service and there is a need for vehicles on the holiday, the Operations Manager in the Integrated Transport Unit at County Hall must be contacted well in advance for assistance with hiring a vehicle.

9.10 Emergencies

In the event of an emergency, the Registered Manager should use his/her discretion in dealing with the immediate problem and follow every requirement of the holiday insurance. He/she should, as soon as possible, contact the Operations Manager to advise of the position and seek advice. An accident/ violence at work form must be completed for incidents that occur on holiday.

9.11 Guidance regarding holidays organised by clients and/or relatives

Clients have a right to organise and go on holidays themselves or with relatives, friends etc. The Registered Manager should attempt to ensure that adequate arrangements have been made for the general welfare and wellbeing of these clients. The Registered Manager should discuss any concerns that emerge with the Operations Manager.

SECTION TEN: VISITS

10.1 Times of visit to the establishment

Visitors are welcome at all reasonable times unless there are exceptional reasons why not. Visiting arrangements are detailed within the individual service brochure.

10.2 Restricted visiting arrangements within the establishment

- i. Any restrictions on visiting arrangements must be agreed with the Operations Manager and Care Quality Commission and will take account of client preferences.
- ii. A client has the right to refuse to see a visitor and this right will be respected by the Registered Manager. The latter should, if necessary, accept the responsibility for informing the visitor of the clients' wishes.
- iii. If the Registered Manager decides to exclude a visitor from the establishment or to terminate a visit, he/she will:
 - a. Inform the Operations Manager.
 - b. Record in the Record Book the circumstances and the reasons for his/her action.
 - c. Confirm the circumstances to the visitor in writing.
- iv. Any information arising from a review of a client's placement or gained in any other way will not be shared with any client's visitors unless he/she expressly agrees.

10.3 Privacy

Provision must be made for clients to receive visitors in private if they so wish.

10.4 Visits outside the establishment

- i. It is essential to enable clients to pursue individual interests and activities outside the establishment, based on individuals' needs, choices and person-centred approaches, and not for the convenience of the organisation or staff.
- ii. Visits outside of the establishment will help increase a client's motivation, sense of purpose and wellbeing and develop the client's links with, and involvement in, the local community.
- iii. Activities outside of the establishment should be clearly identified as part of outcome-focused care plans, and clients must have a risk assessment in place regarding outside visits.

SECTION ELEVEN: VOLUNTEERS

11.1 Value of volunteers

- i. Many clients may be without close family ties or friends. Volunteers from the surrounding community can do much to lessen the sense of isolation if they are invited and welcomed into the establishment.
- ii. There are several ways in which voluntary helpers can assist by befriending individual clients; by accompanying them to the shops; letter writing; and offering themselves as advocates to act on behalf of a client. One great value of volunteers is the time they can give listening to and talking with clients.

11.2 Screening procedure

Each volunteer must:

- i. have received Disclosure and Barring Service (DBS) clearance; and
- ii. be **formally interviewed** by the Registered Manager.

It is the responsibility of the Registered Manager to satisfy him/herself of the suitability of the volunteer to be safely deployed to undertake a role within the service.

11.3 Character references

Where voluntary helpers are invited into the home it is good practice for character references to be offered and taken up. The Operations Manager should be informed of the names of volunteers acting in this capacity.

11.4 Insurance

- i. The County Council applies its normal insurance cover to volunteers when they are undertaking work on behalf of the County Council.

Section Eleven: Volunteers

- ii. It is the responsibility of the volunteer to ensure that the insurance of his/her car is relevant for the purpose for which it is being used.
- iii. The County Council insurance policy does not cover personal possessions.

11.5 Training

Volunteers may need training in the same way as permanent employees to ensure that they are familiar with safety procedures, risk assessments and their responsibilities to clients.

SECTION TWELVE: PROTECTION OF PROPERTY

12.1 Safeguarding of client's valuables

The system of recording property handed in by, or on behalf of, the client for safekeeping is described below. It is intended to not only safeguard the client's property but also to safeguard any staff handling such property.

- i. It is best practice to ask a client, relation or carer to present a valuation for any item left in the establishment's safe for safekeeping.
- ii. As full a description as possible of the valuable item must be included on the Resident's Property Card (See 12.1.4 below) identifying:
 - a. Initials or markings.
 - b. Account or serial number of pass books/documents/ policies.
 - c. A copy of the relevant valuation certification if available.

12.1.1 Witnessing transactions

- i. The client, or their representative, and 2 members of staff must witness all transactions.
- ii. If a client is unable to sign for him/ herself, 2 members of staff will initial the transaction.

12.1.2 Use of a safe or locked strong room

- i. An insurance policy exists, which covers the theft of a client's valuables upon condition that the items had been kept in a safe or locked strong room.
- ii. The valuables covered by the County Council's insurer depend upon the grade of safe in which valuables are stored.

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- iii. Registered Managers must seek clarification about the capacity of individual safes from the Insurance Officer at County Hall.

12.1.3 Keys of the safe or locked strong room

The Registered Manager must ensure that:

- i. The keys of the safe can only be accessed by senior officers.
- ii. The keys must be kept in safekeeping at all times. Safe keys must never be left in the same room as the safe.

12.1.4 Residents' property cards

- i. Residents' property cards are individual cards for each client. They are pre-numbered.
- ii. Items handed to the Registered Manager for safe keeping must be listed on the Resident's Property Card.
- iii. Receipt of property:
 - a. The numbers of the cards supplied should be entered on the summary card and as the cards are allocated to a client, his/her name is entered against the appropriate number;
 - b. Valuables other than cash are entered on the front and cash received is detailed on the reverse.
- iv. Expenditure:
 - a. The type of expenditure must be identified in some way. Suggested codes are noted on the top of the card and others can be agreed between members of staff. It is important that all staff use the same abbreviation.
 - b. Expenditure must be supported, wherever possible, by vouchers and these must be retained. (This is not expected, however, for minor items such as "bingo" money or the cost of a newspaper).

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They should be held on the client's file or on a file specifically for that purpose. The client's name and details of the purchase are to be noted, e.g.: Mrs Jones – 2 nightdresses.

- v. Return of valuables:
 - a. No client or member of staff should ever be left alone with open access to the safe in the Unit.
 - b. If the member of staff with the client is called away unexpectedly the safe must be locked until his/her return.

- vi. Permanent return of valuables/cash:
 - a. It is essential that having signed for the receipt of property then a signature is obtained when property is returned. A column is on the Property Card for the date and signatures of both the client/representative and an officer.
 - b. Where only 1 item is returned, care will be taken to ensure that the signatures are against that item of property. If all property is returned, providing the items are grouped together clearly, then only 1 date and 1 set of signatures are required.
 - c. Where a sum of cash is returned this too must be signed for.

- vii. Temporary return of property:
 - a. Where property is returned on a temporary basis:
 - The member of staff will date and initial the card.
 - The client/or representative will sign for receipt of goods.
 - When returning the property the client/ representative will initial the card.
 - The member of staff will date and sign the card.
 - b. The resident's property card has provision for an item to be returned on 3 occasions. Where items are returned more

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frequently the description of the property will be entered on the card for a second time on a new line along for a further 3 entries.

- viii. Cash transactions:
- a. The purpose of recording all cash handled by staff, no matter how short the period of possession, is as much for **the protection of staff as for the more obvious protection of the client.**
 - b. The reverse of the card is used for cash transactions performed on the client's behalf, including:
 - Any purchases.
 - Receipt of personal allowance (where it is handed direct to the client).
 - Withdrawals from a bank account where the client is unable to visit him/herself.
 - c. When the reverse side of the property card is full, a cash continuation card should be attached to the property card for use.
 - d. The cards are pre numbered and a summary card should be completed.
 - e. Personal allowance is not entered on the card where it is handed directly to a client.
 - f. A separate record is to be maintained for clients to sign acknowledging receipt of allowance.
- ix. Bank book:
- a. Where a withdrawal/deposit is made on the client's behalf (i.e. the client does not visit the bank) then the book is not temporarily returned.
 - b. Where the department holds the book for safe keeping the client should be shown the book following each transaction for confirmation.

12.1.5 Cash continuation cards

- i. Description of cash continuation cards:

Pre numbered cards are used with an index card to enable the cash continuation cards to be accounted for.
- ii. Use of the cash continuation cards:

The cash continuation cards are used for clients for whom a great number of cash transactions are performed.
- iii. County Council policy about cash held:

The cash held for a client must be kept to a minimum. The County Council's policy of holding only a minimum of cash (ie a total of £250.00) should be explained and permission sought to either:

 - a. Deposit any excess cash in the client's bank account.
 - b. If necessary, open an account in his/her name.

In no circumstances should large sums of cash be held any longer than is necessary before banking.

12.1.5 Cash float record

- i. Because the level of cash held in the establishment is small, occasions may arise where the amount requested by a client is not available. To meet such emergencies a small float is available.
- ii. The money is part of the imprest and will be loaned to the client. The loan will be returned to the float the next time a client receives his/her personal allowance, visits the bank etc. A pro-forma record to control such loans is available.

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12.1.7 Personal allowance

- i. For those clients who are not capable of handling their own affairs, an estimate will be made each week as to how much personal allowance each requires. The balance will be banked either:
 - a. As a cash amount; or
 - b. As a single cheque payment for all clients concerned where this has been arranged with the appropriate bank or building society.
- ii. A list is made of:
 - a. The names of the clients.
 - b. Details of their bank account; and the amount to be saved.
- iii. A cheque is written for the total and made payable to the bank.
- iv. The difference between the total amount of personal allowance due and that to be saved is drawn in cash as personal allowance.
- v. The cash drawn and the savings are both to be entered on the card.
 - a. If the total amount of personal allowance is drawn in cash, that is the amount entered on the card.
 - b. Any cash taken to the bank is deducted and signed out.

12.1.8 Savings

- i. In some instances, the Council is the appointee for clients' savings. There is an agreed personal allowance each week. Any additional amounts need to be agreed between the care manager and the Appointee.
- ii. When cash is taken to or withdrawn from the bank on the client's behalf, this is entered on the property card. If £50.00 was withdrawn for a client who needed 2 dresses costing £30.00 and she wished to give £10.00 to a relative, each transaction will be recorded separately as follows:

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| Date | Sources | Amount | Balance | Initials |
|----------|----------|----------|---------|----------|
| 26 05 99 | Bank | +50.00 C | 50.00 | CT MB |
| 26 05 99 | Clothes | -30.00 D | 20.00 | CT MB |
| 26 05 99 | Relative | -10.00 D | 10.00 | VW AG |

An indication should also be included to differentiate between credit and debit transactions.

- iii. Care must be taken when paying cash over to a client's family. A signature for cash must be obtained on all occasions.

12.1.9 Shopping for clients

- i. Shopping for personal items for a client should be done, if at all possible, by the key worker with the client concerned. If it is not possible for the client to be involved, then the shopping should be done by the key worker or most appropriate care worker. The wishes and choices of the client should be respected as far as possible.
- ii. It is not good use of time for senior managers of staff to be away from the establishment shopping and this particularly applies to Registered Managers. If there are exceptional circumstances where a Registered Manager needs to do personal shopping for a client, this should be cleared first with his/her line manager. It is expected that this situation would arise only in exceptional circumstances.
- iii. Inventory :Personal Belongings a full inventory of client belongings furniture ,electronic goods,ect to be stored and reviewed annually.

Re financial Audit

12.1.10 Discharge/death

- i. All property (valuables and cash) will be returned when a client is discharged. Signatures of both the client or representative and the

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Registered Manager must be entered on the card together with a signature for any cash returned.

- ii. A form must be completed prior to handing over property which belonged to the deceased so that the recipient signs a declaration that they are the next of kin.
- iii. The property of a deceased client will be returned to the relatives or solicitor concerned. The recipient will be asked to acknowledge receipt.
- iv. Cards for discharge/deceased clients are amalgamated with the other records held for that client and forwarded to the Northumberland Collections Service (See Section Four).

12.1.11 Guidance regarding a client who dies intestate

When a person dies intestate, without kin, then their estate becomes the property of the crown. (See Section 16.5 'Action to be taken regarding the possessions of a client who dies in a residential home'.)

12.2 Insurance

12.2.1 County Council's Insurance

The County Council's Insurance Policy does not guard against the likelihood of loss other than by fire. Apart from a limited number of special areas, there is no insurance against theft.

12.2.2 Clients' personal possessions

- i. County Council equipment is insured against fire damage and the subsequent loss of furniture and equipment. But the County Council insurance does not extend to clients' personal belongings such as televisions, music players/audio equipment, furniture or even clothing.

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- ii. The County Council can therefore accept no liability for any loss incurred from a client's room. The onus is on each client to insure adequately their own belongings or not as they choose. Clients must be advised of their need to insure their own property.

It is important that each client signs a form to confirm that they have been so advised and that this form is filed on the Care File.

- iii. Anything which is handed to staff to be kept in the safe for safekeeping and recorded in the usual way are, within limits, covered by the County Council's insurance. Any uncertainty as to whether a valuable item is covered by insurance should be referred to the Insurance Officer of the Finance Department.

12.2.3 Gifts and donations

If a client "gifts" or "donates" an item of equipment to the service, this is added to the establishment's inventory schedule and is subsequently insured against fire damage.

12.2.4 Employees personal property and belongings

- i. Under the powers delegated to Chief Officers, it is possible to "reimburse expenditure to employees for damage to their clothing and/or personal effects caused during the course of their employment up to a limit of £50.00 in any one case".
- ii. Sympathetic consideration can also be given to contributing towards loss of personal items by theft if the circumstances fit the following classifications:
 - a. There is evidence of illegal entry to the premises.
 - b. The loss or damage involves items strictly relevant to the officer's regular duties, e.g.
 - Drawing instruments.
 - Scales.
 - Writing implements.
 - Text books.

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- c. Reasonable steps had been taken to safeguard the items by for example, placing them in a locked drawer or cupboard.
- iii. Reimbursement for/towards the loss of personal property which is not clearly related to an employee's work cannot be considered.
- iv. Where it is clear that an employee has been negligent in the safekeeping of equipment, i.e. an item in the charge of an employee cannot be found, the employee will be required to meet the cost of replacement.
- v. The Registered Manager must write recommending to the Departmental Finance Officer when considering a claim for an ex-gratia payment that exceeds delegate powers.

12.3 Labelling of client's clothing

Where it is felt necessary to mark clothing, clients should be asked, at the earliest possible opportunity, for their permission to label items of clothing. See paragraph 19.20 below.

12.4 Theft from the establishment

- i. The realities of modern day living are that there are unscrupulous individuals who are prepared to take advantage of open doors/windows. It is the responsibility of the Registered Manager to regularly review the security arrangements, both day and night, for admitting visitors.
- ii. The main door will be kept locked from early evening onwards so that visitors should have to ring the bell and alert a member of staff to gain admittance.
- iii. Clients' views in this respect should be considered.

12.5 Bedroom locks

12.5.1 General

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The benefits of locked bedroom doors which meet the clients' need for privacy and security outweigh the increased risk in the event of a serious fire; provided that doors on escape routes are not locked.

12.5.2 Type of locks

The Chief Fire Officer has recommended a type of lock which is capable of being locked and opened on the room side without the aid of a key and that duty staff should have a master key. The lock should have an outside over-ride facility.

12.5.3 Provision of locks

There are locks on bedroom doors for all individual clients.

12.5.4 Over-ride keys

In the case of an emergency an over-ride key should be easily identifiable and available to all staff:

- i. In the office.
- ii. With the relevant officer on duty.

12.5.5 Lockable facilities within individual client rooms

Lockable facilities are provided within all clients' rooms for the safe keeping of personal possessions and/or valuables.

SECTION THIRTEEN: MANAGING CHALLENGING BEHAVIOUR WITH APPROPRIATE PSYCHOLOGICAL AND PHYSICAL INTERVENTIONS

13.1 Introduction

The Registered Manager must ensure that all clients are safeguarded against the risk of abuse by identifying and preventing the risk of abuse, ensuring staff have the right training, skills and tools to protect themselves and clients, and responding appropriately to any allegations of abuse. (See Section Two on Safeguarding)

Behaviour management training should be based on models of cooperation and understanding, restraint avoidance and escape skills e.g. non-abusive psychological and physical interventions (NAPPI) training.

13.2 Dealing with challenging behaviour

- i. When clients are exhibiting challenging behaviour, the goal should be to deescalate potentially dangerous behaviour and reduce the frequency and severity of unwanted behavioural incidents, taking into account the safety of both clients and staff, the protection of their human rights and the protection of staff in the face of what may be malicious allegations.
- ii. In line with Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, where any form of control or restraint has to be used in the carrying on of the regulated activity, the Registered Manager must ensure suitable arrangements are in place to protect service users against the risk of such control or restraint being unlawful or otherwise excessive.
- iii. In practice, 'restraint' is used to refer to any physical action taken to make a person do something or to prevent a person from doing something, including use of force to achieve a particular result and the use of any facility or equipment to restrict freedom or movement.

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- iv. Policy, legislation and best practice should provide clear guidelines for appropriate interventions, with particular reference to:
- Deprivation of Liberty Safeguards: A Guide for Hospitals and Care Homes 2009.
 - Care quality Commission (Registration) Regulations 2009
 - Regulations of the Health and Social Care Act 2008
 - Mental Health Act (MHA) Code of Practice 2008
 - Mental Capacity Act (MCA) Code of Practice 2007
 - Guidance for restrictive physical interventions; how to provide safe services for people with learning disabilities and autism spectrum disorders 2002.

13.3 Policy

13.3.1 Use of restraint

The physical restraint of a client is a serious action which cannot be taken lightly. The following are the only situations in which the County Council allows consideration of the use of restraint, and then it will not always be appropriate to restrain a client in these circumstances.

- i. The member of staff believes that 1 or more of the following situations exists (or is imminently likely to exist) and that restraining the client is the only safe way of resolving the issue.
- a. A situation in which the physical safety of a member of staff is at risk.
 - b. A situation in which the physical safety of another client is at risk.
 - c. A situation in which the client is attempting to harm him/herself.
 - d. A situation in which serious damage to property is threatened.
 - e. A situation in which the member of staff believes that any of the above might be likely to occur.

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- ii. Situations may also arise where, in the opinion of the member of staff, a client needs to be removed for his/her own safety; this does not technically constitute restraint, but may result in a very similar situation and staff will be expected to be able to demonstrate that attempts have been made to persuade the client to comply with a request before resorting to physical means.
- iii. In all situations physical restraint should always be the last resort, when all other attempts to affect the situation have been tried and failed or are considered too risky. This latter judgement must be justified by the member of staff in their record of the restraint. It must be used for **only** as long as the situation applicable to (i) above exists.
- iv. In no circumstances may physical means be used simply to impose the will of a member of staff on a client.
- v. All staff who work in homes should be trained in the appropriate use of restraint with their client group.
- vi. It is the position of the County Council that discussion and negotiation are the preferred means for achieving goals with clients and that this is not over-ridden by a client's lack of understanding, it is simply made more difficult.
- vii. All instances of restraint must be recorded by the officer(s) involved in the manner spelled out in the guidance using the prescribed form.
- viii. The Registered Manager will issue detailed instructions to his/her staff about the use of restraint of clients, in line with the policy documents. It is expected that the Registered Manager will ensure that an atmosphere of confrontation and restraint does not develop within the establishment and that alternative strategies are devised.

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13.3.2 Caveats

- i. Nothing in this policy removes the right of a member of staff to defend him/herself in the face of attack.
- ii. Nothing in this policy removes the right of a client to make a formal complaint about this/her treatment under the complaints procedure.

13.4 Guidance

In any situation described at 13.3.1 i. above, staff will have to give very rapid consideration to a number of matters before acting, i.e.:

- i. What is the client trying to say through his/her behaviour?
- ii. What will the client's experience of my intervention be?
- iii. What alternatives to restraint are available to ease the situation?
- iv. Is restraint necessary and in the client's best interests?

Some situations will allow the 'luxury' of thinking time while other will require immediate action. The ability to answer these questions, however, (even in retrospect) will, hopefully, enable the member of staff and his/her supervisor to put the use of restraint into context and to consider the alternatives that might have been tried.

13.5 Methods of restraint

13.5.1 Special guidance

In the special circumstances of clients with severe physical disabilities and/or severe learning disabilities or severe dementia, special guidance will be given to staff by the Registered Manager about their safe day to day handling.

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13.5.2 Frail adults

The fact that it is possible to overwhelm a frail adult because of the size or strength of the staff member and produce an apparently calm outcome is not necessarily proof that the intervention has been a positive experience for the client. Such an experience may only reinforce the client's distrust of staff with consequent damage to the client's ability to make trusting relationships.

13.5.3 Resisting restraint

Adult clients are likely to resist restraint with the possibility that the situation will escalate into unacceptable aggression and/or a test of strength between the staff and client.

13.5.4 Resources to carry out restraint

Once started, restraint it is very difficult to withdraw from. If restraint is seen as the only option, then members of staff must try to ensure that they have sufficient resources to carry the option through without damage occurring to either the client or the member of staff.

13.5.5 Minimum restraint

In all instances, only the minimum restraint applied for the minimum length of time necessary to achieve the initial objective is permissible.

13.5.6 Clothing

As a general principle, clothing rather than limbs should be held to effect restraint. If limbs have to be grasped, they should be held near a major joint in order to reduce the risk of fracture or dislocation.

15.5.7 Vulnerable areas

Every effort should be made to safeguard a person's vulnerable areas such as neck, throat, chest, abdomen and genitals. When a person

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has to be restrained, they should not be gripped by the head, throat or fingers.

15.5.8 Department support

As long as a member of staff has acted in a reasonable and professional manner in relation to the circumstances as they existed at the time and followed reporting procedure as instructed, s/he can expect departmental support.

13.5.9 Discussion following the incident

With the benefit of hindsight and subsequent discussion with their line manager, a member of staff may feel that s/he has learnt important lessons from the experience and might wish that they had handled the situation differently and intend to do so in the future. This will be seen as a positive response on his/her part, rather than a weakness or a criticism, unless the lessons are ignored in future situations. A record of any such discussion should be kept as part of the staff supervision record.

13.5.10 Restraint using drug therapy

Drugs should not be used as a means of restraint.

13.5.11 The use of domestic safety rails (cot sides)

The use of Domestic Safety Rails (cot sides) is a common practice within National Health Hospitals and Nursing Homes. However, the use of such aids should only be permitted where a risk assessment indicates a predictable fall. The use of a Domestic Safety Rail can prevent a person rolling out of bed.

Risk Assessment:

Where a suitable and sufficient risk assessment indicates the use of Domestic Safety Rails, care should be exercised so that:

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- a. The person cannot be injured by striking their head or limbs against the metal rails.
- b. The head cannot slip between the metal rails.
- c. The limbs are not through the metal rails when care staff/handlers lower the rails to assist the person during caring tasks or assisting a person in/out of bed.

The use of Domestic Safety Rails should not be used to restrain someone who may attempt to climb over them as they may fall from a greater height sustaining even more serious injuries than they might have received falling out of bed.

Pad and Net Covers:

If, as a result of a suitable and sufficient risk assessment, Domestic Safety Rails are provided then suitable pad or net covers should also be provided to reduce the risks of injury as at i, ii and iii above.

13.5.12 Responsibilities of Operations Manager and Registered Manager

It is the responsibility of the Operations Manager and Registered Manager to ensure that staff know and accept that it is not permissible to engineer situations in which clients are pushed so that they lose control and then need to be restrained in order to restore control. Such confrontational approaches have no place in good care practice, and could be classed as a form of abuse.

13.6 The recording of restraint episodes

13.6.1 Reasons for recording instances of restraint

It is very important that instances of restraint are fully recorded for the following reasons.

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- i. Managers need to be aware of the frequency, method and detail of incidents of restraint at the establishments that they are responsible for.
- ii. Well recorded instances will allow the possibility for informed discussion of the use of restraint in general and with individual clients and by individual members of staff in particular.
- iii. Instances of poor or bad practice can be readily picked up by anyone with a right of access to the information including managers and CQC inspectors.

13.6.2 Restraint record

All instances of the use of restraint must be logged in the daily log books and the following details entered on the restraint record using the appropriate pro forma by the member of staff carrying out the restraint.

- i. The circumstances leading up to the instance.
- ii. The details of the actual restraint used.
- iii. Any injuries sustained by the member of staff or the client or complained of by either and the actions taken in response to them.
- iv. Any comments made by the client at the time or immediately after the incident.
- v. The members of staff's understanding of the incident.
- vi. The names of any witnesses.
- vii. The time and duration of the incident.

The entry must clearly identify the member(s) of staff involved who must sign and date it. The record must be countersigned by the Registered Manager and any management action taken recorded on the form.

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13.6.3 Maintenance of the record

The forms, which must be numbered in sequence, should be kept in a loose leaf binder in the unit office. A copy of the form must be:

- i. Forwarded to the Operations Manager.
- ii. Placed on the client's file.

13.7 Post restraint meetings

13.7.1 Purpose of meeting

- i. The need to arrange a post restraint meeting to further the understanding of staff and clients about violent incidents and how to deal with them should always be considered.
- ii. The purpose of meetings will be to explore the incident, to attempt an agreed understanding of it and to achieve reconciliation between the member of staff and the client if that is necessary.

13.7.2 Participants at the meeting

The parties to the incident (including the client and where appropriate the client's relative/friend), the client's Care Manager and the line manager of the member of staff involved should be invited to such a meeting.

13.7.3 Record of the meeting

A record of the meeting should be made on the client's file listing those who have attended.

SECTION FOURTEEN: SAFE CUSTODY/ ADMINISTRATION OF MEDICINES

14.1 Introduction

14.1.1 Relevant publication

This section should be considered in conjunction with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and Outcome 9 of the Care Quality Commission Essential Standards of Quality and Safety 2010. Refer to pages 105-109 of the CQC guidance.

(www.tinyurl.com/cqcmedsguide)

The following should also be referred to as necessary:

- [The Controlled Drugs \(Supervision and Management and Use\) Regulations 2013](#)
- [The Controlled Drugs \(Supervision of Management and Use\) Regulations 2013 Information about the Regulations](#)
- [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2010](#)
- [The Handling of Medicines in Social Care \(RPSGB, 2007\)](#)
- [The Safe and Secure Handling of Medicines: A Team Approach \(RPSGB, 2005\)](#)
- [The Mental Capacity Act 2005](#)
- [The Hazardous Waste Act 2005](#)
- [The Control of Substances Hazardous to Health Regulations 2002](#)
- [The Misuse of Drugs \(safe custody\) Regulations 1973 SI 1973 No 798 as amended by the Misuse of Drugs Regulations 2001](#)
- [Human Rights Act 1998](#)
- [Data Protection Act 1998](#)
- [The Health and Safety at Work Act 1974 and associated health and safety regulations](#)

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- [Misuse of Drugs Act 1971.](#)
- [Medicine Act 1968](#)

The Registered Manager should be aware of relevant evidence-based guidance and alerts about medicines management and good practice published by appropriate expert and professional bodies, including:

- [National Patient Safety Agency](#)
- [National Institute for Health and Clinical Excellence](#)
- [Medicines and Healthcare products Regulatory Agency](#)
- [Department of Health](#)
- [Royal Pharmaceutical Society of Great Britain \(RPSGB\)](#)
- [Social Care Institute for Excellence](#)
- Medical and other clinical royal colleges and professional associations

14.1.2 Main Principles

- i. All clients will be assessed by a health or social care professional to ascertain their ability to self-medicate or in order to develop a Medicine profile/plan designed to support medication administration.
- ii. The assessment process should identify whether the client is on an established medication regime or a variable regime.

Established regime:

The service user is on a number of medicines he / she has been taken for several weeks or months. The therapy is consistent e.g. the doses and timing of the medication do not change day to day and the prescribers instructions are clearly articulated on a medication record sheet and / or on the bottles and boxes.

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Variable regime:

The service user is on a range of medicines one or more of these medicines requires regular changes to dose or the timing of administration.

- iii. In all cases where an individual client needs support, a health and social care professional remains accountable for the planned care to be carried out by the care staff.
- iv. In the UK, anyone can administer a medicine which may include a Prescription-only medicine (POM) or Controlled Drug to another person as this is in accordance with the prescriber's directions (The Medicines Act 1968). If it has been prescribed for that person and the individual consents to the administration. **This is called 'administering medication'**.
- v. It is essential that the written directions of the prescriber, normally available on the medicine label, are followed. For this reason it is essential that medicine labels show the full directions for use.
- vi. All staff should promote self-care and encourage wherever possible the individual client to manage their own medicines if it has been judged safe for them to do so.
- vii. In order to remain independent, some clients may need assistance to take their prescribed medication as part of their care package; some are able to fully administer their own medicines, others will require varying levels of support. In some cases, the level of support for medication will be substantial.
- viii. The service is responsible for agreeing the level of support required and ensuring that the appropriate record keeping and training needs are met. Staff will be issued annually with an updated copy of the current medication guidance.
- ix. The person's medicine profile/plan and risk assessment will require a review as needs change.

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- x. Although people have the right to refuse to take prescribed medication, all staff are expected to support and encourage service users to follow their doctor's advice.
- xi. Staff administering a medicine will not be held responsible for any adverse effects, providing that it can be shown that it was given in accordance with the prescriber's directions and that local procedures have been followed.

14.1.3 Responsibility of the Registered Manager

- i. The Registered Manager must ensure that clients are protected against the risks associated with unsafe use and management of medicines and that the procedures described below are strictly followed. Up-to-date medicines information and clinical reference sources for staff must be readily available for staff.
- ii. The Registered Manager shall make arrangements, where required, for the clients to receive medical, dental and optical services. A range of facilities may be provided by the NHS to clients, who are entitled to receive the same standard to health care as other members of the community. Access to hospital facilities will be provided to clients where necessary.
- iii. The Registered Manager is required to make suitable arrangements for obtaining, handling, using, safekeeping, dispensing, preparing, administering, monitoring, recording, and disposing of medicines. These should include procedures for:
 - Handling medicines that are prescribed 'as required' (PRN).
 - Handling medicines given covertly where this is needed in accordance with the Mental Capacity Act 2005.
 - Requesting a second opinion in relation to medicines for people detained under the Mental Health Act 1983.
 - Recording when it is not possible for a person to be able to self-administer their medicines, or when circumstances change.

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- Recording when medicines are given to clients.
 - Reporting adverse events, adverse drug reactions, incidents, errors and near misses.
 - Implementing and acting upon the recommendations of all relevant medicine-related patient safety communications issued via alert systems within the required timescales.
 - Recording the list of medicines taken by clients when they begin to use the service and ongoing updated list held in support plan .
 - Managing discharge medicine to allow for continuity of care until a new arrangement is made.
 - Arranging for medicines management following death of a client.
 - Handling controlled drugs.
 - Investigating adverse events, incidents, errors and near misses and sharing concerns about mishandling and learning from them, so the risk of them being repeated is reduced to a minimum.
 - Complying with the requirements of the Medicines Act 1968 and the Misuse of drugs act 1971 and other regulations listed.
 - Responding appropriately if the client is unable, or refuses, to take their medicines
 - Arranging best interest meetings with people who know and understand the client when covert administration of medicines is being considered to decide where this is in the person's best interest.
- iv. The Registered Manager will ensure that staff understand the tasks associated with medication administration and are monitored through competencies, supervision, personal development reviews and staff observations. Staff must understand their role with regards to helping people take their medicines and know what to do when clients are unable or refuse to take their medicines

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- v. The Registered Manager must ensure that clients have their medicines at the times they need them, and in a safe way, and that wherever possible they have information available to them about the medicine being prescribed.
- vi. The Registered Manager should ensure that all staff monitor the effects of clients' medicines and take necessary action if their condition changes, including side effects and adverse reactions.
- vii. The Registered Manager should ensure that medicines given are appropriate and person-centred by taking account of their age, choices, lifestyle, cultural and religious beliefs, allergies and intolerances, existing medical conditions and prescriptions, adverse drug reactions and recommended prescribing regimes.

14.1.4 Local pharmacist

The local pharmacist is a good source of advice regarding good practice to do with the safe custody and administration of medicines, individual drugs, compliance aids, homely remedies and over the counter medication.

14.2 Admission of the client

14.2.1 Choice of General Practitioner

Staff should enable and assist the client to make an informed choice of general practitioners or pharmacist, wherever possible.

The primary responsibility for the prescribing and management of the medication rests with the GP, in consultation with other members of the primary health care team and the patient.

14.2.2 GP appointments

Staff should encourage clients to make their own appointments with their GP and ensure they are informed of any changes in medication or treatment.

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14.2.3 Drugs entering an establishment

All medicines bought into the establishment from whatever source (including non- prescribed and alternative treatments such as herbal and homeopathic remedies) should be checked and recorded. The record should show the date of receipt, name, strength, form (e.g. tablet, capsule, liquid) , dose and quantity received.

The current medication list from the GP and the need for such drugs should be established at the first “check-up” appointment with a GP, which a client will have as soon as possible after admission. From then on the person’s prescription should be regularly checked to ensure it is up to date and is reviewed and changed as their needs or condition changes.

14.3 Custody of medicines

The custody of medicines is the responsibility of:

- i. The Registered Manager and the designated officers.
- ii. The client; prescribed medicines are the property of the client to whom they have been dispensed and must not be used for anyone else.

14.3.1 The Designated Officer

- i. Although individual clients may retain their own custody of medicines while in the establishment, the Registered Manager has a duty for the safe administration of all medication and must be satisfied, following advice from the GP, that a client is capable of accepting responsibility for the administration/security of his/her own medicines. A contract and joint agreement between the Registered Manager and client is required to provide clarity.
Arrangements should also be in place to record when it is not possible for a person to self-administer their medicines.

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- ii. When dealing with a client's medication the Designated Officer will be responsible for:
 - a. The registration of the medicine and the current medication list from the GP.
 - b. The safe custody, storage and disposal of all medicines for a particular client.
 - c. Arrangements for administering them to the clients for whom they are prescribed.
 - d. Recording arrangements on the Medication Administration Record immediately.
 - e. Safe guarding other service users or visitors.
 - f. Audit documentation.
- iii. All medicines must be kept in a locked cabinet. (See paragraph 14.4 below).
- iv. Particular care must be taken of any items (e.g. aspirins) which may not have been prescribed but can easily be bought and which may be dangerous if they get into the wrong hands. This is in line with the policy of calculated risk taking for clients. (See the Introduction to this document.)

14.3.2 The client

- i. Some clients may wish to have personal custody of their own medicines and wherever possible such wishes should be respected, following consultation with the GP. It is still important to offer, as appropriate, support and reminders to clients who self-administer their medicines to minimise the risk of incorrect administration.

The different levels of support will vary according to the needs of the individual e.g.

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- A medicine profile/plan and medication risk assessment that involves clients ordering, administering and storing all their medication.
 - The service ordering and the client storing and administering the medication.
 - Staff verbally prompting clients to take their medication, with the client responsible for storage.
 - The service ordering the medication, client remembering to take their medication but needing help in preparing the dose from the pharmacy container / Medical device system (MDS) and storage maintained by the service.
- ii. Clients who retain their own medicines are responsible for looking after them. Articles which are not necessarily carried in the pocket or handbag should invariably be locked up and never left lying around.
- iii. The fact that a client has assumed responsibility for his/her medication must be recorded and initialled by the GP.
- iv. Clients responsible for their own medication should have access to a personal lockable drawer or cupboard.
- v. Short term clients entering the establishment should bring with them their medication. If they normally administer their own medication at home they should be encouraged to do so while receiving temporary care, otherwise the recommended procedure should be followed.

14.4 Storage and control of medicines

14.4.1 Storage/accommodation of the medication

- i. All medicines must be kept in secure, locked accommodation.
- ii. Medicines (other than those held by the individual client) must be stored in a locked cupboard or trolley and preferably kept in a room not generally accessible to clients.

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- iii. If a trolley is used to store medicines, it should be secured to an immovable object/wall when not in use.
- iv. It is essential that cupboards or trolleys in which medicines are stored are exclusively used for this purpose and must be kept locked except when medicines are being issued or received.
- v. There should be a separate lockable compartment in the main cabinet for controlled drugs and it must be clearly marked.
- vi. Clients responsible for their own medication should be provided with, and have access to, a personal lockable drawer or cupboard /locker within the establishment (Protocol should be in situ regarding this).
- vii. Medicines for each client must be kept separately and in their original container as issued by the Pharmacist
- viii. Homely remedies, external (e.g. creams) and internal medications (e.g. tablets) should be stored separately (if not in a different locked cupboard, then separate shelves in the same cupboard for smaller establishments).
- ix. The temperature of the room where medicines are stored should be 16 – 25°C.
- x. Where required, medication should be stored in a lockable fridge, the temperature of which must be 2 - 8°C as recorded daily with a maximum/minimum thermometer.
- xi. An audit of the expiry dates of all medication (prescribed and over the counter preparations) should be checked on a monthly basis.
- xii. Medication awaiting disposal should be segregated and clearly marked if stored in the same cupboard.

14.4.2 Keys

- i. Care must be taken to ensure that the keys to medicine cupboards or trolleys are properly controlled. Medicine cupboard keys should not be stored on a master ring. The number of duplicate keys should be

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very restricted. Duplicate keys should be kept locked away and accessed only by the Designated Officer.

- ii. The keys should be kept by the Designated Officer or by the responsible person in charge and should be kept apart from other keys.
- iii. A written procedure/protocol for handing over keys should be clearly understood by all staff concerned and recorded for reference.

14.4.3 Storage of individual items of medication

- i. Medicines for each client must be kept separately and in their original container as issued by the pharmacist, who will always label each item with the name of the client for whom it is prescribed with instructions for its use.
- ii. The label must not be altered under any circumstances.
- iii. Where labels have been detached, advice must be sought from the pharmacist.
- iv. Stock medicines must not be kept although doctors may advise regarding the general use of:
 - a. Laxatives.
 - b. Simple linctus for coughs.
 - c. Throat lozenges for sore throat or mouth.
 - d. Emollient cream for dry/irritating skin conditions.
- v. Medication for external use must be kept separate from those for internal use.

14.4.4 Controlled drugs

- i. Any doctor who prescribes a controlled drug should be asked to inform the Designated Officer that he/she is doing so and the quantity being prescribed.

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- ii. The details of prescribed controlled drugs should be confirmed by the pharmacist when controlled drugs are handed to the home concerned.
- iii. The issue of controlled drugs should be recorded in the MAR and also separately in the controlled drugs register, which should be bound with numbered pages. There should be a separate page for each controlled drug, for each person and each preparation, and a balance remaining for each product. The controlled drugs register should contain no crossing out/correction fluid etc. Corrections should be noted on the next line of the register or as a footnote with a date recorded.
- iv. Controlled drugs should be kept separately in the controlled drugs cupboard of the drugs cabinet. Only those with authorised access should hold keys to the controlled drugs cupboard, which should not be visible from outside.
- v. The controlled drugs cupboard should not contain items other than controlled drugs.
- vi. Before following the procedure for administering the controlled drug, the trained Designated Officer should measure and check the dose with another trained member of staff who must witness the whole process of preparation, administration and recording of the controlled drug. Where possible, clients' consent must be obtained to dispose of changed, discontinued or unwanted medicines.
- vii. Expired / discontinued controlled drugs awaiting disposal must remain secure in the controlled drugs cabinet, but must be separated from stock in use and clearly marked "to be returned for destruction - not for use".
- viii. Regular controlled drug audits should be undertaken by checking the amount of tablets in the pack/MDS at each administration and also on a regular basis e.g. weekly.

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14.5 Decisions under the Mental Capacity Act

14.5.1 Best interest decisions

At times, decisions about administering medicines may have to be made on behalf of a client who lacks the capacity to decide themselves. The legal framework for making best interest decisions is defined in the Mental Capacity Act 2005 (www.tinyurl.com/legmentalcapacity). CQC has published relevant guidance for providers (www.tinyurl.com/cqcmcaguide).

In summary:

- i. Anything done for or on behalf of people without capacity must be in their best interests.
- ii. Ensure that capacity is appropriately assessed, assuming the person has capacity unless it is proved otherwise. Even if carers, or other involved people, don't agree with the decision it does not necessarily mean that the person lacks the capacity to make it for themselves.
- iii. Enhance decision-making capacity amongst those who may lack it, giving all appropriate help before concluding that they cannot make their own decisions.
- iv. Follow the process of decision-making for those who lack capacity as laid out in Section 4 of the Mental Capacity Act, and the guidance in the Code of Practice, which show the important factors that must be looked at.
- v. Record the rationale behind any decisions that are made.
- vi. Before the final choice is made, all other less restrictive possible options should be considered and wherever possible chosen so that no unnecessary limits are placed on the person's current or future opportunities, whilst still allowing the original purpose of the decision to be achieved. The process involves MC1, MC2 Assessment and regular reviews with all relevant parties involved.

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14.5.2 Advance statements

Advanced statements are another method of making decisions for people who lack capacity, i.e. to follow the wishes that they expressed about how they wanted to be treated when they still had the capacity to do so.

The Mental Capacity Act (Sections 24 to 26) specifically allows for people to make an advance decision to refuse treatment. The Act does not give people the right to demand treatment, but does give them the right to refuse it in advance. A valid and applicable advance decision over-rides decisions which others might want to make in the best interests of the person who lacks capacity. The Code of Practice gives more detail as to what makes an advance decision valid.

www.tinyurl.com/mccodepractice

14.5.3 Written statements

The Mental Capacity Act also allows for people to make a written statement about their wishes and preferences, in order for these to be used if they lose capacity to make decisions. The statements are not legally binding and do not have the authority of an advance decision to refuse treatment, but should be considered as part of the information needed in making decisions in their best interests.

14.6 Prescriptions

- i. Medication should normally be provided by a community pharmacist /Hospital pharmacist /GP.
- ii. Regular medication is routinely obtained by ordering FP10 (green standard) prescriptions from the service user's GP practice.
- iii. All medication is supplied in the pharmacist's original container, complete with label and patient information leaflet, or compliance aids e.g. dossette boxes.

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- iv The service has a duty of care to the client to ensure timely prescribing and continuity of supplies is in place for each individual on a regular basis. All current stocks should be checked prior to ordering, to avoid stockpiling / running out of medication. It is good practice to check the prescription before sending for dispensing to ensure that what has been ordered has been issued on the prescription. However, in some circumstances staff may be asked (as part of the medicine profile/plan and care plan) to order and collect prescriptions
- v. Records (usually a photocopy of the prescriptions) should be kept of what has been requested so that they can be checked against medication received. Any discrepancies between what has been ordered and the received prescription are queried before the prescription is sent to the chemist.
- vi. It is important to rotate all stock, including all dressings to avoid them going out of date and so being wasted.
- vii. Care should be taken to only order (prns) medication when stocks run low rather than a routine monthly re-order.
- viii. A service protocol should be provided with clear instructions

14.7 Review of repeat prescriptions

The Registered Manager should review (at each prescription stage) the need for continued medication and periodically discuss with the doctor.

14.8 Administration of medicines

- i. It is the responsibility of the Registered Manager to ensure that staff are appropriately trained in the proper administration of medicines. Advice can be sought from the organisation's pharmacist, or from the Care Quality Commission. Accredited training is provided for all staff who administer medication. Awareness training is available for all other care staff.

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- ii. Administering medication includes selecting and preparing medication for immediate administration, including from a monitored dosage system or compliance aid; selecting and measuring a dose of liquid medication; applying medicated cream/ointment, patches; inserting drops to ear, nose, or eye and administering inhaled medication to the client. It also includes putting out medication for the person to take themselves as a later (prescribed time). Secondary dispensing is when medicines are removed from the original dispensed containers and put into pots or compliance aids in advance of the time of administration.
- iii. Staff responsible for administering medicines, whether by day or night, must be clearly identified.
- iv. The Registered Manager is responsible for ensuring that medicines are administered strictly in accordance with the instructions of the doctor who prescribed them.
- v. Medicines must be used only for the client for whom they were prescribed and must not be dispensed to others under any circumstances. Staff should only administer medication from the original container, dispensed and labelled by a pharmacist or dispensing GP. This includes monitored dosage systems and compliance aids to enable service users their independence.
- vi. Doses must not be varied without medical authority and that authority must be recorded.
- vii. The following procedure for the administration of prescribed medication should be followed:
 - a. Carefully check the identity of the client by checking against his/her photo.
 - b. Identify the appropriate medication container for the client.
 - c. Read the client's Medication Administration Record, checking the client's name and dosage instructions, noting in particular any

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recent changes in therapy and ensuring that the dose being administered is appropriate to the time and date.

- d. Administer the medicine.
 - e. Complete the administration record immediately after the medicine has been given. Staff must also document if any medication has been left out for the person to take themselves but can't record its actual administration if they did not witness it being taken.
 - f. Record if the medicine is not taken and state the reason.
- viii. Where a medicine is removed from its container and not taken by the client, it should be destroyed and recorded by the responsible person in charge and not replaced in the container. (See paragraph 14.8 below).
- ix. In the event of a client persistently (i.e. on 2 or 3 consecutive occasions) not taking his/her prescribed drugs the GP must be informed.
- x. Staff should not take decisions which are the responsibility of the doctor. There should be a regular review of the client's medication undertaken by the prescriber who may call on the experience of the staff as he/she would on that of a caring relative if the client was at home.

14.9 Supply and use of concordance aids

- i. Medication organisers and other aids to concordance are filled and labelled by the community pharmacist or dispensing GP.
- ii. These aids should only be used following an assessment of the service user's needs and this would usually be completed by a pharmacist or dispensing GP.

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- iii. Options such as rationalising the medication regime, use of a medication reminder chart, use of large print labels, asking the pharmacist to use ordinary (not child resistant) closures, use of compliance aids, etc. should be explored with the appropriate healthcare professional in the first instance, in order to maintain independence. Where possible, clients experiencing difficulty in understanding / taking medicines should be referred in the first instance to the Community Pharmacist for Medicines Use Review.

14.10 Injections

- i. Community nurses or GPs only can give intra-venous and intra muscular injections.
- ii. Sub-cutaneous injections could be given by a member of staff with the agreement of the client, member of staff and community nurses, for the convenience of the community nursing staff where this is a routine requirement. This should only happen following training and the member of staff concerned would continue to be periodically supervised by the community nurse. Refresher training would be arranged for occasional use or new instances. This would need overall agreement by the Operations Manager if it was a requirement within the service.
- iii. Staff must follow and adhere to service guidelines on infection control.
- iv. If a client self-injects medication (i.e. insulin), staff should not normally handle the used equipment. If this is necessary, due to risk to the client or others, protective gloves must be worn. Contact with or handling of the needle must be avoided. The equipment must be discarded into sealed SHARPS boxes and not into the household waste. SHARPS boxes are now available on prescription. Any concerns should be reported to the Registered Manager.
- v. Some insulin pens/syringes are designed for re-use with disposable cartridges. Instructions will be identified on the medication risk assessment and medicine profile.

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14.11 The use of specialised medication and equipment:

- i. In exceptional circumstances, and following an assessment by a healthcare professional, staff may be asked to administer medication by a specialist technique, following Specialised Medication and Equipment guidelines. Staff can refuse to assist with the administration of medication by specialist techniques if they do not feel competent to do so.

- ii. Working with invasive medical appliances (Administration through a Percutaneous Endoscopic Gastrostomy (PEG) feeding devices), medical equipment (such as nebulisers and suction machines) and applying medication invasively should normally be avoided. However there may be exceptional cases where this is appropriate for care workers to carry out such tasks. In such cases the Registered Manager must grant permission and provide a written protocol for all staff to adhere and follow. This should address the following:
 - Consent.
 - Manager agreement.
 - Designated staff.
 - Record of instructions to be kept on client's/staff file.
 - Assessment/Care plan /Risk assessment
 - Training by a competent person.
 - Repeated at intervals appropriate to the nature of the task
 - Review (at least annually)
 - Detailed information and identified specialised equipment
 - Maintenance of equipment –reasonability identified and recorded/documented e.g. where critical medical equipment (hoists, oxygen etc.) risk assessment will be carried out to ensure safety in the event of failure of the equipment or power supply.

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14.12 Documentation regarding the safe custody/ administration of medication

Medication Records are to be maintained within the establishment.

14.12.1 Medication Administration Records (MARs)

- i. MARs are kept for each client to itemise details of medication and treatment which has been prescribed, altered or discontinued by the doctor, and is also a useful audit tool.
- ii. Entries must be made by the designated officer at the time of the medical consultation.
- iii. The doctor may consider it **desirable** to initial these entries.
- iv. The individual client's allergies should be noted on this document, if known.
- v. Is held for each client to detail the administration of drugs and medicines recording:
 - a. Which medicines are prescribed for the person (on admission).
 - b. The client's details (name, room number, any allergies (or state 'none known'), Doctor's name and start date of the medication cycle.
 - c. The time.
 - d. Route of administration.
 - e. Amount and strength given and in what form e.g. tablet, capsule, liquid, cream.
 - f. Any special information such as giving the medicine with food.
 - g. Initials of the person administering the medication and, where appropriate, double signatures as agreed.
- vii. The information on the MAR will be supplemented by the Medicine profile/plan.
- viii. The MAR should be used to record when all medication is given, including non-prescribed medicines such as a homely remedy, and provide a clear record of by whom and when it is administered.

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- ix. It is equally important to report every instance when a client has not taken his/her medication. Any reasons given for not taking medication should be entered on the MAR.
- x. The MAR chart should have no gaps or blanks for regular medicines intended to be administered (e.g. all medication must have a code (with explanation) and signatures to account for medicines given / offered). All entries should be made in indelible ink and signed by a witness in addition to the person who made the entry.
- xi. Handwritten MAR charts should contain the same information as the pharmacy label (other than the address of the pharmacy).
- xii. Where a dose is altered mid-month, a new entry is to be written on the MAR and the existing entry is crossed out. Not to use Tippex® / correction fluid.
- xiii. A copy of the receipt of medication being stored for a client should be held in the client's file.
- xiv. A service protocol should be in place on how to complete and add to /remove information from a MAR sheet.

14.12.2 Medication Record Sheet

- i. Must be kept in the drugs cabinet.
- ii. As medicines are brought into the establishment the individual items should be recorded together with the name of the client for whom they were prescribed.
- iii. Medicines received in bulk should be recorded accordingly.
- iv. Similarly, a separate section of the book should be reserved for recording the receipt and any disposal of controlled drugs (Residential, Nursing).
- v. Controlled drugs must be recorded on MAR.

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- vi. A client who hands medicines over, whether they are prescribed or not, should be given a receipt for them.
- vii. Similarly, a client should always be asked to give a receipt for medicines which, having been in the designated officer's custody, are returned to him/her. (Admission to Hospital ,Respite,introductory period ,Discharge,)
- viii. Copies of all receipts should be maintained on the medication issue record
- viv. Completed MAR sheets should be stored within the service users personal information file.

14.12.3 Drug Alerts and Hazard Notifications

- i. On receipt of a drug alert or hazard notification, the Registered Manager should check if there is any stock of the named medicine / medical devices in the establishment.
- ii. Such warnings may come from the NPSA (National Patient Safety Agency) or MHRA (Medicines and Health products Regulatory Authority).
- iii. Any medicine which carries the batch number mentioned in the drug alert should be withdrawn from use and the supplying pharmacist contacted for advice.
- iv. On receiving a drug alert by phone, the details should be recorded (preferably on a form designed to capture the information – see overleaf).
- v. If no medication / medical devices specified in the notification are in stock then this should be recorded on the drug alert / hazard notification along with the manager's signature and the date and filed.
- vi. Drug alerts / hazard notifications should be kept for two months from the date of receipt.
- vii. All staff should be notified and relevant information added to team meetings/medicine management Policy/protocols /files.

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14.12.4 Audits

- i. At weekly intervals audits and stocktaking for safeguarding medicines in the home should be carried out as agreed with the Operations Manager by the Registered Manager who will be in contact with the pharmacist.
- ii. Such audits are noted on the medical issue record. The record of medication should detail all medication entering and leaving the service as part of an audit trail.

14.13 Disposal of unused medicines

14.13.1 When medicines should be disposed of

Consent must be gained and a service protocol should be provided and followed. Medicines should be disposed of when:

- i. The expiry date is reached.
- ii. The course of treatment is completed or discontinued;
- iii. The client for whom they are prescribed dies. In such cases the medication must be retained for 7 days following death in case they are required by the Coroner's Office.

14.13.2 Return of unused medication for disposal

Disposal of unused medicines must be undertaken by the designated officer. All medication should be returned to the pharmacist with the client's consent and recorded on the returns record. When medication is no longer required by an individual, it should not be kept or used for others but returned to the supplying pharmacy. A separate disposal book should be maintained in the home.

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14.13.3 Disposal of sharps

Where syringes and needles are used by GPs, community nurses or members of staff, they should be safely disposed of by the person using them. Syringes and needles should be placed in rigid boxes (sharps box) which are provided by the Health Authority.

14.14 Transfer or discharge of clients

Medication is the individual's property. If a client is transferred to another establishment, service or hospital, then the medication, medication profile and support plan should be sent with them.

Where multiple agencies are contracted to provide services, there needs to be agreement/protocol about which agency holds the responsibility for support with medication.

14.14.1 Hospital admission

When a client is admitted to hospital any details of current medication should accompany them together with a letter describing dosage etc.

14.14.2 Hospital discharge

- i. Care should be taken, when a client returns to the establishment, to ensure that previously held medication remains relevant or, failing this, appropriate action should be taken. A receipt should be received for both medication and records.
- ii. A current list of medication should be requested from the hospital upon discharge, with clear records of what medication is due and when, clearly identifiable from the labelled containers. Any queries should be referred back to the hospital. The service should provide a protocol for staff to follow.

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- iii. A named nurse should ensure that the client and staff are given relevant information verbally and in writing regarding medication issues and should check potential compliance. The nurse should ensure that there is a minimum of one week's supply for each medicine at discharge.
- iv. On discharge the client may bring home any remaining medication they took into hospital with them as well as any new permanent or variable medication they have been prescribed to take. "Old" medication should, with service user permission, be returned to the nearest pharmacy

14.14.3 Transfer to another establishment

When a client is transferred to another local authority establishment, current medication and the individual's medication issue record should accompany them along with all other records.

14.14.4 Receipt

A receipt should be received for both medications and records.

14.15 Staff Training

All staff dealing with medication are legally required to receive appropriate training on storage, administration and disposal of medicines. Accredited Training check specific area

(BTEC Level 3 Certificate Medication through the Skills for Care).

Staff must be issued annually with an updated copy of the current medication guidance. Competency will be monitored by the registered Manager through supervision, personal development reviews and observations.

**SECTION FIFTEEN: MEDICAL, DENTAL, OPTICAL SERVICES
AND OTHER HEALTH RELATED SERVICES**

15.1 Introduction

Existing health needs are identified through person-centred assessments, care plans and risk assessments. This information should be provided in a CP1 form and a GP should be identified prior to admission.

Regular appointments with health services such as GP, dental services, chiropody, and opticians should be considered as part of the care planning and review process. Regular appointments and paramedic, emergency and outpatient attendances need to be recorded and relevant information used to adjust care plans accordingly.

15.2 Responsibility of the Registered Manager

The Registered Manager will make arrangements, where necessary, for clients to receive medical, dental and optical services providing that such services are available.

15.3 Paramedical treatment

Arrangements should be made so that each client obtains paramedical treatment which is prescribed by his/her doctor. This includes chiropody, physiotherapy, speech therapy and ophthalmic services.

15.4 Podiatry

- i. Trained staff within the home are able to assist in meeting the general foot care needs of clients. The required staff training is available from the Northumbria Healthcare podiatry service.
- ii. Where a client has diabetes or greater need for foot care than usual he/she will receive attention from a podiatrist.

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- iii. In any event all clients who require foot care should receive a regular appointment with the podiatrist.

15.5 Hearing impairment

- i. When a hearing problem is initially identified advice from a doctor should be sought if the client agrees to that course of action. A simple solution may be all that is required or the client may be referred to a hospital for further advice.
- ii. Where a hearing impairment has been identified advice can be sought from the appropriate local hearing aid clinic regarding specific help which may be required by clients who have a hearing impairment, for example correct method of communication, equipment, adaptations, care of hearing aids.

15.6 Visual impairment

Where a visual impairment has been identified advice can be sought from the local opticians regarding specific help which may be required by clients.

15.7 Continence advisors

- i. Incontinence can be a distressing issue but not necessarily an intractable one. Patience, understanding and proper management can alleviate, or indeed, eradicate the condition.
- ii. Advice and help is available from the continence advisors who are skilled in the treatment and management of incontinence and who can be contacted through the individual's GP practice.

SECTION SIXTEEN: DEATH AND FUNERAL ARRANGEMENTS

Sensitively dealing with death and funeral arrangements for clients is the essence of good care practice.

16.1 Clients' wishes

A client's wishes concerning funeral arrangements should be sought at an appropriate time (usually prior to the first review following admission), recorded and updated. Relevant information would include:

- Life assurance/endowment policy details.
- Name and address of solicitor, bank manager etc.
- Location of will, birth and marriage certificates.
- Next of kin and/or person responsible for funeral.
- The particular funeral director; church; cremation or burial.
- What should happen to personal jewellery.

16.2 Terminal illness

16.2.1 Care of the client

- i. An informed decision will be made at the outcome of the case conference review as to whether the client should remain within the establishment. The wishes of the client and relatives will be taken into account and recorded e.g. in the care plan and/or advanced statement.
- ii. A client with a terminal illness will be given the same degree of care as that which would be expected from a caring relative in their own home, in keeping with the principles of the North East Charter for a Good Death (www.tinyurl.com/gooddeathcharter).
- iii. A client with a terminal illness should have the same access to specialist community medical services as he/she would if in his/her own home. This may include the individual being subject to the End Of

Section Sixteen: Death And Funeral Arrangements

Life Pathway which is a process managed by and carried out by the district nursing service and prescribed by the individual's GP.

- iv. Where a client is aware that he/she is dying he/she will be given opportunities to express his/her feelings about death.

16.2.2 Staff, relatives and other clients

- i. Open discussion of death and dying in the home can be beneficial to help staff cope with the emotional stress of caring for clients at the end of their life, and help clients prepare in advance for the end of their life.
- ii. Commitment should be made to involve relatives in care plans and share in end of life care.
- iii. Under normal circumstances it is inappropriate to attempt to shield or protect clients from the fact of death. Clients and staff should be informed of the approaching death and enabled to express their feelings.
- iv. In the event of the dying client being in a shared room, attention should also be given to the wishes of the other occupant.

16.3 Death of a client

16.3.1 An expected death; people to be informed

- i. Upon the death of a client the General Practitioner (GP) must be informed as soon as is practically possible. Although the signature of 1 GP will suffice in the case of an interment, the signature of 2 GPs will be needed when a cremation is planned.
- ii. Care Manager, relatives and/or friends will also be informed by the most appropriate means.
- iii. Other clients of the home will be informed of the death and enabled to express their feelings.
- iv. Staff should also be informed and enabled to express their feelings.

Section Sixteen: Death And Funeral Arrangements

16.4 Unnatural death

In the event of an unnatural death or unexpected death occurring:

- i. Do not move the body or contents of the room/area where found.
- ii. Notify the police by telephone. The police will attend and act in accordance with legal requirements/their established practices.
- iii. Notify both the Senior Manager and the Corporate Director of Adult Services and Housing on the same day as the death. They will advise:
 - The Safety Officer – so that the Health and Safety Executive are involved and legislative requirements are fulfilled.
 - The Care Quality Commission (CQC) and provide a notification.
- iv. Liaise with the Safety Officer, as appropriate via telephone or correspondence and once involved, keep them informed i.e. the outcome of the inquest.

16.5 Action to be taken regarding the possessions of a client who dies in a Residential Home

- i. As soon as possible, following the death of a client, all of the deceased's possessions must be:
 - a. Listed by **2 members of staff**.
 - b. Held in a secure place.
 - c. Checked against the inventory of the client's goods maintained in the home.
- ii. The next of kin, nearest connectable relative or trustee must be notified.
- iii. Property can only be released to the next of kin or trustee.
- iv. Care must be taken to ensure that where a client dies intestate the appropriate person receives the estate. The following list describes, in

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order of priority, the relationship to the deceased of people who are entitled to the estate:

- a. The surviving spouse.
- b. The children of the deceased or any issue of any such child who has died during the deceased's lifetime.
- c. The father or mother of the deceased.
- d. Brothers or sisters of the whole blood, or the issue of any deceased brother or sister of the whole blood who has died.
- e. Brothers and sisters of the half blood, or any issue of any deceased brother or sister of the half blood who has died.
- f. Grandparents.
- g. Uncles and aunts of the whole blood, or any issue of any deceased uncle or aunt of the whole blood who has died.
- h. Uncles and aunts of the half blood, or the issue of any deceased uncle or aunt of the half blood who has died.

16.6 Liaison with Funeral Director and General Practitioner

It is the responsibility of the Registered Manager to reach an understanding with the GP and undertaker to:

- i. Avoid unnecessary delay in the removal of the body.
- ii. Ensure that the manner and means for the removal of the body is acceptable.
- iii. Ensure that the funeral arrangements are consistent with the known wishes of the client and within available finance.

Section Sixteen: Death And Funeral Arrangements

16.7 Attendance at the funeral

- i. It is expected that members of staff will wish to attend the funeral service of the deceased client and the Registered Manager will ensure that appropriate staff representation occurs.
- ii. Clients who wish to attend a funeral service will be enabled to do so.

16.8 Legacy of a Will

Where it is known that a client intends an establishment or staff to benefit from a legacy in his/her will the Registered Manager should contact the Senior Manager advice. Each case should be considered individually and within the context of the Northumberland County Council's policy on gifts. (See Paragraph 21.9).

16.9 Financial record of client

Upon the death (or transfer, i.e. to a hospital or independent establishment) of a client, the record of the client's financial affairs must be transferred to the client's case file and transferred to the Data Store in the Record Management Service at Woodhorn. (See Section Four). The records would follow a client if he/she transfers to another Northumberland County Council home.

16.9.1 Enquiries about arrears

When a client dies and the establishment is asked about arrears, the Registered Manager should advise that he/she is not in a position to confirm whether or not there are any arrears and that such enquiries are to be made to County Hall.

Additionally such requests should be noted on the client's file and the Registered Manager should contact County Hall themselves to alert them that enquiries regarding the final account have been made.

SECTION SEVENTEEN: FIRST AID SUPPLIES

17.1 Contractor

The contract for First Aid Supplies varies from time to time; to verify the current contractor refer to the online contract list.

17.2 Contract items

- i. First aid boxes should contain a sufficient quantity of first aid materials and nothing else. Antiseptic creams are not recommended and should be withdrawn.
- ii. When purchasing first aid materials their expiry date should be noted. The contents of the box should be examined frequently and should be restocked as soon as possible after use. Care should be taken to dispose of items safely after the expiry date has passed.
- iii. At the very minimum each box should contain the following items:
 - Guidance leaflet.
 - Individually wrapped sterile adhesive dressings (assorted sizes) (blue for cooking activities).
 - Two sterile eye pads, with attachment.
 - Four individually wrapped triangular bandages (preferably sterile).
 - Six safety pins.
 - Six medium sized individually wrapped unmedicated wound dressings (approximately 12cm x 12cm).
 - Two large sterile individually wrapped unmedicated wound dressings (approximately 18cm x 18cm).
 - Additional Items:
 - Disposable gloves.
 - Resuscitades.
 - Wide bore rubber tubing for eye irrigation.

For detailed guidance refer to the Council's F3 First Aid guidance (see Appendix 2)

17.3 Ad hoc requirements

Non contracted items will be available on request via the contract supplier.

17.4 First Aid boxes

17.4.1 Location

- i. Adequate first aid supplies must be readily available in a place known to staff and not in a room which is intermittently locked and access is therefore restricted.
- ii. In addition a small stock of first aid supplies must be kept in all kitchens.

17.4.2 Containers

- i. First aid boxes or similar containers should be made of suitable material and designed to protect the contents, as far as possible, from damp and dust.
- ii. Boxes/containers should be clearly identified as first aid containers with a white cross on a green background in accordance with the Safety Signs and Signals Regulations 1996.

17.5 Contents of First Aid boxes

First aid boxes or similar containers which are to form part of an establishment's permanent first aid provision should contain the items indicated in 17.2 – HS1, HS2 or HS3 these may be supplemented to take account of the risk assessments currently in place.

17.6 Other requirements

Soap and water and disposal drying materials, or suitable equivalents, should also be available.

17.7 Quantities of items

Sufficient quantities of each item should always be available in every first aid box or container. Reference should be made to the guidance card supplied with the first aid box and the current risk assessment for general and additional items.

17.8 Duty of employers to staff

17.8.1 The Health and Safety (First Aid) Regulations 1981

The Health and Safety (First Aid) Regulations 1981 place a general duty on employers to ensure that adequate first aid provision is available for their employees while they are at work and therefore it is important to note that the first aid provision for clients is an entirely separate issue. Please refer to guidance contained in the Corporate Policy Section F3 (Appendix 2).

17.8.2 Health and Safety at Work Act 1974

Section 3 of this Act imposes a duty on employers to conduct their undertaking to ensure, as far as reasonably practicable, that people other than employees (e.g. employees of contractors, clients, visitors, members of the public etc.) who could be affected are not exposed to health or safety risks.

SECTION EIGHTEEN: CATERING ARRANGEMENTS AND HYGIENE

18.1 Food Hygiene

18.1.1 Enforcing Authority

- i. The enforcing authority for food hygiene legislation is the Northumberland Council in whose area the home is situated.
- ii. The Operations Manager and Care Quality Commission (CQC) will require that the Environmental Health Department are completely satisfied with the standard of hygiene.

18.1.2 Relevant legislation

The food business carried on within the home will be required to comply with:

- i. The Food Safety Act 1990.
- ii. The Food Hygiene (England) Regulations 2006.
- iii. EC Regulation 852/2004 on the hygiene of foodstuffs.

18.1.3 Inspection of premises

Regular inspections of premises by the Registered Manager will be carried out covering the following areas:

- i. Cleanliness of articles and equipment.
- ii. Protection of food from risk of contamination and infestation.
- iii. Personal cleanliness of food handlers.
- iv. Provision of overclothing.
- v. Carriage and wrapping of food.
- vi. Drainage and sanitary conveniences.

- vii. Provision of personal washing facilities.
- viii. First aid provision.
- ix. Accommodation for outdoor clothing.
- x. Facilities for washing food and equipment.
- xi. Lighting and ventilation of food rooms.
- xii. Cleanliness and repair of food rooms.
- xiii. Refuse storage.
- xiv. Temperature control of certain foodstuffs.
- xv. Check records and documentation.

18.2 Food Handlers

18.2.1 Introduction

Food handlers working in the home are required to undergo an approved course of training in food hygiene and must be supervised, instructed and/ or trained in food hygiene matters commensurate with their work activity. Food handlers responsible for the HACCP system must receive adequate training in HACCP and be able to implement the 7 principles of HACCP (Hazard Analysis and Critical Control Point).

18.2.2 Definition of Food Handler

The following is a working definition, which has no legal standing:

- i. “Food Handler”. A person who is involved in the preparation, cooking or serving of food to others, in either a commercial or service relationship. This will include people who pick or harvest fresh food; people responsible for the storage of food, including frozen food; people responsible for serving food to others; and people responsible for temporary storage or food left overs.

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- ii. This definition applies to all practical situations, not designated job descriptions. It applies to people whether or not they get paid, so volunteers are included. It applies even if the duties are only carried out occasionally.
- iii. Making a group of clients' sandwiches and a hot drink for supper is included. Helping the cook in the kitchen is included, as is putting food away in the fridge.

18.3 Preparation of food

18.3.1 Equipment

The home/site will have sufficient and suitable kitchen equipment, crockery and cutlery together with adequate facilities for the preparation and storage of food.

18.3.2 Clients

Adequate facilities are provided for clients to prepare their own food and refreshments.

18.4 Variety of food

The Registered Manager will be accountable for the provision of suitable, varied and properly prepared wholesome and nutritious food in adequate quantities for clients. This will include a minimum of five choices of fruit and vegetables each day.

18.5 Style of catering

Whether meals are serviced centrally or in small group units, the choice of dish and portion size are important and ready plated meals should be avoided. The particular needs of clients who have eating difficulties should be met in a dignified manner.

18.6 Times of meals

The timing of meals should be as flexible as possible.

18.7 Menus

The Registered Manager should arrange for the menus to be planned at least one week in advance and be exhibited in a prominent place on menu sheets. Wherever possible, clients should be involved in the menu planning. Menus should be planned to offer a variety and choice to the clients and provide a balanced and nutritious diet. A four to six- week rotating system will be used for the menus. Special diets should be detailed separately. Changes to the menu should be indicated with the reason for the alteration and a record of food actually served maintained.

18.8 Special Diets

The home/site should cater for special diets whether these are medically advised, of religious, cultural or philosophical significance, or the result of strong preferences. Clients who cannot eat particular foods for any of these reasons should not be deprived of nutritious appetising alternatives. The Registered Manager should establish upon admission if a client has special dietary needs and take advice from a dietician or religious adviser about how these needs can be met. In all cases the Registered Manager should ensure that clients are not misled into eating foods which they would not otherwise take.

18.9 The use of cling film, catering wrap

It is important to read the instructions on packaging and follow the manufacturer's instructions when using cling film, particularly when cooking food in microwave ovens.

SECTION NINETEEN: HEALTH AND SAFETY

19.1 Responsibility of the Registered Manager

The Registered Manager will ensure that:

- i. Any risks are properly assessed.
- ii. Adequate precautions are taken to minimise the risk of accidents. These precautions will include training staff and giving general instruction in health and safety procedures and first aid instruction.
- iii. The procedures detailed in section F1 of the online Corporate Health and Safety Manual are followed in the event of accidents.
- iv. Within 24 hours from the time of the occurrence of any accident in the establishment involving personal injury, i.e. any injury to the person from an injured finger to a fatality, the following must be notified:
 - a. The Operations Manager.
 - b. The Care Quality Commission.
 - c. Other notification may be required in accordance with The Reporting of Injuries, Disease and Dangerous Occurrences Regulation (RIDDOR) 1985. Further information can be obtained from the Corporate Health and Safety Team at County Hall.

19.2 Risk assessment

- i. Designated employees are responsible for completing risk assessments which are required under the Management of Health and Safety at Work Regulations 1992. All employees should be familiar with risk assessments for their area of work. Generic risk assessments are included within the Risk Assessment Manual held within all establishments.

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- ii. There is a specific requirement to examine the needs of women of childbearing age in relation to risks during pregnancy.
- iii. Further information can be obtained from the Corporate Health and Safety Team at County Hall.

19.3 Accident reporting

A centralised Accident and Violent Incident recording system is operated by the County Council. Information is inputted from forms received from establishments by Corporate Health and Safety Team who also provide regular statistical summaries.

All Accident and Violent Incident forms should be countersigned by the Registered Manager before submission to the Corporate Health and Safety Team at County Hall. **Your attention is drawn to Section F1 of the Corporate Health and Safety Manual** where the legal requirements are set out.

19.4 Bathing of clients

19.4.1 Good practice

- i. Good practice requires that the first concern is the dignity and privacy of the clients.
- ii. It must be assumed that those clients who wish to and are able to will be allowed to bath themselves in private with discreet supervision from staff to be agreed between the client and the Registered Manager. This oversight must extend to ensuring that the bath water is at a safe temperature. See paragraph 19.6.
- iii. Many infirm clients will require help and more direct supervision. The responsibility of deciding upon the need for this rests with the Registered Manager.

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- iv. Whatever arrangements are made, they should meet the wishes of the client concerned.

19.4.2 Physical handling of clients

Equipment such as Mechlifts and Parker Baths, have been installed in homes to ease the physical handling of clients. In many instances this will enable a single member of staff to manage the bathing process. In other instances it may be the judgement of the Registered Manager that two staff should help, and this will be reflected in the individual client's moving and handling plan. Care must be taken to explain the functioning of this equipment to overcome nervousness, particularly with mentally frail clients. Also see 19.18.2 below.

19.4.3 Male staff/female client

Where it is felt necessary for a male member of staff to help bath a female client:

- i. The client herself must approve.
- ii. A female member of staff must always be present.

19.4.4 Female staff/male client

It is acceptable practice for female staff to bath male clients without male accompaniment but, here again, the wishes of the client must be considered.

19.5 Hot water temperatures

The Registered Manager must ensure that:

- i. All staff are aware of the dangers associated with hot water temperatures.

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- ii. Periodic checks are carried out to ensure that the water temperature control achieves a maximum of 43°C. Bath thermometers should be used to monitor water temperatures and a record of these checks maintained.
- iii. Supervision is provided during the whole of bath time periods where the Registered Manager and client agree this is required.
- iv. All staff are aware of the dangers of clients being accidentally burned if they rest against heated surfaces such as central heating pipework. The risks are to be reduced by giving attention to room layout and thermostatic controls.

19.6 Repairs or breakdowns in the establishment

19.6.1 General

The procedures described in 19.6.3 and 19.6.4 must be followed in respect of repairs to breakdowns in the establishment, irrespective of whether they are of a routine or emergency nature.

19.6.2 Hazardous equipment

The re-lighting of automatic boiler equipment or any other work on potentially hazardous equipment **must not** be attempted by any staff. In these circumstances the defect should be reported immediately by telephone as detailed below in paragraph 19.6.4.

19.6.3 Suspected gas leaks

- i. In an emergency where there is the slightest suspicion of a gas leak a telephone call must be made direct to the Gas emergency service for the location of the home for immediate assistance to deal with the fault (the Gas emergency number for your particular area is in the telephone directory under the heading **Gas**).

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- ii. At the same time all appliances throughout the building, and also the gas main, must be turned off.
- iii. Thereafter contact should be made with Property Services, either by telephone or online so that arrangements can be made for repairs to take place.

19.6.4 Routine repairs in office hours

Any building defects and requests for repairs to be done should be referred directly to the Property Services at County Hall in the following way:

- i. If the repair is **routine**, you should use the online defect reporting system.
- ii. If the repair is **urgent**, you should telephone the Property Services Department HELP DESK at County Hall, Morpeth 01670 624843 and report the defect for attention.
- iii. You should then log the phone call in the Property Log.

19.6.5 Emergency breakdowns out of normal office hours (excluding gas leaks – See 19.6.3 above)

Should a breakdown in electrical or heating installations occur outside office hours and you consider that emergency repairs are necessary you should telephone the property maintenance help desk 01670 624843; the call will be transferred to a contact centre and you will need to tell the person taking the call the details of the fault. They will organise for the appropriate company to call and repair the fault or breakdown.

The instructions detailed in paragraphs 19.6 must be displayed on the office notice board in the home. Any contractor called in to complete repairs must sign the contractors log and read the asbestos survey report before they commence work.

19.7 Asbestos

19.7.1 Responsibilities of the Registered Manager

If, through wear and tear, accident or other reasons, damage occurs to items in the establishment that are believed to contain asbestos (such as lagging on pipes and boilers or fire resisting insulating boards), and this causes the material of the damaged item to flake or crumble, the Registered Manager must arrange to:

- i. Isolate the scene of the damage from all persons.
- ii. Ensure that staff never handle the damaged suspect asbestos material.
- iii. Report the matter as quickly as possible to:
 - a. The Corporate Health and Safety Team; and
 - b. The Asbestos Manager via the Property help desk.

19.7.2 Action by Property Services

As a consequence of this report arrangements will be made by Property Services to have the suspect material analysed. Depending on the results of the analysis, the damaged material will be replaced or repaired in accordance with the degree of damage.

19.7.3 Asbestos survey

- i. Analytical surveys have been carried out in all premises to determine whether asbestos is present and in what condition it is in.
- ii. The Registered Manager has received a report from Property Services detailing asbestos based materials which will be physically identified using labels.

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- iii. Any remedial work arising from the survey will be carried out in compliance with current legislation and the County Council's approved policy.

19.7.4 Further advice

Doubts or queries relating to this matter should be referred to Property Services.

19.8 Guidance regarding the outbreak of diarrhoea

19.8.1 General

The Registered Manager must ensure that:

- i. Good hygiene procedures are encouraged at all times.
- ii. Staff receive training in personal hygiene and infection control.
- iii. Infection control policy ,log, document and record

19.8.2 Required notifications

If an outbreak of diarrhoea, i.e. anything more than normal occurs, among the residents or staff the base line being **two** cases the following should be notified:

- i. Operations Manager.
- ii. Local Environmental Health Officer.
- iii. The Health Protection Agency (HPA); Tel: 0844 225 3550.

The person reporting the outbreak will be given instructions from the HPA which must be put into action to reduce the effects of the outbreak and to determine the cause.

- iv. Care Quality Commission (CQC).

19.9 Notification of infectious disease or food poisoning

The Registered Manager should be aware that medical practitioners are bound to notify the Proper Officer of the Local Authority forthwith, on suspecting or becoming aware that a client is suffering from one of the following conditions:

Acute Encephalitis; Acute Poliomyelitis; Anthrax; Cholera; Diphtheria; Dysentery (Amoebic or Bacillary); Leprosy; Leptospirosis; Malaria; Measles; Meningitis; Meningococcal Septicaemia (without Meningitis); Ophthalmia Neonatorum; Paratyphoid Fever; Plague; Rabies; Relapsing Fever; Rubella; Scarlet Fever; Smallpox; Tetanus; Tuberculosis; Typhoid Fever; Typhus; Viral Haemorrhagic Fever; Viral Hepatitis; Whooping Cough; Yellow Fever; Food Poisoning or Suspected Food Poisoning.

19.10 Violence at work

19.10.1 Definition of violence

Violence is behaviour that produces damaging or hurtful physical or emotional effects in other people.

19.10.2 Procedure to be complied with following a violent incident

- i. The employee involved should inform his/her relevant line manager of the incident as soon as possible after the event.
- ii. The relevant line manager must, as soon as possible, complete a Violent Incident Report Form (refer to Section F2 of the Corporate Health and Safety Manual). Wherever possible, this should be done in conjunction with the employee involved in the incident.
- iii. The relevant line manager must forward the completed Incident Report Form(s) to County Hall in an envelope marked "Confidential for the attention of the Corporate Health and Safety Team". An

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electronic version of the form is also available for submission via e-mail direct to the Corporate Health and Safety Team.

- iv. The lead contact Health and Safety Advisor will examine the Incident Report Form and pass it to the appropriate officer, e.g. Operations Manager for his/her comments and signature. The Incident Report Form will then be returned to the Corporate Health and Safety Team.

19.10.3 Completion of the Violent Incident Form

- i. All incidents involving violent behaviour which produce damaging or hurtful effects in other people (whether physical or emotional) must be reported on this form.
- ii. The form should be used for incidents involving Northumberland County Council employees, contractors, clients, students, pupils, trainees, delivery personnel and other persons who are involved in violent incidents (as defined in paragraph 19.10.1 above), which occur at establishments or during work carried out by the department.
- iii. In all instances forms must be completed following the guidance contained in Section F2 of the Corporate Health and Safety Manual.
- iv. When completing the form, particular attention should be paid when filling in the sections:-

“Action taken to minimise the likelihood of a recurrence of the incident”. (Specify any immediate action taken e.g. requiring a person involved in the incident to go to another room or removing articles which have been used as weapons)

“Further suggested/requested/recommended action to minimise likelihood of recurrence of incident” (Suggestions or requests for further action that require the support of a more senior officer).

**19.11 The Control of Substances Hazardous to Health
(COSHH) Regulations, 1988**

19.11.1 Background

- i. The COSHH regulations specify the essential requirements and sensible step by step approach for the control of hazardous substances and for protecting people exposed to them.
- ii. Substances which are “hazardous to health” include those labelled very toxic, toxic, harmful, irritant or corrosive, pesticides, large quantities of dust and harmful micro-organisms and any other material, mixture or compound that can harm people’s health, i.e. cleaning fluids and infected materials.

19.11.2 Required action

The Registered Manager must ensure that:

- i. An assessment of risk is carried out and recorded, following the guidance contained in section H1 of the corporate Health and Safety Manual. The completed assessments must be kept in a marked file and be readily available for rapid access.
- ii. Appropriate measures to prevent or control the risk are introduced.
- iii. Ensure that:
 - a. Control measures are used.
 - b. Equipment is properly maintained.
 - c. Procedures are observed.
- iv. Where necessary, monitor the exposure of workers and carry out an appropriate form of surveillance to their health.
- v. Inform, instruct and train staff about the risks and precautions to be taken.

19.11.3 Hierarchy of control measures

As a result of the assessment, the Registered Manager will decide which control measures are appropriate to deal effectively with any hazardous substances that may be present. This may mean preventing exposure by:

- i. Changing previous practice so that hazardous substances are not required.
- ii. Substituting the hazardous substance with a safer one.
- iii. Using mechanical control measures, e.g. extractor fans.
- iv. Increased general ventilation.
- v. Following safe working practices, manufacturer's instructions etc.
- vi. Use of appropriate Personal Protective Equipment.

19.11.4 Personal Protective Equipment (PPE)

The Registered Manager must ensure that:

- i. The correct type of PPE, e.g. gloves, masks, goggles, are readily available and **USED**.
- ii. Staff receive clear instructions regarding:
 - a. When and why equipment is to be worn.
 - b. How to recognise the equipment is faulty.
 - c. How to obtain a replacement when required.

19.12 Spills of urine: Chlorine releasing disinfecting agents

19.12.1 Background

Some powdered or granular products designed both to disinfect and to contain spills of body fluids have a very high content of chlorine generator. Instances have occurred where so much chlorine has been generated as to necessitate evacuation of a work area.

Exposure to chlorine fumes can have very serious effects, and the use of such products should be reviewed.

19.12.2 Assessment of risks

If any disinfecting agents are used to absorb spills of urine or other body fluids, a COSHH risk assessment as detailed in 19.11 above must be undertaken.

19.13 Slips, trips and falls

Slips, trips and falls are the biggest cause of accidents in homes, both to staff and clients. It is therefore vital that all corridors, stairways, passages and common areas are kept clear of obstructions and free of tripping hazards.

Particular attention must be paid to:

- i. The conditions of floor coverings, especially on stairs.
- ii. Ensure that there are no trailing cables.
- iii. Ensure that spillages are mopped up quickly from lino or tiles.
- iv. Ensuring that loose rugs are not placed on highly polished floors.

19.14 Cautionary notice – wet floors

The notice “Caution – Wet Floor” must be posted in a prominent place when floors are being washed and until they are dry.

19.15 Manual handling

19.15.1 Risk assessment

The Registered Manager is responsible for ensuring all manual handling activities are assessed following the guidance contained in section L1 of the corporate Health and Safety manual.

19.16 Gas appliances

Gas appliances that are not working correctly or have not been serviced regularly can lead to an excess of Toxic Carbon Monoxide building up in the atmosphere. The Registered Manager is responsible to ensure that:

- i. Arrangements are made via Property Services for all gas appliances to be serviced at least once a year by qualified personnel. If this does not take place, Property Services must be contacted as indicated in section 19.6
- ii. Repairs are made promptly, again by qualified personnel via Property Services.
- iii. Good ventilation is maintained to all appliances.
- iv. The vents on appliances, outside grills, flues or air bricks are **never blocked or obstructed**.

19.17 Electrical equipment

19.17.1 Background

- i. Electricity at Work Regulations, 1989:

To comply with the requirements of the Electricity at Work Regulations, 1989, all portable electrical equipment in the establishment will be inspected annually via Property Services.
- ii. Definition of Portable Electrical Equipment:

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Portable electrical equipment is **any** electrical equipment which plugs into the home's sockets, i.e. extension leads, television sets, radios, kitchen appliances, razors, computers, electric fires, fish tank pumps.

19.17.2 Inventory and identification

- i. The Registered Manager must arrange for an inventory of all portable electrical equipment in the establishment, including equipment belonging to clients, to be undertaken and kept up to date to ensure that all items are inspected.
- ii. Where available, the following information should be recorded:
 - a. Make, model and type of equipment, e.g. Phillips, cordless kettle.
 - b. Serial or identification number, e.g. HD4379/F, Batch 8948.
- iii. A copy of the inventory must be sent to the Administrative Assistant (Finance) at County Hall.
- iv. The Contractor nominated by Property Services will identify equipment belonging to the establishment with a unique barcode. Equipment brought into the establishment between tests will be bar coded during the next inspection by the Technical Services Department.
- v. Equipment belonging to clients will not be bar coded and, therefore, keeping the inventory up to date is essential.

19.17.3 Inspection and testing

- i. Use of new equipment:

The Registered Manager must not allow electrical equipment to be used if it has been inspected unless it is newly purchased and under

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guarantee. In this instance, equipment will be tested during the next annual inspection.

ii. Electrical equipment on short term hire or loan:

The Registered Manager must ensure that all hired electrical equipment or electrical equipment on short term loan for a specific occasion, is inspected and tested by an approved electrician before coming into use, or it has an up to date certificate.

iii. Client's equipment:

Electrical equipment that is brought into the establishment by clients **must** be inspected and tested **before** being allowed into use. This can be done by either:

- a. Contacting Property Services to arrange for the required inspection and test to be undertaken; or
- b. Allowing the client to make his/her own arrangements for the tests to be carried out by a competent electrician and a certificate received that the equipment is safe for use. A copy of the certificate should be kept with the inventory, the cost of complying with this requirement being borne by the client.

iii. Failed equipment:

When electrical equipment fails the annual inspection test, the following action will be taken:

- a. Where appropriate, incorrectly wired or fused plugs will be repaired at the time of discovery.
- b. Where minor damage has occurred, the Registered Manager will be advised and asked to:
 - Take the equipment out of use.
 - Make arrangements for the necessary repairs to be made.

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- c. Where serious damage has occurred or the condition of the equipment is deemed to be a risk to life and/or property, the plug will be cut off and the Registered Manager told, where possible, to remove the equipment, and in the case of the establishment's own equipment, to order any necessary replacement.

Note: This procedure will be followed for both equipment belonging to the establishment and items belonging to clients.

- d. Where faults have been found in equipment belonging to a client, they will be advised and required to make their own arrangements to have the necessary repairs undertaken and a certificate issued. A copy of the certificate should be kept with the inventory.

19.17.4 Health and Safety at Work Act 1974

The annual inspections and tests do not relieve the Registered Manager of their duty under Section 2 of the Health and Safety at Work Act to ensure that electrical equipment is safe for use.

Therefore regular visual inspections must be made to check that plugs, leads and the equipment itself are in good sound condition and free from damage. Where faults are found or suspected, the equipment should be withdrawn from use and the normal repair procedures followed.

19.18 Laundry

19.18.1 Responsibility of the Registered Manager

- i. The Registered Manager shall arrange for the regular laundering of linen and clothing.
- ii. Adequate sluicing facilities are provided for the laundering of soiled clothing or bed linen for which one of the following will be provided:
 - a. A slop hopper, sink and drainer suite; and/or;

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- b. A washing machine with programmable sluicing facilities.

19.18.2 Location of sluicing/laundry facilities

Sluicing and laundry facilities are not sited in, or accessed through, an area in which food is handled. The sluicing facility is installed and located to allow effective cleaning of all surfaces which are likely to come into contact with soiled laundry.

Infectious disease:

“Where linen or clothing is **known** or **suspected** to be contaminated by infected materials, rubber gloves and a disposable apron must be worn and the items placed **immediately** into soluble laundry bags at the site of the incident.” Guidelines in Infectious Control, paragraph 7.1.3. These guidelines must take precedence unless otherwise advised by the Consultant in Communicable Diseases.

19.19 Incineration of clinical waste

19.19.1 Environmental Protection Act 1990

To comply with the Environmental Protection Act 1990, a private contractor, presently ALCO will be used to collect and dispose of all clinical waste, i.e. continence materials. An appropriate number of medical bins and collections will be provided.

19.19.2 Change to disposal needs of the establishment

Should the disposal needs of an establishment change at any time, the Department’s Finance Section at County Hall should be contacted to amend the service received from ALCO.

19.20 Volunteers

Volunteers may need training in the same way as permanent employees to ensure that they are familiar with safety procedures and their responsibilities to clients.

SECTION TWENTY: FIRE PRECAUTIONS

20.1 Fire inspection reports

20.1.1 Inspection

The Fire and Rescue Service no longer routinely carry out inspections in social care establishments; all inspections are undertaken on a risk basis. Within adult care, the priority based on risk is to deal with those establishments that have sleeping risk first. In such establishments the current expectation would be for inspection to take place every three years, with other care establishments being in excess of this. Following each inspection a report of findings will be produced.

20.1.2 Copies of inspection reports

The Fire and Rescue Service provides copies of reports of inspections directly to the Registered Manager and the Care Quality Commission.

20.1.3 Action of property services

Arranges for immediate action to be taken to remedy any hazards, maintenance defects or emergency situations which are highlighted in the reports.

Property Services **will not** at this stage authorise any improvement work.

20.1.4 Action of the Senior Manager, Adult Services

After consultation with the Senior Manager, Adult Services and the allocation of funds, the nominated manager will agree the commissioning of appropriate works required from the reports via Property Services.

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20.1.5 Action required of the Registered Manager

To ensure that all work ordered is completed within a reasonable time, the Registered Manager will be expected to monitor this, reporting any lack of progress to the nominated Manager.

20.2 Fire drills

20.2.1 Frequency

Fire drills for will be carried out six-monthly for all day staff and three-monthly for all night staff.

20.2.2 Evacuation of building

The fire drills are actual drills, which mean that everyone in the building should be evacuated from the area to at least two fire doors away from the affected area or outside the building to a pre-determined area. The Registered Manager may exercise discretion in not requiring specific clients or individuals to actively participate in a drill but the names and reasons for this should be recorded in the Fire Log Book, e.g. illness. Please note it has been agreed where clients are frail and elderly a horizontal and vertical evacuation away from the site of the alleged fire to a ground floor room with outside access is acceptable.

20.2.3 Content of drills

Drills may include lectures, video presentations, demonstrations of techniques and methods of handling equipment in connection with safe evacuation of all clients and personnel and the subsequent need to ensure that everyone is identified and accounted for and that the premises are actually empty.

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20.2.4 Staff

It is the responsibility of the Registered Manager to ensure that all members of staff, whether employed in a full or part time capacity or on day or night shift work, are included in fire drills and participate there in.

20.2.5 Tuition

- i. Tuition will be arranged for all new members of staff as soon as practicable as part of their induction or within a limit of three months at the most.
- ii. Thereafter every member of staff will receive tuition at a period not exceeding six months. Night care staff receive tuition on a three monthly basis.

20.2.6 Fire Log Book

The Registered Manager must record details of each fire drill in the Fire Log Book together with the names of members of staff who take part in the drill. Each member of staff must also have a personal record of fire safety instruction/ drills.

20.3 Fire Log Book

A Fire Log Book is held in each home and it is the responsibility of the Registered Manager to:

- i. Maintain the records required within the fire log book.
- ii. Ensure the completion of the Fire Risk Assessment for the establishment by a nominated person.

20.4 Fire extinguishers

20.4.1 Register of fire extinguishers

Property Services maintain a register of all fire extinguishers in each social care establishment. These extinguishers are maintained in

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accordance with the current British Standard Code of Practice BS5306 Part 3 1985.

20.4.2 Responsibility of Registered Manager

The Registered Manager will keep a written record in the Fire Log Book of the number and type of fire extinguishers in the premises. The entry will include a note of the actual location of each extinguisher and include a record of weekly checks.

20.5 Testing fire alarm systems

20.5.1 Weekly tests

- i. The Registered Manager must ensure that the fire alarm system is checked each week by carrying out a test of one of the manual break glass units. The method of testing may vary slightly but should any difficulties be encountered, the Electrical Engineers in Property Services will be happy to assist.
- ii. It should never be necessary to actually break the glass.
- iii. It is important to test a different break glass unit each week and in any event all units should be tested at least once every six months.

20.5.2 Identified defects

All defects must be reported to Property Services immediately.

20.5.3 Automatic door releases

Automatic door releases connected to the fire alarm system should be checked in conjunction with the fire alarm test to ensure that all doors are being released and are closing fully onto the door rebates.

20.5.4 Record of tests

Details of tests must be recorded in the Fire Log which should be available for inspection at all times.

20.6 Testing of emergency lighting

At monthly intervals self-contained luminaires should be tested by simulation of a failure of the normal lighting supply for a sufficient time to allow all luminaires to be checked for proper function. Details of the test should be recorded in the Fire Log.

20.7 New soft furniture

20.7.1 Seating areas in corridors, stair-wells and escape routes

All purchases of new soft furnishings for use in approved small seating areas, e.g. seating areas outside lounges and dining areas, alcoves, where they have open access to exit corridors, must comply with BS 5852, of CRIB Source 7.

20.8 Corridor fire doors

No means other than an automatic door closer control should be used to render the self-closing device on a fire-resisting door inoperative. Such a control should be fitted only to a door which cannot be kept closed because of difficulties created for clients going through the doorway in the day to day running of the premises.

20.9 Firework displays

20.9.1 Organised firework displays

It is preferable to arrange for clients to attend an organised firework display in the local community rather than organise such an event at the establishment itself.

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20.9.2 Sources of advice

The Registered Manager should not proceed to organise a fireworks display at the home unless advice has been taken from:

- i. The Fire Safety Division of Northumberland Fire and Rescue Service.
- ii. The Corporate Health and Safety Team.

20.9.3 Safety factors

Proper and adequate preparation must always precede a firework display. The provision of a firework display is expected to involve the Council's Safety and Technical Officers, the Emergency Services and the Operator of the Display and discussions will need to be held and plans drawn up detailing the exact locations of:

- i. The display.
- ii. The area of fall for aerial attractions.
- iii. The location and segregation of the public.
- iv. An area where spectators own fireworks can be set off, if necessary.
- v. Location of first aid and fire fighting personnel and equipment.
- vi. Emergency and non-emergency exits.
- vii. Routes for emergency access and egress.

20.9.4 Insurance

The only insurance cover is third party liability and **only** if the event is properly organised and officially approved.

20.10 Oxygen

The Registered Manager should ensure that the advice of the administering pharmacist is sought and followed and a risk assessment is undertaken. The risk assessment must take account of the following:

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- i. Where oxygen cylinders are being used for a client they should be safely stored in that client's bedroom and a sign erected to warn against smoking or naked flames in the vicinity.
- ii. If spare cylinders are required to be stored elsewhere in the establishment, advice must be obtained from the Corporate Health and Safety Team regarding the safe arrangements for achieving this.
- iii. The local Fire Station is notified each time oxygen is introduced into the establishment.

20.11 Smoking Policy

Since 1 July 2007, the law has required smoke-free environments in virtually all enclosed workplaces and public places in England.

The only exception to the total ban on smoking is in residential establishments and this exception only applies to residents. A risk analysis should be carried out at each care establishment to determine where smoking can occur and what measures can be put in place to extract the smoke and odour from the immediate environment.

For further details, refer to the Council's smoking policy (See appendix 3)

All staff have responsibility to adhere to the policy. Breaches of the policy should be reported to your line manager and failure to comply will be subject to the normal disciplinary procedures.

SECTION TWENTY ONE: STAFFING

21.1 Codes of Practice

A copy of Codes of Practice for social care workers and employers can be found on the Skills for Care Website (www.tinyurl.com/gscocode).

21.2 Staff selection

Managers are advised to consult the *Recruitment and Selection Code of Practice* (www.tinyurl.com/recruitmentselection).

21.3 Disclosure of criminal background of Registered Managers

21.3.1 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

In December 2012, the Criminal Records Bureau (CRB) merged with the Independent Safeguarding Authority to become the Disclosure and Barring Service (DBS). See the [Home Office](#) website for more details.

To demonstrate compliance with the regulations, the registered manager must obtain an enhanced criminal record check, which must be countersigned before submitting an application to register with the CQC.

21.3.2 Persons already registered or in post

Criminal records checks will be sought for all staff undertaking regulated activities as defined by existing legislation, and in accordance with County Council policy,

21.4 Probationary period

The purpose of a probationary period is to enable a manager to objectively assess the conduct, performance and attendance of a new employee to establish whether they are suitable for confirmation of appointment in a post. It includes a series of one to one meetings, induction, training, guidance support and reasonable assistance in settling into a new job, aiming to resolve any problems within the first 6 months and where resolution is not possible, appropriate capability or disciplinary action may be taken. Further guidance can be found in the *Probationary Period Policy* under Employment Contracts (www.tinyurl.com/probationaryperiod).

21.5 Exit procedure

Registered Managers should whenever possible and appropriate conduct an exit interview in private with the employee who is leaving. In all cases the Manager must complete a Termination of Employment Statement, which can be found with detailed guidance in Appendix A of the *Recruitment and Selection Code of Practice* (www.tinyurl.com/recruitmentselection). The completed form should be returned to the Employee Services, Financial Services, Performance Group.

21.6 Casual appointments

All such appointments must be expressly approved by service leads. Further details see Contracts of Employment Management Guidance

21.7 Staffing arrangements during inclement weather

It remains each individual employee's responsibility to make every effort to attend work at their normal place of work.

The Registered Manager needs to deal with those who are not able to attend for genuine reasons in a sympathetic but consistent manner. The Council has a range of options which need to be considered in deciding how to best treat employee absence from work due to the extreme weather.

In all cases individuals should report in to their manager on a daily basis so that service needs can be assessed. Further guidance for managers can be found in *Severe Weather Conditions - HR Advice* under Working Arrangements (www.tinyurl.com/severeweatherHR).

21.8 Notification of absence of Registered Manager

21.8.1 Planned absence

Where the Registered Manager proposes to be absent from the establishment for a continuous period of 28 days or more he/she will:

- i. Receive approval for the absence from the Operations Manager in the usual way.
- ii. The Operations Manager will give notice, in writing, to the Commission for Social Care Inspection at least 28 days in advance of the absence specifying:
 - a. The expected length of absence.
 - b. The reason for that absence.
 - c. The arrangements which have been made for the running of the establishment.
 - d. The name, address and qualifications of the person who will be responsible for the establishment during that absence.

21.8.2 Unplanned absence

Where the absence of the Registered Manager arises as the result of an emergency, the registered person must give notice to CQC within 5 working days of its occurrence specifying the arrangements as outlined in 21.9.1.

21.8.3 Notification of return to work

Following both planned and unplanned absences, the Operations Manager must notify CQC of the return to work no later than 7 working days after the date of that return.

21.9 Official Conduct/Code of Conduct

Part 2 Paragraph 2 of the NJC for Local Government Services refers to this matter. This should be read in conjunction with the Council's *Code of Conduct* (www.tinyurl.com/ncccconduct).

21.9.1 Staff responsibility

A vital component of safe care is the team's ability to monitor each other's conduct as team members, to recognise bullying, over-dependency, exclusivity or scape-goating. Also team members need to remain objective in regard to each other's' relationships, with others outside of the team and, most importantly, the vulnerable people they work with. Demonstrating trust in each other; but at the same time having the capacity to think the unthinkable.

21.9.2 Staff in the Community

In addition to the requirement within the NCC Employee Code of Conduct, staff have a responsibility to demonstrate a positive image of social care within the wider community. When on duty, where possible, they should encourage an improved understanding of the circumstances and needs of vulnerable people, acting as ambassadors for the service and their profession.

21.9.3 Managers and staff

- i. A positive relationship between a manager and employees is vital in all service areas. However, the relationship between team members, staff and managers are a vital part of protecting vulnerable adults. The manager should not be seen to show favour

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or dislike for any individual within the team. They should not encourage relationships that are exclusive with those they manage. With any personal relationship, it is the responsibility of both parties to highlight to their manager issues that might lead to criticism of them.

- ii. With the staff/manager relationship, the onus is on the manager to set an example. This does not abdicate the staff member from his/her responsibility as a fellow professional. Where an existing personal relationship exists or where a professional relationship develops into a personal relationship, the manager must highlight this to his/her manager. A professional relationship differs from a personal relationship in that the first exists to support the provision of a service; a personal relationship exists for personal gratification and agreed mutual need.

21.9.4 Appearance/ personal presentation

i. Position Statement

These guidance notes are to offer clarification on issues of personal presentation and dress. They recognise the individual's choice of dress/ appearance as a component of personal and cultural identity, whilst acknowledging the impact of appearance/dress on vulnerable people.

ii. Practice guidelines

- a. Adults should present themselves in such a way as to demonstrate the values and behaviours we encourage in our clients i.e. respect, dignity, acknowledging individualism and demonstrating positive self-image.
- b. Clothing and footwear should be in good condition (for example, should not be threadbare, torn or stained and should meet the safety requirements of the care task). It should be

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appropriate to the task involved, in that day's work. For example, shorts and vest, T shirt, open footwear/sandals or flip flops that would be worn when off duty, but not about the workplace.

- c. Appearance and clothing should not encourage the client's understanding of the staff member as a sexual individual. For example, individuals should not draw attention to themselves by wearing clothing which emphasizes personal areas of the body, i.e. breasts/genitals.
- d. Clothing and attire should not identify you as a member of an exclusive group or sports supporter. For example, football strips or riding club T shirt. Clothing should not be marked with political/religious statements.
- e. Appearance and clothing should not show disregard to cultural, ethnic or religious groups.
- f. Jewellery (including body/facial/mouth piercing) should take account of the tasks and activities involved in the care role. Ask yourself, does this meet health and safety requirements? Will this cause harm to myself or others should I be involved in close personal contact? If unsure, ask a manager.
- g. Overall appearance should be good, encouraging people to follow example, i.e. clean shaven (unless a beard etc. is worn or being grown); hair well cared for, i.e. washed, brushed, tidy, within personal styles. Staff should demonstrate attention to personal hygiene.
- h. Personal presentation is more than clothing, hairstyle etc. Staff should present themselves as approachable, caring, engaging adults, demonstrating energy and motivation. For example, it would not be acceptable for a staff member to suggest they 'couldn't be bothered' or were 'too tired' to take a young person for an activity.

21.9.5 Communication and use of mobiles

i. Position Statement

The following practice guidelines are to support managers and staff in establishments, to offer clarification on the delivery of professional relationships, and acknowledge the intense / intimate working environment. If in doubt, advice should be sought from the appropriate line manager.

ii. Practice Guidelines

- a. In some instances a client may know a member of staff from the community and will have information about them. This should always be discussed with the line manager and team to devise strategies for managing it.
- b. Members of staff should not give clients their address or telephone number. If a client becomes aware of this; the staff member should advise their line manager. They should not enter into private correspondence with the client. Staff should not use their own personal mobile telephones or home telephone's to call clients or their family/friend carers.
- c. Staff should use Northumberland County Council email address to correspond with client's family/friends to ensure there is a full audit trail of written conversations and agreements.
- d. Staff should not seek to have contact with clients or their family/friends when off duty unless as part of an agreed care plan.
- e. Staff should not give the client photographs of themselves outside of the work setting.

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- f. Staff should not gamble in the presence of a client.
- g. Staff should not personalise discussion about politics or religion or other sensitive personal matters or impose their beliefs.
- h. Staff should not change a client's given name or give the client a private nickname; or allow a client to call them by a private nickname.
- i. Staff should not share exclusive communication. For example, have passwords or secret handshakes. These examples are not exclusive and, when there is any question about behaviour, the staff member should discuss this with their manager.

iii. **Social networking**

The council has produced policy and guidelines about social networking (www.tinyurl.com/nccsocnetguide).

Staff should not correspond with clients or their family/friends via social networking sites. If a member of staff uses a social networking site in their own time then the following advice should be followed:

- a. Do not correspond with client or carers or have them as your friends / contacts.
- b. Do not state to others where your workplace is – use a generic name such as Northumberland County Council if you need to give employment details.
- c. Ensure that language, content and use of such sites does not contravene the code of conduct, demonstrating a positive image of social care within the wider community and acting as ambassadors for the service
- d. Do not include personal details such as e-mail address, telephone number.

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- e. Ensure privacy settings have been configured as securely as possible.
- f. Be aware that any photographs which you have posted cannot be copied and amended or any text you have written.
- g. Be aware that your friends may upload photographs of you and tag them with your name.
- h. If a client attempts to contact a member of staff via a social networking site **DO NOT RESPOND** as you run the risk of opening up access to your account for a period of time even if you press the ignore response.
- i. If a client attempts to contact you via a social networking site, save the evidence for future reference (screen prints, text messages, etc.)
- j. If you are contacted by a client or carer via Facebook, or other forms of social network media, you **MUST** inform your line manager immediately.
- k. Any staff member using Facebook as a means to contact clients known to them through their work role may be subject to disciplinary procedures.

iv. **Mobile Phone Usage**

- a. Staff should never use their personal mobile phone when on duty and when supporting clients. Staff should not make or receive personal mobile calls or send/receive personal text messages when on shift and in the role of caring for a client.
- b. Staff are responsible for the safety and security of their personal belongings when in the work place; including mobile phones. Should a personal or work mobile phone be lost, misplaced or stolen the staff member must ensure they immediately inform the senior member of the team. A missing

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mobile phone can potentially create a difficult or even dangerous situation for the staff member, the clients or the service.

- c. Staff will be requested to safely store their mobile phone, tablet, smart phone in their allocated locker and not on their person when on duty.
- d. **It is an offence to use a mobile phone when driving;** staff should never use any type of mobile device, including mobile phones, when driving at any time, even hands free.
- e. Staff should not photograph clients on their mobile phone and should not allow others to do so without the person's permission.
- f. Staff should not store contacts of the clients in their care, or personal contacts of family/friend carers in their personal mobile phones.
- g. Should any member of staff have a particular emergency situation whereby having their personal mobile on their person when on shift as a necessity, they should ensure their manager is made aware of the need. Staff must put in place appropriate actions that do not compromise the guidance or conflict with the responsibilities of their role.

21.9.6 Smoking in the workplace

Refer to section 20.11 and the Council's smoking policy (Appendix3). The only exception to a total ban on smoking is for clients in residential establishments who smoke. Appropriate risk analysis and measures to extract smoke and odour from the immediate environment are to be carried out.

21.9.7 Gifts

All employees must adhere to Section 103-108 of the *Code of Conduct* (www.tinyurl.com/nccconduct)

- i. It is the policy of the County Council to discourage the acceptance of gifts from clients or their relatives because the managers or staff could be open to accusations that the level of service provided could be influenced by gifts. The high standards of integrity applying to Local Government service require that all employees provide an equally high standard of service to all service users, clients and contractors without fear or favour.
- ii. The aim must always be to refuse a gift politely and tactfully and to give a proper explanation of the reasons for the refusal (Code of Conduct).
- iii. Although there is no objection to keeping insignificant items of token value such as pens, diaries, etc., up to a value of £25, gifts of greater value should be dealt with as set out in paragraphs 106 to 108 (and appendix) of the Code of Conduct.
- iv. Where a number of small gifts over a period of time amount to more than £25 collectively these should also be declared.
- v. These guidelines apply equally to gifts offered on special occasions, e.g. at Christmas, and at other times during the year.
- vi. If it is clearly not going to be possible to refuse a gift without causing unnecessary distress or offence to the donor, the line manager should be consulted before accepting.
- vii. If this is not possible and significant distress or offence would be caused, the gift could be accepted but details of the gift and circumstances should be written down immediately and passed on to the manager as soon as possible.

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- viii. The Registered Manager will then complete the “DECLARATION OF HOSPITALITY AND GIFTS” so the information can be recorded. The form can be found on the HR pages of the intranet (www.tinyurl.com/declarationgifts).

21.9.8 Wills

It is against the code of practice of the County Council for a member of staff to use their position of employment to become a beneficiary in a will and staff should be discouraged from doing so.

- i. It is always possible for a beneficiary to decline a gift made in a will.
- ii. If the employee does not wish to decline he/she should consult his/her line manager as soon as he/she is aware that he/she is to become a beneficiary.
- iii. The Senior Management will then make the decision as to what the employee should do. The decision will be based upon the nature and financial implications of the gift.

21.9.9 Cash and carry cards

It is not permissible for an employee to make private purchases using a cash and carry card issued to him/her by the County Council.

21.9.10 Contractors/suppliers

It is not permissible for a member of staff to take advantage of the County Council’s ability to buy commodities more cheaply than private individuals.

21.9.11 Further advice

Further advice about Official Conduct can be obtained from the Human Resources Section at County Hall. However, detailed guidance can be found in the (www.tinyurl.com/ncccconduct)

21.10 Starter/Leaver/Transfers

The following pro-forma should be used, and upon completion forwarded to Employee Services for processing:

- NCC Appointment Statement
- Termination of Employment Statement



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oyment_statement_.

21.11 Absence management

The Council's Absence Management Policy / Procedure and Guidelines can be found on the Council Website (www.tinyurl.com/absencemgt).

21.12 Further enquiries

Any general salaries enquiries should be directed to Employee Services based within County Hall, Morpeth.

21.13 Rotas

Any proposed change to a staff rota, together with the revised rota, should be forwarded to the Service Lead who will identify the cost implications prior to its implementation. Approval for changes must first be sought from the appropriate Operations Manager.

21.14 Day Centre on the site of a Home

The Senior Care Officer managing the Centre works under the direction of the Registered Manager of the home.

21.15 Meals taken in the establishment

Allowances for meals taken in both residential and non-residential establishments are as detailed in the *Single Status and Job Evaluation Joint Local Agreement*.



Single_Status_Agreement_1st_November_

Please note that if a meal is required it may be necessary to request it in advance from the Senior Officer on duty.

21.16 Procedure regarding statements to the Press

The procedure for dealing with all press enquiries can be found in *Media Relations Protocols*.



Media_Relations_Protocols[1].doc

Further information can be found on the Council website.
(www.tinyurl.com/nccmediaguide).

SECTION TWENTY TWO: TRAINING

22.1 Learning Together – First Steps Help Guide

- i. 'Learning Together' is an online training and learning environment for NCC employees. NCC Adult Social Care employees will be using this site to access their training from **1st April 2013**.
- ii. All NCC staff will receive a Username and Password from the Learning and Development Unit -LDU Community- (via the line manager) and staff will then be able to apply for courses, complete e-learning and manage all their learning from the Learning Together site.
- iii. To access a training video and materials to support staff to use the site, the web address is:

<http://www.northumberland.gov.uk/default.aspx?page=16078>

The screenshot shows the Northumberland County Council website. The main content area is titled 'Learning Together' and includes an 'Index of information on this page' with the following links:

- [Learning Together overview and video](#)
- [Learning Together getting started leaflet](#)
- [Learning Together Tutorials \(only available on NCC network\)](#)
- [Learning Together Login page](#)
- [System notifications](#)

Below this is a 'Related Pages' section with a banner for 'learningtogether' and a video player. The video is titled 'Learning Together - What's it all about?' and has a description: 'The video below gives you a demonstration of Learning Together - you can see what it looks like and a taster of what you will see once you log in. This video has sound so you will need speakers or headphones.' Below the video is an 'Overview' section:

Overview
Learning Together is the new online learning environment for NCC employees allowing easy access from any computer or mobile device connected to the internet to access:

- course outlines and booking information
- e-learning and learning resources, links and templates
- your personalised learning plan

Below this is an 'also' section:

also

- track your progress of your training and learning
- managers can track the learning progress of their team members
- some courses can now be booked online
- your learning information and records all in one convenient location

Two callout boxes are overlaid on the screenshot:

- One pointing to the 'Learning Together' header with the text: 'Click here to access Learning Together overview and video'
- Another pointing to the 'Learning Together Tutorials' link in the navigation menu with the text: 'Click here to access Learning Together Tutorials'

Scrolling down:

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The screenshot shows a web browser window displaying the Learning Together website. The browser title is "Learning Together - Windows Internet Explorer provided by NCC Smoothwall LoadBalanced". The address bar shows "http://www.northumberland.gov.uk/Default.aspx?page=...". The page content includes a navigation menu on the left, a main content area with a video player, and a "How can I get access to Learning Together?" section. Two callout boxes are present: one pointing to a "CLICK TO PLAY" button on the video player with the text "Click here to play video", and another pointing to a "Your Quick Start Guide" image with the text "Click here to download Quick Start Guide".

iv. First steps:

- a. Once logged into the system, the first step is to change your password.
- b. You will see at the “My Profile” option on the left hand side of the screen, you can use this to update a profile of yourself, and even a picture.
- c. You can access the **Adult Social Care** catalogue of training in two ways, either:
 - From the **Home** tab, use the right or left arrows to move through the ‘rolling carousel’ of programmes to the **Adult Social Care** option, and click on this, or
 - From the **Find Courses** tab, click on the **Adult Social Care & Health** title (bold)

Either of these pathways will take you through the individual courses.

22.2 Required learning

Each user has already been assigned a programme of “Required Learning”. This includes a limited number of Statutory/ Mandatory courses to get started. Details of required learning are available from the **My Learning** tab – currently this includes some statutory and mandatory training requirements. However, as previously described, the full catalogue is open to all staff, and some courses are offered by both e-learning and face to face to classes, so staff can choose to book themselves onto the most appropriate method for their needs.

22.3 Learning Pathways

LDU Community are working with Senior and Team managers to develop ‘learning pathways’ which will be specific to job roles, and as soon as these are developed they will be uploaded to the system and available for staff to access via the **My Learning** tab. They are also developing e-learning materials to cover other subject areas, and online resources to provide alternative learning methods, as well as furthering the learning experience. LDU will keep staff up to date with progress on all developments.

22.4 Support

Alongside the guidance on the above web pages, LDU Community are happy to discuss any issues staff may have, and work with them, either by phone or face to face, to help manage learning in any way that may be needed.

The team can be contacted by phone on 01670 394425, or by email at LDUCommunity@nhct.nhs.uk.

SECTION TWENTY THREE: FINANCE

23.1 Imprest

23.1.1 Purpose of imprest

Wherever possible, the County Council's approved procurement system should be used for financial transactions. In addition, each establishment is provided with an imprest account to meet minor expenditure needs and must be properly accounted for, controlled and monitored by the Registered Manager. Minor items of expenditure should not exceed the prescribed amount, and include:

- i. Petty cash purchases, i.e. items of a small value for which payment through the County Council's procurement system is unsuitable.
- ii. Items which have to be, or are better purchased locally by the establishment. TV licences are an example of the former and postage stamps of the latter.
- iii. Items required urgently, such as vital provisions in the event of non-delivery by the contracted supplier.
- iv. Clients' personal allowances, which are then reclaimed from their individual pensions or benefits paid directly into their individual bank accounts at County Hall.

23.1.2 Level of imprest

- i. The level of imprest will vary from one establishment to another, depending on the nature and the size of the service. The level is determined by the Corporate Director of Finance, who will ensure a record is made of all transactions and petty cash advances, and reimburse imprest holders as often as necessary to restore the imprests, but normally not more than monthly.

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- ii. The level of imprest is not rigid and the Registered Manager should be conscious of the need to adjust it to changing circumstances, ie increased or reduced numbers of clients on a permanent basis.
- iii. In the normal course, an annual review of imprest levels is carried out by Income Management within the Finance Group and agreed with the Corporate Director of Finance, who should be provided with a certificate of the value of the account held at 31st March each year. Services are notified of any changes arising from the review.
- iv. In the event that the Registered Manager considers the imprest to be under pressure (perhaps highlighted by a “tight” bank balance) or that the bank balance is constantly and significantly excessive to requirements the matter should be brought to the attention of Income Management.

23.1.3 Signatories

- i. Imprest bank accounts have been set up in such a way as to allow cheques to be signed by one person. This does not mean, however, that either only one person is authorised to sign or that any one person can sign.
- ii. Only staff in managerial positions (Registered Managers and Assistant Managers) should be an authorised signatory. Exceptions to this rule must be approved by the Operations Manager.
- iii. The Registered Manager will be the normal signatory but there will be at least 1 other signatory authorised for this purpose. Any authorised signatory can sign cheques but no other member of staff can sign cheques.
- iv. Authorised signatories are those whose names, title and specimen signatories have been agreed with the Corporate Director of Finance and forwarded to the Council’s bankers.

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- v. It is the responsibility of the Registered Manager to ensure that the authorised signatory list for his/her service is amended **immediately** there is a change in the management of staff, and should not wait for the annual review.
- vi. Amendments to authorised signatories, i.e. upon the change of personnel, must be requested via Income Management of the Finance Group. Direct approaches to the Corporate Director of Finance will not be accepted.
- vii. If the Corporate Director is satisfied of the need to change signatories, record cards will be forwarded to the establishment on which the change can be suitably documented.

All signatories required for the imprest must be entered on these cards, including those signatories not actually changing, i.e. signatory record cards must always show the full range of authorised signatories.

23.1.4 Operation of imprest

- i. An imprest is a set amount of money provided as a means of meeting specified minor expenditure (see Purpose of Imprest, 23.1.1). In operation, this expenditure is reclaimed at regular intervals; in theory bringing the imprest back to its set level. There is, however, a period of time between the end of the regular interval and the money actually being received during which claims are prepared, submitted and processed.
- ii. As a result of this on-going cycle of spending and claiming the full amount of the imprest is rarely seen in the form of cash held and the balance at the bank.
- iii. Claims for reimbursement of personal needs allowances paid to clients are made on a weekly basis on the appropriate form. Last

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week's total paid is adjusted for any changes affecting the current week and the amended total should represent the money drawn and paid out. This should also be the total reclaimed.

- iv. Claims for reimbursement of petty cash emergency and locally required expenditure must be made on the appropriate form on a calendar month cycle.
- v. The expenditure should be analysed over the budget head to which it is to be charged and VAT must be identified in the VAT column. Any VAT identified for reclaiming from HM Customs and Excise must be supported by an official receipted VAT invoice; the invoice should be addressed to the County Council and under no circumstances the individual purchasing the goods.

A till receipt is not usually acceptable as a tax invoice unless it shows the necessary details of the goods purchased and VAT registration number. There are only three exceptions to this rule, where VAT can be deducted from the charges without a VAT invoice:

- a. Calls made from a telephone call box.
 - b. Purchase of taxable items from a coin operated machine.
 - c. Off-street parking charges.
- vi. It is normally necessary to retain cash for minor purchases at the establishment. This is obtained by writing out a cheque payable to "Cash" or the service name. Clarifying what the bank prefers would be good practice from the outset. The person who cashes the cheque should write their name on the reverse of the cheque. The amount of cash held should be kept to the absolute minimum.
 - vii. Where staff members take money out of petty cash to make a purchase, a voucher showing the officer's name, date and intended purchase should be completed and countersigned by another officer.

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The purchase should be made the same day or, where this is not possible, the following day otherwise the cash must be returned and redrawn at a later date.

Alternatively a running total cash book should be kept to record all amounts paid out and any change returned. This should be initialled by the relevant officer at each transaction. The net expenditure should then be transferred to the imprest reimbursement claim.

- viii. Cash purchases require total accuracy in recording, and if forgotten, can result in an apparent deficit. There are three measures which can help prevent this situation arising:
- a. As a discipline, ensure that all expenditure is recorded immediately any money is paid out, ideally directly on the claim form.
 - b. As a discipline ensure that a suitable bill/voucher/ "chitty" or similar is obtained for each purchase made by cash and kept safely until the claim is submitted.
 - c. Make cheque payments wherever practical. A cheque payment will identify itself on the bank statement even if it has been overlooked on the claim. It is appreciated that, because it is not an individual's personal bank account, cheque guarantee cards are not issued for imprest bank accounts and this can sometimes result in non-acceptance of cheques, but on the other hand, local shops and suppliers often accept cheques based on their familiarity with the home.
 - d.

23.1.5 Reconciliation

- i. Reconciliation of an imprest in this context simply means accounting for the total amount of the imprest level, i.e. if the imprest level is £1800 this is how much staff should reconcile to.

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- ii. The imprest level is normally reconciled by bringing together on the appropriate signed reconciliation sheets the following four elements:
 - a. The amount of cash actually held. If stamps are to be treated as cash in hand, a stamp control book must be used and reconciled on a regular basis. For larger establishments it is generally more convenient for stamps to be purchased in smaller amounts and claimed in full when they are purchased.
 - b. The balance of money held in the bank account on the monthly statement less any cheques drawn but not yet charged on the statement.
 - c. Add reimbursement claims forwarded to County Hall but not yet credited on the bank statement. To determine which petty cash and personal needs allowances claims are yet to be credited, staff should mark off copy claims against credit entries on the bank statement. Copy claims not marked off are outstanding. Any undue delays, unknown credit or amended claim totals should be queried with the Finance Group in the first instance.
 - d. Expenditure not yet reclaimed. This is normally the current period's expenditure but may also include any completed claim which has not yet been submitted.
- iii. Reconciliations should be carried out regularly on a monthly cycle and submitted to the Finance Section on line. This monthly reconciliation should be carried out once the bank statement has been received in the early part of the following month. A good discipline is to compile the monthly petty cash claim and carry out the reconciliation as an extension of this operation.
- iv. Should any variance be identified during the monthly reconciliation, immediate attempts should be made to resolve the discrepancy internally. If it cannot be resolved and an irregularity is suspected, Internal Audit should be contacted for advice.

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- v. Under no circumstances should staff be allowed to put money into/remove from the petty cash to bring the reconciliation into balance. The cash shown on the monthly reconciliation must be the actual cash in hand.
- vi. The Registered Manager is ultimately responsible for the operation and subsequent reconciliation of the imprest account but other members of staff may carry out the day to day duties involved. The Registered Manager should ensure that all relevant members of staff have received appropriate training and/or guidance to enable them to carry out their duties to the required standard and specifically to ensure that staff are capable of performing the month end reclaiming and reconciliation procedures should the need arise.

23.1.6 Security

- i. The control over how much is advanced as an imprest and who has access to the imprest bank account lies with the Corporate Director of Finance who is responsible for banking arrangements under the County Council's Finance and Contract Rules. Requests to open and close accounts, to vary imprest levels and to change signatories must be made to Income Management of the Finance Group, who will pass the request on to the Corporate Director of Finance.
- ii. The imprest account must never be used to cash personal cheques or to make personal loans. Under no circumstances should any money be paid into the imprest account; the only payments into the account are the reimbursement of claims. Reimbursement is by bank transfer following receipt of an electronic return. To set up a new imprest account, Cashiers and Income Management require a request via the Senior Manager for Care Services. If, however the account is currently reimbursed via Accounts Payable (Paybills), arrangements should be made to switch to the electronic process.

At the time of print, this is via Caroline Taylor:

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- iii. The Registered Manager should ensure that the amount of cash held for imprest purposes is not excessive. Sums far in excess of normal requirements may not be recoverable under the County Council's insurance arrangements should they be lost or stolen.
- iv. Cash and cheque books should be held in as secure a location as is possible within the home. Where a safe is being used care must be taken to keep the key securely and discretely located away from the safe itself. Cash not held securely or left unattended is not covered by the County's insurance arrangements.
- v. Bank imprest cheques must not be pre signed by an authorised signatory in any circumstances. Where an emergency arises as a result of non-availability of signatories, the problems must be brought to the attention of the Operations Manager.

23.2 Income collection

23.2.1 Responsibilities of the Registered Manager

As a general principle, the Registered Manager has overall responsibility for the collection, custody, recording and banking of income. Other members of staff may actually carry out the day to day duties involved. The Registered Manager must ensure that:

- i. Wherever possible, payment for a service is received up front, prior to the service being provided, and invoicing procedures are carried out on an accurate and timely basis, in line with the Council's Corporate Debt Policy (Appendix 6 – Sundry Debt Policy).
- ii. All staff involved in these day to day duties are aware of the following instructions and conform to their requirements.
- iii. All income is suitably recorded immediately it is received, to comply with the County Council's Finance and Contract Rules. In practice, most income will be entered in a receipt book and a receipt issued to the person paying.

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- iv. All cheques are made payable to “Northumberland County Council”.
- v. Money received on behalf of the Council should not be used to cash cheques or to make purchases.

23.2.2 Collection

- i. Immediate Record:

All income received must be recorded immediately, i.e. when the income is actually received.

- ii. Official Receipt:

- a. As a general rule income must be recorded on an official receipt.
- b. Exceptions to this are those instances where income is immediately recorded in specially designed documents, i.e. cash registers, pre-printed tickets or permits.
- c. Nobody should ever introduce their own recording system without approval.
- d. Proposals to change the existing system should be made via the County Council’s Finance Group.

- iii. Supply of special stationery:

All receipt books, pre-printed tickets, pre-printed permits and similar documents acknowledging the receipt of income are supplied by the Corporate Director of Finance. Under no circumstances should a member of staff use unofficial or informal documents or arrange direct supplies of receipts, tickets, permits etc. from printers.

- iv. Receipt books:

- a. Where receipt books are used, payments made by cheque must always be receipted, even though there is no legal requirement

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to provide the person paying with a copy of the receipt unless requested to do so.

- b. Where a receipt is not requested, the top copy must be retained in the receipt book, which then effectively becomes a simple income cash book reflecting all sums collected.
- c. Staff must indicate on receipts that payment is by cheque.

v. Cheques:

In accepting cheques the member of staff must ensure that they are:

- a. Correctly completed.
- b. Valid to the person making the payment.

See paragraph 23.3 below for more details.

vi. Banking income:

The Registered Manager must ensure that all income is banked intact. Purchases must never be made from income, no matter how urgent; personal cheques must never be cashed from County Council monies and income must never be intermingled with other sources of cash for change or other purposes. Cash should be banked on a regular basis i.e. twice weekly and the amount should be recorded in the receipt book as well as identified on the bank deposit slip. When banking is undertaken, a full reconciliation between receipts issued and cash in hand should be done to ensure amounts match.

vii. Invoice debtor system:

Where it is necessary to invoice a debtor for goods or services supplied to them, refer to the Sundry Debt Policy, Appendix 6 of the Corporate Debt Policy. Under no circumstances should letter headed paper, or similar informal methods, be used to raise a bill.

23.2.3 Security

It is the responsibility of the Registered Manager to ensure that adequate precautions are taken to safeguard income collected by them or their staff, particularly in relation to cash. As a general rule, the following practices should be followed:

i. Frequent banking:

Bankings should be made as frequently as necessary, having regard to the security facilities available. In any event:

- a. Bankings must be made promptly, regularly and as soon as the amount in hand exceeds £100; and
- b. Bankings should take place at varying times of the day or week so as not put people at risk.

ii. Monies held overnight:

- a. As far as possible no cash should be kept overnight.
- b. Where there is no safe available, monies held overnight should be locked in the most secure place available, i.e. metal cabinet or locked drawer.
- c. Where it is necessary to keep cash on the premises overnight in a locked receptacle, the key must be kept in the safe custody of the senior officer in charge.
- d. Money must never be left unattended.

iii. Movement of income:

So far as is practically possible the movement of income between individuals and/or locations prior to banking should be signed for/recorded in such a way as to identify who is actually holding the cash at any given time.

23.2.4 Banking

i. Co-operative Bank:

The Registered Manager is required to use the banking facilities operated by the Co-operative bank, which takes the following forms:

- a. Handybank facilities operating on Co-operative Society premises in most of the major towns in Northumberland.
- b. A post Office GIRO account:
Using local Post Offices at locations where there is no convenient Handybank or on days when Handybank services are unavailable.
- c. Sums paid direct to the Corporate Director of Finance, either by post or by personal visit to County Hall, will be banked by Cashiers and Income Management in the Finance Group. Such arrangements would not be available generally and the Registered Manager cannot forward income in this way instead of using other facilities outlined in this section. In exceptional circumstances this method would be considered.
- d. Joint stock bank branches can be used where there is no other facility offered, but instances of this are unusual. This type of banking arrangement must always be made through the Corporate Director of Finance, who will discuss any proposals with the Co-operative Bank.

ii. Requirement for a pay-in slip:

The person banking the money must ensure that the copy pay-in slip is suitably stamped and initialled by the cashier receiving the money. This is the official acknowledgement by that cashier of the receipt of the money; without it the person making the banking may not be able to prove that it has been paid in, should it be necessary to do so.

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iii. Details of a pay-in slip:

Pay-in slips must show the collecting officer's number and full analysis of the income, i.e. how the total banking is made up by type of income, except by prior arrangement with the Corporate Director of Finance.

- a. Pay-in slips for the Post Office GIRO account referred to above provide for this information on the reverse.
- b. Co-operative Bank slips provide for this information on the front.
- c. GIRO deposit slips for other banks must show the collection office address and the collecting officer's number on the face of the slip and an analysis of the income on the reverse.

iv. Examination of pay-in slip:

Where another member of staff takes money to the bank, the Registered Manager must examine, or arrange to have examined, the copy pay-in slip to ensure that it has been stamped and initialled by the cashier. In the case of GIRO payments it will be a counterfoil that has been acknowledged.

v. Cheques:

Where cheques are received in the normal course of income collection they should be listed on all copies of whichever pay-in slips are used, showing the amount of each cheque and a reference to identify the debt discharged, e.g. receipt number or name of debtor. This is a statutory duty imposed on accounting officers by the Accounts and Audit Regulations 2011.

vi. Acknowledgement from the Corporate Director of Finance:

Registered Managers who remit their income direct to the Corporate Director of Finance by money or postal order should ensure that they receive an acknowledgement from the Corporate Director of Finance that the income has been received. Counterfoils must be retained

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until such an acknowledgement is received, in case orders are lost in the post and a claim has to be made on the postal service.

23.2.5 Schedules of collection

Schedules of Collection (Income Returns) must be forwarded to the Corporate Director of Finance on line promptly at the end of the agreed period e.g. monthly.

i. Nil Return:

Where there is no income collected a 'NIL' return must still be submitted by all collecting officers.

ii. Details Required:

All schedules must show:

- a. The title of the collecting officer.
- b. Collecting officer's number.
- c. The month (or other agreed period) in words.
- d. A full analysis of the income.
- e. A list of all related bankings or payments to the Corporate Director of Finance.
- f. Certification by the responsible officer.

23.2.6 Invoice Debtors

i. Identification on pay in slip:

When accounting officers receive income in full or part payment of an official County Council invoice raised through the invoice debtors system maintained on computer, it is essential that such income is clearly identified on the bank pay in slip and the Schedule or Statement of Sums forwarded to the Corporate Director of Finance.

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Further guidance can be found in the Sundry Debt Policy, Appendix 6 of the Corporate Debt Policy.

The tear-off portion of the County Council invoice should be forwarded with the Schedule of Collection or Statement of Sums forwarded to the Corporate Director of Finance if it is available.

ii. Identification of invoice debtor:

Identification of the invoice debtor must be made by:

- a. Quoting all invoice numbers, debtor account numbers and the total value in the income analysis on any pay-in or GIRO deposit slip. The Debtor's account number is quoted between the date and the invoice number on the main invoice, or alongside the invoice number on the tear-off slip.
- b. Quoting all invoice numbers, debtor account numbers and invoice values of Collection or Statements of Sums forwarded to the Corporate Director of Finance.

23.2.7 Clients' Maintenance Charges

Although most clients' charges are collected by other means, significant payments can be received at the establishment.

i. Receipt book:

A receipt book is provided specifically for this purpose and a properly complete receipt should be issued to the client or their representative at the time the money is handed over.

ii. Weekly summary sheet:

All sums received for clients' maintenance charges must be listed on the weekly summary sheet provided. This document must detail how much has been collected for each client as well as the establishment to which the income relates.

23.2.8 Private Telephone Calls

Income must be collected for all private telephone calls from non pay phones, whether made by clients or staff.

i. Identification of calls:

It is advisable that a simple note book is maintained to:

- a. identify these calls; and
- b. the income collected based on this.

ii. General receipt book:

The income should be recorded in the general receipt book before being banked.

23.2.9 Telephone Coinboxes

Coinboxes should be opened, and the contents counted, by 2 people. This income should then be recorded in the general receipt book; the receipt being signed by those who counted the income.

23.2.10 Day Care Charges

i. Receipting day care income:

It is not necessary to separately receipt all day care income, provided the day care register is correctly maintained. If a client specifically requests a receipt then one should be provided from the general receipt book.

Please note that this income will in effect be recorded twice, once in the register and once in the receipt book, and, therefore, the receipt book income will have to be ignored when this income is banked.

ii. Day care registers:

Amounts should always be marked in the register as payment is received, this should then be handed to the main office on a daily basis and the cash reconciled to the register daily. The charges levied within day centres for meals and transport should be recorded separately within the register.

Cash should be banked on a regular basis ie twice weekly and the amount should be recorded in the register as well as identified on the bank deposit slip.

Relevant banking should match exactly the amounts recorded in the register. The Registered manager has indicated that amounts collected for attendance are to be receipted in the main receipt book. It is recommended this is done at the end of each day.

Day care registers must be kept up to date and any outstanding balance not allowed to remain unpaid beyond a reasonable length of time.

23.2.11 Day Centre Sales

All sales must be recorded in the general receipt book. In addition, a suitable record should be maintained which shows what items have been produced and what has subsequently happened to them, i.e. sold.

23.3 Instructions about cheque payments

23.3.1 Entries on cheques

Entries on cheques must be examined to ensure that:

- i. The date is correct, i.e. it is not post-dated or out of date. Post-dated means that a future date is entered. Out of date means that the cheque will be stale if it is more than 6 months old. In either case the bank will return the cheque, so it is important that a current date is entered.

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- ii. The payee is “Northumberland County Council”.
- iii. The cheque is crossed.
- iv. The words and figures agree with each other and show the correct sum due.
- v. The signature appears to be the same name as the account holder printed on the cheque where it is a personal account.

23.3.2 Details on reverse of cheque

All cheques receive must be noted on the reverse with:

- i. The name of the receive establishment or location.
- ii. The appropriate receipt/ticket/permit number or the name and address of the drawer.

23.3.3 Cheques paid over by attendance

Personal cheques:

Ensure that the cheque is signed in the presence of the person(s) collecting the income.

The service should never accept cheques without guarantees or from unknown sources.

23.4 Payroll procedures

23.4.1 Prompt notification of amendments

The procedural aspects of payroll are outlined in Section Twenty One and further guidance on the completion of timesheets can be found in the payroll information packs provided to Registered Managers.

However, the importance of promptly notifying the Corporate Director of Finance (Employee Services) of amendments to the payroll, especially leavers, cannot be stressed enough. Delays and omissions have in the past led directly to over payments. Therefore, in order to guard against this situation it is essential that such information is

submitted as soon as possible to Employee Services on the appropriate form.

23.4.2 Sessional workers

People who work for the Department on an ad hoc basis should be paid by using appropriate stationery which is forwarded to the Director of Finance (Employee Services) for attention.

23.5 Purchasing and payment procedures

As outlined in the Finance and Contract Rules, with the exception of payments from imprest accounts, all payments will be made by the Corporate Director of Finance.

The expenditure should be analysed over the budget head to which it is to be charged and VAT must be identified in the VAT column. Any VAT identified for reclaiming from HM Customs and Excise must be supported by an official receipted VAT invoice; the invoice should be addressed to the County Council and under no circumstances the individual purchasing the goods.

23.5.1 VAT

Most local authority functions and duties are governed by statute and are generally outside the scope of VAT as they are non-business activities. However, where activities are of business nature and result in charges being made by the County Council, then these charges are subject to VAT at the standard rate. For these activities the Registered Manager should refer to The County Council's Employee VAT guidelines manual, which is available on the Council's intranet site. The important points to note are:

- i. The goods or services must be the subject of a proper tax invoice in order to reclaim as much VAT as possible, usually from HM Revenue and Customs (HMRC); the invoice from the VAT registered supplier

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must be made out in the name of the County Council and include all of the following:

- Identifying number
 - Date of supply (i.e. tax point)
 - Name, address and registration number of the supplier
 - Name and address of the person to whom the goods or services are supplied
 - Type of supply (e.g. sale, loan etc.)
 - Description sufficient to identify the goods or services supplied
 - Quantity of goods or extent of services , rate of tax and amount payable
 - Gross amount payable excluding tax
 - Rate of cash discount, if offered
 - Amount of tax chargeable at each VAT rate
 - Total amount of tax
- ii. If any of these conditions are not met, other than where a modified tax invoice of less than £100 is obtained, the invoice should be returned to the supplier for amendment.
- iii. No amendments are to be made to the amount of VAT on any invoice; if amendments are required the invoice must be returned to the supplier.
- iv. For a modified tax invoice, where purchases are made for amounts less than £100 including VAT (e.g. most items purchased via the imprest account), a shortened form of tax invoice may be received from the supplier, stating that the total sum includes VAT at the standard rate without indicating the actual amount. A modified tax invoice should include:
- Suppliers name, address and VAT registration number.
 - The time of supply.
 - A description of the goods or services supplied.

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- The charge made, including VAT.
- The rate of VAT.

The amount of VAT will need to be calculated, when coding the invoice for payment using the VAT fraction below:

$$\text{THE VAT FRACTION} = \frac{\text{Rate of Tax}}{100 + \text{Rate of Tax}}$$

v. Till receipts and similar vouchers:

These are not usually acceptable as a tax invoice unless they show the necessary details of goods purchased and VAT registration number. There are only three exceptions to the rule, where VAT can be deducted from the charges without a VAT invoice:

- Calls made from a telephone call box
- Purchase of taxable items from a coin operated machine
- Off-street parking charges.

vi. Discounts:

Where an unconditional discount or prompt payment discount is offered, VAT will be calculated on the discounted amount. The VAT reclaimed must remain the same as the amount on the invoice even if the discount cannot be taken.

23.5.2 Official orders

Purchasing should be carried out in accordance with section 4.9 of the Council's Finance and Contract Rules, through the Corporate Procurement Unit for the following reasons:

- Greater use of E-Business and compliance with agreed procedures providing better management information to make improved contract negotiations in future.
- Improved control around the Finance and Contract Rules.

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- The Finance and Contract rules have been aligned to Procurement Best Practice and all procurements over £50K must be carried out in conjunction with the Procurement Team.
- Improve contract compliance.
- Sourcing opportunities, driven by improved management information and greater scope for professional Procurement Team involvement.

The process is as follows:

- i. All requisitions are to be raised using the Internet Procurement (iProcurement) responsibility. The core purchasing responsibility will be removed (except for a few specialist users).
- ii. All requisitions, regardless of value, will require **Budget Approval** by an Approver who is, in most cases, the line manager.
- iii. Once approved a Requisition is then processed into a Purchase Order via a workflow process. Depending on the type of Requisition part of the workflow process will involve Corporate Procurement Team approval.
- iv. Wherever possible items should be sourced from the Contracted Supplier Catalogues held within **Main Store** as this represents best value for the authority.
- v. If the item cannot be found within **Main Store** then a **Non-Catalogue Request** should be raised. There are two types of non-catalogue requests: using a contracted supplier and a non-contracted supplier (either a previous or preferred supplier where there is no contract).
- vi. All contracts that have been arranged by departments must be **Registered** with the Corporate Procurement Team. Non-Catalogue Requests to contacted suppliers will automatically generate a purchase order once approved.
- vii. Once approved, a non-catalogue request to a non-contracted supplier will automatically be forwarded to the Corporate Procurement Team

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who will then either approve the preferred supplier or may choose to source the item from alternative approved supplier.

- viii. As soon as items are delivered onsite the receipt must be recorded otherwise the corresponding invoice will **not** be paid. Therefore, when items are receipted the associate invoice payment is also being authorised.

23.6 Budgetary control guidance

23.6.1 Introduction

- i. These notes of guidance are intended to assist the Registered Manager in maintaining the necessary records to enable the control and monitoring of budgets for which they have total control.
- ii. As well as total control, the Registered Manager has total accountability to ensure that budgets are adhered to and any problems are immediately reported.
- iii. In any attempt to overcome any problems the Registered Manager should maintain regular contact with the Business Support of the Finance Group or the Budget Holder within Adult Services.

23.6.2 Budget allocations

- i. Allocations over the budget headings listed have been based upon the number of places provided. They cater for a fully occupied service.
- ii. Budget allocations may be amended if, for example, a service shows a consistently low occupancy level or as a consequence of the current economic climate.
- iii. While it is expected that budget allocations will be fully spent, Registered Managers and the Operations Manager will be expected to

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continue to make economies and efficiently use allocations wherever possible.

- iv. It is advisable for Registered Managers and the Operations Manager to convert their annual allocations into monthly quotas so that any overspend does not arise part way through the year.
- v. It is essential for expenditure to be correctly coded even if this will result in an overspend on the individual sub code heading.
- vi. There is no contingency fund available to finance expenditure over and above the budget allocation for each service.
- vii. If it becomes obvious that a budget is totally inadequate or overgenerous, efforts will be made to remedy this but additional funds can only be acquired by:
 - a. Seeking Senior Manager/Corporate Director approval; or
 - b. Funding compensating savings elsewhere.

23.6.3 Viring between budgets

- i. Registered Managers can vire between budgets only in consultation with the Operations Manager. The Virement rules within the Finance and Contract Rules seek to strike a balance between the delegation to officers to enable them to manage their services efficiently and effectively and the need for the Council to be involved in the decision to transfer approved resources to other purposes.
- ii. The Corporate Director of Finance should be notified in writing of the name of the manager(s) with delegated authority for virement and the date from when the delegation is operative.
- iii. All decisions on virement shall be recorded and a copy sent to the Corporate Director of Finance, who reserves the right to refer a proposal for virement to the Executive or Council for approval before it is implemented.

23.6.4 Changes to budgets

- i. At the annual budget meeting the Registered Manager may request a change to the budgets. This request must be made to the appropriate Operations Manager and the Budget Holder (Adult Services).
- ii. At any time an overspend on one budget can be offset against an underspend on another, in line with the virement rules contained within Appendix 2 of the Finance and Contract Rules. Virement of up to £50,000 requires the approval of the Corporate Director and virement over £50,000 requires the approval of the Corporate Director and the Corporate Director of Finance.
- iii. The exception is that the staffing budget must never be overspent. It is essential to ensure that short term savings are not replaced by long term spending commitments.

23.6.5 Classification of expenditure

Imprest sheets are used to classify items appropriate to specific budget heads. There are always likely to be, however, situations where difficulties of classification arise and these should be referred to the Finance Group for clarification.

23.7 Personal needs allowance procedures

23.7.1 Background

All adult clients of the department who are assessed to be in need of residential care will be asked to make a financial contribution towards their placement. If the full charge for the accommodation cannot be made, then a financial assessment will be undertaken to identify the contribution due. Whatever the contribution due, the process allows for each client to have, at minimum, a personal expenses allowance.

23.7.2 Payment of personal expenses

Personal allowance is paid through the imprest account on a weekly basis; the amount is agreed between the individual, care manager and Finance Group.

Where pension/income support books are held by the County Council, then clients can be paid their personal expenses allowances via the unit's Imprest Account. A weekly claim will then be made to reimburse the imprest, and client records are held within the unit to identify individual credit balances due.

23.8 Inventories

23.8.1 Availability of the inventory

Each unit should have a written inventory, which is available upon request.

23.8.2 Items to be included on the inventory

An inventory should include furniture and fittings (wall pictures etc.); domestic and office equipment, where such items have been purchased with NCC funds.

23.8.3 Details to be recorded

The information to be recorded should include the following:

- i. Description of the item.
- ii. The make/model.
- iii. The serial number, where appropriate;
- iv. Reasons for any deletions from the inventory.

23.8.4 Updating the inventory

The inventory should be continually updated to include new purchases.

23.9 Insurance

23.9.1 Basis of cover

The County has a number of insurance policies covering different aspects of its activities. Most of these are arranged centrally on a corporate basis but units do have discretion to make additional arrangements.

23.9.2 Centrally arranged cover

The Corporate Director of Finance is responsible for arranging insurance cover for the County Council as a whole. The main areas of cover currently in place are:

- i. Fire
- ii. Employers Liability
- iii. Public Liability
- iv. Vehicles
- v. Personal Accident
- vi. Loss of money and cheques
- vii. Travel outside the UK

Any queries on the above should be raised with the County Council's Insurance Section.

23.9.3 All risk cover

Items of equipment can be insured All Risks via the County Council's Insurance Section.

At the beginning of the financial year the Insurance Section will send out a list of those items covered together with details of premium to be

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changed. Registered Managers must either confirm this list or make additions/deletions as appropriate. Cover will cease should this list not be returned to the Insurance Section by the due date.

The first £100 of any claim must be met by the Unit.

23.10 Finance and Contract Rules

23.10.1 Finance and Contract Rules

A complete copy of the Finance and Contract Rules should be available to each Registered Manager for reference, and can be accessed via the intranet. Regulations outline the financial procedures to be adopted by all County Council Departments. Any queries on the application of the regulations must be raised with the Finance Group.

23.10.2 Responsibility of the Registered Manager

The Finance and Contract Rules were introduced to regulate and control the accounting process, but they also offer some protection to staff in the event of any dispute and, therefore, it is important that the Registered Manager enables staff to familiarise themselves with these rules. In particular staff should be aware of the regulations relating to the following subjects:

- Purchasing.
- Authorisation of payments; salaries and wages.
- Income.
- Banking arrangements.
- Inventories.
- Petty cash imprests.

23.10.3 Amenity Funds

Amenity Funds are not part of County Council activities. It is not the responsibility of the Registered Manager to set up a committee to run an Amenity Fund. Any Amenity Fund should be run and managed by a group of friends of the unit. Despite being non County money, it is good practice for these funds to be effectively managed and subjected to a safe level of control. The following guidance is proffered to assist a friends' group working to establish an amenity fund.

23.10.4 Operation and care

i. Management Committee:

The fund must be controlled and operated by a group of people outwith the staff of the unit. This group should include a representative from the clients committee. Goods and services should only be purchased following the approval of the committee and with the agreement of the Registered Manager and for the benefit of all residents/users.

ii. Bank Account:

The bank account in which the money is being held should be in the name of "(Service Name) Amenity Fund", with any withdrawals requiring two signatories. Normally, these signatories will be nominated but only two required to sign cheques/withdrawals.

If staff are directly involved in the running or control of the amenity fund, the fund should be operated via a suspense account in the main accounting system.

iii. Record of Transactions

A suitable record of all transactions must be maintained – preferably an Income and Expenditure Book. This should detail each transaction

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and reflect whether the payment/receipt was in the form of cash or a bank transaction. Each transaction must be supported by either a receipt or copy invoice.

Operating the fund in this manner ensures adequate controls are put into place in accordance with other financial procedures at the establishment.

Income is receipted as with normal income and coded on the schedule of collection, expenditure is made via the imprest account and coded to the suspense account.

iv. Cash Transactions:

Cash collections should be banked intact and not used to make payments. Payments should, as far as possible, be made by cheque. This eliminates the risk of unrecorded expenditure as the payment would show itself on the bank statement.

v. Bank account reconciliation:

The bank account balance should be reconciled with the Income and Expenditure Record balance at regular intervals and the results presented to the next committee meeting.

vi. Insurance:

Amenity funds are not covered by County Council insurance. Bearing in mind the difficulties likely to arise if losses occur, consideration should be given to the provision of insurance by the committee and Registered Manager.

23.10.5 Reviewing the Amenity Fund

A nominated person should undertake monthly suspense account reconciliations on the Amenity fund; therefore it is important to keep a

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record of all transactions and report the balance and recent spending to the committee.

23.10.6 VAT on Amenity Fund purchases

Amenity funds fall outside the County's VAT registration and the general rule is that VAT on Amenity Fund purchases may not be reclaimed.

Exception:

There is one exception to the above rule. Where the items to be purchased are such as would normally be provided by the County for use in a home for older people VAT may be reclaimed providing that the purchase is in fact made via County Funds and the goods become the property of the County.

This would involve a purchase through normal imprest or ordering procedures and a reimbursement from the Amenity Fund of the net amount ie excluding VAT. This reimbursement would be paid into the County Fund and accounted for on the monthly Schedule of Collection.

23.11 Internal Audit

23.11.1 Statutory regulations

Statutory regulations require the Corporate Director of Finance to maintain an adequate and effective internal audit of the County Council's financial affairs. This duty is carried out by staff within the Finance Group's Internal Audit section. Financial regulations give these staff the authority to visit units and to have access to records, accounts, stock and cash and to require any appropriate explanations.

23.11.2 Audit visits

In order to carry out these duties Internal Audit staff periodically visit all units to examine their financial records and systems, provide guidance on any weaknesses and give advice on ways of improving efficiency.

Registered Managers should ensure that all financial records are available for inspection during audit visits and that all staff give their full cooperation to the auditors.

23.12.3 Retention of financial records

The auditors may occasionally wish to examine records other than the current ones. Registered Managers should therefore retain all financial records relating to the current financial year plus the three preceding years.

SECTION TWENTY FOUR: THE USE OF COUNTY COUNCIL VEHICLES

24.1 Use of vehicles

The vehicles belong to Northumberland County Council (NCC), which are supplied and hired to the establishment. Other establishments and organisations operating without view to profit may loan the vehicle subject to agreement.

24.2 Responsibility to look after the vehicles

Although the vehicle does not belong to the establishment, it is the responsibility of all staff to look after it. All users must understand their roles and responsibilities when operating transport under the Local Transport Act 2008. NCC has produced an advice note on Section 19 (S19) to help users comply with this legislation. See *Managing a Minibus – The Legal Requirements* (Appendix 4).

24.3 Use of vehicles by other organisations and establishments

24.3.1 External bodies

Voluntary Organisations and small charities may loan these vehicles on condition that they will:

- Comply with the legislation as detailed in the *Managing a Minibus – The Legal Requirements*.
- Have fully comprehensive insurance cover through NCC; written consent can be sought by contacting Insurance@northumberland.gov.uk or: 01670 626039

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- Provide their own fully comprehensive cover; copies of insurance certificates must be kept by the Service Manager at the local establishment.
- Agree to include fuel costs for fuel used, and return the vehicle in the same condition that it was collected.

24.3.2 Local establishments

Arrangements for the use of the vehicle by other NCC establishments can be organised at the discretion of the Operations Manager.

24.3.3 Record of use

All such arrangements as described above should be recorded in the establishment's diary to avoid removal of the vehicle by unauthorised persons. Where no record exists, the vehicle cannot be allowed to leave the establishment. Recording all arrangements also ensures no double booking of vehicle. Any additional use should also appear in the driver's mileage record, the Motor Vehicle Return Logsheet (MVRL) (see section 24.10).

24.4 Responsibilities – general

24.4.1 The driver

In law, the driver is considered responsible for the operation of his/her vehicle when on the public highway. On taking charge of a vehicle, the driver therefore assumes responsibility for ensuring that it is maintained in a state of readiness for the road; replenished with fuel, coolant, oil, water for the windscreen washers, and with correctly inflated tyres. Any defect or damage must be reported, and reasonable precautions must be taken to avoid risk of theft, fire or frost damage.

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At all times vehicles belonging to the County Council must be driven in a safe and proper manner. Responsibility for the welfare of passengers rests entirely with the driver who is adjudged to be in sole control of the vehicle, its condition, position, speed and destination. Please refer to Driving and Vehicle Use Handbook for more information.

24.4.2 Drinking

Under no circumstances or on any occasion are drivers allowed to drink alcohol while driving or intending to drive any council vehicle or provide transport for a resident or service users.

24.4.3 Fines

Fines for speeding, parking offences and using a vehicle which is unfit (in terms of lights, tyres, brakes, steering and other expectations contained in the Highway Code) to be on the road are the responsibility of the driver.

24.5 Licenses and authorised drivers

24.5.1 Vehicles up to 8 passenger seats

Drivers of County Council vehicles with up to 8 passenger seats must have an appropriate driving license, reasonable experience and a good driving record. Their licence must be presented and checked by the Registered Manager at whose discretion permission to drive may or may not be given.

24.5.2 Vehicles with over 8 passenger seats - minibus

Any driver who drives a minibus - a motor vehicle that is constructed or adapted to carry more than 8 but not more than 16 seated passengers in addition to the driver - must hold either:

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- A category D1 (101) minibus entitlement together with a current Midas qualification or;
- A PSV category D or D1 entitlement
- A Category B (Car) entitlement held for a minimum of five years, together with a current MiDAS qualification. This is dependent on when the driver passed his/her test and only relates to driving in the UK only

Further details can be found within “Managing a Minibus – The Legal Requirements” Appendix 4 & 4A

24.5.3 Legal actions against the driver

Drivers must inform the Registered Manager of any legal actions taken against them as drivers whether driving for the County Council or privately. Where driving is an integral part of your role the withdrawal/ suspension of the right to drive may lead to disciplinary action.

24.5.4 Volunteers

In addition to NCC employees, volunteers may drive departmental vehicles where necessary provided the above conditions are met and authorisation has been obtained accordingly beforehand.

Further details can be found within “Managing a Minibus – The Legal Requirements”

24.6 Vehicle checks

All vehicles are regularly serviced and maintained by NCC Fleet Workshops. The Vehicle and Operator Services Agency (VOSA) also provide inspection and enforcement resources. In addition to this arrangement, each vehicle receives a daily inspection by every person who is required to drive it. The procedure for these inspections and checks is described below.

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24.6.1 Daily checks

Drivers are reminded that, in law, they are held personally responsible for the condition of the vehicle they drive and they must complete the Daily Safety Inspection and Vehicle Defect Report prior to setting off. The items to be checked are all listed in the report book and when the checks are complete the driver must get their supervisor to countersign the same.

Any defects must be reported to the supervisor who must then arrange for the vehicle to be repaired. When the work is carried out

at the NCC local area workshop the technician completing the work must also sign the defect log to confirm the work has been done.

If a fault is discovered outside of the daily check the fault must be reported to the supervisor for immediate action.

24.7 Servicing

Arrangements for routine servicing will be initiated by the NCC local area workshop who will contact the Registered Manager or other nominated person to arrange a convenient date and time for the work to be carried out. Minor defects not previously repaired but recorded in the Vehicle Check and Defect Report Book should be brought to the attention of the local area workshop manager when the vehicle is sent for service.

24.8 Breakdowns

24.8.1 Within Northumberland

Breakdowns within Northumberland are attended to by vehicle depot staff during the normal working hours; contact details are contained in each vehicle and establishment.

Procedure:

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- i. Contact the nearest NCC local area workshop.
- ii. Give your name, vehicle base location, current location, vehicle registration, make and model, fault description, passenger details and a telephone number where you may be contacted if possible.
- iii. Inform the establishment or organisations responsible for the vehicle and passengers of the situation.
- iv. Make passengers safe and comfortable.
- v. Wait for assistance; do not move off or change the vehicle's location unless for safety reasons for instructed to move it by the Police.
- vi. Stay with your vehicle. If assistance does not arrive after 45 minutes, contact an all areas emergencies number and ask for further details.

Outside normal hours, drivers should contact the duty fitters. It is the driver's responsibility to ensure emergency contact details should be on each vehicle.

24.8.2 Outside Northumberland

Please contact the FTA recovery Service – contact details can be found within each vehicle.

24.9 Accidents

Any accidents involving a department vehicle, or due to its presence on the road, must be reported immediately to the Insurance Section at County Hall Morpeth - full details must be submitted on a formal Motor Accident Report Form within 5 working days of the accident.

24.9.1 Details for Motor Accident Report Form

The driver of a vehicle involved in an accident is obliged by law to provide his name, address, vehicle ownership particulars and insurance details to the Third party. He/she should also make a note

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of the following points for inclusion on the Motor Accident Report Form:

- i. Any personal injuries to him/herself or third parties.
- ii. Identification and insurance particulars of any other vehicle and drivers involved.
- iii. Names and addresses of any independent witnesses.
- iv. Particulars of the police officers or police station to whom the accident was reported.
- v. Damage to vehicles or other property.
- vi. The full circumstances of the accidents itself with all relevant information.

On no account should a driver make any admission of liability for an accident.

24.9.2 Injury and/or damage

Any accident involving injury to persons or domestic animals must be reported to the police within 24 hours, as must any damage to vehicles or property where it is not possible to exchange particulars with the owner at the time of the incident. The police will require to see the drivers licence together with the insurance certificate and test certificate, where appropriate, covering the vehicle concerns.

24.10 Vehicle Logsheets

Motor Vehicle Logsheets are kept in each County vehicle. Each person who drives the vehicle is required to maintain the sheet in respect of his/her use of the vehicle. The sheet records the movements of the vehicle on a journey by journey basis, and includes provision for recording date, drivers name, speedometer readings, time, journey details and fuel purchased. The

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logsheets are kept by the service for a period of 12 months before destroying them.

24.11 Refuelling

Where possible, refuelling should be carried out without passengers on the vehicle, and in any case the engine must always be switched off during refuelling.

24.11.1 Garages

A fuel card is now held in all establishments for each vehicle in use; the registration number of the vehicle is inscribed upon it and it is only valid for that vehicle. The card can be used at many garages, including some supermarkets, for the purchase of fuel or oil. It cannot be used to purchase other sundry items such as windscreen washer fluid. These must be purchased using petty cash and V.A.T. receipts obtained for any purchases. (See section 23 on finance)

24.12 Entrances and exits

All entrances, exits and gangways in larger vehicles are to be kept clear of obstruction, and the driver is to ensure that she/he is not obstructed while driving, and that his/her attention is not distracted. Entry to, and exit from, the vehicle by passengers is to be by means of the neared and rear doors, and not the offside door. All doors, locks and catches are to operate correctly, and any defect reported immediately.

24.13 Seating

The seating arrangements in all vehicles is 1 person per seat (2 per double) etc., and this must **never** be exceeded.

24.14 Passenger Assistants

Passenger Assistants must be seated at the rear of the vehicle.

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24.15 Seatbelts

Seatbelts **must** be worn by the driver and all passengers. It is the responsibility of the driver to ensure front seatbelts are worn. For rear seat passengers it is the responsibility of the passenger assistants/staff member to ensure seatbelts are worn.

24.16 Smoking

All vehicles are non-smoking. This applies to drivers, passengers, staff, clients, visitors, volunteers – everyone.

24.17 Wheelchair lifts

Only the driver of a vehicle and the official passenger assistant are permitted to operate a wheelchair lift, and then only in accordance with the manufacturer's operating instructions. Full instruction on the correct operation of the wheelchair lift is given to appropriate drivers by the Integrated Transport Unit. Passengers in wheelchairs may only be carried in vehicles adapted for that purpose, and wheelchairs must be secured at all times by means of the straps or clamps provided.

24.18 Luggage

Luggage should be positioned so that it cannot fall onto the driver or passengers, or slide on the floor. It should be located where it cannot cause an obstruction to an exit, entrance or gangway.

24.19 Fire extinguisher

Each vehicle carries a fire extinguisher of an approved type, which is mounted in a position where it is readily visible and accessible to the driver. The driver is to be conversant with the operating instructions of the extinguisher.

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24.20 First Aid Kit

A stocked PSV type first aid kit in a labelled box is carried on each vehicle, and located in a position where it is readily available for use. Any items used from the kit are to be replaced without delay.

24.21 Dangerous goods

No dangerous or flammable substances are to be carried on the vehicle, except where containers specifically designed for the safe carriage of the substance are used and the vehicle does not carry passengers.

24.22 Further information

24.22.1 Use of a private vehicle

In those situations where a private vehicle is used on the business of NCC it is the responsibility of the driver to ensure that the vehicle is:

- i. In a road worthy condition, i.e. by checking particularly the tyre tread, windscreen wiper effectiveness, oil level and lights; and
- ii. Appropriately insured.

24.22.2 Transport Support Assistant

The Transport Support Assistant at County Hall deals with all aspects of transport and will be pleased to assist with any related problem.

Further copies of the following are available if and when required from the Transport Support Assistant at County Hall:

- i. Driving and Vehicle Use Handbook.
- ii. Drivers Handbook.

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- iii. Operational Manager Guide.
- iv. Emergency Telephone Numbers Schedule.
- v. List of Fuel Accounts.
- vi. Vehicle and Equipment Operating Instructions.
- vii. What To Do In The Case Of An Accident.
- viii. Vehicle Check and Defect Report Book.
- ix. Motor Vehicle Log Sheet.

SECTION TWENTY FIVE: REPAIRS TO MACHINERY/EQUIPMENT

25.1 Industrial / Commercial machinery & equipment

i. Reporting repairs:

The need for repairs to industrial and/or commercial machinery & equipment should be reported to the NCC Property Services Helpdesk at County Hall (01670 624843)

ii. Testing repaired machines

It is essential that when repair work is undertaken that the repaired machinery / equipment is fully tested before the tradesman leaves. Washing and drying machines should be tested with a load of washing. Any difficulties this causes with repair should be reported to the NCC Property Services Helpdesk at County Hall (01670 624843)

25.2 Household equipment

Repairs to some household equipment should be funded by the establishment concerned and costed to the appropriate budget.

SECTION TWENTY SIX: COPYRIGHT

26.1 Legislation

The Copyright, Designs and Patents Act 1988 came into force in 1989 and replaced all previous copyright legislation. The law protects creators from their work being copied without their permission and, in many cases, the right to be identified as the author and to object to alteration of their work.

The rights cover broadcast and public performance, copying, adapting, issuing, renting and lending copies to the public.

26.2 Explanation of Copyright

Copyright is a property right which exists in the following types of work:

- i. Literary works which include the words of songs, computer programs, tables, newspapers and magazines.
- ii. Dramatic works which includes dance and mime.
- iii. Musical works which do not include the words of songs (see i above).
- iv. Artistic works which include photographs, paintings, sculptures, architecture, technical drawings/diagrams, maps, logos.
- v. Sound recordings e.g. of other copyright works such as musical and literacy works.
- vi. Films.
- vii. Broadcasts.
- viii. Cable programmes.
- ix. The typographical arrangement of published editions of magazines and periodicals etc.

26.3 Computer software/+firmware and printouts

26.3.1 Copyright protection

The Copyright (Computer Programs) Regulations 1992 extended the rules covering literary works to include computer programs.

- i. For a work to be entitled to copyright protection it must be original.
- ii. Computer programs are protected as a “literary work”.
- iii. Logical flow diagrams are protected as “an artistic work”.
- iv. The same principles apply to firmware i.e. “wired in” or “hardware” programs, memory circuits, silicon chips and to the information in the databases of a computer.
- v. When a computer produces a print out that print out will be a literary or artistic work.

26.3.2 Infringement of copyright

Infringement of copyright will take place by:

- i. Copying a work, which is entitled to protection, directly into a computer without the utilisation in writing.
- ii. Storing any literary, musical or artistic works by electronic means. Retrieval from a computer, on paper or other material form would be reproduction in a material form and therefore copying the work.

26.4 Restrictions

Copyright is infringed where without the consent of the copyright owner a person:

- i. Copies the work.
- ii. Issues copies of the work to the public.

- iii. Performs, shows or plays the work in public.
- iv. Broadcasts the work or includes it in cable programme service.
- v. Makes an adaptation of the work or does anything in i –iv above relating to an adaptation.

26.5 Definitions

26.5.1 Copying

Section 17 of the Copyright designs and Patents Act, 1988 states that:

“Copying in relation to a literary, dramatic, musical or artistic work means **reproducing the work in any material form.**”

26.5.2 Any material form

“Any material form” includes writing out the words onto paper, OHP transparencies etc.

26.5.3 Adaptations

Adaptations include translations, turning a play into a novel or making arrangements of musical works.

26.6 Liability

26.6.1 Definition of the Act

Section 16(2) of the copyright Designs and Patents Act states that:

“Copyright in a work is infringed by a person who without a licence of the copyright owner, does or authorises another to do, any of the acts restricted by copyright”.

26.6.2 Local Authority liability

Within the Local Authority those liable will be:

- i. The person making the copy.
- ii. Any person on whose behalf such a copy was made.
- iii. The Authority.

26.7 Exceptions

Exceptions to the copyright rules include:

- i. Fair dealing for research or private study i.e. one magazine article may be copied or up to 5% of a book.
- ii. Certain educational purposes i.e. literary, dramatic, musical or artistic works may be copied in the course of instruction, or as preparation for instruction. **This does not include photocopying.**
- iii. Copying material to use in Court proceedings, Public Inquiries etc.

26.8 Licences

Northumberland County Council also has a number of licences which permit copying in limited circumstances. These licences are:

- i. CLA – which applies to Educational establishments.
- ii. ERA – which permits copying broadcasts for educational purposes;
- iii. Ordinance Survey copyright Licence.

26.9 Further Information

Any queries concerning copyright should be made to the County's Legal Department.

SECTION TWENTY SEVEN: PETS

27.1 Introduction

The issue of pets is an emotive topic which requires thorough discussion. The various practicalities must be carefully considered and the views of clients and staff must be invited. The decision whether or not to have a pet must remain a local one.

27.2 Clients' wishes

The clients within a service must be unanimously in favour of having a pet before it is introduced into the establishment.

27.3 Staff time

Inevitably the care of animals (including toileting, training, feeding, visiting the vet) will fall to paid staff and the consequences for their time must be fully appreciated by the staff involved.

27.4 Practical issues

27.4.1 Hygiene

The presence of a dog or cat does create potential problems:

- i. Pets need to be kept away from kitchen areas and surfaces and kept off tables.
- ii. Domestic food must be protected at all times.
- iii. Pets' dishes and utensils must be washed/cleaned separately from household items.
- iv. Staff must pay particular attention to personal hygiene when "moving on" from pet duties to normal duties.

27.4.2 Health

There are potential dangers to clients e.g. falling or being scratched by pets. Some clients may have a fear or intense dislike of pets.

27.5 Caged pets/birds

Caged pets may not involve all of the practical issues identified above but when a caged bird is being considered for the home, particular consideration must be given to its possible adverse effects on the respiratory conditions of clients.

27.6 Visitors with pets

A more tolerant view should be taken when visitors bring pets to the home, but the needs of clients should still be considered.

27.7 Conclusion

- i. If even one client is against having a pet then the establishment will not have a pet.
- ii. Staff must understand the demands the pet would make on them and be willing to absorb such additional responsibilities.
- iii. All practical issues must be containable.
- iv. It must be borne in mind that there is effectively no, or little, insurance cover with regard to pets.

APPENDICES

Appendix 1: Model Missing Client Procedure

General

- i. The following procedure is to be followed when a client is suspected of being missing i.e. has not returned to the home at the anticipated time or is not where he/she might be expected to be.
- ii. The Senior Officer on duty at the establishment will be responsible for implementing the following procedure.
- iii. As a general guide it is recommended that the procedure be implemented if a client has been missing for two hours, although account must be taken of the client's abilities and action should take place more quickly if the client was known to be at risk due to mental health problems or learning disabilities.

Search

When it is suspected that a client is missing, thoroughly search:

- i. The establishment.
- ii. The grounds during day light or in the evening when there are sufficient staff on duty. However when there are reduced staffing levels at night, night staff should not leave the building.

Relatives

Advise relatives of the concerns about the client being missing and try to determine the most likely destination.

Police

When the action described at 1 above confirms that the client is missing the police must be informed of:

- i. The client's general appearance and wherever possible this should be accompanied by a recent photograph.
- ii. Full description of clothing worn at the time of the disappearance.
- iii. Any medical or other condition which may place the client at greater risk.
- iv. His / her most likely destination.

Operations Manager or Senior Manager on call if out of office hours

The Operations Manager must be informed of:

- i. The disappearance of the client.
- ii. Action taken to date.

The Operations Manager will, with the consent and approval of the next of kin, give initial approval for publicity to be used.

Care Quality Commission

The Care Quality commission must be informed of the disappearance of a resident within 24 hours of the occurrence.

Action when the client is found

When the client is located the relatives and all agencies involved must be informed.

Relevant Legislation

Health and Safety (First-aid) Regulations 1981

General

The Regulations and Approved Code of Practice place a general duty on all employers to make adequate first-aid provision for their employees. The number of first aiders required is no longer dependent on the number of employees present on site. The Code of Practice requires employers to make a formal risk assessment of the first aid needs and these should be appropriate to the circumstances of each workplace. For this reason, it is best that managers make the assessment of need locally for their own workplace. It is possible that on a complex site where many activities are undertaken simultaneously, more than one risk assessment will be required.

The risk assessment should take account of the following:

- Workplace hazards and risks.
- The nature of the activities being undertaken.
- The remoteness of the site from emergency medical services.
- The needs of travelling, remote and lone workers.
- Employees working on shared or multi-occupancy sites.
- Annual leave or other absences of first aiders and appointed persons.

Managers must ensure that adequate first aid arrangements are in place to provide an immediate response should there be an accident to someone at the place of work.

First aid Provision

In order to co-ordinate emergency action effectively a number of employees should be given appropriate instructions. There should be an adequate number of volunteers to provide cover for foreseeable absences such as sickness and leave.

The risk assessment process should determine whether the nominated person should be an 'appointed person' or whether a 'fully qualified first aider' is required. The difference between these terms relates to the level of training the person has received, and hence the extent of their ability to administer first aid treatment.

As a rule, the more employees there are, the greater is the possibility of injury or illness occurring. However, the number of employees should not be the only factor taken into account when deciding whether fully qualified first aiders are needed and, if

so, how many. For example, in isolated places remote from medical facilities, there is likely to be a greater need for a fully qualified first aider.

Where the need for fully qualified first aiders is identified, sufficient should be provided. Where 50 or more people are employed at one site, at least one such person should be provided.

The particular needs of employees potentially at greater risk, such as trainees and some people with disabilities, should be addressed. The size and layout of a building should also be taken into account.

Employees should be kept informed about the current arrangements for first aid in their workplace. The method for this is usually by displaying notices which detail:

- The names and locations of first aiders.
- The location of first aid materials.

Notices should display a white cross on a green background. They should be prominently displayed and clearly understood. The employer should take account of those persons with reading and language difficulties. First aid provision should be reviewed on a regular basis to ensure that provision remains appropriate.

Training

First aiders should be reliable, have good communication skills, be able to absorb new knowledge and be able to cope with stressful emergencies.

A first aider must hold a valid certificate (for example St John's Ambulance 8th Edition) in first aid at work issued by an organisation whose training and qualifications are approved by the HSE. This is valid for three years. Refresher training must be undertaken before the certificate expires. First aiders should also be encouraged to arrange a programme of self-directed revision in order to maintain their first aid skills.

Where the risk assessment identifies that a fully qualified first aider is not necessary, the minimum requirement is to appoint a person to take charge of first aid arrangements, including looking after equipment, facilities and calling the emergency services. It is important that someone is always available to take control. It should be remembered that emergency aiders are not first aiders and should not attempt to administer first aid treatments for which they have not been trained.

Appointed persons should also be trained to carry out their duties. An emergency first aid course for appointed persons will provide the basic information required. These courses are usually at least four hours long. It is recommended that a course covering the basic information, tailored to the needs of the individuals, is chosen. The Training and Development section at County Hall can provide information on the suitability of courses if necessary. At present the current provider is the Northern Training Partnership. The Red Cross and St John Ambulance also offer suitable courses. These companies' details are as follows:

Northern Training Partnership – 01670 856341
St John Ambulance - Tel: 0191 2737938

Red Cross - Tel: 0191 2731673

The emergency aid courses cover:

- What to do in an emergency.
- Cardio-pulmonary resuscitation.
- First aid for the unconscious casualty.
- First aid for the wounded or bleeding.

Equipment

First aid equipment should be suitably marked, easily accessible and available where required.

Records

It is good practice for first aiders to make a record of all incidents which require their attendance and detail the treatment rendered. Records could be kept on the ACC1 form or another document. This will become ever more important as a result of changes in the way civil proceedings are processed and will afford the first aider a level of protection.

First Aid Rooms

In certain high risk activities, such as those occurring on construction sites, there may be a need for a first aid room. Further detailed guidance about this is given in the Approved Code of Practice.

Non-Employees

The regulations do not oblige employers to provide first aid to anyone other than their own employees. However, it is essential that emergency procedures cover all premises users and it is good practice to extend provision to members of the public if they are likely to frequent the premises. In the case of schools, libraries, and social services establishments, extending of first aid provision to service users would be expected to enable the occupiers to discharge their common law duty of care.

Control of Infection

Further useful information concerning immunisation for Hepatitis B and accidental inoculation injury procedure is available in the Infection Control Policy (currently being updated). The document 'Policy on supporting children with medical needs' may also be of interest. The Health Protection Agency is the main source of specialist information on communicable diseases. Their website can be accessed by [clicking here](#).

Recommended Contents of First-Aid Boxes

First aid boxes and travelling first-aid kits should contain a sufficient quantity of first aid materials and nothing else. Antiseptic creams are not recommended and should be withdrawn. Present day emphasis in first-aid stresses the need to get a wound completely clean; to smother a wound in a cream does not promote healing nor does it prevent infection in a dirty wound. No other medication of any kind should be kept in first aid boxes.

The box should be clearly identified as a first-aid container by marking it with a white cross on a green background (in accordance with the Safety Signs and Signals Regulations 1996). When purchasing first aid materials their expiry date should be noted. The contents of the box should be examined frequently and should be restocked as soon as possible after use. Care should be taken to dispose of items safely after the expiry date has passed.

At the very minimum each box should contain the following items:

- Guidance leaflet.
- Individually wrapped sterile adhesive dressings (assorted sizes) (blue for cooking activities).
- Two sterile eye pads, with attachment.
- Four individually wrapped triangular bandages (preferably sterile).
- Six safety pins.
- Six medium sized individually wrapped unmedicated wound dressings (approximately 12cm x 12cm).
- Two large sterile individually wrapped unmedicated wound dressings (approximately 18cm x 18cm).

Additional Items:

- Disposable gloves.
- Resuscitades.
- Wide bore rubber tubing for eye irrigation.

It should be noted that this is the very minimum required. For larger numbers of employees the quantities should be scaled up accordingly.

Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 300ml and should not be re-used once the sterile seal is broken. At least 900ml should be held in stock. **Eyebaths, egg cups and refillable containers should not be used for eye irrigation.** These are not practicable as they do not contain enough water to enable washing to continue for long enough and they are difficult to maintain in a sterile condition.

Travelling First- Aid Kits

The contents of travelling first-aid kits should be appropriate for the circumstances in which they are to be used. At least the following should be included:

- Card giving the general first-aid guidance.
- 6 individually wrapped sterile adhesive dressings.
- 1 large sterile unmedicated dressing.
- 2 triangular bandages.
- 2 safety pins.
- Individually wrapped moist cleansing wipes.

Guidance for Use of Additional Items

Eye Irrigation Tube - Notes for Guidance

For chemical burns to the eye it is essential that the eye is irrigated quickly to prevent serious injuries. When irrigating the eye, first aiders should be particularly careful not to splash the casualty or themselves. Protective gloves should be worn if they are available.

Manufacturers' safety data sheets for all hazardous products should be available in all places of work. These should state the duration of irrigation and advise whether it is necessary for the casualty to seek medical attention. First aiders should be aware of their location and, if possible, data sheets should be taken with the casualty if medical attention is required.

Any clean, soft, wide (or narrow, as appropriate) bore tube is suitable for eye irrigation. The eyewash tube should, preferably, be placed in a self seal bag, labelled 'For eye wash only' and kept in the first aid box. It is essential that in an emergency the eyewash tube can be found quickly and that it can be attached easily to the tap. However, if the tube cannot be found any suitable clean container should be used to irrigate the eye or, alternatively, the casualty's head should be placed directly under the tap.

The eyewash tube should be disposed of after emergency use and a replacement obtained.

Using the Eyewash Tube:

- Do not allow the casualty to touch the injured eye or forcibly remove a contact lens.
- Attach the eyewash tube to the cold water tap. The water supply to the sink used as an eyewash station should be fed directly from the mains. However, the risk from using water supplied from a tank is low and in an emergency situation colleagues should not hesitate to irrigate the eye if they are unsure as to the source of the water supply.
- The tap should be turned on at low pressure and the open end of the tube placed on the bridge of the casualty's nose to ensure that contaminated water does not splash the uninjured eye.

- If the eye is shut in a spasm of pain, the eyelids should be gently but firmly pulled open and the surface of the eye washed. It is important to make sure that both sides of the eyelid are irrigated thoroughly. If both eyes are affected each eye should be rinsed alternately; both eyes should be irrigated as quickly as possible. The first aider should continue to alternate between eyes and ensure that irrigation is carried out for the required duration. For chemical contamination this should be at least ten minutes.
- If the tube is not available or appears to be defective then other first aid procedures for eye irrigation should be applied until a replacement is in situ.

Storage

The rubber tube should be protected from direct sunlight or intense artificial light. The tubes should be stored in an A4 bag to prevent deformation.

Checking its Condition

The condition of the tube should be checked along with the other first aid materials. Colleagues should verify that the tube fits onto the tap(s) that would be accessed in an emergency. If the bore of the tube should become wet during this exercise it is recommended that it be allowed to dry before being repackaged.

Obtaining Replacements

The tubes come in two sizes, namely 16mm and 20mm. These are suitable for taps with outer diameters of about 19mm and 24mm respectively. When the tube is no longer serviceable a replacement should be reordered from the Health and Safety Team by telephoning 01670 533630.

Blunt Ended Scissors

Scissors are kept to trim adhesive dressings and cut bandages etc. The scissors should be kept clean at all times.

Arrangements within Each Directorate

It is desirable that there should be trained first-aiders in all establishments and the Authority will continue to encourage members of staff to become qualified. The cost of funding for all training courses is controlled by managers.

| Action | Responsibility |
|---|------------------------------|
| <p>Each Directorate will ensure that an appropriate number of first aiders are trained in accordance with Corporate Guidelines, taking account of leave and absences</p> <p>Notices stating the names and location of the nearest first aider will be strategically displayed throughout all Directorate workplaces.</p> | Line Managers |
| <p>The training needs, including refresher training, of first aiders will be reviewed as part of their 6 monthly appraisals.</p> | Line Managers & First Aiders |
| <p>Adequate supplies of first aid materials will be supplied for use and replaced as necessary. All first aid treatments should be recorded on the relevant ACC1 form.</p> | First Aiders |
| <p>Some officers will need to complete emergency first aid training due to the nature of their activities. Details of any member of staff required to carry out this training will be included in the health and safety training needs analysis for the post. If first aid training is required for these purposes a small travelling first aid kit should be provided to keep in the employees' vehicle.</p> | Line Managers. |
| <p>A check of the first aid equipment available in the section is included in the managers' health and safety inspection every six months.</p> | Divisional Managers. |
| <p>On sites that are shared, a joint agreement must be reached with other managers as to the level of provision that should be made available.</p> | Manager |
| <p>It is necessary to ensure that adequate first aid provision is available to trainees</p> | Manager |
| <p>It is necessary to ensure that first aid provision is available for off-site activities</p> | Manager & First Aiders |
| <p>It should be noted that that non-teaching members of staff who become designated first aiders as an additional role are eligible for an annual payment of £100.</p> | Manager |

Appendix 3: Smoking Policy

AIM

It has been well established that smoking damages health and smoking was limited to smoking rooms in Northumberland County Council in 1993. However, the detrimental effects of passive smoking have only been recognised more recently and Northumberland County Council banned smoking in County Hall and its immediate grounds; in all other County Council workplaces and their immediate grounds; and, in County Council vehicles from February 2005. This ban applied equally to Elected Members, employees, visitors, and contractors. From 1 July 2007 the Health Act 2006 imposes a legal ban on smoking in enclosed places including workplaces.

OBJECTIVES

Although the Council wishes to provide a tobacco smoke-free environment for employees, Elected Members, visitors and contractors and to enhance the Council's corporate image, there is now a legal obligation for this to be enforced.

To provide positive measures to encourage employees to stop or reduce the level of smoking, including the provision of information, advice and assistance.

To minimise the effects of passive smoking for everyone in County Council workplaces and vehicles.

IMPLEMENTATION

The smoking policy was initially introduced in March 1993 when smoking rooms were provided for smokers to use. These have subsequently been withdrawn and now have other uses. The total ban on smoking became effective in February 2006. The legal requirement became effective from 1 July 2007.

POLICY

Smoking is not allowed in County Hall and its immediate grounds; in all other County Council workplaces and their immediate grounds; and, in County Council vehicles. This policy also applies to employees who do not have a work base which is an establishment belonging to the County Council such as public areas and clients homes. Where such places have a smoking policy then that policy will apply.

An exception to this policy applies to residential accommodation where residents **only** will be permitted to smoke in designated areas. A further exception is in respect of cars leased under the Council's leased car scheme.

Employees wishing to smoke during work time will be required to seek the permission of their manager to break from work in order to smoke and will have to move to a place away from the premises to do this. As this policy is applicable on a County wide basis, there are no "smoking areas" prescribed, although, some locations may choose to allocate an area for smokers to use. This **must** be outside the building, out of public view and far enough away to prevent smoke being detected inside. Smoking in cars parked in County Council car parks is not an ideal solution as it may project a poor image to the public. Employees travelling in a car on County Council business must

not smoke whilst other employees are travelling in the car. Lease car users should also be aware that smoking in these vehicles may cause discolouration or damage that will need to be paid for when the car is returned.

Where service demands allow, reasonable smoking time will be granted to employees. Reasonable smoking time will normally consist of three ten minute breaks on a daily basis. However, any time off will be without pay and adjustments on time sheets will be necessary for those subject to the Flexible Working Hours Scheme. Employees working standard hours will be required to make up the time. On no account should smokers be granted paid time to smoke.

Visitors and contractors who wish to smoke will be informed of this policy and advised where they are allowed to smoke.

RESIDENTIAL CARE ESTABLISHMENTS

The only exception to the total ban on smoking is in residential establishments and this exception **only** applies to residents. It would be unreasonable to forbid service users from smoking and they should be allowed to do so with as little risk as possible of affecting employees or other residents through passive smoking. A risk analysis should be carried out at each care establishment to determine where smoking can occur and what measures can be put in place to extract the smoke and odour from the immediate environment. The protection of employees and other residents is vital. Employees at these establishments will be subject to the same provisions of this policy as all other employees.

RESPONSIBILITY FOR THE POLICY

The decision to ban smoking from all County Council premises was made by the County Council on 6 July 2005.

The Director of Personnel and Administration is responsible for drawing up, reviewing and monitoring of the policy to reflect the decisions of Council. Chief Officers will be responsible for ensuring that appropriate signage is displayed in all premises and vehicles and that this policy is implemented and maintained within their own Directorates.

Chief Officers will ensure that every present and prospective employee is aware of this policy and that every new employee is issued with a copy.

Employees must ensure that they comply with this policy. Failure to comply will be treated as a breach of County Council workplace rules and will be handled in accordance with the Disciplinary Procedure. Those who breach the law risk being fined as well as causing the Council to be fined.

HEALTH PROMOTION

Information will be made available to all employees on the harmful effects of both active and passive smoking. Advice and assistance is available for employees who wish to stop smoking. This may include the provision of information packs, smoking cessation assistance, details of quit lines (run by the Health Education Authorities) and local support groups. Enquiries should be made to the Occupational Health Unit within County Hall.

Requests for time off with pay for counselling/attendance on “quit smoking” courses will be considered on their merits and will be subject to service requirements.

PUBLICISING THE POLICY

Prospective employees will be informed of the existence of this policy in recruitment literature and a copy will be issued to newly appointed employees.

The policy will be emphasised during the induction of employees.

REVIEWING THE POLICY

The policy will be amended as necessary to reflect any changed circumstances or to comply with relevant legislation.

Each directorate should consult the Director of Personnel and Administration on any proposed changes to the local implementation of the policy.

USEFUL CONTACTS

| | |
|--|---|
| Occupational Health 01670 533719 | Employee Relations 01670 533743 |
| Health & Safety 01670 533630 | Northumberland Smoking Cessation Service 01670 813135 |
| Quitline 0800 00 22 00 www.quit.org.uk | |

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Introduction

Northumberland County Council (NCC) has produced this Advice Note on Section 19 (S19) permits to help educational establishments and charitable groups understand their roles and responsibilities when operating transport under the Local Transport Act 2008.

The above legislation made changes to the issuing and use of S19 permits. There are many organisations defined as a designated body that can issue permits to minibus owners and operators. In the main, the duty for issuing them rests with the Vehicle and Operator Services Agency (VOSA) and others. Though NCC is a designated body, it no longer issues S19 permits. Organisations that issue permits now have additional legal duties to ensure that applicants comply with the law before an operator is issued with a S19 permit and that, once it is issued, the recipient operates properly.

Section 19 - The Main Points

S19 Permits can only be issued to organisations operating without a view to profit that are concerned with:

- Education
- Religion
- Social Welfare
- Recreation
- Other activities for the benefit of the local community.

The permit does not entitle the vehicle to carry passengers who are members of the general public. It must not be used with a view to profit. Category D1 (101) (not for hire or reward) licence holders are entitled to drive minibuses that are operated for hire or reward in accordance with a Section 19 permit.

The permit must be displayed in any minibus that is being used. It provides exemption from legislation that applies to commercial transport operators and their qualified drivers, and allows for some payment (not for profit) by passengers either directly or indirectly towards the running costs of the vehicle.

Further information can be obtained by using the links to the VOSA documents below.

Section 19 Permit Legislation

The changes made to the S19 permit system have transferred more duties to the issuing body, in that it needs to be assured that the status of applicants is appropriate for S19 use and that they can operate vehicles safely.

In light of these changes, NCC strongly recommends that all S19 permit holders read and comply with the following documents:

- *Section 19 and 22 permits: not for profit passenger transport*. This was published by VOSA in 2013 and can be accessed [here](#)
- *Guide to maintaining roadworthiness – Commercial goods and passenger carrying vehicles (Revised 2009)*. This was published by VOSA in 2009 and can be obtained [here](#)

These documents explain the legal responsibilities of permit holders when providing transport to passengers for any kind of payment (cash or kind) which gives a person a right to be carried on the vehicle on a 'not for profit basis'.

Before issuing a permit to an operator VOSA, or other designated bodies, will need to be assured that the operator is undertaking the vehicle safety and maintenance checks that were introduced in April 2009. Once issued, the permit is not transferable to other organisations. It must be emphasised that the operator must not allow an organisation that does not have its own permit to use the minibus until such time as that body has obtained one.

When applying for a S19 permit it would be beneficial to request additional permits as a permit would be required for any extra hired minibuses that may be required in addition to an operator's usual fleet. It is the responsibility of the person hiring the minibus to ensure he/she is operating all minibuses within the terms and conditions of the S19 permit; it is not the responsibility of the company hiring out the minibus to provide a S19 permit.

Minibus Drivers

What is a Minibus?

A minibus is a motor vehicle with between 9 and 16 passenger seats – the driver's seat does not count for these purposes. It is described as a category D1 vehicle by the Driving Vehicle Licencing Authority (DVLA).

Employees

In August 2013 the Department for Education (DfE), the Department for Transport (DfT) and the Association of Chief Police Officers (ACPO) jointly produced guidance on driver licence entitlement for those persons who drive a school minibus; however the guidance is also relevant to charitable groups. This guidance note seeks to clarify their interpretation of licensing requirements for driving a minibus. In consequence, NCC has reviewed its policy, which is given below.¹

Members of staff who drive a minibus must have either:

- A Category D1 (101) minibus entitlement, together with a current Minibus Driver Awareness Scheme (MiDAS) qualification.
 - A PCV category D or D1 entitlement
 - A Category B (Car) entitlement held for a minimum of five years, together with a current MiDAS qualification. This is dependent on when the driver passed his/her test and only relates to driving in the UK only.
- a) A driver who passed his/her category B (car) driving test before 1 January 1997 can drive a minibus that is not being used for hire or reward as these licences automatically include category D1 (101) (not for hire or reward) entitlement. This means staff with such a licence can drive a minibus carrying up to 16 passengers with no maximum weight restriction on the vehicle with a trailer up to 750kgs. Drivers with a D1 + E (101) (not for hire or reward) entitlement can tow a trailer over 750kg.
- b) A driver who passed his/her category B driving test on or after 1 January 1997 may drive a minibus that is not being used for hire and reward if the following conditions are met:
- he/she must have held a category B licence for at least 5 years
 - the minibus must be used by a non-commercial body for social purposes
 - the driver or organisation must not receive any payment other than the recovery of out of pocket expenses such as fuel and parking costs
 - the driver or organisation provides the service on a voluntary basis
 - the maximum unladen weight of the minibus is not more than 3.5 tonnes (or 4.25 tonnes if including any specialist equipment to carry disabled passengers);
 - the minibus does not tow a trailer.
 - The driver is aged under 70 (unless the driver has passed a PCV Medical and gained code 120

¹ This guidance applied to UK travel only. Contact Fleet Transport if travelling outside UK mainland.

Volunteer Drivers

The revised guidance document now states that if the terms and conditions of a teacher's contract of employment state that driving a minibus is part of his/her duties or if a teacher is paid an additional sum specifically for driving the minibus (other than out of pocket expenses) then such staff would be considered as receiving payment for driving a minibus and would not be considered to be driving on a voluntary basis and would therefore need to hold a full D or D1 licence.

However, if a teacher's contract does not state that driving a minibus is part of their duties and they receive no additional payment for driving a minibus then he/she would be considered to be driving on a voluntary basis. This means that a teacher can drive a minibus with a category B licence, assuming that all the conditions outlined above are met.

Volunteer drivers who passed their driving tests after 1 January 1997 can continue to drive minibuses where a Section 19 exemption mentioned above applies. However, the vehicles they are driving must weigh less than 3.5 tonnes gross vehicle weight (GVW) or maximum authorised mass (MAM) or 4.25 tonnes² GVW or MAM if fitted with accessible equipment. To drive minibuses weighing in excess of these weights, the driver will need to hold a full D1 licence, as defined above.

Drivers of Permit Vehicles

The government has produced a useful document entitled 'vehicles you can drive' which identifies the vehicles that people are legally qualified to drive; it can be accessed [here](#).

Driving a small bus requires additional skills in order to handle the vehicle safely and specialist driver training courses are recommended. The Community Transport Association UK (CTA) promotes and administers a nationally recognised standard for the assessment and training of minibus drivers, which is known as MiDAS. This is a membership-based scheme that has been designed to enhance minibus driving standards and promote the safer operation of these vehicles. Member organisations range from small voluntary bodies operating one vehicle, to local authorities operating large fleets of minibuses, as well as schools, colleges and universities. MiDAS provides theoretical training and an on-road driving assessment for all minibus drivers. It is NCC's policy that all drivers pass the appropriate MiDAS course before driving a minibus with passengers aboard on NCC business.

Regular refresher training is a significant element of MiDAS and in order to retain their MiDAS Certificate, drivers must attend refresher training every four years. MiDAS operates a 'cascade' approach. The CTA has appointed a number of training agents who provide training for minibus Driver Assessor/Trainers (DATs) nominated from member organisations. Once trained a DAT can then assess the competence of other minibus drivers, and provide them with training on how to use a minibus safely.

DATs can also offer a course to those drivers who transport passengers with disabilities, particularly those who use wheelchairs.

² The weight will be visible on a chassis plate/VIN plate as GVW or MAM

Several individuals and organisations offer MIDAS courses suited to education or Community Transport Operators. Those wishing to have their staff trained should satisfy themselves that the trainer is suitably qualified before using their services.

A selection of MiDAS Driver Assessor Trainers is provided in the appendix.

Duty of Care – Responsibilities

A 'duty of care' is a [legal obligation](#) imposed on an organisation or individual requiring that they adhere to a [standard](#) of [reasonable](#) care while performing any acts that could foreseeably affect others.

It is the S19 permit holder's responsibility to know who is travelling on their vehicle and this requires that personal details, including age, name, address and emergency contacts are recorded. Such information would be invaluable in the unfortunate case of accident or emergency. In addition, this information is essential to enable the S19 permit holder to prepare the vehicle and driver for any special needs or mobility difficulties that may be encountered. This means that such details must be obtained so that adjustments can be made to the vehicle prior to the journey.

Conclusion

Schools, voluntary groups, community groups, colleges and other bodies providing transport and must comply with information bulleted below.

- Obtain a S19 permit and observe the permit regulations, including reading and complying with the documents cited in this guide
- Consider all the facts contained in this document before operating a minibus service
- Operate community transport with a duty of care towards every passenger
- Join MiDAS
- Have registration and booking systems which can demonstrate clearly the eligibility of their service users to travel having considered the factors contained in this document.

It may be of benefit to voluntary and community groups, schools, colleges and other bodies providing transport to become members of the Community Transport Association and have access to that organisation's 'advice leaflets'

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Contact Points

If any further advice is required

A list of useful contacts is given below:

Lesley Beckwith
Fleet Transport

Lesley.Beckwith@northumberland.gov.uk

01670 622946

Iain Young

Fleet Transport

Ian.Young@northumberland.gov.uk

01670 622945

Jan Chisholm

Integrated Transport Team

Jan.Chisholm@northumberland.gov.uk

01670 624087

Peter Tully (Driver Assessment Training)

Senior Driving Instructor

Northumberland Fire and Rescue

Peter.Tully@northumberland.gov.uk

01670 621190

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Appendix 4A

Please note that the contact details provided below are correct at the time of publication. The contacts are provided as guidance only. Those wishing to engage the services of training providers should satisfy themselves that the trainer is suitably qualified before using his/her services.

The following list identifies the principal MiDAS Training Providers operating in Northumberland.

Adapt (North East)
Bluebird House
Haugh Lane
Hexham
NE46 3PU
Tel 01434 600599

NEED (North-east Equality and Diversity) Limited
Alnwick Fire Station
South Road
Alnwick
NE66 2PA
Tel 01665 605780

Paul Robinson
0191 2841334
07742 441355
www.rockandroam.co.uk
rock.roam@gmail.com

Upper Coquetdale Community Transport
07870577677
www.ucct.btck.co.uk
ucct1@hotmail.co.uk

WATbus
Watbus Community Transport Unit 1
Sleekburn Business Centre
West Sleekburn
Bedlington
Northumberland
NE22 7DD
Tel 01670 522999
www.watbus.org.uk/

Community Transport Association
0845 130 6195
<http://www.ctauk.org/>

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Appendix 5: Emergency procedures and guidance for waking night care staff

Emergency Procedures and Guidance for Waking Night Care Staff in Residential Homes for Older People and People Who have Learning Disabilities.

January 2009

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- 2. Responsibilities.**
- 3. Management Support.**
- 4. Security.**
- 5. Communication.**
- 6. Handover Period.**
- 7. Health Care;**
 - i GP**
 - ii Hospital Admission.**
 - iii Medication.**
 - iv Accidents.**
 - v Infection control.**
- 8. Death.**
 - i Expected.**
 - ii Sudden.**
- 9. Emergency Admission.**
- 10. Missing Resident.**
- 11. Fire Safety.**
- 12. Emergency Maintenance**
- 13. Staffing Issues.**
- 14. Complaints.**

1.Care Practice.

The focus for care practice for night staff is the safety, protection and well being of residents through the night and for the promotion of conditions conducive to the residents having a restful nights sleep.

Night time can be a frightening experience for some residents and night staff can be faced with dealing with levels of anxiety, fear and agitation not always apparent during the waking day.

Night staff should base themselves in a location familiar to residents which is properly illuminated and easily accessible.

Night care staff will be assisted by good preparation and communications about the needs of residents from day time staff at the handover.

The Unit manager will ensure that provision is made for a structured handover to and from night care staff at the beginning and end of their shift.

Night staff will be concerned with meeting basic needs for residents , providing concerned attention in a quiet, sensitive way, reassuring residents regarding their safety and security.

The overall objective for all staff is the provision of a homely and caring environment which reflects the 6 basic values in the Department of health publication Homes are for living in and the principles outlined in Valuing People and Valuing People Now.

Privacy, Dignity, Independence, Choice, Rights and Fulfilment.

Rights, Choice and Inclusion.

2. Responsibilities

Night duty is a working shift, sleeping on duty is considered to be gross misconduct and will most certainly result in dismissal.

Night care staff are responsible for:

The health and safety of residents through the night.

Their own health and safety

The security of the building.

Compliance with emergency procedures with management support as needed.

Every resident should be discreetly checked to ensure their wellbeing at least hourly through the night, unless the individual resident has objected to this.

Where residents have expressed a wish not to be checked during the night this must be clearly documented within the individuals care plan.

3. Management Support

If night care staff need to contact someone for support .help or advice the will refer to the Management Support arrangements within each establishment.

There will be a list of telephone numbers for all the home's senior staff who can be contacted for advice or support. If contacted they in turn may wish to consult with their line manager.

If necessary the manager they contact may respond to the situation by a personal visit to the establishment.

4. Security

Preparation:-

The Duty Officer and Night Care Assistant will be responsible for checking the security of the building together prior to the duty officer going off duty.

This will include:

Locking and securing the building at the end of the day shift;

Checking the efficiency of security locks, alarms, lights telephones etc;

Checking all residents are accounted for and their location known;

Visual checks of the fire alarm system panel;

Drawing curtain and blinds;

Checking and emptying waste bins;

Ensuring torches and batteries are available, in good working order and distributed at appropriate points in the home in the event of a power failure;

Visitors:

Always ensure visitors, no matter how well presented are thoroughly checked at whatever time day or night.

Official visitors should have identity cards and night care staff should insist on seeing them before agreeing entry.

Do not allow anyone entry to the building until you are sure the individual is genuine, always shut and secure the door while the checks are being carried out.

Burglars/Intruders:

In the event of burglars intruders;

Do not try to apprehend the intruder;

If already in the building, keep, your distance and create every opportunity for the intruder to exit;

Do not leave the building;

Ring 999 and ask for URGENT police intervention;

Calm and reassure the residents as needed;

Record the time date and details of the incident, ask the attending police officers for incident log.

List any items damaged or stolen;

If repairs to the home are required refer to the procedure under maintenance.

Pass on all details to the day duty officer at the morning handover.

Prowlers:

If a prowler is discovered make sure all downstairs curtains and blinds are closed so that the prowler can not monitor staff movements.

Try to observe the prowler discretely to gather description, car details etc.

Ring 999 and ask for police assistance.

Ensure all details are handed over in the morning.

5. Communication

Good communication is essential and staff should present as pleasant, helpful and accommodating .

Receiving telephone calls:

Night care staff should always give the name of the establishment and the identity of the person answering the telephone call.

Anonymous calls:

Log the date and time of the call, the gender of the caller and make a careful note of the content of the call.

Ask the caller if they wish any particular action taken.

If the information is likely to put someone at risk, contact management backup.

NB. The person making the anonymous call may be making a complaint about the service or trying to let us know that they have got concerns about a situation but do not want their identity known.

It is important that all details of the conversation are recorded to ensure the appropriate action is taken.

Bogus calls:

Bogus calls may arise from people claiming to be someone they are not e.g. Doctors, Social Workers et.

Staff should not give information over the telephone without checking the identity of the caller and should take careful note of details requested, ask the individual for their telephone number so that they can ring them back.

Ringling back may not accurately identify the caller but may act as a deterrent.

Abusive calls:

Staff should remain calm and not be provoked. They should make notes of the date time and content of the call, gender and any other identifying factors such as accent.

Persistent callers should be informed that action will be taken by reference to the police and British Telecom.

It is important to keep a record of these calls as they can be traced back to the person through telephone records and police intervention.

6. Handover Periods

It is the responsibility of the Duty Officer to ensure that the night care staff have all the information and equipment required to do their job properly.

This will include :-

Which member of the night staff is managerially responsible for the shift.

Keys that are essential for the night care staff to fulfil their duties.

An emergency cash float of £20.00 (twenty pounds)

Torches and batteries in efficient working order are at appropriate points in the building and the night staff know where they are.

A list of replacement staff who are willing to come into work at short notice.

Bed vacancies and availability for emergency admissions via the emergency duty team.

Details of any aspect of residents behaviour giving cause for concern.

Details of any changes of medication which may effect health, wellbeing or behaviour

Details of specific medical problems which may need to be monitored.

Procedures regarding contact with relatives in the event of illness , hospitalisation or expected death.

Details of any specific tasks to be completed by night care staff.

All staff receiving the handover must sign to say they attended and the member of the night care staff who has management accountability must complete the security checks with the duty officer and sign to indicate that they were done. When the duty officer leaves the building the designated member of staff will lock the door and set the security alarm system.

7. Health Care:

Night care staff will have been briefed about any residents who are unwell and who may need close observation or medical attention through the night.

If the condition of any resident gives cause for concern observe the symptoms, the degree of distress and make the individual as comfortable as possible;

Calling the GP:

Have the following available:-

The residents personal details: name, address, date of birth

The residents medical history.

Medication and medication administration record.

Current symptoms and condition.

Contact the GP, this will normally be the Out of Hours Emergency Doctor Service and the person answering the call will either be a call handler or a nurse who will ask you all the details about the resident and then pass them on to the doctor who will call you back.

If advice given:

If the doctor does not feel a visit is required and gives you advice record the advice given in the communication book and get another member of staff to witness and sign the same.

Carry out the doctor's advice and continue to monitor the resident's condition.

If the problem remains or the residents condition appears to be deteriorating contact the doctor again and request a visit.

Refusal to attend:

If the doctor refuses to attend ask for a reason or explanation.

Repeat the request for a visit if not satisfied with the explanation and ask the doctor to repeat their refusal to attend to another member of staff. Inform the doctor that you will be calling an ambulance to take the resident to the local Accident and Emergency Department.

Record the refusal to attend in the communication book with the date time etc and have it counter signed by the other member of staff involved.

Inform the Accident and Emergency Department of the action taken and the details of the situation.

Contact family (if requested in the residents notes)

If unsure at any time about the course of action to take ring management back up for advice and support.

Hospital admission:

Admission to hospital may result from:-

An accident.

Serious illness.

Non attendance of doctor.

At the request of a doctor.

Establish which hospital and if possible which ward the resident is to be admitted onto.

Contact family to give them the chance to escort the resident or meet the resident at hospital.

At no time should only one member of staff be left in the building.

Help the resident to pack essential belongings and clothing for an overnight stay and include medication, inhalers etc, dentures, glasses, hearing aids, toiletries.

List all items leaving the building and attach to the hospital admission sheet which should already be prepared and will include a medical history, all the individuals personal information, contact numbers for next of kin, current medication etc.

Record date time and action taken in the communication book.

Contact the hospital post admission to check on the residents condition and record any information or advice given.

Medication:

General

The safe custody and administration of medicines is subject to stringent procedures and guidance.

The Unit Manager of a home must ensure that procedures and guidelines are strictly followed.

The administration of prescribed medication is a management responsibility and will normally be carried out during the waking day and before night staff commence duty.

The law provides that no medical treatment can be given to any person without his/her valid consent. A breach of this rule will render the person administering the treatment liable to legal proceedings.

The limits of night care staff responsibilities

Night care staff will only assist with the administration of medication on instruction.

Such instructions will only relate to medications such as pain-killers (which are prescribed) that need to be given on an as required basis.

Over the counter medication such as cough medication , lem-sip etc should only be administered if previously approved by the individuals doctor.

If in doubt do nothing but contact management back up.

Accidents.

Carry out an initial assessment of the seriousness of the accident/ injuries sustained.

Administer first aid (if trained to do so) and contact out of hours GP service or ambulance service.

If the accident was caused by a removable hazard, remove the cause of the problem and isolate the area.

Complete the accident report in full and enter the details in the communication books

If the accident involves staff see section 13 Staffing Issues.

Do not leave the building with only one member of staff;

Give accident report forms to duty officer at the morning handover.

Infection control:

If an outbreak of vomiting or diarrhoea occurs in more than two residents.

Isolate the residents into a single room.

Wear disposable gloves and protective clothing when dealing with spillages and fouled linen,

Dispose of protective clothing into clinical waste bags.

Put foul linen into red dissolvable bags and launder them as soon as possible on a 93 degree wash.

Contaminated areas such as toilets , flush handles, door handles, wash basins, and commodes should be washed with hot soapy water, dried, and disinfected.

Before and after every intervention with residents or after dealing with contaminated materials staff should wash their hands using hot water, soap from a dispenser and dry them on disposable paper towels before putting on clean gloves and aprons.

Contact out of hours GP service if concerned.

Notify management back up.

Encourage residents to take fluid.

If members of staff are affected staff should contact management back up for support and to get replacement staff.

There will be a red infection control box situated in the duty office which has clear instructions on how to deal with an outbreak, records that need to be made and sample containers to send specimens for analysis.

8. Death

Dealing with death sensitively and with dignity and respect is the culmination of good care practice.

Expected Death;

At the time of death contact the out of hours GP service and request them to attend.

Do not touch the body.

On confirmation of death record the time the body was discovered any person present and the time the death was confirmed by the GP.

Notify family members.

Check the residents file for any religious requests at time of death.

If relatives are present offer comfort, support and alternative surroundings if needed.

Where possible turn off radiators and lock the door to the room.

On certification of death;

Contact relatives and be as helpful as possible, note any requests they make in the communication book.

Cover the body and make presentable.

Tidy the room but do not remove anything.

Identify and record any jewellery or valuables on the body or lying about in the room with another member of staff and record in the communication book.

Discuss arrangements for the removal of the body with relatives and identify the preferred undertaker. (refer to the residents care plan which should indicate the residents wishes regarding funeral arrangements)

Sudden Death:

On discovery of the body:-

Secure the area and do not touch anything in the area.

Contact the GP and record time.

If the death has occurred as a result of an accident / hazard, make the area safe to avoid further risks.

Record all relevant details in the communication book such as date, time, who found the body, who was in the area, where the body was found.

Notify management back up.

Attendance by the GP:-

Record the GP's name contact details and time of arrival.

GP will examine the body and they will contact the police/ coroners officer, if necessary.

Record name and time of arrival of police/ coroners officer.

Contact management back up if support or advice is needed.

The police / coroners officer will arrange for the body to be removed to hospital/ morgue for autopsy.

The member of staff who found the body and the nominated member of staff responsible for the shift will be interviewed by the police/ coroners officer so be prepared to make a statement.

When formalities have been completed and depending upon the time of night, arrangements may be made by staff or relatives for the removal of the body.

9. Emergency Admission.

Exceptionally, emergency admissions may arise as a result of a telephone call from the Emergency Duty Team. (EDT)

Telephone call from the EDT:-

Take the telephone number and ring back to confirm identity.

If there are no beds available advise the EDT.

If there is a bed available you must complete a pre admission check list to gain as much information about the individual as possible.

When you have all the information you must make a decision about whether we can accept the individual, be assured that we can meet the individuals needs and that they will not present a risk to anyone in the building.

If the decision is to admit it must be stressed that it is as an emergency only and a full review of the situation must be held the following day.

If required contact the management back up for support and advice.

Record the decision in the communication book.

Admission Agreed:

On arrival check the identity of the social worker before allowing entry

Welcome the client and follow the normal admission procedure.

Record all events in the communication book and discuss with the duty officer at the morning handover.

Visit in person:

If an old person turns up at the home in obvious distress, be concerned and supportive.

Contact the police in case the individual has been reported missing.

Notify the Emergency Duty Team and give them as much information as you can and leave any decisions to them.

NB The EDT has delegated powers to make decisions about admissions to NCC establishments outside of office hours subject to normal consideration.

10. Missing Resident.

Each resident must be discreetly checked at least hourly through the night unless it is recorded that they do not want to be.

On discovering a resident missing staff must operate the following procedure.

Check the building but not the grounds.

Ask other resident who are awake if they have seen the individual.

Inform the police and give them:-

A description, including clothing if known.

A recent photograph.

Any medical or other condition which may place the resident at risk.

Any likely destination if known e.g. previous home.

Inform relatives.

Notify management back up.

Notify the Emergency duty team.

Record the incident in full and the action taken.

If the resident returns or is returned notify all people and agencies involved (at a reasonable time.)

Discuss with the duty officer at the handover in the morning.

11. Fire Procedure

Nightly fire safety precautions:

All electrical appliances must be disconnected by removing the plug from the wall sockets.

Ensure waste paper bins are empty.

Check that fire exits/escapes are unimpeded

Close all fire doors.

When checking residents during the night pay particular attention to those residents who are known to smoke.

Record checks in the handover book.

In the event of a fire, however small **the fire brigade must be called immediately**

Sound the alarm or respond to the alarm if set off by the smoke or heat detectors.

Call the emergency services 999 and ask for the fire brigade giving the address and location of the fire.

Unlock the front door.

Lifts must not be used

Evacuate any residents in immediate danger, if safe to do so, to an area behind two fire doors which has external exits.

When the fire brigade arrives take instructions from them.

When the situation is dealt with contact management back up if alternative accommodation advice or support is needed.

12. Emergency Maintenance.

General:

No attempt should be made by night care staff to repair any maintenance defects or breakdowns in essential services.

Ring the Property Maintenance help desk 01670 534840 and the call will be diverted to a contact centre who will take all the details of the breakdown or defect from you and arrange for any repairs to be carried out.

Hazardous equipment;

The re lighting of the automatic boiler equipment or any other hazardous equipment **must not** be attempted by staff.

Suspected Gas Leaks;

Where there is the slightest suspicion of gas leakage a telephone call must be made direct to British Gas emergency service for immediate assistance to deal with the fault.

All appliances and the Gas Main should be turned off.

13. Staffing Issues.

At no time should only one member of staff be left in the building.

Alcohol / Drugs

Any member of staff who is unfit for duty because of alcohol or drug abuse may face disciplinary action up to and including dismissal.

It is especially important for night care staff to be fit , alert and vigilant while at work.

If night staff have any concerns about a colleague they should immediately report the concerns to the officer on duty or the management back up.

Sickness while on duty;

Occasionally staff may not be able to continue to work as a result of illness or accident or a family crisis.

If a member of staff takes seriously ill telephone for medical assistance.

If unsure whether a member of staff should remain at work consult with management back up.

If it is obvious that a member of staff needs to cease work contact staff from the replacement staff list but if unable to find replacement contact management back up.

Contact the family of the staff member to inform them of the situation.

Failure to report for duty;

The duty officer on the late shift will not leave the premises until a replacement member of staff is secured and arrives.

An absence from work must be authorised and comply with the absence reporting procedure.

14. Complaints.

The organisation has a Complaints Procedure open for anyone for whom the Social Services Department has power or duty to provide or secure a service.

The main objective of the procedure is to ensure that people using the services are able to question the way they have been treated, the quality of the service provided to them or the decisions made about them.

Staff need to understand that residents have a right to complain and they need to be assured that the complaint will be taken seriously.

If a resident wants to make a complaint remain calm and listen attentively.

Write down the facts and details of the complaint and report to the duty officer at the morning handover for appropriate action.

The complaint may be able to be resolved domestically but if a satisfactory solution is not possible at this stage the complaint is written up onto a proformer and passed onto the Care trust Complaints Team based at Merley Croft.

The same procedure applies if relatives make a complaint.