

Care Practice Policy

Document Title	Care Practice Policy
Reference Number	SO-0050
Version Number	2.1
Date of Issue	01/02/2010
Latest Revision	27/08/2019
Distribution	All Employees
Owner	Directors – Adults/Education
Policy Lead(s)	Margaret Kelly
Department	Schools / Services

Scope

All National Autistic Society (NAS) services and all NAS Schools / Young People's Services.

Policy Summary

To ensure the dignity and value of every person we support by promoting personal, social, and educational development of all those in our care.

NOTE: This policy replaces Care Policy (SO-0050) and also incorporates Physical Contact with Children (SO-0072); Personal Hygiene and Intimate Care (SO-0069) and Service Users' Clothing and Personal Appearance (SO-0061).

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Concise Statement

People with autism can require support throughout their lives. Provision of long term support will be made which entitles the person to a full, enjoyable and secure life. Each person we support will have an Individual Support Plan, Person Centred Plan and Health & Wellbeing Support Plan / Child's Plan which will be formulated in liaison with the individual, their family or carers, circle of support and any other relevant person, as appropriate. Emphasis will be placed on social interaction, communication, personal and social education to maximise opportunities, self-confidence, personal autonomy, self-empowerment, and self-advocacy and to enhance life changes.

The people we support will be encouraged to acquire independent living skills, and this will be promoted through choice of clothing and personal appearance. This will include shopping, care of clothes and possessions and laundry as appropriate and identified in line with Individual Support Plans.

It is recognised that some individuals with an autism spectrum disorder are likely to need staff support with intimate care and personal hygiene. This support must be performed in a person centred manner to enable the individual to be clean, tidy and well-presented / appropriately dressed.

All the people we support will be enabled to be as independent as possible, taking into account their level of ability and their preferences for support.

Good practice is crucial to protect and maintain the well-being, respect and sense of dignity of vulnerable people. Practice will be informed by considerations of choice and provide for as much privacy as possible, and taking account of any specific needs / wishes of the individual – for example, cultural / religious.

All practice and support methods will be reinforced by on-going training of support staff and will promote the self-esteem, safety and self-autonomy of individuals as appropriate to their age and understanding.

A member of the same sex will provide personal intimate care wherever possible. Where practicable, each person will be given the choice of which member of staff they would like to give them support.

In line with SPELL philosophy, a structured consistent approach will be used as underpinned by the individual's support plan. Staff will be positive, patient and reassuring; allowing adequate time so routines do not become rushed. Each person is unique in the way they understand and experience personal care. For example, for those who are sensitive to touch, it may be a difficult time which needs to be handled with the utmost sensitivity.

Physical contact can be an important part of anyone's emotional and physical wellbeing. When working with someone with an autism spectrum disorder,

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physical contact can be used to aid communication and support them with managing behaviour or personal and social needs. It is recognised that those with autism have difficulty understanding social situations and may not have an awareness of the appropriateness of different forms of contact. With this in mind, staff should always consider the purpose of the contact, giving thought to possible benefits and any potential problems.

Where it is necessary to discourage physical contact, it is essential that this is not a negative experience and should be done by diversion or distraction rather than from reactions that might discourage future interactions. Staff should act as positive role models to encourage those they are supporting to develop behaviour patterns that are considered socially appropriate.

Equal Opportunities

Staff will be provided with training and awareness to promote care based on religious, cultural beliefs and practices. Personal, cultural and religious beliefs, needs and preferences are central to developing individual and intimate care plans.

Procedure

1. Each person we support will have a Key Worker/Team who co-ordinates the Individual Support Plan / Child's Plan as well as liaising in other areas of their life will advocate for and promote self-advocacy for the individual.
2. All plans will acknowledge the changing needs of individuals and properly plan for future requirements taking account of their skills and needs.
3. The placement of the person we support will be monitored through regular reviews.
4. Programmes for the people we support will be offered which meet individual need. This will include social and life skills, leisure, healthcare, community activities and free time. This will be done in consultation with the person we support, staff involved in their support, their family and carers, circles of support and professionals as appropriate.
5. There will be open communication with relatives, carers, circles of support and advocates, which acknowledge and respect the needs of each person. Where practicable, the communication methods and type will be discussed and agreed with the individual. Where it is not possible to ascertain views on sharing information, this will be in line with an individual's best interest.

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6. People we support will be encouraged and enabled to choose, and shop for their own clothes and personal requisites where appropriate.
7. People we support are able to keep their own clothing and personal requisites for their own exclusive use, subject to risk assessment and as appropriate.
8. All clothing will be identifiable to the individual person.
9. People we support will be encouraged to look after their own clothes as identified in the Individual Support Plan / Child's Plan. All articles of clothing will be in a good state of repair, correct size and clean.
10. Drawers, wardrobes and cupboards will be provided as appropriate to accommodate clothes and possessions.
11. Those supporting the individual will be responsible for ensuring care of hair, including arranging regular haircuts, and nails. This will be to the individual's choice and personal preference.
12. **Skin Care** - People we support may struggle with their own skin care. Skin care can be affected through several factors. These include:
 - Sun care
 - Smoking
 - Alcohol
 - Washing their skin

Staff to refer to individuals Support Plan in relation to the needs of their skin care.

13. People we support will be supported by the Key Worker/Team in making appropriate choices in both the purchasing of clothing and personal requisites and the choice of what goes together. Clothing will be suitable to individual requirements, age appropriate and should reflect the sex, culture and choice of the person we support, support staff /family values or preferences should not be imposed on the individual. Individuals in our care should be encouraged and supported to dress appropriately for the occasion, unless they choose otherwise.
14. Adult individuals in our care will be encouraged and supported by staff to exercise choice in personal requisites, clothing and hairstyle as appropriate. Parents will be consulted as necessary in respect of children.

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15. Female individuals in our care should have their own supply of sanitary protection.
16. Staff will receive appropriate training in health and care to an appropriate standard. Staff will only undertake tasks for which they have been appropriately trained.
17. Intimate care will be risk assessed and details of care to be provided will be recorded in the individual support plan / Child's Plan. These plans will identify the preferred routines, likes and dislikes of the individual. Such plans must be dynamic in that they will be amended to reflect the individual's changing circumstances. Each support plan should be aimed at improving skills and independence.
18. As far as possible, a staff member that is familiar to the individual will provide intimate care. New staff will follow an induction process in these routines and be made fully aware of all procedures before they work alone with an individual.
19. Agency staff, including past NAS employees will only be involved in personal care at the discretion of the Manager/Principal and subject to DBS/Disclosure Scotland PVG checks/Access NI and induction processes.
20. Staff will knock on individual's doors and wait for an answer before opening as appropriate.
21. Towels, flannels, toiletries, sanitary protection and special equipment/ products should be the individual's own. These will be hygienically and conveniently stored subject to risk assessment.
22. Staff will explain what they are doing by verbal or visual means, and explain the use of any protective clothing at a level the person we support can understand.
23. Maximum privacy subject to risk assessment must be ensured for each individual. For example: closing doors, drawing curtains, knocking on doors before entering, using vacant/engaged signs, and ensuring clothes/dressing gowns are worn when moving from bedroom to bathroom.
24. Any concerns, no matter how small, which could include bruising, marks, tenderness or soreness, showing sexual arousal by any action, the passing of any comment etc. must be reported immediately and discussed with a senior member of staff.
25. Any marks/bruises must be recorded and explained. These must first be reported to firstly to the line-manager then the Registered

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Manager/Principal. These will be shared with relevant family members and professionals as per local agreement for each person we support. Parents of children must be telephoned and informed of any injuries or marks to their child and an explanation given as to how they occurred.

26. Specialist tasks will only be undertaken by relevantly trained staff.
27. In cases where a person we support is unable to apply cream/medication externally or internally on their genital area, appropriate support will be provided. In such circumstances two members of staff must be present.
28. If for any reason staff feel uncomfortable about being alone during intimate care this must be discussed with the line manager.
29. People we support have the option of asking for two staff members to be present where appropriate and if possible.
30. Health and Safety Guidelines must be adhered to at all times. It is the responsibility of all staff to ensure that any associated risks to themselves or the individual in our care are reduced to a minimum. All individuals will have up to date risk assessments for bathing/showering (whichever is the person's choice), behaviour support and manual handling where this is required.
31. Staff will demonstrate an appropriate balance between the needs of each individual and their preferences and the needs of the group of people we support (where this is necessary in group settings), and the protection of themselves, all people we support and any others.
32. When deciding what is appropriate physical contact it is essential to consider the age of the person we support. What is an appropriate touch for a 5 year old may not be as appropriate with a 14 year old or for an adult.
33. Where appropriate, the people we support should be taught about safe and desirable touch as well as inappropriate and unwanted touch. People should be supported in making known their preferences with regard to touch.
34. Some physical interaction between two people we support may be one sided and should be closely observed and discouraged if inappropriate.
35. If a member of staff feels uncomfortable with any aspect of physical contact this should be discussed with their line manager.

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36. Kissing: staff should not kiss children. If a child approaches an adult the response should be 'save your kisses for home if appropriate "save your kisses for eg family". If a child kisses another child this should be discouraged and the children should be separated where necessary.
37. Hugging/cuddling: this is not appropriate in school. If a child is distressed or upset however, it may be necessary to provide comfort or support. This could be done by a hug from the side, a reassuring hand on the shoulder or some time spent away from the group. In residential settings there are circumstances where it might be appropriate subject to the age of the child and their needs.
38. Chase and Tickle games: because of benefits of developing interaction skills these games are considered appropriate subject to age of the child, but must not be overused.
39. Sitting on knees: in school this is not acceptable. Alternatives may include sitting next to or behind the child. In residential setting this may be acceptable only for very small children.
40. Sitting on a child's bed: in the case of small children, it might be appropriate for an adult to sit on a child's bed either to read a story or settle a child to sleep.
41. Sun cream application: assistance may be required in applying sun cream. Independence should be encouraged and where appropriate individuals should be directed through verbal, visual and gestural prompts.
42. **Not acceptable under any circumstances either child and child, or adult and child are:**
 - sharing a bath/shower
 - sharing a bed/sleeping together
 - kissing/touching/cuddling in a sexual way
 - sexual intercourse
43. Adult individuals in our care will have the level of appropriate physical contact defined in their individual care plan.
44. Staff will look after people we support without favouritism or antipathy towards any individual or group.
45. Staff support will be provided based upon agreed Individual Support Plans/ Child's Plan and in accordance with duty of care.
46. Staff will build on individual strengths to overcome weaknesses or compensate for them.

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47. Should it look likely that a placement is breaking down; a full case conference will be called, at which all relevant parties will be represented. Every effort shall be made to resolve difficulties to ensure security of the placement. This may include additional resources such as additional support or adaptations, transfer to more suitable facilities or other measures.
48. Continuity of care and management are particularly important for the wellbeing of people with an autistic spectrum disorder, especially because most of them are unable to communicate their thoughts and needs. New staff members will be carefully briefed, not only by induction courses but also by discussions with predecessors, colleagues, as well as parents and all appropriate written records
49. Key workers and families or carers and circles of support may wish to compile a life story book to accompany each person we support throughout his/her life time care.
50. Within appropriate media permissions, services will contact interested parties on a regular basis, this may include an in-house magazine, of which is to inform relatives and other interested parties of special activities and events in the lives of residents such as visits and onsite activities in which the people we support have participated.

Measure

Care Quality Commission (CQC) Inspections

OFSTED

HMIE

Care Inspectorate, Scotland

RQIA

National Care Standards Commission Inspections

Appointed Visitor / Quality Monitoring Visit

Purchasers' Inspections

Autism Accreditation

Reference

KCSiE 2019

Care Quality Commission (CQC)

Care and Social Services Inspectorate for Wales (CSSIW)

Care Inspectorate – Scotland

Valuing People: A New Strategy for Learning Disability for the 21st Century
Children Act 1989

General Social Care Council

The Care Council for Wales

Adults with Incapacity (Scotland) Act 2000.

The Keys to Life – Improving quality of life for people with learning disabilities - Scotland

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Scottish Social Services Council
Children in Scotland Act 1995
Purchasers' Contracts
Autism Accreditation
The SPELL Framework
Children & Young People (Scotland) Act 2014
The Care Act 2014
Children & Families Act 2014
RQIA
Access NI

Other relevant policies and guidance

Health and Safety Policy Communication and Consultation Policy HS-0414
Security of Tenure and Exclusion Policy SO-0246
Individual Care Plans - Adults – Policy SO-0201
Safeguarding Adults Policy SO-0194
Safeguarding Children Policy SO-0189
Race Equality Policy SO-0238
Risk Assessment Policy HS-0302
Participation Policy SO-0242
Referral to the DBS Barred List Policy SO-0340