# **People Moving and Handling Policy**



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## **Policy**

In full recognition of its responsibilities under health and safety legislation, the home will aim to eliminate, wherever possible, or reduce significantly, and to an acceptable level, the risks which are inherent in people moving and handling operations, and which may affect both the child and the home's care workers.

It will do this through:

- Risk assessment;
- Introduction of preventative measures and controls;
- · Review and assessment;
- Consultation with, and training of, care workers.

#### **Procedure**

#### **Risk Assessment**

The primary objective of the home is to provide care which matches the assessed needs of the child and is delivered, consistently, in a safe manner.

On occasion, the needs of the child, together with any risks associated with the satisfaction of those needs, is pre-determined and discussed directly with the child as part of the arrangements before care starts. On other occasions, such as when the child is arranging for care to be provided on a personal basis, then the home will conduct a full assessment of needs, including a detailed and comprehensive assessment of the risks involved.

The home believes that a thorough risk assessment covering the needs of each child is the most important single factor in drawing up a care plan which satisfies the needs of children, (in receiving their care in a manner which is suitable to them), and the needs of care workers, (that they may undertake their duties in a comfortable and safe manner). Where an adequate risk assessment has not been provided (for example by the local authority, or the primary care trust) then the home accepts the obligation to undertake this task using its own resources.

This risk assessment, undertaken as part of the needs assessment process, and involving the child, and the child's family members, as appropriate, will ensure that all relevant health and safety issues are covered, in addition to those items which are important to safe moving and handling, and will be undertaken by a competent person appropriately and adequately trained for this purpose.

## Implementing the results

The home commits to working with the child, and the child's family in designing and implementing any adaptations or adjustments, or introducing additional equipment which ensures the health and safety of the home's care worker and child, while maintaining the child's choice, dignity and independence.

The home's duty of care extends to both the home's care worker and the child, and in the majority of situations, the risks associated with provision of care can be identified and

assessed, and where necessary, adjustments made so that care is provided safely. In a minority of cases however, the home may make appropriate recommendations concerning the management and reduction of a significant risk, but the child is unwilling to change his/her mobility assistance plans to address the risks identified.

In such cases the home will discuss with the child:

- A. The risk(s) which have been identified;
- B. The option(s) available to both the child and the care worker aimed at reducing the risk(s) to an acceptable level;
- C. The reason(s) for the choice of a particular option (if a choice was available).

Where the child continues to resist the procedure(s) recommended then the home will have no choice but to inform the child, and his/her representatives, or carers, that in order for care to be provided, then it will be as directed by the home, and the procedures implemented, in order to safeguard the health and safety of both the care worker and the child. If resistance continues, and there remain no alternative avenues to consider, then care may be limited or cancelled. The implementation of this extreme last resort will only be undertaken after:

- A. Adequate discussion with the child and/or the child's representatives;
- B. Appropriate warning of the consequences of continued refusal.

Where care is limited or refused, then the home will inform the relevant organisations that care is required, but cannot be delivered in the current circumstances.

#### **Personal Care Plan**

The results of the risk assessment process are incorporated into the *Personal Care Plan* developed by the home (when necessary and not already provided) for the child. Care workers are required to familiarise themselves with all aspects of the care plan, and to observe the requirements laid down in respect of safe moving and handling of the child. Any failure on the part of a care worker to observe these requirements may result in injury, and, where warranted, disciplinary action.

#### Monitoring

All care workers employed by the home are required to monitor the risk management procedures which have been put in place (if any), and to report any problems or concerns (such as experiencing for example, shoulder, neck or back pain, or difficulties clearly evident with the child) to the home.

Key issues and information which may be useful to other care workers attending the child, (such as damaged or faulty equipment) should be reported, without delay, and written in to the Care Record. Care workers are also required to check with the child, on a regular basis, that they are satisfied with the arrangements which have been put in place.

#### Review

Situations change, and to be effective, risk assessments need to be kept up to date. When procedures change or when there is a reason to believe that the risk management plan may no longer be appropriate, then the risk assessment must be reviewed and if necessary a new risk management plan devised and implemented.

Provision will also be made as part of the *Personal Care Plan*, for children to request a reassessment at any time they feel their needs or circumstances have changed.

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## **Training**

There are potentially serious implications for a failure to assess and adequately control the risks associated with manual handling. There are dangers to the care worker, and to the child, and the home commits to working with both to ensure safe and consistent delivery of care.

Guidance notes are important, as are clear unambiguous statements about policy and procedure. At the end of the day, however, practical training in safe people moving and handling skills and techniques, updated and refreshed as necessary, are seen by the home as the most important element in ensuring a safe provision of care and a safe working environment.

Such training will focus on:

- A. The knowledge and ability to recognise hazardous handling situations and to determine the safe approach;
- B. The procedures to be followed when the designated safe system of work cannot be applied; and
- C. How to secure additional assistance when this is needed.

## **Equipment**

It is normal for many people who are in need of care, to require assistance of some sort to enable them to retain as much of their independence as possible. Such equipment may be entirely controlled by the child (such as a walking frame, or walking stick, for example), or it may be something which is used in a joint operation with the care worker, or carer.

The home will ensure that any equipment used is in good working order and that all care workers are aware of and understand the appropriate application and limitations of the different pieces of equipment they are expected to use. Care workers employed by the home will therefore, in addition to training on specific manual handling techniques, undergo training on:

- A. The different types of equipment\* available and the appropriate use of each;
- B. The safe use of hoists and their slings;
- C. The recharging of electric hoists;
- D. The safe use of smaller aids, such as handling belts, transfer boards, and rotundas;
- E. The identification of possible faults and the necessary safety checks that should be made each time before use;
- F. The procedures to follow where equipment is damaged and unsafe to use, or if it fails during use.

\*Such as: manual and powered mobile hoists; powered ceiling track hoists; bathing and toileting equipment; small handling aids (such as slide sheets and transfer boards); beds and bed equipment; chairs, wheelchairs and chair equipment; walking and standing aids.

## **Maintenance of Equipment**

The home recognises that the equipment supplied to the child will fall under the requirements of the Provision and Use of Work Equipment Regulations 1998 (PUWER) and possibly the Lifting Operation and Lifting Equipment Regulations (1998) (LOLER), as well, and undertakes to inspect and maintain its own equipment in accordance with these Regulations. Where equipment is provided by the child, and is used by the care worker, then the home will undertake to assess the suitability of such equipment, and its safety,

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and will discuss with the child directly any problems or concerns, including the need for any maintenance, replacement or repair.

Children's Homes (England) Regulations 2015 : Regulation13

Quality Standard : Leadership and Management

Source: The Policy Library Reviewed by HW, HR Executive

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#### **Notes**

Manual handling of people, (lifting, supporting, carrying, pushing and pulling by bodily force) is one of the most common activities within care, and one which, the HSE believes, results in substantial injuries each year. However most manual handling injuries are regarded as preventable, particularly with better planning and consideration of how the task can be accomplished with less risk.

## The Legal background

The legal framework within England which covers manual handling is the Manual Handling Operations Regulations 1992.

These Regulations are essential reading for those involved in the provision of care, as they have established certain principles within which care providers should operate, such as:

- To avoid the manual handling activities where it is reasonably practicable to do so; and, where it is not.
- To assess the risk and take appropriate steps to reduce it so far as is reasonably practicable.

## "No lifting" Policy

The home does not believe that a blanket "no lifting policy" is a viable option when one of the primary objectives of the home is to assist individuals to live their lives as independently as possible. Rather the home will try to balance the needs of everyone involved in the care process (particularly the needs of the child on the one hand, and the needs of the carer on the other) in order to ensure that:

- care workers are not required to perform tasks that put them and children at unreasonable risk;
- children's personal wishes on the type of assistance given to them by the home's care workers are listened to and respected wherever possible; and
- children's independence and autonomy is supported as fully as possible.

In order to satisfy these essential goals, the home will undertake general risk assessment as part of the needs assessment process, and ensure that all relevant issues relating to health and safety are embraced within the wider context of providing a "quality care service". This risk assessment will focus on the needs of the child and the needs of the care worker, so that care is delivered in a balanced and sustainable way and one that has taken into account the child's lifestyle, personal preferences and functional needs.

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