

Moving and Handling Assessment and Planning Guidance

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1. Principles

Agincare's Health and Safety Policy provides policy information regard Moving and Handling and the company's commitment to safe working practices.

- a) No staff should be delivering moving and handling to clients until such time as they have completed the Moving and Handling training, and been signed off as competent by the Manager or delegate
- b) All Moving and Handling RISK assessments will contain the appropriate detail.

- c) Moving and handling documentation will be easily available and accessible to those delivering care; actions from the risk assessment will be transferred to the care and support plan.
- d) Each person using the service should have access to equipment as determined by their assessment and their own slings/slide sheets etc in sufficient supply to ensure safe moving and handling and compliance with infection control best practice.
- e) All equipment used (provided by Agincare) will be maintained as per the manufacturer's instructions and LOLER (Lifting Operations Lifting Equipment Regulations 1998). All relevant staff must be familiar with the equipment that they are using and work with reference to the manufacturer's guidance. People using the service will be reminded of their obligation to the health and safety of Agincare staff and thereby supported with arrangements for maintenance of privately owned equipment
- f) A zero tolerance approach will be taken to those found to be placing vulnerable adults, themselves or colleagues at risk through poor and unsafe practice, or not showing sufficient reference to good practice with regards to dignity respect and appropriate communication.
- g) In assessing and delivering moving and handling practice, equality, diversity, and reducing and challenging discrimination must be considered. This commitment covers equality on the grounds of age, disability, gender, gender identity, race, religion & belief, & sexual orientation. In doing so you commit to delivering care which meets holistic need over and above that of organisational or staff convenience, speed and efficiency.

2. Risk Assessment

Written and reviewed risk assessment

All people who use services will have a Risk Assessment of their moving and handling needs where required; this will be reviewed at specified intervals and when a person's needs change. A sample of a completed care plan from Moving and Handling assessment is attached. In some instances where a person has no requirement for assistance with moving and handling and can independently transfer, mobilise, re-position etc, but is assessed as at risk of falls, a moving and handling assessment should be carried out to demonstrate how to assist them from the floor when fallen and uninjured (alongside a falls assessment to reduce the risk of falls).

See also Risk Assessment Guidance.

Instant on the spot (Dynamic) risk assessment

You may be called upon at times to carry out an instant on the spot risk assessment in the event of an emergency, there is no expectation for this to be written on a standard format, it is something you do, using your judgement and based on your knowledge and experience. We all carry out risk assessments every day, for example we all cross the road, what is the hazard?

What is the risk? The hazard is crossing the road; the risk is the likelihood of a vehicle hitting you whilst crossing. These day to day 'instant' assessments of risk are known as Dynamic Risk assessments

In situations relating to Moving and Handling where you have to make a dynamic risk assessment such as a person who has fallen to the floor, you must mentally review the following:

– **The task**

- Your individual capability including
 - Your physical capability (consider previous back injury/pain, pregnancy etc)
 - Your knowledge and training
- The load (the weight and ability of the person, ensuring they are uninjured)
- The environment (including availability of equipment if required)
- Other factors such as, is the fallen person in imminent danger, and is the person injured

– **First Aid Assessment**

- Is the person alert/responsive, is it a medical emergency?
 - Are they conscious, can they speak, are they alert?
- If not, in home care; call the emergency services and start CPR if trained and competent and instructed to do so by the emergency services, in a Care Home alert the first aider and manager on shift

- If the person is responsive, carry out your assessment. Are they in pain or discomfort?
- Carry out a head to toe check to ascertain where possible any injury and/or pain.
 - Feel around head,
 - Feel collar bones,
 - Do they have a medi alert around their neck/wrist? Ensure their fall has not made it twisted/tight
 - Feel down their arms for bumps, cuts, possible fractures
 - Feel down their legs for bumps, cuts, possible fractures
 - Look for any swelling, deformities: this could indicate broken limbs, internal bleeding; call for the emergency services
 - Look for any bleeding, swelling or indentations; are their eyes and ears all ok?
 - For minor cuts refer to your first aid training, for excessive bleeding, call the emergency services
 - Are there any convulsive movements, rigidity and arching of the back? Epilepsy is not the only cause of seizure, if the person does not have a known diagnosis and care plan showing how to manage seizures, call for the emergency services.

3. FALLEN PERSON GUIDANCE

Background

Getting a fallen person up from the floor can be a difficult and hazardous procedure and often involves a risk of injury to staff who are dealing with the situation and also the person being moved.

This guidance is therefore intended for Care Workers who may encounter a fallen person in their own home as well as in Care Homes so that these situations can be managed as safely as possible.

See also Agincare's Falls Management Policy and Guidance

Care Homes

The Ambulance Service will respond to 999 calls from Care Homes where the person is in a life threatening situation, injured or suspected injured. These situations should be dealt with in the same way as described below for emergency situations in the community. If however the person has been assessed by a competent First Aider or other similar professional at the scene as being uninjured it is the responsibility of the Care Home to manage the situation and support the uninjured person from the floor.

This should include having the appropriate procedures, staffing and equipment in place to safely move the person from the floor without assistance from the Ambulance Service.

A fallen person in their own home

Risk Assessment

Staff at the scene must firstly carry out a (dynamic) risk assessment of the situation and the condition of the fallen person to determine whether it is an emergency (See First aid assessment above). If in doubt the situation should be regarded as emergency and the Ambulance Service called as detailed below.

Emergency Situations.

If the fallen person is injured or in any form of life threatening situation staff must call the Ambulance Service immediately by dialling 999 and follow the advice given by Ambulance Control. If the fallen person is suspected as injured the Care Worker must call 999 and follow the instructions. The Ambulance Service might talk the Care worker through an assessment on the telephone to determine injury.

If injured, the person should be left in the position they were found in and not moved unless in imminent danger. Staff should then stay with the person and give reassurance until the Ambulance Service arrives at the scene. Resuscitation or other first aid procedures should be commenced as necessary provided that staff have the appropriate skills and competence.

On arrival at the scene the Ambulance Service will move the person in the most appropriate method once they have completed their assessment of the situation.

The Uninjured Fallen Person

If the risk assessment of the situation shows that the person is not injured there are a number of different options for assisting an uninjured person from the floor. Before deciding on which option to follow staff should conduct an on the spot (dynamic) risk assessment of the situation taking account of all relevant factors.

The options available to assist the uninjured person would include:

- **The person getting up from the floor themselves** with minimal assistance and encouragement from staff. This may involve the use of a chair or other furniture/stairs as leverage where safe to do so.

These approaches are illustrated below and should be followed in accordance with previous staff training.

Fig 1. Getting up from the floor using a chair – self assisted

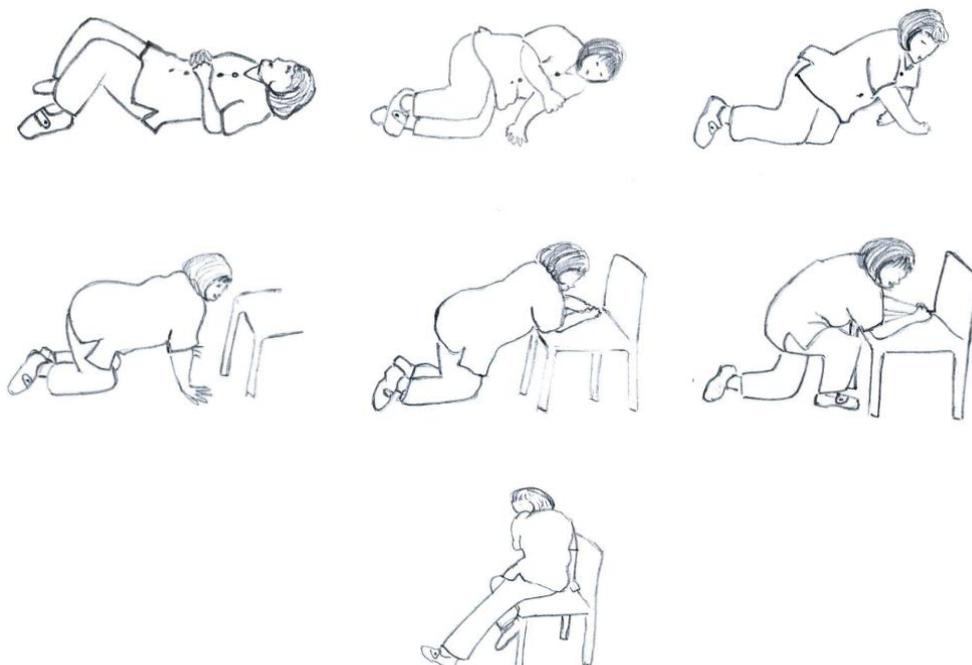
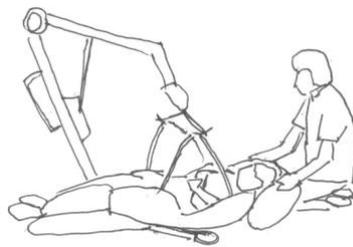


Fig 2. Getting up from the floor by using stairs – self assisted



- **The use of a hoist** and an appropriate hoist sling to raise the person from the floor and lift them onto the bed or chair. (Mobile or ceiling track hoist depending on the situation and availability of equipment). This option must only be used when a sufficient number of trained staff are available to use the hoisting equipment and reference should be made to the person's Moving & Handling Assessment and Handling Plan



- **Manual lifting of the person.** This is a high risk activity which may injure staff or the person being moved and should be avoided unless the person is in imminent danger.

Consent: If the person is able to assist themselves to get up using a chair or the stairs as detailed above, they consent by the simple fact of doing so, if the care worker is to hoist the uninjured person from the floor, they are to use their usual communication skills to reassure and inform the person what they are doing every step of the way and ensure the person's agreement and cooperation. There is no requirement for written or signed consent. If a person does not have the capacity to understand what has happened or what will happen in the course of being hoisted but they *imply* consent by cooperation and the care worker may continue to hoist them in their best interests; if however the person is agitated, restless and uncooperative the hoisting manoeuvre can present risks and should not be attempted. The care worker must continue to reassure the person but is to call the Manager for support and advice informing them of their assessment of risks and the hazards involved in attempting to hoist the person. In these cases, the manager will consider the options outlined below.

In some Primary Care Trust areas, the ambulance service will respond to a call where the Care Worker informs them that they have assessed the situation as being high risk as the uninjured person is unable to get up by them self and the Care worker informs them they do not have the equipment or manpower necessary to assist them.

Where an uninjured person is unable to raise them self from the floor using the methods above and where there is no hoisting equipment available; the Care Worker may call 111 (Non-emergency healthcare advice line) for advice. (See Falls Management Policy and Guidance)

Do NOT simply say a person has fallen and you want the ambulance service to come and lift them – THE EMERGENCY SERVICE IS NOT A LIFTING SERVICE.

Do NOT tell the emergency services (999) or the non-emergency service advice line (111) that we have a 'no lifting policy'; this is an incorrect assumption often made by Care Workers when a person has fallen and is uninjured.

Paramedics do not offer a lifting service; if there is no safe means of assisting an uninjured person from the floor; follow the advice of the 111 advice line which may be that they will arrange assistance but this will not take priority over 999 emergency calls

Whilst awaiting arrival of the Ambulance Service the uninjured person should be left on the floor, given reassurance and kept warm and comfortable. On arriving at the scene the Ambulance personnel will take charge of the situation and decide on the most appropriate method for raising the person from the floor. Whenever possible mechanical aids will be utilised including the inflatable lifting cushions

If following the risk assessment none of these options are considered to be safe and the person is considered to be at risk but the Ambulance service have stated they will not come as the person is not injured, the care worker should telephone their line manager for support and guidance.

Options include:

- The Manager (or person in charge) arranging for another care worker to attend to assist with the use of equipment that is already in situ in the person's home.
- Telephone the person's Care Manager if funded and ask for Social Services support in getting the person from the floor
- Telephone the local authority safeguarding team and stating that there is a vulnerable person, at risk of being on the floor for a period of time with no support
- Telephone the services Users GP and ask for support in getting the person from the floor

The Care worker must clearly document in the care records all the options considered.

Falls Risk Assessment

Following situations where the person has fallen, the care staff who were involved at the scene should ensure that information about the person falling is recorded in the care records and on an accident/incident form and is passed on to the persons responsible for assessing and planning care and communicating with other health professionals. This person should then ensure that the falls risk assessment is carried out or reviewed as required and that all necessary falls prevention measures are put in place to reduce the risks of the person falling again. This may include onward referral to the appropriate specialist or team e.g. Falls Clinic, OT etc.

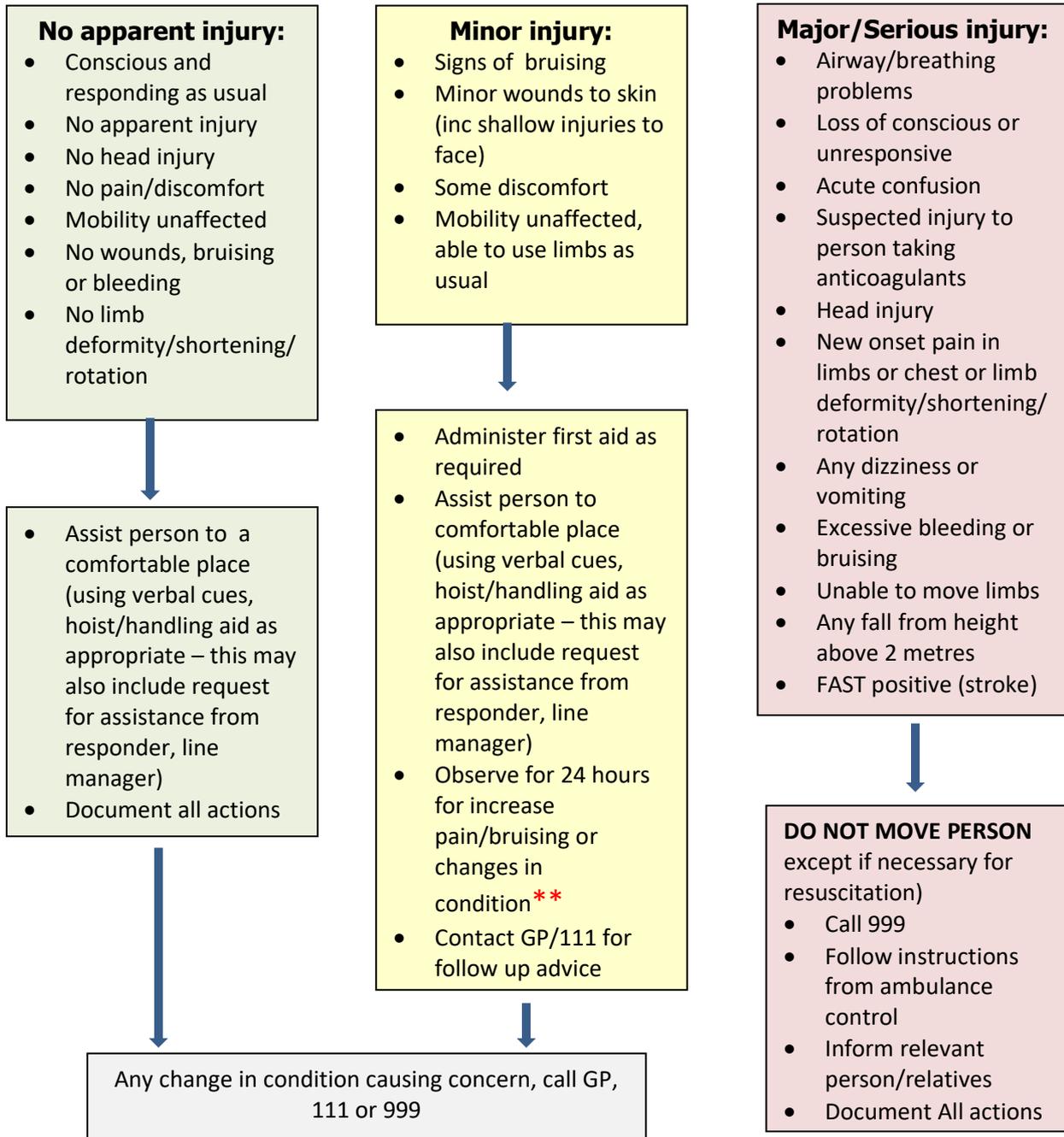
The following sections include:

1. A flow chart showing an overview of how to assist a fallen person.

2. A sample Moving and Handling assessment
3. A sample section of a Person Centred Care and support Plan. Please note: the care and support plan templates are different for AUK, LICS and AHH; the moving and handling plan can be written into as many sections of any of the formats as required/applicable to cross reference areas of support needed.

Appendix 1 - POST FALLS FLOWCHART

Service user has a fall - wait at least 5 minutes; during that time check for injury; take taken as below



** Home care agencies: 24 hours observation is not usually possible;

- Use of visits later in the day/additional visits. Commissioners can be asked but there is no guarantee they will approve
- Use of responder list pre-agreed with service user consisting friends/family to be contacted in event of a fall. Responder may visit or choose to contact service user by phone

Appendix 2 - POST FALLS MONITORING

The following documents are to be used depending on circumstances of fall; all forms are available on share-point

1. **Falls Diary:** when a person experiences a fall, reassess falls risk and complete first entry on falls diary – the falls diary is to be completed with any subsequent falls which can build up a picture of antagonists such as time of day and level of activity for example:
 - If falls occur within a 1 or 2 hour window of time over one or more days, consider whether medication may have had an affect (dizziness/drowsiness etc) or whether it is the time of day when the person is undertaking a particular activity such as walking to dining table, going to bed and whether late day confusion (sometimes known as 'sundowning') may play a part
2. **Head Injury Monitoring Chart:** if the person suffered a head injury, use this form for 24 hours after the injury or from the time the person returns from hospital if the same day, monitoring is to continue for **48 hours where the person is prescribed anti-coagulant medicines.**
3. **Body Map:** Use this to record any marks or wounds that have resulted from the accident. The Body map can be used for other marks or wounds and is not just for recording falls injuries, the review time-scale is therefore not specified on the form as this would be flexible depending on the nature of the wound; it is expected that following a fall, the body map is reviewed within 24 hours
4. **Neurological Observations:** Care Homes with nursing are to carry out neuro obs for 24 hours (48 hours where anti-coagulants are prescribed).

4. Sample Moving and Handling Assessment

Service User details	
Service User's Name <i>Mrs R</i>	Address:
AUK only: Name of falls responder (can be relative, friend, neighbour etc identified to support the care worker in event of a fall and the person being uninjured)	
Name: <i>Mr T (Neighbour at No. 6)</i>	Telephone: <i>0123 456789</i>

Individual handling constraints	Comments
Communication needs (ability to understand commands/instruction)	<i>Mrs R communicates well and has capacity to make decisions; ensure her hearing aid is in before giving moving and handling instructions</i>
Distress behaviour	<i>N/A</i>
Left/right sided weakness (specify)	<i>N/A</i>
Weak upper and/or lower limbs	<i>Mrs R has generalised muscle weakness due to age and frailty</i>
Non-weight bearing	<i>Mrs R can weight bear for standing transfers</i>
Contractures	<i>Mrs R does not have any contractures</i>
Unstable and uncoordinated and/or prosthetics	<i>Mrs R can weight bear for standing transfers but would become unstable if not supported by staff</i>
Lines (e.g. Catheter/PEG)	<i>N/A</i>
Tissue viability - current wounds/dressings/friable skin (fragile/thin)	<i>Mrs R has vulnerable skin to her lower legs due to cellulites and oedema; usual safe handling precautions are to be observed to avoid knocks and when seated comfortably, Mrs R should be reminded to elevate her feet on the chair's foot rest; Mrs R is not taking warfarin</i>
Pain	<i>Mrs R has pain in her knees and is prescribed prn pain relief although does not require this prior to routine moving and handling Mrs R becomes breathless on exertion and should always have her inhaler to hand</i>
History of falls	<i>Mrs R has experienced falls in the past the most recent being one month ago; she was uninjured although attended hospital for a check up and medicines review</i>

Has O.T. Moving and Handling assessment been carried out? If yes, refer to O.T. Moving and Handling assessment for information on safe use of equipment and safe handling techniques	Yes <input checked="" type="checkbox"/>	Date: <i>one month ago (insert date of OT assessment following last hospital admission)</i>
	No <input type="checkbox"/>	Unsure <input type="checkbox"/>

Criteria	Method
Standing	
Independent	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Independent with aids (specify)	
Needs assistance of one without aids	
Needs assistance of one with aids	
Needs assistance of two with aids	<i>From chair: Tilt riser recliner chair until Mrs R's feet are on the floor to prepare for standing. From bed: Lower bed to position whereby Mrs R's feet are on the floor. 2 care workers to support either side and taking their lead from Mrs R support her with a hand to her lower back and guiding her with verbal encouragement to using her zimmer frame to transfer bed to chair/chair to chair.</i>
Weight bearing	<i>Mrs R is able to weight bear for short periods for standing, transfers and a few steps</i>
Walking	
Independent indoors	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Independent with aids (specify)	
Needs assistance of one without aids	
Needs assistance of one with aids	<i>Unable to walk distances; Mrs R takes small shuffling steps to turn when transferring with staff support and walking aid</i>
Needs assistance of two with aids	
Requirements when going out	<i>Mrs R requires a wheelchair taxi when going out (with her family/appointments)</i>
Steps and Stairs	
Independent	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Independent with aids (specify)	
Needs assistance of one without aids	
Needs assistance of one with aids	
Needs assistance of two with aids	
Unable to use stairs	<i>Mrs R is no longer able to use the stairs and sleeps downstairs; there are level surfaces with no steps in her home</i>
Standing to sitting	
Independent	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Independent with aids (specify)	
Needs assistance of one without aids	
Needs assistance of one with aids	
Needs assistance of two without aids	

Needs assistance of two with aids	<i>Riser-recliner: Tilt chair forward to enable Mrs R to lower herself with support of 2 staff either side whilst taking their lead from Mrs R and supporting her with a hand to her lower back and guiding her down with verbal encouragement to lower to sitting position; adjust chair. Bed: Lower bed to suitable height for Mrs R and supporting her with a hand to her lower back and guiding her down with verbal encouragement to lower to sitting position on the edge of the bed; with one staff supporting her top half, one staff to lift her legs over into her bed. Do not raise bed when Mrs R is in it to enable her to get up in the night if she wishes (She rarely gets up)</i>
Weight bearing	<i>Mrs R is able to weight bear for short periods for standing, transfers and a few steps</i>
Transfers (bed to chair, chair to chair etc)	
Independent	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Independent with aids (specify)	
Needs assistance of one without aids	
Needs assistance of one with aids	
Needs assistance of two without aids	
Needs assistance of two with aids	<i>2 care workers to support either side and taking their lead from Mrs R support her with a hand to her lower back and guiding her with verbal encouragement to using her walking aid to transfer from chair to chair, bed to chair chair to commode, to shower chair etc.</i>
Unable to transfer (bedbound)	
Bathing/showering	
Independent or N/A (bathing not required as part of care planning)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
Independent with aids (specify)	
Needs assistance of one without aids	
Needs assistance of one with aids	
Needs assistance of two without aids	
Needs assistance of two with aids	<i>2 care workers to support either side and taking their lead from Mrs R support her with a hand to her lower back and guiding her with verbal encouragement to using her walking aid to transfer from standing or wheeled commode to shower chair</i>
Unable to bath/shower (i.e.: bed bath)	
Handling belts	
Not required	<i>N/A</i>
Has correct size belt provided for size/weight	
Needs assistance of one	
Needs assistance of two	
Hoisting	
Does not use	<i>Mrs R does not have the use of a hoist in her</i>

	<i>home</i>
Has correct hoisting equipment provided (specify type i.e.: mobile hoist, ceiling track)	
Has correct slings provided (specify number and type i.e.: bathing/toilet)	
Uses hoist from and to:	
Bed to chair/commode	<input type="checkbox"/>
Chair to chair	<input type="checkbox"/>
Chair to bath	<input type="checkbox"/>
Bed to bath	<input type="checkbox"/>
Floor to chair	<input type="checkbox"/>
Rolling and turning (bed bath/pressure relief)	
Independent	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>Mrs R is able to reposition herself comfortably when in bed</i>
Needs assistance of one with aids	
Needs assistance of two with aids	
Needs assistance of one without aids	
Needs assistance of two without aids	
Where the above identifies that two people are required for any of the manoeuvres; identify the second person	
Other Agincare care worker (double up)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other agency care worker (insert name of agency)	
Informal carer (family member/friend etc – insert name)	<i>Mr T, friend and neighbour has agreed to assist in emergencies</i>
Where the second person is another agency, or a family member, has the information from this assessment been shared with them?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>Mr T is aware of the correct procedures to preserve his own and Mrs R's safety.</i>
Uninjured fallen person (NB If injured, ALWAYS call for assistance)	
Usually is able, or person confirms they believe they would be able to get up from the floor unaided	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>Mrs R doesn't believe she will be able to get up off the floor should she fall although said if she is not hurt she will try</i>
Usually is able, or person confirms they believe they would be able to get up from the floor with verbal assistance and encouragement and provision of appropriate aids	Yes <input type="checkbox"/> No <input type="checkbox"/> Consider available appropriate aids: <i>As above, Mrs R says she would try but would need verbal assistance and support</i>
Chair	<input type="checkbox"/>
Footstool	<input type="checkbox"/>
Coffee table	<input type="checkbox"/>
Other	<input type="checkbox"/>
Cognitive impairment/dementia might	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

restrict the persons understanding of verbal commands and encouragement	
Is hoisting equipment available to manoeuvre the uninjured person from the floor	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

In Home Care:

If the person is uninjured but unable to rise from the floor with or without assistance the Care Worker must:

- Always make the person comfortable with a pillow/blanket etc until help arrives
- Always call the office first to request assistance at the persons property
- The office can call social services to request assistance
- Only where there is no alternative to assist the person from the floor can the Care worker call 111 to request assistance, never state that company has a 'no lifting policy'; always explain that the person is vulnerable and is at risk if left on the floor for any length of time.

Equipment and Environment

All employees have a duty under the Health and Safety at Work Act 1974 to take reasonable care of their own and others safety whilst undertaking manual handling operations. Staff have received training in the use of the equipment required and regarding awareness of their own health and limitations

The Health and Safety Checklist has been completed and where hazards are identified in the environment or use and maintenance needs of any of the equipment in use, a General Risk Assessment is attached:

Space constraints	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Access concerns	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Steps/stairs	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Flooring	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Slip/trip hazards	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Furniture (height/moveable/condition)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Equipment and power supply	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Temperature/Lighting	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Pets/Children	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>Care and support staff to ensure Mrs R's cat is out of the room when transferring as it can get under her feet causing a trip hazard</i>

I confirm that for those ticked 'Yes'; I have carried out a general risk assessment. I also confirm that the information from this assessment detailing the risks, methodology and constraints of providing moving and handling assistance has been transferred to this person's plan of care to which they have provided consent or a decision is recorded in their best interests.

Name of Assessor:

Signature:

Date:

3. Sample Care and Support Plan

<p>Mobility needs, abilities and outcome (independent, uses aids, assistance required)</p>	<p><i>Mrs R has reduced mobility, she has a hospital style bed and is able to operate the remote to change her position from sitting to lying; she can move independently in bed. Mrs R also uses a riser recliner chair and requires assistance of 2 staff with her walking frame for all transfers.</i></p> <p><i>Mrs R is motivated to help and understands instruction and can verbalise her consent and any pain, she has weak upper and lower limbs due to general frailty although can weight bear and take a few steps for short periods. Following an OT assessment Mrs R was provided with a riser recliner chair, hospital style bed and grab rails in her shower room.</i></p> <p><i>Mrs R will require a wheelchair and wheelchair taxi of going out of the house; Agincare are currently not required to go out with her. If Mrs R were to fall it is unlikely she would be able to get up independently and would need assistance</i></p>
<p>Support required</p>	<p><i>Ensure Mrs R has hearing aids in so she can hear and understand any moving and handling instructions; she has no problems with verbal communication.</i></p> <p>Riser-recliner: <i>Tilt chair forward to enable Mrs R to lower herself with support of 2 staff either side whilst taking their lead from Mrs R and supporting her with a hand to her lower back and guiding her down with verbal encouragement to lower to sitting position; adjust chair.</i></p> <p>Bed: <i>Lower bed to suitable height for Mrs R and supporting her with a hand to her lower back and guiding her down with verbal encouragement to lower to sitting position on the edge of the bed; with one staff supporting her top half, one staff to lift her legs over into her bed. Do not raise bed when Mrs R is in it to enable her to get up in the night if she wishes (She rarely gets up)</i></p> <p><i>When transferring to the shower chair only remove Mrs R's slippers after transfer and ensure they are replaced after her shower and when her feet are dry before standing again to transfer; ensure floor is dry and free of soap/slippy residue</i></p> <p>Falls: <i>If Mrs R were to fall but is uninjured staff are to offer verbal encouragement and find a suitable item (coffee table/chair) for Mrs R to use to support herself up; Mrs R is not sure she would be able to get up from the floor but said she would be willing to try. If Mrs R is unable to get up without support, call 111 for advice informing them there is no lifting equipment in the home and that you are concerned Mrs R will be left vulnerable without support; call Mr T, Mrs R's friend and neighbour who will come and support her whilst waiting for emergency services.</i></p>
<p>Risks</p>	<p>Falls: <i>follow falls management guidance</i></p>

Falls	<i>Soft tissue damage: Mrs R has vulnerable skin to her lower legs due to cellulites and oedema; usual safe handling precautions are to be observed to avoid knocks and when seated comfortably, Mrs R should be reminded to elevate her feet on the chair's foot rest</i>
Other health professional input	<i>The OT completed an assessment on (date) and has provided support equipment including chair, bed, wheelchair for outdoors, zimmer frame. Mrs R has a lifeline in place which she will use in emergency if she needs support</i>

Contractual impact

Agincare's policies and procedures are to be followed in conjunction with the requirements of the contracts under which you provide services. There may be occasions where the contract contains requirements which appear to contradict or be in addition to, standard Company policy. In these instances you are to:

- If the requirement is in addition to standard Company policy - adhere to the terms and conditions of your contracts
- If the requirement is lesser than standard Company Policy - follow Company policies and procedures

If you require any further clarification please contact the Commercial Department for guidance

Training

The management team of Agincare believe that, in order to provide a quality service, Agincare requires high quality staff who are suitably trained, supervised and supported. Agincare policies and procedures are referenced in the induction programme and are available for staff in their work place (Care Home or Branch office). Staff will be informed of how to access all policies, procedures and related documentation and of how to seek further advice regarding Agincare's agreed ways of working. Staff should be provided with regular updates to encourage continuous improvement and include latest good practice.

Agincare is committed to provide an ongoing programme of support for all staff. This includes supervisions, appraisals and training which will be in line with company policy, contractual obligations and current best practice.

REVIEW OF THIS GUIDANCE

Review of this document is recorded on the controlled index and reviewed annually as part of the management review systems.

Name: Policy Review Group

Date: March 2019