



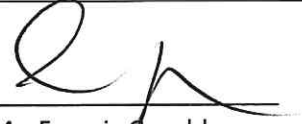


SOS Kilkenny clg



Policy & Procedures On the Provision of Intimate & Personal Care

Revision:	Department:	
Prepared By: Stephanie Downes		Date: 2009
Approved by CEO on behalf of the Board of Directors:	 Mr Francis Coughlan	Date: September 2009
Policy Number: 004a Version Number: 5		

Document Review History:			
Review Date:	Reviewed by:	New Revision Date:	Approved by:
February 2014	M Lawlor R Knox	March 2016	 <hr/> Mr. Francis Coughlan Chief Executive Officer (CEO)
March 2016	S Downes M Larkin	March 2018	 <hr/> Mr. Francis Coughlan Chief Executive Officer (CEO)
March 2018		March 2020	 <hr/> Mr. Francis Coughlan Chief Executive Officer (CEO)
August 2021	Pauline Murray Donna Doyle Carol O'Keeffe	August 2024	 <hr/> Mr. Francis Coughlan Chief Executive Officer (CEO)
June 2024	Pauline Murray Donna Doyle Marina Gilligan	June 27	 <hr/> Mr. Francis Coughlan Chief Executive Officer (CEO)

Document Change History:		
Change to Document:	Date:	Reason for Change:
Whole Document	March 2016	Management Structure
Page 13/Hand Hygiene	11/01/2017	Review of Nail Care Requirements
Whole Document	27/03/2018	No Changes Required
16.3 added 17.1.5 & 17.1.6 added 18.2 added 19.1 added Guidance on Specific Care Areas: Covid-19 amendment on handwashing and Foot care added	15/09/2021	For reviewing and updating purposes
Remove section 17 staff gender Remove person foot care section and refer to protocol Refer to my mouth care plan Upload new plan on appendix 1	20.06.24	Review and update

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SOS Kilkenny will be referred to as SOS throughout this Policy and Procedure. Throughout the term of this Policy, SOS reserves the right to change the Procedures and associated documentation as necessary at any time pending review of the full Policy every 3 years.

Guidelines and Procedures for staff who provide Intimate and Personal Care to the people supported in SOS

1.0 Introduction

The purpose of these Guidelines is to set out a framework within which staff who provide intimate/personal care to the people we support can offer a service and approach which acknowledge the inherent responsibilities and risks, and protect the rights of everyone involved.

2.0 Purpose of the Policy

All the people supported in SOS will be encouraged to manage their own personal care to the best of their abilities, however, in circumstances where this is not possible or the person supported chooses not to, SOS will provide support in line with a person centred approach. This Intimate & Personal Care policy applies to staff in the provision of such care for the adults availing of our services. The individual's dignity should always be preserved with the highest level of privacy, choice, control and respect. Intimate & Personal Care is a sensitive area and will require all staff to be respectful to the individual's needs. As part of our person centred approach, staff should have sufficient time to get to know the individual and build up a trusting relationship before providing such care.

3.0 Aims

- 3.1 To provide a framework which identifies for staff, the procedures to be followed when delivering intimate/personal care to the people supported under the care of SOS.
- 3.2 To safeguard the rights of the people supported to be protected from exploitation and all forms of abuse.
- 3.3 To ensure they receive a dignified person centered experience of care, respecting their right to individual choices, independence and personal preferences.
- 3.4 To safeguard and reassure staff who are required to provide intimate/personal care in sensitive situations.
- 3.5 To make practical recommendations based on best practice.

4.0 Scope of the Policy

- 4.1 The Guidelines and procedures held therein apply to all staff that have responsibility for the delivery of Intimate / Personal care to the people we support under the care of SOS.

5.0 Definitions

5.1 Intimate Care

Intimate Care encompasses areas of personal care, which generally people can carry out for themselves. Some people however are unable to carry out these tasks as a result of their level of physical or intellectual disability.

Cambridge & Carnaby, 2000 defined intimate care as “The care tasks associated with bodily functions, body functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the sexual parts of the body”

Examples can include;

- 5.1.1 Dressing and undressing (underwear)
- 5.1.2 Assisting a person to use the toilet
- 5.1.3 Changing continence pads (faeces/urine)
- 5.1.4 Bathing/showering
- 5.1.5 Washing intimate parts of the body
- 5.1.6 Changing sanitary towels or tampons
- 5.1.7 Manual handling and toileting
- 5.1.8 Intimate examination eg lumps/rashes/scratches
- 5.1.9 Skincare - application of external medication
- 5.1.10 Massage (Aromatherapy)

5.2 Personal Care

5.2.1 Personal care can involve touching another person, however the nature of this touching is more socially acceptable as it is non - intimate.

Examples can include:

- 5.2.1.1 Shaving
- 5.2.1.2 Dressing and undressing (clothing)
- 5.2.1.3 Brushing teeth
- 5.2.1.4 Feeding
- 5.2.1.5 Administering oral medication
- 5.2.1.6 Applying deodorant
- 5.2.1.7 Hair washing

6.0 Responsibilities

- 6.1 It is the responsibility of staff to prepare and assist people we support when medical examinations are to be carried out by visiting medical staff or when attending medical appointments.
- 6.2 It is the responsibility of staff involved in the delivery of personal and intimate care to

- 6.2.1 Be familiar with the people we supports Individual Care Plan.
- 6.2.2 Contribute any relevant information to update plan as required
- 6.2.3 Inform the relevant Residential Manager of any difficulties encountered in the delivery of personal and intimate care.

6.3 It is the responsibility of relevant Residential Manager to:

- 6.4
 - 6.4.1 Ensure the induction of new staff which will allow for appropriate training in the delivery of Intimate and Personal care to people we support.
 - 6.4.2 Ensure adequate time is available for staff to carry out personal and intimate care tasks with people we support.
 - 6.4.3 Ensure that staff receive appropriate support and supervision for the delivery of Intimate and Personal care.
 - 6.4.4 Ensure that staff are given the opportunity to train and review their practices / techniques for the delivery of Intimate and Personal care.
 - 6.4.5 To monitor the implementation of the guidelines, and review on a regular basis its effectiveness.

7.0 Standard Statement

- 7.1 All people we support who require support with Intimate and Personal care will have an Individual Care Plan, which ensures the promotion of the individual's personal experience of care.

8.0 Vulnerability to Abuse

- 8.1 The people we support requiring intimate and personal care will vary in terms of their level of dependency and communication skills. They may have physical disabilities, intellectual disabilities, sensory impairment or all of these conditions. What they have in common is the right to be treated with dignity, sensitivity and respect, ensuring that their experience of Intimate / Personal care is a positive one. To this end it is important for Staff to bear in mind how they would feel in the people we support position.
- 8.2 Intimate / Personal care can involve risks for both the people we support and the staff member providing the care. It may be unrealistic to eliminate the risks involved, but by acknowledging that they exist, we create an awareness of the importance of promoting safety for all concerned and ensuring the interests of the people we support are preserved.
- 8.3 All staff should have knowledge of SOS Safeguarding vulnerable adult's policy

9.0 Procedures & Preparation

9.1 The People Supported

- 9.1.1 Staff should encourage the people we support to do as much as possible for themselves.
- 9.1.2 The people we support should be encouraged to have a positive image of their own bodies. This approach can lead to increased confidence and assertiveness and thereby reduce vulnerability.
- 9.1.3 Speak to the person we support directly to inform them of the process you are about to undertake.
- 9.1.4 Gain consent from the person we support that they are happy for you to proceed.
- 9.1.5 Ensure the environment offers the privacy required to carry out the task preserving the person we support dignity and safety.
- 9.1.6 Ensure the person we support is included in preparation of their belongings i.e. collecting their personal belongings.

9.2 Preparation by Staff

- 9.2.1 Consult with the person we support care plan to identify the individual approach that is required thus ensuring a consistent approach and offering a personalized experience of care.
- 9.2.2 Ensure that the appropriate equipment is available to complete the task in full.
- 9.2.3 Ensure that additional staff are available to assist in the delivery of intimate and personal care as specified in the person we support care plan.
- 9.2.4 Ensure that the tasks will be undertaken in a prepared, safe environment to ensure that the dignity, privacy and safety of the person we support are maintained.
- 9.2.5 Act as an advocate for the person we support who may have communication difficulties, when an external practitioner is in attendance, thus ensuring that the procedure remains client centred.

10.0 Delivery of Intimate and Personal Care

- 10.1 Ensure the person we support and staff have completed preparation.
- 10.2 Talk to the person we support to explain each step of the care task i.e. removal of clothing/ pads / application of washcloth etc.
- 10.3 Staff member must work at the people we support pace and in accordance with the guidelines identified in their Individual Care Plan.
- 10.4 Each staff member must ensure that the people we support has the opportunity to participate with the care task in accordance with the level of their ability as identified in their care plan.
- 10.5 Be aware of personal space, body language and verbal requests to ensure that sensitivity towards the people we support is maintained.
- 10.6 Ensure that observations of the behavioral responses and reactions of the people we support are noted in their records and acted upon accordingly at the people we support review meetings or sooner if required.

11.0 Assessment

- 11.1 Each person we support will be offered an assessment of his / her personal and intimate care needs
- 11.2 The assessment will identify the people we support who require an intimate and personal care plan.
- 11.3 The care plan will be developed by the individual's key worker in consultation with the people we support, their family and staff team.
- 11.4 Individual Care plans will reflect where particular intimate care is required and identify:
 - 11.4.1 The level of ability and support required
 - 11.4.2 Physical abilities
 - 11.4.3 Communication
 - 11.4.4 Medical Needs
 - 11.4.5 Consent issues
 - 11.4.6 Behaviours
 - 11.4.7 Equipment / assistive devices
 - 11.4.8 Sexualised behaviour
 - 11.4.9 Social and environmental issues
 - 11.4.10 Risk Management
 - 11.4.11 Review Dates.

12.0 Documentation

- 12.1 There is a standard format for documentation of the care plan (**See Appendix 1– SOS Intimate and Personal Care Plan**)
- 12.2 Staff must ensure that all documentation complies with SOS guidelines on record keeping.
- 12.3 Any issues raised with regard to intimate and personal care should be raised with the manager and addressed utilizing the meeting structures available with each department.
- 12.4 Risk Management issues must be identified, documented and responses to the people we support behaviour clearly stated in their care plan.
- 12.5 Arrangements for back – up support for delivery of intimate and personal care in a “high – risk” context must be identified and documented in the people we support care plan.
- 12.6 Communication strategies must be documented for the people we support and methods of giving consent are to be noted in the communication and decision making profile on the DMS.
- 12.7 The Key worker will have responsibility for organising a regular review of the delivery of intimate and personal care practices, and records must be updated accordingly, reflecting the people we support changing needs and behaviour.
- 12.8 All care plans will be monitored annually by the relevant Residential Manager.

13.0 Communication

- 13.1 The process of delivery of intimate and personal care requires sharing details of an intimate nature. All practices must be guided by the code of confidentiality as stated in the employee handbook.
- 13.2 Methods of communication and interaction which best suit the people we support individual needs will be recorded in the Intimate and Personal Care Plan. All staff must make themselves familiar with the communication approach best suited to each individual person we support.
- 13.3 New staff must be made aware of the individual Intimate and Personal Care Plan prior to undertaking the delivery of these practices. This information to be given by the social care staff as part of the initial induction to each individual house.
- 13.4 When explaining the task that is to be undertaken staff should:
 - 13.4.1 Engage the person we support by using friendly and appropriate communication methods
 - 13.4.2 Staff should ensure that communication is audible and/or understood but discreet to ensure confidentiality and privacy.
- 13.5 During the delivery of the task:
 - 13.5.1 Engage the person we support, in a meaningful and appropriate manner, as identified in the Individual Care Plan.
 - 13.5.2 Encourage the person we support to respond.
 - 13.5.3 Give the person we support time to respond.
 - 13.5.4 Acknowledge the person we support response.
- 13.6 Staff Meetings, handovers and the people we support reviews should facilitate the opportunity to ensure that the teams approach to working with an individual is recorded and developed and is responsive to change.
- 13.7 Management need to ensure that there is a communication process, which offers opportunities for peer review and supervision, to facilitate review of practice.
- 13.8 Individual Care Plans should be amended as a result of team review and collaboration.

14.0 Sexuality of People We Support / Risk Assessment

- 14.1 If the person we support assessment has identified that they may respond inappropriately or in a sexualised way to the delivery of intimate and personal care, the following procedures will be required.
 - 14.1.1 Strategies that identify the methods of the delivery of care will be documented in the person we support Intimate and Personal Care Plan.
- 14.2 Consideration should be given to:
 - 14.2.1 The numbers of staff to be present during the delivery of intimate and personal care
 - 14.2.2 The gender of staff that are to deliver the care for example, male to male, female to female and all the remaining combinations.
 - 14.2.3 Staff must have had appropriate induction, before delivering intimate and personal care tasks to people supported.
 - 14.2.4 The behaviours that stimulate the person we support sexual arousal, during intimate care and possible responses should be addressed to ensure that agreed care conduct will be identified.

15.0 Human Resources

- 15.1 In line with the SOS policy on recruitment all staff will be issued contracts on the basis of satisfactory receipt of
 - 15.1.1 Medical declaration
 - 15.1.2 Suitable references
 - 15.1.3 Garda Clearance
- 15.2 The relevant Residential Manager must ensure that adequate numbers of staff are available for the delivery of Intimate and Personal care tasks
- 15.3 Management must ensure that induction packages for new staff provide appropriate training prior to being asked to deliver intimate and personal care.

16.0 Home Support / Voluntary / CES schemes

- 16.1 It is the policy of SOS that only staff employed directly by SOS will be involved in the provision of Intimate and Personal Care to people supported, thus Home Support Workers / Students and Care Staff employed through CES schemes are not permitted to deliver intimate and personal care.
- 16.2 Where appropriate training in the delivery of Intimate and Personal Care may be given to groups such as Home Support Workers and Students which will enable them to give such care under strict supervision. Such individuals to be first agreed with Residential / Day Service Manager.

17.0 Guidance for avoidance of misinterpretations when Intimate Care is being provided

- 17.1 In promoting positive attitudes and avoiding misinterpretation when intimate care is being provided the following guidance is given to staff:
 - 17.1.1 Always approach the task of providing intimate care in an open and straightforward manner.
 - 17.1.2 Follow an established sequence in carrying out intimate care.
 - 17.1.3 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
 - 17.1.4 Gloves should always be used and avoid any unnecessary physical contact
 - 17.1.5 If a person we support 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.
 - 17.1.6 Inappropriate gestures or touches will be noted and if persistent will require a review of the individuals care plan.

18.0 Reporting Concerns

- 18.1 Staff should be careful in all aspects of care to ensure that their actions, comments or remarks cannot be misinterpreted.
- 18.2 In the case of suspicion of an abuse having taking place the designated safeguarding officer or a member of the designated team should be notified immediately as per the SOS "Safeguarding Vulnerable Persons at Risk of Abuse Policy.

19.0 Quality

- 19.1 Residential Operations Manager/Day Operations Manager (Residential / Day Manager) will be responsible for monitoring the implementation of the Guidelines on Intimate and Personal Care.

20.0 Agreement and Review

- 20.1 These Guidelines and Procedures will be reviewed regularly and amended in light of experience of its operation, changing legislation or guidance from appropriate bodies.

This Policy should be read in conjunction with the following policies:

- SOS Data Protection Policy
- SOS Data Breach Policy
- Safeguarding/Trust in Care/Infection Control

Personal and Intimate Care: Guidance on Specific Care Areas

These guidelines are not all inclusive but identify the key elements to attend to in the delivery of personal and intimate care.

Toileting

The people we support incontinent – Urine or Faeces

- The person we support requests help or staff identifies need for help.
- Encourage the person we support's participation and promote independence.
- Talk with the person we support, and tell them what you are about to do.
- Seek the person we support consent.
- Reassure the person we support as necessary.
- Talk with the person we support during each step of the process.
- Remove appropriate clothing/incontinence wear.
- Wash and dry genital area.
- Redress
- Always treat the person we support with dignity and respect.
- Maintain the person we support privacy and safety throughout.

Helping a person supported use toilet – if mobile

- The person we support requests help or staff identifies need for help.
- Encourage the person we support participation and promote independence.
- Talk with the person we support, and tell them you are taking him / her to the toilet.
- Seek the person we support consent.
- Reassure the person we support as necessary.
- Close bathroom or toilet door to ensure privacy
- Talk with the person we support during each step of the process.
- Take down clothing.
- Ask the person we support to sit on toilet.
- When toilet has been used, wipe the person we support bottom.
- Pull back up clothes.
- Always treat the person we support with dignity and respect
- Maintain the person we support privacy and safety throughout.

Helping the people we support use the toilet – hoist

- The person we support requests help or staff identifies need for help.
- Encourage the person we support's participation and promote independence.
- Talk with the person we support, and tell the person we support you are taking him / her to the toilet.
- Seek the person we support consent.
- Talk to the person we support during each step of the process.
- Hoist the person we support, removing underclothing and placing them gently onto toilet.
- Reassure the person we support as necessary.
- When toilet has been used, wipe the person we support bottom.

- Pull back up clothes.
 - Hoist back into position.
 - Always treat the person we support with dignity and respect.
 - Maintain the person we support privacy and safety throughout.
-
- **Menstruation** The person we support requests help or staff identifies need for help.
 - Encourage the person we support participation and promote independence.
 - Talk with the person we support, and tell them what you are about to do.
 - Tell the person we support that you are going to change their pad.
 - Seek the person we support consent..
 - Work at the person we support pace and in accordance with the agreed approach in the Individual Care Plan.
 - Talk to the person we support during each step of the process.
 - Use pad of the person we support choice.
 - Reassure the person we support as necessary.
 - Always treat the person we support with dignity and respect.
 - Maintain the person we support privacy and safety throughout.

Dressing and Undressing, Bathing and Showering

- The person we support requests help or staff identifies need for help.
- Encourage the person we support participation and promote independence.
- Talk with the person we support, and tell the person we support what you are about to do.
- Seek the person we support consent.
- Reassure the person we support a necessary.
- Work at the person we support pace.
- Talk to the person we support during each step of the process.
- Always treat the person we support with dignity and respect.
- Maintain the person we support privacy and safety throughout.
- Work in accordance with the Care Principles of SOS Kilkenny so that each person we support has a personalized experience of care. ➤ Maintain the person we support privacy at all times.

Personal Care - Shaving

- The person we support requests help or staff identifies need for help.
- Encourage the person we support participation and promote independence.
- Talk with the person we support, and agree the process for shaving.
- Seek the person we support consent.
- Work in accordance with Care Plan e.g. wet shave or electric shave.
- Talk to the person we support during each step of the process.
- Reassure the person we support as necessary.
- Ensure the person we support has the choice of their own aftershave.
- Maintain the person we support privacy throughout.
- Always treat the person we support with dignity and respect.

Medication – Oral

- Refer to SOS – Medication Policy.

Hand washing

Many infections are spread by contact by the hands. Cross infection can occur easily by moving from one person supported to another. The most effective method of preventing cross infection is by decontaminating the hands often, using an effective technique. Hands should be decontaminated in the following situations:

- Before any medical interaction e.g. applying eye ointments, applying dressings etc
- After handling any patient
- After handling any item that is or may be soiled
- Before handling food
- As soon as hands become visibly soiled
- Coming on and off work and after going to the toilet.

A range of soaps, skin disinfectants and hand rubs are available to promote effective hygiene but they must be used appropriately. Soaps remove transient bacteria as a result of the friction caused during washing and drying, Disinfectants inactivate bacteria. Making a choice of which agent to use depends on the type of hand contact performed and the degree of contamination. Soaps are adequate for most routine tasks e.g. helping the people we support with hygiene.

1. Some general points need emphasizing:

- Keep nails short
- Avoid wearing rings and watches
- Cover cuts and abrasions with waterproof dressings.
- Hands should be washed even if gloves have been worn.
- Effective washing technique starts with dispensing soap or skin disinfectant onto the moistened hands. Rub the palms together vigorously to aid the removal of dead cells and bacteria. Wash the back of the hands after the palms and then between the fingers. Rinse all hand surfaces thoroughly – residual soap or antiseptic can make the skin sore and dry. Dry hands thoroughly- preferably with a paper towel.

Personal Care – Foot Care

Please refer to foot care protocol

Mouth care

Please refer to my mouth care plan on DMS

Appendix 1



Intimate & Personal Care Plan

Name		
House		
Key Worker		
Manager		
Date Plan Completed		
Next Review Date		
Review Date:	Signature of person reviewing plan:	
<i>Intimate & Personal Care plan to be reviewed yearly or sooner if circumstances change.</i>		

Identify the person's choice, abilities and needs in each area in relation to Intimate & Personal Care	Identify staff support / actions in each area
1. Level of ability to Self-Care	
<u>Intimate care:</u>	
PLEASE NOTE: Number of staff to be present for intimate care Gender of staff to assist with intimate care	
Bathing:	
Showering:	
Dressing and undressing care:	
Toileting care:	
Skin care:	
Examination care (e.g. medical appointment):	
Clinical interventions care – changing of stoma bag/catheter	
Menstrual Care:	
Continence Care:	
<u>Personal care:</u>	
Hair care:	
Eye care:	
Oral care:	
Hearing care: to include use of hearing aid	
Nail care:	
Foot care:	
Shaving Care:	
Nutritional Care & Feeding assistance: e.g. swallow care plan/dysphagia/dyskinesia	
Sleeping care:	
Environment: Participation in home care activities (making the bed, organising of space, making meals)	
2. Physical Abilities	
Mobility assistance care: Assistance required to walk/wheelchair use/rollator/hoist/ position movement in bed	
3. Communication [method of communication, Interaction responses etc	
Non-verbal care (e.g. use of communication tablet visual aids/LAMH/sounds/gestures/signals/posture)	

Preferred communication method: (e.g. verbal/gestures/time to process)	
4. Medical Needs	
Respiratory care: (e.g. nebulisers/oxygen required frequent RTI's)	
Cardiac care:	
Renal care: (e.g. catheter/continence/frequent UTI's)	
Diabetic care:	
Epilepsy care:	
Medication care: (e.g. regular and PRN)	
Bone Care: (e.g. osteoporosis)	
Sexual health care: (e.g. breast check/prostate check/smear check)	
Swallow care:	See swallow care in personal care
Dementia care:	
Mental health care: (e.g. Mood disorder/ anxiety syndrome specific)	Please see behaviour care plans below
5. Behaviour	
Such as (Self injurious/OCD/Sexual/Stimming/ aggression/violence/destruction of property absconding etc)	
6. Equipment / Assistive Devices required	
Rollator/walker	
Wheelchair	
Hoist	
Transfer belt	
Transfer sheet	
7. Social & Environmental Issues	
Such as (anxiety to seeing dogs)	
8. Risk Management Issues	
9. Other	

Completed By:	
Date Completed:	
Signature:	

Signature Sheet

**I have read, understood and agree to adhere to the attached
Policy and Procedure on Intimate and Personal Care version 5**

Print Name	Signature	House / Department	Date