


BROTHERS OF CHARITY SERVICES IRELAND

INTIMATE/PERSONAL CARE POLICY

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Approved by	Brothers of Charity Services Ireland		
Signed	 Una Nagle, Interim Chief Executive		
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Ethos

'We are committed to working with people with an intellectual disability to claim their rightful place as valued citizens. Inclusion is a fundamental principle that underlies all aspects of our work. We believe in the intrinsic value of every person and we aim to further the dignity of all associated with our services.'

'We continue the Brothers of Charity Services' tradition of being open to the best contemporary influences. We want to be inspired by the most creative ideas ...and to ask how we give them concrete expression.'

The Brothers of Charity Services Ethos (2001), Going Forward Together.

1.0 Introduction

The Brothers of Charity Services Ireland endeavour to offer services/supports in local communities. This enables each person who is supported by our services to positively engage in the social and economic life of their local towns and villages and in doing so, develop a range of relationships that enhance their quality of life.

Our responses are based on the recognition of each person (who is supported by our service) as an individual, an equal citizen with equal rights and an absolute respect of that status. We, therefore, support each person to live their lives based on their own personal visions and choices, to identify and select their personal goals in life and to develop their personal plan to achieve those goals.

2.0 Policy Statement

It is the policy of the Brothers of Charity Services Ireland that all individuals supported by the Services, their families and friends feel that they are treated with respect and that their right to privacy and dignity is upheld and actively promoted. Choice and personalised services are the cornerstone of the Brothers of Charity Services Ireland. All services are designed to meet the individual's wishes and choices and accordingly it is the policy of the Services that personal / intimate care assistance is delivered in a manner which is directed by the individual and promotes the person centred ethos of the organisation. The Services implement and support systems and practices which uphold privacy and dignity to: embed a culture of person-centred care, maintain standards, develop a supportive professional environment and promote positive attitudes, behaviours and dialogue between staff, those supported by the services and their families.

3.0 Purpose

All individuals will be supported to manage their own personal/ intimate care if possible. However, where this is not possible or the individual chooses not to, the Services will arrange to provide support in line with a person centred approach. The purpose of this policy is to set out a framework within which staff, who provide this support can offer a service and an approach which

acknowledges the inherent responsibilities and risks, but which protects the rights of everyone involved.

Individuals with an intellectual disability can be very vulnerable and are more likely to require help with their intimate/personal care than others. All staff involved in intimate/personal care need to be highly sensitive to the individual needs of the person. For staff involved in providing intimate/personal care it can be difficult to achieve a balance between ensuring the individual's privacy on the one hand and his/her safety and protection on the other. Staff may have concerns that their actions, no matter how well intentioned, might be misrepresented. Staff who are working alone with individuals, for example, team members in community group homes, may feel particularly vulnerable. It is clearly important that these staff are given the opportunity to discuss issues of concern with their managers and multidisciplinary supports, and to reach decisions based on skilled professional judgement, good communication and most importantly, the best interests of the person using services. These decisions will result in the formulation of an Intimate/personal Care Plan where necessary. (See 8.8 below and Appendix 1).

Staff will treat all individuals with respect and will be sensitive to their personal wishes and opinions in relation to intimate/personal care. All intimate/personal care assistance will be in line with the Services policies, procedures and guidelines. The Services will provide relevant information to staff as part of Induction, to ensure that intimate/personal care delivered is in line with best practice.

4.0 Scope

This policy applies to staff (paid and unpaid) of Brothers of Charity Services Ireland involved in the provision of personal/intimate care for both children and adults.

5.0 Legislation /other related policies

- Children First: National Guidance for the Protection and Welfare of Children (2011)
- Protecting Our Future – Report of the Working Group on Elder Abuse (2002)
- Trust in Care. Policy for Health Service Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse against Staff Members. (2005)
- The Brothers of Charity Services National Policy and Procedures for the Safeguarding of Vulnerable Adults at Risk of Abuse, National Procedures for the Investigation of Allegations against Staff of Abuse of Vulnerable Adults or Children, and National Policy and Procedure –The Welfare and Protection of Children.
- The Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) regulations 2013
- Assisted Decision Making (Capacity) Act 2015.

- HSE National Consent Policy (2022).
- Code of Practice for all persons supporting Adults and Children using the Brothers of Charity Services

6.0 Glossary of Terms and Definitions

Personal Care

Personal Care involves assisting and supporting individuals with their personal presentation. It is of a less intimate nature as it does not invade personal, private or social space to the same extent as intimate care.

Personal care tasks specifically identified (but not exhaustive) as relevant include:

- Skin care / applying external medication
- Supported eating / Peg Feeding
- Hair care
- Dressing and undressing (outer clothing)
- Washing non intimate body parts
- Shaving
- Dental care
- Applying deodorant.
- Nail Care

Intimate Care

Intimate Care is “care tasks associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the sexual parts of the body” (Cambridge and Carnaby, 2000).

Intimate care tasks specifically identified (but not exhaustive) as relevant include:

- Dressing and undressing (underwear)
- Assistance with use of the toilet
- Changing incontinence wear
- Bathing/showering
- Washing intimate parts of the body
- Menstrual care
- Inserting suppositories/pessaries
- Administering enemas.
- Applying creams/ointments to intimate parts of the body
- Catheter or stoma care

The Services: refers to the Brothers of Charity Services Ireland

Staff: includes all persons paid or unpaid who support individuals in our services

Individuals: this includes both children and adults who are in receipt of support from the Brothers of Charity Services Ireland

7.0 Roles and Responsibilities

7.1 All staff, including students and volunteers, must adhere to this policy.

- 7.2 Services Managers, Heads of Department and Team Leaders are responsible for ensuring that all staff and relevant others are informed of this policy and adhere to its requirements.
- 7.3 It is the responsibility of Services Managers/Team Leaders to ensure that staff responsible for carrying out intimate/personal care support have the knowledge and practical skills to deliver this support.
- 7.4 It is the responsibility of all staff to be familiar with intimate/personal care policies and procedures and national guidance.
- 7.5 It is the responsibility of all staff supporting an individual to be familiar with that individual's intimate/personal care plan.

8.0 Guiding /Key Principles regarding intimate/personal care options and considerations for delivery.

- 8.1 The guidance contained in this document is not prescriptive, but offers advice for good practice based on the practical experience of care. Staff must be aware of these guidelines and be encouraged to follow them when preparing intimate/personal care plans for people who use services in their work areas, both for the protection of those they support and also for their own protection,.
- 8.2 There are a number of tasks involved in intimate/personal care. Section 6 lists some of the personal care and intimate care tasks with which individuals may receive assistance or for which they may be totally dependent on others. Intimate/personal care can occupy a large portion of a person's day. The way in which it is delivered can significantly affect an individual's quality of daily life.
- 8.3 It is essential that every person is treated as an individual when intimate/personal care is being provided and that appropriate time is taken for the intimate/personal care procedure. It should enhance the quality of life of the individual receiving care and should be provided as sensitively as possible, while at all times, respecting their privacy, dignity and confidentiality.
- 8.4 The individual should be involved in all decisions related to their personal care and staff must presume they have capacity to make those decisions at the time a decision needs to be made
- 8.5 The individual receiving intimate/personal care should be encouraged to express choice and to have a positive image of his/her body.
- 8.6 **Vulnerability to Abuse:**
Individuals supported by the Services requiring intimate/personal care will vary in age, background, culture, level of dependency, and communication skills. They may have physical disabilities, intellectual disabilities, sensory impairment or a combination of these conditions. What they have in common, however, is the right to be treated with sensitivity and respect, and in such a way that their experience of intimate/personal care is a positive one. It is important for staff to bear in mind how they would feel if they were in the position of the person they are supporting

Intimate/personal care involves risks both for the individual being supported and for their support staff as it may involve the support staff member touching the private parts of the individual requiring the intimate/personal care. It may be unrealistic to expect to eliminate these risks completely. However, by acknowledging them, an awareness is created of the importance of maximising safety for all concerned, and promoting the best interests of the person being supported. It is also important that staff are supported and trained so that they feel confident in their practice.

8.7 Positive Approaches to Intimate/personal Care Procedures:

The following are the factors, which staff should bear in mind in adopting a positive approach to intimate/personal care.

- Independence

Staff should encourage the individual to do as much as possible for themselves. However, where an individual is fully dependent for his/her intimate/personal care, staff should always explain their actions and give choices where possible.

- Self Image

Staff should encourage individuals supported to have a positive image of their own bodies. This approach can lead to increased confidence and assertiveness and thereby reduce vulnerability.

- Choice of Support Staff:

Wherever possible, staff should work with individuals of the same sex in providing intimate care. When setting up an intimate/personal care plan, it may be acceptable to all parties for the staff to be of the opposite sex. The preferences of the individual supported must be sought and documented in their plan. Religious and cultural values must always be taken into account.

If an individual becomes unhappy about being supported by a particular member of staff, the matter will be reviewed and outcomes recorded by their Key Worker and Manager.

- Right to Refuse

Staff should aim to support people in a manner that aligns with their will and preference. In regard to intimate care, staff should aim to balance people supported right to refuse in a similar light as the context of people making unwise or risky decisions. Staff should respect the person's wishes while encouraging capacity building which can continue to evolve informed decision making over time. Staff should encourage normative hygiene and healthy practices to the best extent as possible to aid person supported learning.

8.8 In order to avoid misinterpretations when intimate/personal care is being carried out staff should:

- Always approach the task of providing intimate/personal care in an open and straightforward way.

- Where possible always make their intentions known to other staff members.
- The person receiving the care should be kept informed of every step of the care throughout the procedure
- Always give explanations of what is happening to the recipient, if necessary giving a strong clue, such as showing a sponge to signal the intention to wash the person, or a pad or nappy to signal the intention to change them if they are incontinent.
- Follow an established sequence in carrying out intimate/personal care
- When washing, always use a sponge or flannel and where possible encourage the person to attempt to wash private parts of the body him/herself.
- Gloves should always be used and staff should avoid any unnecessary physical contact.
- Hoists should be used where practicable for moving and lifting the individual.

8.9 Physical Contact:

Where physical contact occurs naturally between staff and the individual supported, for example, when helping an individual with a physical disability to become comfortable in bed it should be carried out where possible, by staff who the individual knows and trusts.

If an individual supported touches a member of staff in a way that makes him/her feel uncomfortable, this should be gently but **firmly** discouraged in a way, which communicates that, the touch, rather than the person is unacceptable.

Inappropriate gestures or touches if persistent may require a review of the individual's care plan. Staff may also wish to report this as a concern (see 8.11 below)

8.10 Personal/Intimate Care Plan:

Once Personal/Intimate care needs are identified and agreed, they must be captured in a Personal / Intimate Care Plan for the individual (see Appendix 1 for sample). Individuals have the right to be involved and consulted in their own intimate care to the best of their abilities. In addition to the individual the following people may be involved in the development of the personal /intimate care plan:

- Their family (according to the person's wishes and needs);
- The person's keyworker and frontline staff team;
- The psychologist;
- Speech and Language Therapist;
- Social Care Worker.
- The Person in Charge P.I.C

(The above list is not exhaustive)

The elements of the plan should be written down and subject to at least an annual review. The individual supported and their family (according to the individual's wishes) should be involved in all reviews Creating a written plan ensures that all parties are aware of who is responsible for

what tasks, ensuring that these tasks are undertaken in a timely manner. In light of changing needs of individuals the review may be required more frequently. The Plan should be made available to all staff working with the particular individual supported by the Services.

8.11 Safety:

It is sometimes necessary to use equipment while supporting an individual with intimate/personal care

- Each individual must be assessed for any equipment needs by appropriate personnel, i.e. Occupational Therapist or Physiotherapist
- All staff / supports should be trained and competent in using the identified equipment

Where a risk assessment is in place to support an individual with intimate/personal care staff must adhere to it.

8.12 Reporting of Concerns:

If a member of staff has any concerns about physical changes in an individual's presentation e.g. marks, bruises, soreness etc. s/he will immediately report their concerns to the appropriate Manager/ Designated Officer /Designated Liaison Person in accordance with the Adult and Children safeguarding policies. All marks, bruises, soreness etc. should be recorded on AIRS

Staff should be careful in all aspects of support to ensure that their actions, comments or remarks cannot be misinterpreted. If during intimate/personal care, there is evidence of any incident which causes undue discomfort or embarrassment to either party, it should be reported immediately to the relevant frontline manager who should offer help and advice.

8.13 Complaints

Every individual has the right to information on this policy and procedure, in an accessible format they understand, and to support should they wish to make a complaint about their intimate/personal care.

9.0 Revision and Audit

This policy will be reviewed every three years or if necessary amended in the light of experience of its operation and changing legislation and/or guidance from appropriate bodies.

10.0 References/bibliography




- Cambridge, P. and Carnaby, S. (2000) *Making it Personal: Providing Intimate and personal care for people with learning disabilities*. Pavilion Publishing. Brighton 2000.
- HIQA (2014) *Guidance for Designated Centres Intimate Care*. Dublin




Appendix 1 Sample Intimate/Personal Care Plan


Sample Intimate/Personal Care Plan

Details			
Individual's Name		File Number:	Reference
Form completed by		Date:	

Review Date:	
Specific staffing requirements? E.g. no of staff, male/ female/ mix	Specific safety requirements needed e.g. hoist, shower chair, non slip mats etc.
Specific environmental requirements? E.g. door ajar, temperature of the room, toilet seat up etc.	
Individual Preferences	
Bath <input type="checkbox"/> Shower <input type="checkbox"/> Don't mind <input type="checkbox"/>	Morning <input type="checkbox"/> Evening <input type="checkbox"/> Don't mind <input type="checkbox"/>
Pace I prefer	Other preferences

<p>BATHING: What steps can I do myself?</p> 	<p>What help do I need?</p>
<p>SHOWERING: What steps can I do myself?</p> 	<p>What help do I need?</p>
<p>TOILETING: What steps can I do myself?</p> 	<p>What help do I need?</p>

<p>CHANGING CONTINENCE AID</p> <p><i>(Where Relevant)</i> What steps can I do myself?</p>	<p>What help do I need?</p>
<p>MENSTRUAL CARE <i>(Where Relevant)</i></p> <p>What steps can I do myself?</p>	<p>What help do I need?</p>
<p>TOOTH BRUSHING: What steps can I do myself</p> 	<p>What help do I need?</p>
<p>SHAVING <i>(Where Relevant)</i> What steps can I do myself?</p>  	<p>What help do I need?</p>

<p>NAIL CARE What steps can I do myself?</p> 	<p>What help do I need?</p>
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(Please provide other relevant information on goals being worked on in any of the Intimate/Personal Care areas above. Additional pages can be added as required to include other intimate/personal care tasks)

