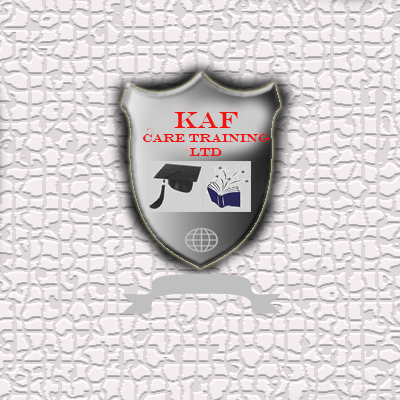
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**KAF CARE TRAINING RECRUITMENT AGENCY**

**STAFF HANDBOOK**

**2016**

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Welcome to KAF Care Training Recruitment Agency Ltd. You are joining a special team of care staff who are committed to providing high quality service to each one of their Service users.

KAF Care Training Recruitment Agency Ltd’s main objective for care staff is to help service users to live an independent and active a life as possible whilst remaining in the comfort and security of their homes.

The work of the care staff is invaluable and although tasks are often difficult, those who work in the service can feel confident that their contribution to the happiness of those they serve is immeasurable.

The quality of Homecare Service depends upon the quality and commitment of the team of staff who work in it.

Therefore, it is vital that we maintain and improve standards continually and ensure that a quality service is provided where it is most needed.

The information in this handbook should consequently be vital to you in providing guidance about the standards that we expect and advise you about many of the day-to-day situations you will face.

It should be used not only when you commence your work with KAF team but at every occasion where you have concerns.

We hope that you will enjoy your work with KAF Recruitment Agency.

**AIMS & OBJECTIVES**

* To provide a cost-effective solution to the recruitment of domiciliary and nursing services.
* To provide significant savings to local Boroughs, Trust and other care providers when compared to employing permanent staff
* To provide qualified and high quality staff by employing strict standards in the recruitment of all grades of staff
* To provide wide range of management information tailor made to suit each individual service user’s needs.
* To provide qualified and experienced staff dedicated to each service user, and to provide a flexible and open minded approach to meeting service user’s needs.
* To provide a full 24-hour service 365 days a year with no exception.
* To support all agency staff with free training and induction to ensure that the staff have up-to-date and relevant knowledge of legislation, whilst catering for persona development that is n keeping with the registration requirement of the National Care Standards Act 2000 and N.M.C
* To provide a professional health care service that is cost effective and efficient.
* To develop partners with purchasers of care service, enablers and providers
* To arrest decline in physical, mental and social well being where improvement is not realisable.
* To make reasonable profit that can enable KAF Care Training Recruitment Agency Ltd to sustain itself for many years into the future at no expense to standards and facilitate innovation in the delivery of quality care in a changing society and that is in keeping with the National Care Standards Act 2000 and as described in the National Service Framework.

**MISSION STATEMENT**

Our purpose at KAF Care Training Recruitment Agency Ltd is to place the needs of Service Users at the heart of our service, promoting independence and providing personal care that respects service Users’ choice, rights, privacy and dignity.

KAF aims to provide the highest level of care and service to enable Service Users to continue to live in their own homes. We achieve this by ensuring all our care staff are recruited, vetted and trained against a strict framework with emphasis placed on the quality and continuity of our care staff to provide a stable and secure environment for all service users.

Our purpose and procedures are written to provide safe working practise that help protect both service user and care staff. We recognise the need for service user and family involvement during the planning and delivery of care and that the service is managed and delivered in a way which meets the needs of the individual concerned.

We ensure all parties are kept informed at all times with range of up to date information that allows service user s, their family and carers to make informed choice concerning their care. Information can be made available in the most appropriate language or format required.

We are unreservedly committed to the principles and practise of equality. Ours policy and equal opportunities is reflected in all aspects of our service to ensure we accommodate and respect all ethnic, religious and cultural groups by being sensitive to their needs.

Our quality Assurance programme ensures regular quality and performance appraisals are conducted with both service users and care staff. In addition, our formal information complaints, disciplinary grievances, and whistle blowing procedures ensures we are able to capture information to plan and implement ongoing improvement to our services. Internal audits are conducted every 6 months and service is operational 365 days a year, 24 hours a day.

**SERVICE USER’S RIGHT**

Every service user has a right to receive quality homecare services that are delivered professionally, confidentiality, courteously and punctually. It should be provide in such a way that recognises both the service users’ choice and individuality.

In accordance with KAF Equal Opportunities Policy all service Users have these basic rights irrespective of their race , colour, ethnicity or national origin, gender, class, marital status, age , disability, sexual orientation and religious belief.

It is the right of every service user to express preference and choice in terms of the way services are delivered to them.

Every service user right has the right to make comments, compliant about any aspect of service that they receive from KAF. Further, it is each Service Users right to have a speedy resolution to any complaint or point of issue that they may raise

All service users have the fundamental rights to be treated as individuals and to be provided with service in a manner that fully upholds and respects their dignity and maximises their potential to live independently and enhance their enjoyment of life in general.

**CARE STAFF RANGE OF DUTIES**

The care provided by KAF is that which is essential to maintain the person in their own home and does not include task that would normally be undertaken by a trained nurse.

The following list illustrates the types of duties, which fall within this category:

* To assist Service Users with getting up in the morning, washing/bathing and dressing; helping with undressing and getting to bed in the evening. KAF policy on manual handling must be adhered to in any circumstance where assistance is needed to help a Survive User transfer from bed to chair etc.
* To make meals, drinks and snacks where necessary
* To provide assistance with toileting and changing clothes and / or bedding where necessary; to empty and clean commodes and wash clothes and bed linen (which may include laundry soiled by incontinence.
* To provide assistance with other task as of daily living that the service user cannot manage within may include cleaning, shopping, collection of pension and paying bills.
* To assist with medication where necessary, appropriately following KAFs’ medication policy for Homecare
* To record information in the reflective diary and observations sheet at every visit
* To report to your care coordinator any issues of concern including any significant changes of the Service User.
* To Encourage Service User towards a degree independence and activity appropriate to their abilities
* Within an agreed Care Plan and in consultation with the relevant local authority officers and your care coordinator, to the supervision of Service User who may have a tendency to wander, neglect themselves or put themselves at risk
* To provide transport for service user when explicitly agreed with the commissioning local authority and your Care Coordinator
* To be aware of the appropriate action to be taken in an emergency
* To have an appropriate knowledge of the correct use aids or equipments used by or with service users in their normal daily living and to report any obvious defects to the care coordinator
* To provide support to the Service User as part of a caring team
* Care staff will not garden, decorate, wash cars, or work for able-bodied relatives or lodgers who do not qualify for a service. If approached to take such duties, your care coordinator should be consulted immediately.

**RESPONSIBILITIES**

**Timesheets**

Care staff must complete a timesheet stating the hours worked each week. Service Users must also sign for the correct time worked at the end of each day. If for any reason this is not possible the care coordinator must be informed.

On no account should a care staff sign on behalf of a Service user, or work other than the agreed time unless explicitly authorised. It is the responsibility of each care staff to ensure that their completed timesheet reaches the care coordinator within the required time

Timesheets must be submitted by midday Tuesday, payments is settled by BACS transfer the following Tuesday

**Accidents**

If an accident occurs to a Care Staff whilst on duty, the care coordinator must be advised immediately, even if this does not result in an absence from work. Similarly, if an accident occurs to service User whilst the care staffs is present; this must be reported immediately

An accident report form must be completed no matter how small the injury appears and returned to the care coordinator; Additional forms are available from the office.

**Incident**

Any incident or assault that occurs in connection with work, whether physical, verbal, or sexual must be reported to the care coordinated and an accident/incident report form completed

**Interviews by the Police**

If for any reason care staff is interviewed by the police officer about any matters relating to their work, the care coordinator should be notified immediately.

**Staff guidelines on violence by Service User**

Serious acts of violence on Care Staff are rare, but it is sensible to take reasonable precaution that will reduce the risk of it happening or lessen the effect if it does. This is particularly important when working in the community. The pages headed personal safety in the handbook will give you practical guidance and advice.

**Insurance on vehicles used during the course of the job**

If a care staff is authorised to use their private car to ferry Service Users, the care staff’s motor insurance policy must carry a “business use” clause. Authorised users will be required t produce their certificate of motor insurance and on each occasion that they subsequently submit a travel claim, the care staff must confirm their possession of valid and appropriate “business use” insurance cover.

**Change of name and /or address**

Care staff must notify KAF promptly in writing of any change name, address, telephone number and other personal details. Failure to do this will result in loss of timesheets, non-receipts of pay slips and other correspondence

**Change in normal routine**

If for any reason there is a need to change an agreed work programme or routine, the care coordinator must be informed. Since the work is mainly solitary, it will be reassuring to know that the care staff can be contacted when and where necessary.

**Quality assurance program**

This programme is constantly in action with questionnaires to service user and visit to service users by care coordinators and the quality assurance officer. KAF needs care staff help at all times to ensure that the quality of the service is maintained.

**KAF RESPONSIBILITIES TO A CARE STAFF**

**Staff Development and Training**

Care staff must undertake such training that is considered necessary to enable them to carry out their duties and responsibilities effectively. An initial induction – training period will be given, followed by later opportunities to take part in other relevant training

It is a stated aim of KAF to give the opportunity to staff that has proven their commitment to KAF to study towards a National Vocational Qualification (NVQ) or Qualification Credit Framework (QCF).

**Staff Meetings**

Care staff work mainly on their own. It is important that they become part of the team. Care staffs are expected to attend regular staff meetings.

**Staff Supervision**

All care staff will receive supervision. This is an opportunity to discuss a wide range of concerns and topics with the care coordinators. This will include discussion about service users, tasks in caring for them, relationships with other agencies. It will also offer an opportunity to discuss individual development needs.

**Work programme**

Care coordinators will delegate days and times for the care staff to visit service users and will provide a programme of the task to be undertaken. These may vary according to service users changing needs but the commissioning authority and care coordinator must agree all changes.

Care staff does not have fixed point of work and the report point for claiming mileage is defined by the first and the last visit. Mileage can therefore be claimed from the first call to the last call. Home to first call and last call to home cannot be claimed

It is important that the mileage claimed will normally be the shortest practical distance between the places visited. If for any reason an alternative route has to be used and therefore a claim for a different mileage is requested, the reasons for this must be clearly recorded on the mileage form.

**ANTI DISCRIMINATORY SERVICE DELIVERY**

KAF recognise that in our society groups have been, and continue to be discriminated against on the ground of race, colour, ethnicity or national origin, gender, class, marital status, age, disability, sexual orientation and religious belief.

It is the responsibility and absolute duty of all care staff and all employees of KAF to ensure that no Service User receives less favourable or inappropriate treatment based on any of the grounds stated above.

It is the responsibility of all employees, volunteers and members of the management committee to be self aware in their conduct and practices and act in line with KAFs’ Equal Opportunity Policy.

KAF further recognises that there is both direct discrimination and there are practices, which have discriminatory effects (indirect discrimination)

**Direct discrimination**

Direct discrimination takes place when a person is treated less favourable than others (in the same circumstances) on grounds of race, colour, ethnicity or national origin, gender, class, marital status, age, disability, sexual orientation and religious belief.

**Indirect discrimination**

Indirect discrimination involves applying a condition or requirement that adversely affects one particular group considerably more than another and cannot be strictly justified in terms of the requirement for delivering Homecare service.

KAF recognises that an anti – discriminatory service requires an anti – discriminatory employment policy. KAF is committed in continuing to seek to adopt policies and practices that attempt to redress imbalances.

The policy and its practices will be continually monitored to ensure its effectiveness in respect of both direct and indirect discrimination.

**SERVICE USER CONFIDENTIALITY**

All employees of KAF are in a position of trust. This is particularly important where they have access to personal information relating to service users.

Care staff spends most of their time in service users’ houses and see a great many different people in the course of their duties. They must not under any circumstances pass on details relating to the service users with whom they are involved.

It is particularly important that the following STATEMENT ON CONFIDENTIALTY is understood in relation to the Care staff work

Employees of KAF will in the course of their duties have access to considerable amount of personal information relating to Service Users. It is expected that all staff understand the importance of treating information in a discreet and confidential manner.

Written records and correspondence must be kept securely at all times when not being used by a member of staff. Timesheets, rotas, pension books and money must not be left unsupervised in vehicles at any time.

No information regarding service users may be disclosed either orally or in writing to any unauthorised persons, especially to their service users. If approached by family, friends or neighbours asking for information about service users, they should be referred to the social worker, care coordinator or Doctor – whichever is the most appropriate.

Conversation relating to confidential matters affecting service users should not take place in any situation where they may be heard by passersby, i.e. in public places such as supermarket, corridors, in sheltered accommodation etc.

Any breach of confidentiality may be regarded as misconduct and the subject of serious disciplinary action.

***If uncertain about the meaning of any part of this notice, the care coordinator should be sought for an explanation.***

**MANAGING RISK**

**Definition of risk**

The possibility of beneficial and harmful outcomes, and the likelihood of their occurrence in a stated timescale.

Risk and risk taking are intrinsic to the philosophy of KAF; for example, rehabilitation and community care all involve therapeutic risk taking. Effectively managed, they are a mean of ensuring autonomy, choice and participation for service users, and combating their stigmatisation and social exclusion.

This may seem to be in conflict with a risk minimisation approach which sees risk as inherently negative, and concerned with the likely hood of harm. Much of this guidance is specifically about minimisation of risks of harm

However, KAF believes that risk can be defined in terms of comparing and balancing the likely benefits with the likely harms for a proposed course of action/inaction. The aim is to increase benefits and minimise risk of serious harm.

KAF acknowledges and respects the need to respond to a person’s race, religion, culture, gender, disability and communication needs.

An affirmation assessment of risk of harm should not be reached without supporting evidence and explicit justification.

Anyone assessed as posing a risk of harm should not suffer discrimination because of that assessment. Although the fact of being assessed as a risk of harm may legitimately restrict certain service options, it may also entitle the person so assesses for special provision.

KAF acknowledges the 9 key steps in risk assessment and management:

1. Use all available information in risk assessment – an ongoing process
2. Consult with other professional and key individuals
3. Acknowledge the 5 categories of risk of harm

* Risk to the public (including Care Staff)
* Risk to self - Suicide
* Deliberate self harm
* Accident self harm/self neglect
* Risk to staff
* Risk to child
* Risk of abuse/ exploitation of Service User

Identify:

* + - What are the risks?
    - To whom?
    - In what circumstances?

1. Consider possible outcomes if these risks occur, their likelihood and importance.
2. Agree a plan of action that aims to increase benefits and minimise harms.
3. Specify roles of key individuals.
4. Agree monitoring arrangements and review period.
5. Record decisions in care plan and case notes.
6. Communicate decisions and care plan to all who need to know.

**CHILD PROTECTION PROCEDURES**

KAF recognises that the needs of the child are paramount and that all staff whose work brings them into contact with children and families should be alert to signs that a family is under stress and in need of help in the care and parenting of their children. They should also have a basic knowledge of how to recognise abuse and make appropriate referrals to local investigation agencies.

**Categories of abuse where children may be in need of protection**

The following categories are not necessarily exhaustive nor are they mutually exclusive. The term “child abuse” in these procedures is intended to cover all of these categories.

Children may be harmed by a parent, sibling or other relatives, a care staff (i.e. persons who while not parents have the actual care of a child) an acquaintance or a stranger. The harm may be the result of a direct act, or by a failure to act, to provide proper care, or both.

**Neglect**

“Neglect is the persistent failure to meet Childs basic physical and / or psychological needs, likely to result in the serious impairment of the child’s health or development. It may involve a parent or care staff failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of or unresponsiveness to a child’s basic needs”

**Physical Abuse**

“Physical abuse may involve hitting, shaking, burning, or scalding, suffering, drowning or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or care staff feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described as factitious illness by proxy or Munchausen syndrome by proxy”

**Emotional Abuse**

Emotional abuse is the persistent emotional ill – treatment of a child such as to severe and persistent adverse effects on the child’s emotional development. It may involve conveying to children that they are worthless or unloved or inadequate, or valued only so far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill – treatment of a child, though it may occur alone.

**Sexual Abuse**

“Sexual abuse involves forcing or entering a child or young person to take part in sexual activities whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative 9e.g. rape or buggery) or non – penetrative acts. They may also include non contact activities, such as involving children in looking at, or in the production of pornography materials or watching sexual activities, or encouraging children to behave in sexually inappropriate ways”

**Referral**

A referral must be made if care staffs believe that a child may be suffering, or may be at risk of suffering harm, the care staff must always refer their concerns to the local authority social services department or via KAF manager.

In cases where care staff suspect abuse but are not sure whether or not to make a referral, they should initially seek advice from a KAF manager or via the appropriate Local Authority Child Protection Co-ordinator.

Whatever the source, where there is knowledge of significant harm to a child or an allegation or a suspicious of harm, this must always be taken seriously. The welfare of the child is of paramount importance

All concerns and observations must be recorded by both the care staff and manager to whom they area reported and these records are to be kept securely at the KAF office.

**Case conferences**

Where appropriate care staff can prepare reports and will be made available to attend child Protection case conference. A KAF manager will on each occasion accompany care staff.

***KAF Care Training Recruitment Agency Ltd will co-operate fully with all statutory investigating bodies engaged in any child abuse investigation.***

**CHILDREN ACT 1989**

KAF Care Training Recruitment Agency Ltd strives to provide its children’s and family service wholly within the spirit and statutory framework of the children Act 1989

KAF and its Care staff recognise that the protection and positive promotion of child welfare is the responsibility of all involved agencies, whether it is that child’s emotional, physical, educational or social development that requires promotion in order to enable that individual to attain their full potential as being necessary.

In all work with children and young people, the child/young person’s welfare is of importance and is placed above all other considerations.

KAF further recognise to work in partnership with parents and families to promote positive parenting, enable the children of those families to attain full potential whilst remaining with their family.

KAF Recruitment Agency is conversant with the threshold criteria’s that apply in the determination of “Significant Harm” and will always strive to co-operate with the statutory authorities where invention is assessed as being necessary.

**No reply when calling on S Service User**

If you visit a Service User and there is no reply when a service user is expected to be home, the following checks should be followed to determine the whereabouts of the service user:

* Listen and look into the property through windows and letter box
* Check with the neighbours if they are aware of the service user’s whereabouts.
* If the service user lives in sheltered Housing, check with the warden if they are aware of the service user’s whereabouts.

In the event that you can see the service user but he/she is suspicious of a medical emergency, you must immediately call for ambulance and report to your coordinator or on- Call Manager. You must remain at the service users’ home and wait for further instruction.

If the service user cannot be traced, the matter must be reported to your care co-ordinator or on- Call Manager. You must remain at the service user’s home and wait for further instruction.

If you have the key to the service user home and let yourself in and discover that the service users not home, you must leave the property immediately , lock the door and report this to your care co-ordinator or on- Call Manager without delay. You must remain at the service users’ home and wait for further instruction.

**KEY HOLDING**

In certain circumstances and with the signed consent of the service user and the approval of the commissioning Local Authority it may be necessary for KAF to hold a key on behalf of a service use. This responsibility is not taken lightly and following guidelines must be adhered to:

* Care staff should not hold keys for the service user other than to enter the property to provide Homecare service. Keys must be returned to the KAF office immediately after use.
* Care staff will only handle service users key where it is recorded on the service users individual care plan and agrees with the local authority
* All keys are to be stored centrally in a locked cabinet; they must not remain with individual care staff.
* Key must always be signed in and out
* Held keys must never be copied, not even at the request of the service user
* Service user’s key must be stored securely the key relate with no identifying tags or labels that may indicate to which address the keys relate.

**HANDLING SERVICE USERS MIONEY**

Handling the service user’s money places the care staff in apposition of responsibility and trust

Care staff will need to account for all dealings involving service users Users money for any cash to avoid any misunderstanding and protect the interest of all.

When dealing with service Users money for any, all details of payment and transactions along with a receipt should be entered on the money and property Handling Form supplied. This is important so that if there is a problem, it can be sorted out quickly. It also protects the care staff if there is a dispute that has to be investigated further.

Any reason relating to the service users’ ability to manage their finances or any concern that the service users finances may be being abused by a third party must be reported to the care co-ordinator.

**SAFEGUARDING VULNERABLE ADULTS PROCEDURES**

KAF Care Training Recruitment Agency Ltd recognises that vulnerable adults can be at risk from a number of abuses. KAF has a responsibility to participate fully in the detection of any suspected or actual abuse. KAF Care Training Recruitment Agency Ltd will co-operate as required by those with the statutory responsibility for the investigation of suspected and actual abuse.

KAF Care Training Recruitment Agency Ltd is committed to ensuring the safety and well being of all Service Users. However, it is recognised that occasions may arise where the Service User is treated inappropriately by a member of staff, relative, friend or someone else. This may constitute abuse, and abuse can therefore be defined as:

“Abuse is a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust and which causes harm or disease to a person. ‘ (Action on elder Abuse)

Care staffs are ideally placed and have an important role in the identification of abuse and must discuss or report any concern they may have for any service user.

Vulnerable adults can be at risk from one or several of the following categories of abuse.

**Types of abuse**

1. **Physical e.g.**

* Hitting
* Slapping
* Kicking
* Inappropriate physical restrain
* Force feeding

1. **Emotional/Physical/Social e.g.**

* Intimidation by word or deed
* Humiliation
* Harassment
* Enforced social isolation

1. **Financial**

* Misuse and/ or misappropriation of monies, benefits and or property

1. **Neglect/deprivation e.g.**

* Inadequate care
* Neglect of physical and emotional needs
* Deprivation of food, warmth, clothing, medical attention or aids
* Denial of basic right to make informed choice

1. **Misuse of medication**

* Too little or too much medication
* The withholding of appropriate medication
* Other sedation etc

1. **Sexual Abuse**

This occurs when vulnerable adults are involved in sexual relationships or activities, which they have not consented to, or they cannot understand and are in a situation where they are being exploited

Such activities could include e.g.

* Unwanted physical and sexual contact, e.ge caresses
* Intercourse, rape etc.

Also non – contact abuse e.g.

* Indecent exposure
* Sexual harassment (verbal or physical)
* Displaying pornographic literature or videos
* Inappropriate use of sexual material

1. Dietary Misuse

* Some conditions are dietary controlled, i.e. diabetes
* Too little or too much appropriate dietary input to sustain good health

**Reporting Abuse/Suspected Abuse**

Wherever a care staff suspects a service user is suffering actual abuse, may be suffering abuse or is vulnerable to possible abuse they have a duty to report their concerns immediately. These concerns will normally be reported to the KAF care coordinator who will ensure all information is immediately passed to the appropriate social service Department.

Where it is only a ‘suspicious’ or ‘feeling’ the care staff may elect to discuss their concerns with the care coordinator. A written record of any such discussion will be made and signed by both the care Staff and care coordinator. Any decision should be recorded.

In the event of serious concern, suspicious or there being a disclosure of abuse the acre coordinator will be immediately informed and the manager will pass all information onto the authorities who have statutory responsibility for the investigation and prevention of abuse.

KAF Care Training Recruitment Agency Ltd will co-operate with those agencies that have the statutory responsibility for the investigation of abuse.

**WHISTLE BLOWING**

As an employee of KAF, you have a responsibility to put forward any suggestion that you feel may improve the quality of the service. Equally, we recognised that there may be occasion when staff feels unhappy or uncomfortable about poor practices by colleagues in the work place. KAF operates a whistle blowing policy and it is important that you always report poor or bad practise to your care coordinator or manager immediately. KAF treats any whistle blowing details in the strictest of confidence and provides protection from reprisal or victimisation for whistle blowing in good faith. Full copy of KAF whistle blowing policy can be found at each branch office.

**SERVICE USERS’ GIFTS AND WILLS**

**Gifts**

Care staff or families must not accept money or gifts from the service user or their relatives. There may however be exceptional circumstance, where a relationship with the Service User may be damaged if a gift were rejected. Provided that the gift is of a token nature, e.eg a box of chocolate or cards, then the gift can be accepted. All gifts must be reported to the care coordinator.

**Wills**

Care staff and their immediate family must not be included as beneficiaries of a Service Users will and must not be a witness to, or an executor of a service user’s will

If care staffs become aware that a service user has named them in their ill, the care coordinator must be informed immediately.

If it is decided to accept a legacy, care staff will have to relinquish their post.

**IDENTITY CARDS**

As a care staff, you will be working with some of the most vulnerable members of our society, it is important that you have the mean by which you can easily and readily identify yourself.

All care staff will be issued with a KAF photo – identity card. The identity card must be clearly visible when arriving at each visit

The identity card must always be presented to service User for their inspection at the beginning of every visit. This is especially important for forgetful service users or when covering for a colleague who is away. If the identity card is lost, the office must be informed immediately.

**OBTAINING HELP FOR SERVICE USER**

It is the general rules of KAF that you should have a bobile phone in your possession as soosa s you start work with us to communicate any eventualities. We also remind you that it is of utmost importance that you keep at least the minimum credit in your phone to enable you to phone/bleep the office, and the office should phone you back immediately.

In the event of any emergency such as severe illness, accidents and even when you are running late, you are required to phone/bleep your care coordinator or the on-call-manager at the office immediately. This is so that the responsible care coordinator or the on-call-manager will give you instructions and take appropriate action such as notifying the relevant people. However, there may be time when you are expected to contact the emergency services (999) immediately for your service user before you do anything else. For example, if you find the Service User collapse and is unresponsive.

Please note that accident forms are also to be completed every time there are serious accidents such as falls, collapse or unexplained bruising. Accurate information about accident/incidents must also be entered in comments sheets, dated with time of incident and signed by you. Completed accident forms should be passes on to the relevant care coordinator at the office within 24 hours of the accident occurring.

If there are no suspected broken limbs, they must not be moved until emergency service arrives. If there are no suspected broken limbs, assist as necessary to get the service user up, check for bruising and record the accident/incident accordingly.

***Remember every fall is a serious accident no matter how trivial it may seem.***

**MEDICATION ADMINISTARTION**

Care staff should not administer medication unless authorisation has been given by the office and is explicitly documented in the Service User’s care plan. And on the condition that all medication are supplied in a monitored Dosage system (MDS) pack and a MAR Chart is made available.

Care staff will not administer controlled drugs e.g. pethidine, morphine etc, which have to be administered by a general practitioner or registered nurse. However, in some circumstances controlled drugs are dispensed into monitored dosage systems or patient compliance/calendar packs by a pharmacist. In this event care staff can administer/assist the service user to take the medicine and on the condition that the pharmacist provides a MAR chart.

Where medication that require medical supervision, that is, skilled observation and monitoring i.e. pulse taking, either before or after administration, are dispensed into a monitored dosage system or patient compliance or calendar pack, the assumption can be made that the general practitioner, or registered nurse have made the necessary arrangements for this . It is their responsibility to have done so. Cars staff can administer any such drugs dispensed into the monitored dosage system or patient compliance or calendar packs.

If in doubt about any instruction on any label or any aspect of the medication, care staff must not administer the medication and should contact the care coordinator or the on-call-manager at the office.

***Under no circumstances should care staff alter any medication labels.***

**Proprietary Medications and Remedies**

It is sometimes tempting to offer advice on remedies for minor ailments such as coughs and colds. It is dangerous to do so. The individual concerned may be allergic to the treatment or be taking another medicine that may cause a reaction

Where the care staffs is asked by service users to purchase a proprietary medicine, they should refer the service user to their medical practitioner or they must ask the service user what other medicines they are taking and check with the pharmacist giving him full information.

**Procedure for the Administration of medication to the service user**

Care staff must not be involved in administering injection, enemas, suppositories or pessaries.

MAR Chart must be checked to ensure that the medication has not already been given and that no change in treatment has been made.

Care staff must take great care when working with medicines. Use them only as prescribed and instructed on MAR chart and attached label. Dispose of them in consultation with the service user and in accordance with advice from the pharmacist. Record clearly the disposal of medication.

The administration of medicines should be recorded by initialling the correct space on the MAR chart and the full description of the task entered into the daily diary sheets

Care staff must make sure taht service Users take their medicines at the times recommended by the general practitioner/Pharmacist.

Care staffs are provided with ongoing training support and advice through regular supervision. Advice is available at all time, when staffs are working, either through the office or through the on call system outside office hours.

**How to give medicines safely**

Wash hands. If applying topical cream put on latex gloves as some creams can be absorbed through the skin.

Check the medicine record for:

* Correct name of service user
* Correct date on cassette of monitored dosage system
* Correct time of administration
* That it has not been previously given
* Give measured doses

Write on the record that the dose has been given and that the service user has taken it. If the medication has been given but not taken, this must be recorded. If the doses has been taken from its container and refused, it should be disposed.

***If unsure of anything care staff must always seek advice from their manager***

**RECORDING GUIDELINES**

Records are kept for every service user, client, staff and other “business” of KAK Recruitment Agency Ltd. These records should be updated as soon as possible after an event has occurred.

Information must be written clearly, briefly and factual and should not include irrelevant information. Where applicable, written records should identify problems that have arisen and action taken to rectify them.

Use correct words as far as possible. Avoid use of abbreviations, jargons, meaningless phrases, irrelevant speculations and other offensive/subjective statements. E.G. Use correct words such as urine, faeces, vomit, and nausea rather than slang terms as “waterworks”, “poop”, and “puke”

When writing, remember that the Service User, family and other professionals may read this record. The record must stick to fact as far as possible. Where ever possible records should be written with the involvement of the Service User, their family or representatives.

Records should be written clearly in the black in so as to be readable on any photocopies. Any alterations must be dated, timed and signed in such a manner that the original entry can still be read clearly.

All entries must be made in chronological order in terms of date, time and event. Please also note that no blank lines, space or pages should be left in-between entries at all times.

**TIMESHEET POLICY**

You are responsible for completing your own timesheet, **UNDER NO CIRCUMSTANCE ARE YOU TO ALLOW ANOTHER PERSON TO COMPLETE A TIMESHEET FOR YOU OR COMPLETE FOR SOMEONE ELSE.**

It is your responsibility to ensure timesheet entries are filled in correctly, and must always be signed by the service user, unless they are unable to do so. The office staffs are aware of all service users that are unable to sign, and only these timesheets will be processed without signature.

All staffs are required to sign their own timesheet, peer signature is not acceptable.

Any timesheets that are not completed properly and signed by the service User other than those with signature will result in delay payment of wages

Irregular claims and claims for work not done tantamount to **Fraud,** and will be regarded as gross misconduct.

The cut off deadline for timesheet is Midday Tuesday and timesheets that are completed correctly, will be processed and wages will be processed and wages will be paid the following week on Tuesday

Time sheets not submitted on time will **NOT** be paid.

**ELECTRONIC LOGGING**

Due to technology advances, the industry is progressing towards electronic logging system. Some local authorities already have call monitoring systems in place and you are required to log in via telephone every time you enter and leave the service user’s premises. Computer automatically logs in the visit. This is in replacement of paper timesheets and is recognised as an Electronic Timesheet. KAF has already started using this system with some Boroughs.

If you are working with a Borough that operates the Electronic Logging system, you are required to use this system in tandem with your rota. Failure to comply within this system will render no-payment of your respective wages and may be regarded as a disciplinary matter. Divulging your pin number to another staff member constitute gross misconduct and will result in an instant dismissal.

**CARE STAFF SUPERVISION**

The regular supervision of staff is an integral part of KAF commitment to both quality assurance and the individual and collective development of its acre staff

All care staff will receive regular supervision on a 4-6 weekly basis. This is an opportunity to discuss a wide range of concerns and topics with the care coordinator. It will include discussion about service users, tasks in caring for them, relationships with colleagues and other agencies.

Supervision will also offer opportunity to discuss individual development needs. A written records of each supervision session will be made which both your supervisor and you will be required to sign to confirm that it is a true and accurate record. A copy of your supervision record will be made available for you to take away.

**Staff meetings**

Care staff work mainly on their own therefore it is important that they become a part of the team. Care staff is expected to attend regular staff meetings.

**HEALTH AND SAFETY POLICY**

KAF Care Training Recruitment Agency Ltd recognises and accepts its responsibility as an employee for providing a safe and health work place and working environment for all of its employees.

KAF is committed to ensuring that sufficient resources including financial provision are in place to enable the company to continue to meet its responsibilities under the various health and safety legislation.

All KAF staff including Care staff and administrative staff will receive training in health and safety within their induction-training programme and before they will be authorised to undertake any work on behalf of its company.

Further Health and safety training will be held during the year, Health and safety will be endemic in all subjects taught throughout the training year.

All supervisory, managerial and other staff with designated responsibilities for health and safety will be trained in all aspects of health and safety as detailed in KAF Health and safety Handbook.

KAF will, so far as is reasonably practical within its powers, continue to take steps to meet this responsibility, paying particular attention to the provision and maintenance of:

Plant, equipment and systems of work that are safe; safe arrangement for the use, handling storage and transport of articles and substances;

Information, instruction, training and supervision to enable employees to avoid hazards and contribute positively to their own safety and health at work;

A safe place of work and safe access to and aggress from it;

A healthy working environment;

Adequate welfare facilities

KAF will also ensure so far as reasonably practicable, that its work activities do not endanger the health and safety to the general public

Without detracting from the primary responsibility of managers and supervisors for ensuring safe conditions or work, KAF will so far as reasonably practicable, provide competent technical advice on health and safety matters where this is necessary to assist line management in its task

If a situation is assessed as being too complex or beyond the competence of existing staff/ directors then independent and expert assistance will be sought from a suitably qualified individual/ company

Where an individual/group of employees has any issue/concerns relating to health and safety they area advised to seek the assistance or advice of the safety officer.

KAF will provide and maintain its employees of their own duties under section 7 of the Health and safety at work Act to take care of their own safety and the safety of other workers, to co-operate with KAF so as to enable it to carry out its own responsibilities successfully

**HEALTH AND SAFETY AT WORK ACT**

1. **The Health and Safety at work Act 1974**

This Act places a care of duty on employers and employees to ensure, so afar as is reasonably practicable, the health, safety and welfare at work of all employees.

There is also a duty of care in relation to others who may be affected by employer’s work activities, e.g. Service Users, Visitors, and Contractors.

The Act provides the basis of a comprehensive system of law covering the health and safety of people at work. It is an enabling Act and for this reason its provisions are of necessity. It has been augmented by regulation produced under the Act by the Secretary of state. Recently these have included the:

* Management of Health and safety at work Regulation 1992
* Manual Handling Operations Regulation 1992
* Personal Protective Equipment at Work Regulation 1992
* Provision and use of Work Equipment Regulation 1992
* Health and Safety (Display Screen Equipment) Regulation 1992
* Work place (Health, Safety and Welfare) Regulations 1992

The Act imposes criminal liability to comply with its provisions. In the case of non compliance, proceedings can be taken against the individual as well as against the employing organisation. (See below)

1. **The Health and Safety Executives (HSE)**

The responsibility for developing policy was placed with the Health and Safety Commission (HSC). The Commission must ensure that adequate advice and information is available and that training and research are undertaken when necessary. It carries out the directions of the secretary of state for Employment and Produces new Statutory Regulations under the Health and Safety at work Act when needed. From time to time the Health and Safety Commission may issue “Approved Codes of Practice” giving guidance on standards and procedures for achieving them. Although these codes are not legally binding, breach of them is citable in any proceedings in connection with the failure to comply with the general requirement of the Act of its associated Regulations.

1. **Health and Safety Executive (HSE)**

The Commission together with the Secretary of state appoints the Health and Safety Executive whose duty it is to make adequate provision for the enforcement of the Health and Safety at Work Act and to undertake the daily administration of affairs. The Health and Safety Executive operates through a number of local offices enforcing the statutory legislation through a team of inspectors

**It is Your Responsibility:**

* To take care of the Health and Safety of yourself and of any person who might be affected by your acts or omissions. This means any work you undertake with your Service Users and their families and also your failure to work safely with them.
* To co-operate with your employer, helping in any way that you can to carry out the company’s duties under the act
* Not to tamper with or misuse anything provided in the interests of the health and safety of yourself or others
* To report all accidents no matter how minor they may appear to the safety officer or your care manager

**It is KAF’s duty to**

* Provide a safe working environment for its care staff.
* Provide care staff with information and training on issues of safety
* To review and develop its health and safety policy, guideline and training at regular intervals (see handbook for details)

**Working in service users’ homes**

The care staff’s normal workplace is within the service user’s home. The service user is responsible for the maintenance and running of their home, care staff assistance provide assistance with this. Some people by virtue of incapacity may have difficulty in discharging this responsibility fully. In this event, other members of the family or a person with responsibilities delegated to them may be taking on some or all of these responsibilities on the service user’s behalf.

It is important for care staff to remember that they are not responsible for the security, safe or running of the service user’s home, other than where they are a part of those duties for which the care staff is specifically employed. It is important to remember that if duties are undertaken which have not been agreed, or if there is negligence in any way the care staff fulfils their duty, they may be held responsible for any problems that may result. The care coordinator will help care staff understand what the agreed duties are.

What this means is that care staff are responsible for the safe operation of all aspect of their work and are responsible for alerting service user of hazards, which should be rectified. It may be appropriate for care staff to take action on some of these as part of a normal duty and at the service user’s request. If in doubt the care coordinator should be consulted.

If there is a hazard in the service user’s home that may make it unsafe, the care coordinator should be notified immediately. If for any reason these hazardous conditions are not rectified, once again the care coordinator should be notified.

It is important that any such hazards and action taken in respect of them are recorded in the service user’s file.

**PERSONAL SAFETY**

This section is based on information put together by the Suzy Lamplugh Trust.

As lone workers entering other people’s homes, care staff must be aware of their own personal safety. Although statistically, actual physical violence perpetuated against strangers is very low, it is thought that working with members of the general public does not increase risk to staff regarding their own personal safety.

Many aspects of personal safety are common sense, however staff should be aware that they have duty of care to themselves and their colleagues and must report all incidents concerning aggression.

**Working in the community**

Respect the fact that you are working in somebody else’s home – It is their territory not yours.

Have you got the information you need before you go into a new service user, i.e. Service User information, background, location etc.?

If you feel you do not have enough – ASK FOR MORE

Does anyone know where you are going? Work programs and round information should be updated regularly, leave the Manager’s “On Call” number with a partner or relatives etc.

Think about what you actually need to take into the service user’s home with you. Take the minimum possible; car drivers should lock everything else in the boot of the car.

Ensure cars and cycles are well maintained and property secured when unattended.

Always leave if the person you have called to see is not there.

Wait to be invited in and let them lead the way.

Once inside, be aware of potential exit routes.

You may decide not to enter or leave immediately – be guided by your instinct. Call the manager on call or the office.

**Dealing with Aggression**

* Try to stay calm – speak gently, slowly and clearly
* Try not to get into an argument
* Try to diffuse the situation by talking things through
* Compromise – offer the aggressor a way out of the situation
* Avoid aggressive body language – e.g. folded arms.
* Remember 90% of communication is non – verbal
* Do not invade personal space and never put hand on someone who is angry
* Try to keep yourself between the aggressor and the door or potential exit route. When leaving, move slowly backwards
* If you think you are about to be attacked:

1. Get away as fast as possible – preferably to a place where there are other people.
2. Use a personal alarm next to the attacker’s ear to disorientate them or pretend to vomit.
3. Shout for practical help e.g. call the police
4. “Bash and Dash”. If you are being held, aims for a vulnerable place i.e. knee, elbow, little finger, eyes or groin and leave as soon as possible. do not stop to see what effect this had.

***NB: REMEMBER MEETING AGGRESSION WITH AGGRESSION LEADS TO CONFRONTATION. PHYSICAL SELF – DEFENCE SHOULD ONLY BE USED AS A LAST RESORT.***

**SUMMARY**

* Trust your intuition – act on warning signs
* Remain alert – be aware of your surroundings
* Reduce risk by letting others know where you are
* Risk assess each situation
* If you feel in danger, aim to get away rather than confronting the aggressor

***REPORT ALL INCIDENTS NO MATTER HOW TRIVIAL THEY MAY SEEM. YOU MAY PUT OTHERS AT RISK BY NOT DOING SO.***

**CARE STAFF DRESS CODE**

KAF requires its entire staff to dress appropriately through the course of their duties.]#

Your appearance is essential because as a KAF employee, you are representing the Agency and the public image and reputation of the Agency is viewed through you.

**Uniform**

If your job requires you to wear a uniform, you will be provided with one (with a KAF logo) and you must wear it in full at all times when you are on duty. The office will inform you in advance if you are required to wear a uniform at an assignment. Such uniform are the property of the Agency and must be returned if your employment with KAF ceases.

Footwear should be comfortable, flat, closed toe, smart shoes. Shoes with high heels are not suitable for any type of duty.

No jewellery is to be worn with the exception of wedding bands and one set of ear studs. Large earrings for example, could present risk of injury to you and service user should they get caught in clothing or scratch a survive user during handling. Also large rings could puncture gloves or injure a service user, potentially presenting a health risk to yourself and a service user.

Watches should be kept in a pocket or a FOB watch worn on your uniform.

Visible body piercing (with the exception of one set of ear studs) is not acceptable

Hair should be neat, clean and well presented. If longer than collar length it must be tied up.

Nails must be kept short, clean and well-manicured.

No socks should be worn with dresses.

Please ensure that no offensive body odour is present

**MANUAL HANDLING**

Safe manual handling practice are essential to the confidence that work colleagues, service Users visitors and member of the public have in staff. All staff must be trained before undertaking and handling activities.

**KAFs’ Responsibilities**

**The manual handling operations regulation 1992 (MHO REGS)**

Avoidance of manual handling

Assessment of risks

Reduction of risks

Provision of information on load

Review of risk assessment

**Under the health and safety at work Act (H.A.S.W.A)**

“…. To ensure as far as reasonable practicable the health and safety and welfare at work of all employees….”

“…. To provide such information, instruction, training and supervision…”

**Employee’s Responsibility**

To report all concerns

To understand and adhere to policy and procedures

To co-operate with Managers in implementing policy and procedures

To undertake any relevant training

To refuse to undertake handling tasks under unsafe conditions that could put themselves, colleagues, service users etc. at risk

To follow care coordinators instruction

You are obliges to advice your employer of any condition that is likely to increase the risk of injury

**Principles of safe manual handling**

Wear appropriate clothing and footwear

Never manually handle unless you have no other option. Always ask, “Do I need to handle manually?”

Assess the person or object to be handled before commencing a manoeuvre.

Always select the appropriate manoeuvre and handling equipment for the task in hand

Explain the manoeuvre to the person to be transferred and any other care staff

Prepare the handling area

Where appropriate, apply the brakes on equipment. It’s easily forgotten.

Make a good stable base with your legs and feet. If working on a bed, make a stable base with your foot and knee, and hand and arm if appropriate. Position your feet correctly to reduce spinal rotation

Keep the person, or object, to be transferred as close to your body as possible. (Where necessary, use Protective Personal Equipment).

MAKE SURE OF A GOOD HAND – GRIP.

Test your grip and the weight an erect posture

Avoid static stooping, maintain an erect posture and know your handling limits

Where appropriate, use rhythm and timing when transferring.

Raise your head on commencing the manoeuvre.

Bend your knees when transferring not you back

Never twist during manoeuvre

***IF IN DOUBT – SEEK ADVICE***

**INFECTION AND DISEASES**

This is very important guide to people giving care to service users in their own homes. It informs care staff precisely how to deal with all the problems likely to be encountered in connection with looking after people who have illnesses which mean taking special precaution, both in personal care and domestic tasks.

The full policy will form an important part of your induction pack. Care staffs are requested to read the full policy carefully and discuss it with the care coordinator.

KAF will wherever possible, discuss any special circumstances relating to service users if these will affect care staff work with them.

As with other aspect of normal daily living and work, it is possible for any individual to come into contact unknowingly with infectious condition.

It is essential therefore to observe the guidelines at all times.

**HIV/AIDS policy**

KAF has a responsibility and a wish to provide a service to all members of the community including those carrying the HIV virus or those who have developed an AIDS related illness.

This means that if a service user with known AIDS – related problem needs a Homecare Service, Care staff will be consulted and cancelled about whether they are able to provide it.

When the agreement is made to undertake the work, the care staff will receive additional guidance and support

**INFECTION CONTROL – GUIDANCE FOR ALL WORKERS**

We all recognize the importance of good hygiene. What we may not be aware of is the need to practice the basic techniques in all circumstances, so that they become second nature. This is because some illnesses can spread more easily than others and they may be spread in different ways. The range of infectious illnesses is extensive including, for example, gastro – enteritis and AIDS .with care, we can avoid passing on infections between ourselves, our Service Users and any other people with whom we have personal contact

**General precaution and hygiene**

When your work involves contact with anybody products, disposable waterproof gloves and plastic disposable apron should be worn.

Since the task undertaken by a single care staff involves you in contact with other people, food preparation, and cleaning work, you need to be particularly aware of risk of cross infection.

Your personal hygiene is particularly important and you must be sure to wash your hands before any food preparation, before an undertaking any personal care task, after handling soiled articles and after cleaning duties. Remember to wash your hands carefully with soap and water when leaving a service user. You may find it helpful to carry paper towels or tissues with you.

You should always wash your hands after completing any care task and before starting another. You must always wash your hands thoroughly after using or cleaning a lavatory or commode and after having anything to do with the disposal of household waste.

On no occasion should Service Users’ washing be taking home, since this extends the risk of cross infection to your household. Where there are difficulties, consult the care coordinator.

**Guidelines on hand hygiene and the use of disposable gloves**

Good hand hygiene is essential in order to prevent the transfer of germs between service users and to protect you against any possible infection. Ordinary, non – medicated soaps that are available in most houses are adequate for most routine tasks

**When should hands be washed?**

The following is a useful checklist for recognizing occasions when hands should be washed and gloves changed

1. Before any aseptic procedure, i.e. catheter care and stoma care.
2. After handling any Service User
3. After handling any item that is or maybe soiled
4. Before handling food
5. As soon as gloves becomes visibly soiled

What technique should be used to cleanse hands?

Hand s should remain in contact with soap for a minimum of 10 seconds, between 20 – 30 seconds is ideal.

**Is hand drying important?**

Yes, wet surface transfers germ more easily than dry ones. If there are some homes that you visit where a clean towels is not always be used when dealing with a disease that is transmitted wound to wound, and then disposed of in yellow bags.

**Are sore and chapped hands a risk?**

Yes bacteria counts increase when the skin is damaged.

You should avoid contact with harsh chemicals (i.e. bleach/toilet cleaners); rinse your hands thoroughly if contact occurs.

Applying a good quality hand cream may protect hands.

All breaks in the skin must be covered with a waterproof plaster.

**Should hands be washed when gloves are worn?**

Yes, hand washing is necessary even if gloves have been worn because they may be punctured or may leak and hands can become contaminated during removal.

**When should disposable glove be worn?**

1. Where there is potential or actual contact with blood.
2. Where there is potential or actual contact with faeces, urine or their bodily fluids such as vomit etc.
3. Washing incontinent service users
4. Changing soiled bed linen
5. Changing sanitary towels
6. During sanitary towels
7. During catheter and stoma care

How should gloves be disposed of?

Gloves should be removed by pulling down the hand from the wrist and left inside out. Using gloves, plastic aprons and paper towels can be disposed of in normal household rubbish, except where the local authority provides specific bags for soiled items.

**When should “marigold” type gloves be used?**

For all household tasks and during contact with chemical cleaning agents

**ACCIDENT OR INCIDENT REPORTS**

It is the general rule of KAF Care Training Recruitment Agency Ltd that you should have a mobile phone in your possession as soon as you start work with us to communicate any eventualities. We also remind you that it is of utmost importance that you keep at least the minimum credit in your phone to enable you to phone/bleep the office, and the office should phone you back immediately.

In the event of any emergency such as severe illness, accidents, collapse even running late, you are required to phone /bleep your care coordinator at the office immediately. This is so that the responsible care coordinator will give you instruction and take appropriate action such as notifying the relevant people.

Please note that accident forms are also to be completed every time there are serious accidents such as falls, collapse or unexplained bruising. Accurate information about accidents/incidents must also be entered in comments sheets, dated with time of incident and signed by you. Completed accident forms should be passed on to the relevant care coordinator at the office within 24 hours of the accident occurring.

If someone has fallen and there is suspected broken limbs, they must not be moved until emergency service arrives. If there are no suspected broken limbs, assist as necessary to get the service user up, check for bruising and record the accident/incident accordingly.

***Remember every fall is a serious accident no matter how trivial it may seem.***

**ACCIDENTS AND INJURIES IN THE HOME**

Over 4,000 people die each year because of accidents in their own homes. Tens of thousands of accidents occur every year in homes.

**Injuries and their causes**

* **Falls** – tripping, slipping
* **Back strain** – lifting heavy furniture or people
* **Cuts** – sharp knives, can openers, bottles, broken glass and falls.
* **Burns and scolds** – hot pans, kettles, household cleaning agents, domestic heaters/fires and cookers.
* **Poisoning** - medicines and household cleaning agents
* **Injury by machine** – failure to read manufactures instructions, malfunctioning and inappropriate operated equipment (e.g.) spin dryers)
* **Electric shock** – handling electric kettles before switching off and unplugging, faulty electrical equipment and failure to sue a RCD (circuit breaker).

**NB** Even minor accidents cause: **Pain, Fright, Shock and even loss of Earnings.**

***Accidents don’t just happen, they are caused***

**CAUSES OF ACCIDENTS IN THE HOEM**

Beware of the following:

**Falls**

* Worn, torn carpets.
* Uneven floors
* Poor lightning on stairs/halls
* Unsafe stairs rods
* Loose mat/small carpets
* Cluttered doorway and halls
* Trailing flexes and leads
* Objects piled on high shelves
* No hand rails in bathrooms
* Split liquids on floors
* Wet floors
* Polished lino or wooden floors
* Standing on stools/tables/chairs
* Unsteady bedside tables.
* Slippery paths and steps
* Uneven paths or yard

**Electricity**

* Worn, frayed flexes and cables
* Cracked/hot plugs.
* Broken/blackened sockets
* Electric points overloaded with adapters
* Old wiring
* Portable electric appliances in bathroom
* Water near electricity
* Old equipment that sparks or overheats
* Broken thermostats on kettles and irons.
* Unsafe spin dryers
* Worn electric blankets

**Gas**

* Smell of leaking gas
* Loose gas tap
* Damaged rubber tubing
* No ventilation in rooms/ blocked flues
* Gas taps left on
* Pilot lights
* Broken, poorly maintained or poorly adjusted burners

Household cleaning agents/ Chemicals **(See COSHH guidelines)**

* Stored in damp conditions
* Not in original container
* Stored on high shelf
* Not diluted/ wrong concentration.
* Insufficient ventilation
* Exposure to flame/heat
* Aerosols kept in direct heat/sunlight

**Medicines**

* Old unused medicines
* No labels or instructions on pills/bottles.
* Tablets stored loose/ not in containers.
* Medicines left lying around

**Fire**

* Unguarded fires
* Smoking chimney
* Clothes / chars too close to fire
* Paraffin, gas or oil stored indoors
* Poor ventilation
* Portable heaters in the middle of floors
* Candles/ unsecured portable heaters
* Old/ unsteady portable heaters
* Ash trays near bedding
* Towels drying over gas or electric stove
* Too hot oil or fat
* Mirror to near fire

**Miscellaneous hazards**

* Old/perished hot water bottles
* Heating food on improvised cookers
* Metal handles on kettle/saucepans.
* Pan handles overhanging front of stove
* Heavy furniture
* Cluttered and unity rooms
* Broken windows and glass
* Unsafe windows sash cords and window catches

**SAFETY RULES – DO AND DON’TS**

**FOUR Do’s**

1. Be prepared by being properly dressed for work. Wear protective clothing – rubber gloves, aprons and comfortable well-fitting shoes
2. Be on the lookout for safety hazards. Use the checklist to help you spot dangers around the home
3. Use safe methods of working
4. Remember that your place of work is somebody else’s home. If you have spotted any safety hazards, always talk to your service user before you carry out any changes.

**Three Don’ts**

1. Never cut corners while working for the sake of speed
2. Never try to lift heavy or awkward furniture alone
3. Never try to lift, transfer or move a service user without proper training or assistance where necessary.

***KAF strongly recommends that all care staff consult their GP’s about any appropriate immunizations***

**CONTROL OF SUBSTANCE HAZARDEOUS TO HEALTH REGULATIONS 1994 (COSHH)**

**TEN SAFETY RULES FOR THE USE OF HOUSEHOLD CLEANING AGENTS**

1. Handle all household cleaning agents with care. Remember they contain POWERFUL CHEMICALS which are potentially harmful. **If you feel DROWSY or UNWELL after using any household cleaning agents seek urgent medical advice**
2. Always wear protective clothing (Rubber Gloves, Overalls, and Tunis etc.)
3. Read instruction carefully
4. Use the RECOMMENDED QUANTITIES
5. Never mix chemicals, especially bleach with other household cleaning products. The best way to ensure that you do not put yourself at risk is not to use any product that is labelled in the previously described manner.
6. Always make sure that there is proper VENTILATION
7. Never smoke while using household cleaning agents
8. Store cleaning products in a dry place:

* Out of reach of children
* Not on very high shelves
* Never transfer to other containers

1. Aerosols must be:

* Kept away from heat Inc. the sun’s ray
* Protected from puncturing
* Never transfer to other containers
* Used only in a well ventilated area

1. Avoid using products marked:

* Corrosive (can eat away flesh)
* Very toxic (very poisonous)
* Toxic (poisonous)

**SAFETY HINTS FOR HEATING APPLIANCES**

Keep all fires guarded

Keep chairs and drying clothes well away from the heat of the fire

Portable heaters must be used with care whether they use Oil, bottle gas, paraffin or electricity.

(Do not operate any appliance that runs on liquefied petroleum gas. Always consult your Manager for advice if required to do so)

Keep all heaters against walls, never place in the centre of a room.

Never move heaters while in operation

Never put anything on top of the heater, drying clothes, paper or food.

Make sure that there is good ventilation.

Don’t place heaters in through draughts

Ensure that heaters are regularly serviced and maintained

Always check manufacturer’s instructions before changing wicks or filling with fuel.

Store and pour paraffin outdoors

Check gas taps and pilot lights.

**FIRES AND HOW TO DEAL WITH THEM**

If a fire breaks out, the exact sequence of actions that will depend upon the circumstances, but the fire rule is always **DON’T PANIC**

Stay calm, try to get yourself and the service user out of the property or call assistance to help you do this

Close doors and windows to prevent fire from spreading.

Raise the alarm and notify the authorities.

The fire authorities advise us that any fire other than a very small one should be tackled since the risk to life is too great. Remember that some modern materials such as foams catch fire very quickly and within seconds of ignition can produce such level of toxic fumes that breathing and escape can become impossible

**Immediate evacuation is the best course**

Some small fires can be tackled immediately but require special techniques. If a pan of fat or oil catches fire, follow these simple rules:

* Never put water onto it
* Switch off the cooker
* Cover the pan with a large plate, lid or damp cloth/towel
* Leave the pan until cool.

If oil from a portable fire ignites, it is likely that you will be able to extinguish it. If it is small, localized and not being fed by fresh, you may be able to smother it with a heavy blanket or carpet if immediate at hand. If this isn’t possible follow the instructions at the beginning of this section.

***Prevention is the Best Protection – Be Vigilant***

**ELECTRICAL SAFETY**

***NB: Use the RCD with any portable electrical equipment e.g. Kettle, vacuum cleaners, etc.***

**Remember Electricity can kill!**

**Keep checking**

* Switches are turned off
* Plugs are removed from socket
* Switches are off before removing plugs

**Beware of**

* Light sockets with plugs in them
* 2 pin plugs
* Multi – plug adapters, they should have more than two items of equipment attached
* Extension lead should not be used to supply power to electric fires, fan heaters or kettle on a permanent basis

**Danger signs – do not use appliances with**

* Plugs that get hot or spark
* Frayed wires, flexes and cables
* Broken plugs
* Blackened plugs or sockets
* Broken Thermostats

**Equipment**

* Always operate in accordance with manufacturer’s instruction
* Check electric blankets are regularly maintained (switch off before service user gets into bed)
* Keep electric flex and cable away from machinery and heat
* Never use portable electrical equipment in bathrooms
* Do not use it if damaged or not working properly.

**GAS SAFETY**

**The problem**

Every year approximately 30 people die from carbon monoxide poisoning caused by gas appliances that have not been properly installed or maintained. When gas does not burn properly, excess carbon monoxide is produced which is toxic.

**You cannot see it. You cannot taste it. You cannot smell it.**

But carbon monoxide can kill without warning in just a matter of hours. People are particularly vulnerable whilst asleep

The early symptoms of poisoning include tiredness, drowsiness, and headache, stomach and chest pains.

**You are at risk of carbon monoxide poisoning if:**

* The gas appliance has been poorly installed.
* The appliance is not been serviced or maintained regularly
* The appliance is not functioning properly
* There is not enough ventilation in the room
* The chimney or flue is blocked
* Non – qualified workers have been used to install or maintain

There is a particular risk if the room where the appliance is situated is used for sleeping and the appliance is not of the room – sealed type and is left burning overnight.

(Full outlets for room – sealed appliances are commonly located on an external wall at a low level and protected by a cage rather than at or above roof level).

**The answers**

Never use gas appliance if you think it’s not working properly. Signs to look out for include yellow or orange flames, soot or stains around the appliance and pilot lights that frequently blow out.

Never cover an appliance or restrict/block the convection air vents.

Never block or cover outside flues.

***CAUTION: Whenever draught exclusion, double glazing or a conservatory is fitted to a room containing a gas appliance, the appliance should subsequently be checked for safe operation.***

All gas consumers are advised to have appliances checked for safety at least every 12 months by a CORGI – registered installer

**The law**

The Gas safety (Installation and Use), Regulation 1994 (as amended) place duties on gas consumers, installers, supplies and landlords. Remember for everybody’s protection:

By law all businesses that carry out work on gas appliances must be registered with CORGI (Council Of Registered Gas Installer). Always check the installer is registered by asking to see a current CORGI registration certificate or ringing CORGI on **01265372300**

By law only a competent person (someone with the right knowledge and technical expertise) can carry out work on gas appliances. Do - It – You on gas appliances can be dangerous and illegal.

**What to do if you smell gas**

* Open the door
* Check if the gas is on but un-ignited or if the pilot light has gone out
* If neither of the above, it is probably a gas leak. Turn off the supply at the meter and call the gas emergency service. This service is available 24 hours a day.
* Don’t touch any electrical switches inc. doorbells.
* Don’t smoke, use matches or any flame

***It is absolutely essential to report any areas of concern immediately to your care coordinator.***

**Information for your service users from British gas**

**If the Service User is blind or has poor sight**

**Appliance controls**

Some appliance control can be specifically marked for people who are blind or have poor sight

**Cassettes**

British Gas has information on cassette for service users who are blind or have poor sight.

**Large print bills**

If a customer has difficulty reading their gas bill, British gas can supply large print bills

**Talking bills**

If a service user cannot read their bill, British gas can arrange for a member of their staff to ring the service user quarterly with details of the latest bill

**Braille bills**

If a service user is blind, British gas can provide Braille bills

If the service user is deaf or hard of hearing

**Text phone**

British gas has a text phone service for those who are deaf or hard of hearing and who also use text phone. Please call the number on the back of your bill.

**FOOD ACT 1991 – GUIDELINES FOR HOMECARE STAFF**

**Food hygiene – Ten Golden Rules:**

1. Always wash your hands before handling food and after using the toilet
2. Tell your manager at once of any skin, nose, throat or bowel conditions
3. Ensure cuts and sores are covered with waterproof dressings
4. Keep yourself and your clothing clean
5. Do not smoke, never cough or sneeze over food
6. Clean as you go. Keep all equipment and surface clean
7. Keep raw and cooked foods separate to avoid cross contamination. Raw meat must be stored below cooked foods in the fridge. Food should be kept covered and in the fridge or kept piping hot.
8. Handle food as little as possible
9. Ensure waste food is disposed of properly. Always was your hands following disposal
10. Tell your manager if for any reason you cannot follow these rules

**Do not break the law**

**EQUAL OPPORTUNITY POLICY**

It is the policy of KAF Care Training Recruitment Agency Ltd to treat all employees, job applications and employers in the same way regardless of race, age, gender, sexual orientation, disability, and marital status, political or religious affiliation.

KAF Care Training Recruitment Agency Ltd is fully committed to its Equal Opportunity Policy and all employees are requested to cooperate with the agency’s effort to ensure that this policy is implemented.

All employees have a right to be treated with consideration, dignity and respect and to work in an environment free from any form of intimidation. KAF will not tolerate any acts of unlawful discrimination, which amounts to the harassment or bullying of its staff. Employees are expected to behave in a non-racist and non-sexist, non-bullying manner towards other KAF staff as well as employees of external agencies and the service users or their families.

Any employee who harasses any other employee, service user or their familiar employees of external agencies on the ground of race, gender, disability, sexual orientation, religion etc will be subject to disciplinary actions.

Any employee who feels to have been subjected to any bullying or harassment should raise the matter through KAF’s grievance procedure.

**DISCIPLINARY PROCEDURE**

This procedure is designed to help and encourage all employees to achieve and maintain standard of conduct and performance. The aim is to ensure fair treatment of all employees compatible with the working environment. The highest standards of conduct are to be maintained to encourage respect for ones colleagues, care for health and safety of colleagues, service users and other visitors to the Agency premises and to maintain a quality and professional service to the service users and to others with whom there is contact or association by the agency.

**Principles**

1. The list of disciplinary rile is not to be regarded as exhaustive
2. This procedure is designed to establish the facts quickly and to deal consistently with disciplinary issues. No disciplinary action will be taken until the matter has been fully investigated
3. At every stage employees will have the opportunity to state their case and be accompanied by a fellow employee of their choice at the hearing
4. Only Branch managers or a Director have the right to suspend or dismiss. Their immediate superior may however give an employee a verbal warning.
5. An employee has the right to appeal against any disciplinary decision

**The disciplinary Rules**

Breaches of the company’s disciplinary rules, which can lead to disciplinary actions, are:

Failure to observe a reasonable order or instruction

Failure to observe health and safety requirement

Inadequate time keeping

Absence from work without proper cause

Theft or removal of company’s property and / or service user’s/service user’s property

Loss damage to misuse of the company’s service user’s/service user’s property through negligence or carelessness

Fraudulent timesheet claims

Conduct detrimental to the interest of the Agency/Service User

Incapability to work due to being under the influence of alcohol or illegal drugs

Physical assault or gross insubordination

Committing an act of outside work or being convicted for a criminal offence, which is liable adversely to affect performance of the contract of employment and/ or the relationship between the employee and Agency and its service user /client

Failure to comply with the company’s Equal Opportunities Policy

**The procedure**

**Oral warning**

If the conduct or performance is unsatisfactory, the employee will be given a formal oral warning, which will be recorded. The warning will be disregarded after six months of satisfactory service.

**Written warning**

If the offence is serious, if there is no improvement, in standards, or further offence occurs, a written warning will be served which will include the reason for the warning and a notice that , if there is no improvement after twelve months , a final written warning will be given.

**Final written warning**

If conduct or performance is still unsatisfactory, or if a further serious offence occurs within the twelve month period, a final warning will be given making it clear that any recurrence of the offence or other serious misconduct within a period of one month will result in dismissal.

**Dismissal**

If there is no satisfactory improvement or if further serious misconduct occurs, the employee will be dismissed

**Gross misconduct**

If, after investigation, it is confirmed that an employee has committed an offence of the following nature (the non-exhaustive) the normal consequence will be dismissal.

Theft or damage to the company‘s service user’s/service user’s property, Incapability to work due to being under the influence of alcohol or illegal drugs, Physical assault or gross insubordination, discrimination, harassment contrary to the company’s Equal Opportunity Policy.

While the alleged gross misconduct is being investigated, the employee may be suspended, during which time he/she will be paid normal hourly rate. Any decision to dismiss will be taken by the employer only after a full investigation.

**Appeals**

An employee who wishes to appeal against any disciplinary decision must do so to: (insert name) within two working days. The employer will hear the appeal and the case as impartially as possible.

**GRIEVANCE PROCEDURE**

The purpose of this grievance procedure is to enable employees who consider they have a grievance or dispute arising from their employment with KAF to have it dealt with at the nearest appropriate level within as short a time as possible. Anyone wishing to use this procedure can do so freely and without prejudice to his/her position in KAF. It applies to all employees, irrespective of job or length of service.

KAF Care Training Recruitment Agency Ltd reserves the right to change any of the provisions of this grievance procedure by amendment, addition or deletion or by substitution of new rules or procedures from time to time at its discretion

**Principles**

1. It is the intention of both parties that employees should be encouraged to have direct contact with management to resolve their problems
2. The procedure for resolution of grievance and avoidance of dispute is available if the parties are unable to agree to resolve their problem
3. Should a matter be referred to this procedure for resolution, both parties should accept that it should be progressed as speedily as possible, within a joint commitment that every effort will be made to ensure that such a reference takes longer than seven working days to complete.
4. Pending resolution of the grievance , the same condition prior to its notification shall continue to apply, except in those circumstances where such a continuation would have damaging effects upon company’s business
5. It is agreed between the parties that where the grievance is of a collective nature, i.e. affecting more than one employee, it shall be referred initially to (2) of the procedure
6. If the employee’s immediate supervisor/manager is the subject of the grievance and for this reason the employee does not wish the grievance to be heard by him/her, it shall be referred to (2) of the procedure

**Procedure**

1. Where an employee has a grievance , he shall raise the matter with his/her immediate supervisor/manager
2. If the matter has not been resolved at (1), it shall be referred to a more senior manger, a personal representative (a fellow KAF employee) shall be present. A statement summarizing the main details of the grievance and the reason for failure to agree must be prepared and signed by both parties.
3. In the event of a failure to agree the parties will consider whether conciliation or arbitration is appropriate. the company may refer the dispute to the Advisory conciliation and Arbitration Service, whose findings may , by mutual prior to agreement , be binding on both parties

**ENVIRONMENT CONSIDERATION**

KAF is ISO 1400 accredited and is committed to ensure that all our operational and service delivery practice contribute to keeping the environment safe and secure. As a result of our environmental commitment, you are encouraged and reminded to take into consideration the following methods when carrying out your daily care duties.

**KAF methods to reduce waste produced and recycle waste**

* Use environmentally friendly transport such as public transport or recycling instead of own car where reasonably practicable
* Whenever assisting with shopping tasks and where possible, use recycled carrier bags for the service users.
* Use mugs instead of Styrofoam or plastic cups. it takes over 500 years for polystyrene to break down in a landfill
* Wherever possible and practicable, use electronic mail when communicating with the office instead of paper mail. “email is faster and cheaper and less resource intensive
* Use crap boxes provided to keep all junk mail/papers with one blank side which will be used for scrap paper and later on sent to recycling
* All care workers are required to follow all instructions and guideline given during induction to ensure efficient use of resources and minimization of wastage through errors and misappropriation of resources
* Always remember to turn off the computer after use when leaving the office or leaving the computer for extended period of time
* Always remember to switch off unnecessary lighting when leaving SU’s house.