



QUALITY SELF-ASSESSMENT PROGRAMME

4. HEALTH & SAFETY MANAGEMENT

4.2 STAFF VULNERABILITY & DUTY OF CARE

DOMICILIARY CARE - ADULTS & OLDER PEOPLE

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OUTCOMES TO BE ACHIEVED:

The probability of staff being exposed to hazards, including abuse, aggression, harassment or actual violence from service users or other third party during the course of carrying out their duties, is minimised through the implementation of preventive assessments and control procedures.

Elements addressed:

- Challenging Behaviour from the Service User
- Use of Physical Intervention (Restraint)
- Environmental Tobacco Smoke
- Stress at Work
- Working Late and / or Alone
- Staff Out-of-Hours Communication with Base
- Staff Back-up in Situations of Potential Risk

#	Performance Indicator / Standard	SCORE	Evidence
1	There is a policy for handling abuse, aggression and actual violence from a service user.		
2	This policy addresses racial, sexual and sectarian harassment of Care Staff, in verbal and physical forms.		
3	Care Staff receive specific training in these situations, which include the causes of aggression and harassment, and the ways in which it should be reported and handled.		
4	Care Staff are aware of a service user's clinical / psychiatric history which may contribute to mood swings or other expressions of aggression; e.g. alcoholism, depression etc		
5	Care Staff are trained to be vigilant in detecting possible mood swings and adverse psychological reactions following a change in a service user's prescribed medication.		
6	There is a formal policy which addresses the need to restrain a service user where undue violence is offered, or where there is a real danger of self-harm.		
7	This policy identifies the circumstances under which restraint may be employed, the methods to be used and NOT used.		
8	Staff receive formal training in the use of restraint, and this is confirmed in Staff Training records.		
9	Restraint is not used without a full documented assessment of the risks being addressed.		
10	All incidences where restraint has been necessary are recorded, together with the name of the person authorising it, details of reasons, action taken, and outcomes.		
11	Records of restraint also include the length of time the restraint is used / was used, and any subsequent reviews to determine the need or otherwise for continued restraint.		
12	Care Staff inform Care Managers in the event that serious harm is considered likely if restraint is not employed, or where there is a risk of the restraint having to be repeated.		
13	When restraint is employed, Care Records show that less restrictive measures were considered. Records confirm why these alternative procedures were not used.		
14	There are regular reviews of all incidents where restraint was required to see if a particular pattern is established.		
15	These reviews will focus upon the reasons for restraint, which will include safety measures, body orientation, staff convenience, danger to life or limb and social control.		
16	Care Staff are trained to be aware of the implications of handling service users' monies, and to ensure that appropriate policies are strictly followed (see section 3-6).		
17	The service user is matched as closely as possible with the Care Worker, thus reducing the risk of possible subsequent harassment or intimidation.		

