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## **DERBYSHIRE COUNTY COUNCIL SOCIAL SERVICES**

### **TITLE <DAY CARE FOR OLDER PEOPLE POLICY AND PROCEDURES MANUAL>**

#### *1. Approval and Authorisation*

Completion of the following signature blocks signifies the review and approval of this Process

<b>Name</b>	<b>Job Title</b>	<b>Signature</b>	<b>Date</b>
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#### *2. Change History*

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# Policy & Procedures Manual

## Day Care for Older People

# DERBYSHIRE COUNTY COUNCIL – SOCIAL SERVICES DEPARTMENT

## DAY CARE POLICY AND PROCEDURES MANUAL

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# DERBYSHIRE COUNTY COUNCIL – SOCIAL SERVICES DEPARTMENT

## DAY CARE POLICY AND PROCEDURES MANUAL

### SECTION 1 - GENERAL

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## **SECTION 1 - GENERAL**

### **INTRODUCTION**

This handbook has been written to help you gain easy access to information which will support you in carrying out the responsibilities of your job. It has been written in a way which it is hoped will be equally valuable for staff occupying a variety of different jobs, whether they are 'new' or have been in post for a longer period.

It seeks to provide a wide range of information on policies, procedures and other processes which affect the provision of day services to older people, and the employment of staff who provide these services.

The handbook must be read in conjunction with other County policies and procedures including:

- Absence Management Policy
- Moving and Handling
- Risk Assessment
- Catering Manual
- Staff Training Manual
- Health and Safety Manual
- Violence and Aggression Policy
- Medication Policy
- Recording Policy

A comprehensive list of all policies that should be available within the centre is located in the Administration Section.

It is intended that the handbook will be kept updated to reflect any future changes. This will be addressed by the Unit Managers' Meeting on an annual basis.

## **Our Promise to Local People**

Derbyshire County Council is here to serve local people, and does its best to deliver high quality, cost effective and efficient services that are relevant to their needs.

We are committed to the government's new "Best Value" initiative, which involves continually taking a close look at what we do and how we do it, with a view to improving our services. We take on board local people's needs and views, and how other organisations provide services similar to our own.

So, what can local people expect from us? Not miracles, certainly, but we do make nine promises which we aim to keep:

1. Services will be delivered fairly to local people;
2. Staff will be polite and courteous;
3. People are invited to comment on the service which they receive and their comments will be used to improve services;
4. People can ask for the name of the member of staff who is providing the service;
5. We answer the telephone calls promptly and try to respond to enquiries within one working day;
6. Our aim is to reply to letters within 10 working days. If the reply requires research, we let people know within five working days and send a full reply within 20 working days.
7. People may request a meeting with an employee of the County Council, and should be told the name of the officer they will meet when the details are confirmed. Our aim is to honour appointment times and keep delays down to 10 minutes.
8. If people visit a County Council office they should be spoken to on arrival at a reception area and given appropriate assistance.
9. Standards of service delivery enable people to know what to expect from services.

**Social Services** – responsible for adult services, children and families, community care, registration and inspection etc.

**Community and Public Protection** – responsible for trading standards, public protection, welfare rights, tackling poverty, equal opportunities community liaison, community safety, voluntary sector support, emergency planning, registration service, coroners' service etc.

**Environmental Services** – responsible for countryside, footpaths, public transport, waste disposal, traffic management, road safety, highway maintenance, transportation and strategic planning.

**Libraries and Heritage** – responsible for the County's public libraries, Derbyshire Record Office, arts and museums.

**The County Council's Services** – The Chief Executive heads a team which is responsible for putting the Council's policies into practice. The Chief Executive's Office includes Public Relations, Policy and Research, and Emergency Planning.

Corporate Resources has a wide range of central responsibilities, including information technology, personnel, property management, finance and legal.

The Education Service's main aim is to make sure that top quality opportunities for educational and personal development are available to everyone who needs or wants them.

Libraries, Heritage and Arts holds and makes available a vast treasure trove of information and entertainment.

Social Services cares for the most vulnerable people in the community. Children in need and at risk, elderly, disabled and infirm people and individuals and families dealing with problems, all receive practical help.

Environmental Services is responsible for protecting, maintaining and guiding the development of the County's beautiful countryside as well as maintaining roads, pavements and street lights.

Public Protection ensures fair and safe trading and carries out analytical work to help the County Council enforce a large range of laws.

### **Where to find us**

All of the County Council's services are based at its headquarters in Matlock. Some have area offices around the County, and there is a network of Council Contact points in towns around the County which have information on all of our services.



**Our Promise to Our Employees**

Derbyshire County Council believes that its most important assets are the people it employs. Corporate Resources is one of a number of services which are seeking Investors in People status, in recognition of the Council's commitment to its staff.

Employees' view on how to improve services are welcomed and encouraged.

Whenever possible, employees' ideas about how to improve services will be put into action.

People working for the County Council receive the support they need to do their job.

All employees receive the same degree of attention as the County Council devotes to service users.

## **THE ROLE AND FUNCTION OF DAY SERVICES FOR OLDER PEOPLE**

### **DAY CARE**

A provision for people who need help with personal care or general re-assurance and encouragement or supervision.

It will contribute to the general well-being of people and enable them to remain in the community and it could avoid social isolation. This provision will also support carers to enable them to continue in this role.

The environment will be safe and comfortable and is often provided within a residential setting.

The length of the day care provided will vary according to individual need.

### **DAY SERVICES**

Will provide day care as detailed above. They will also provide purposeful and stimulating activities to help enable people to lead fulfilling and independent lives. This should include enabling older people to access ordinary community facilities and providing/developing with older people a wide variety of community initiatives. Day Services should also provide rehabilitation services.

### **DAY HOSPITAL**

Day Hospital Services provide a focus for therapeutic day activities and a rehabilitation environment for many people with a mental illness or health problems associated with ageing. In addition they can enable people to live at home rather than in a residential care environment and they also provide valuable respite care which relieves pressure on carers. The range of day hospital care stretches from drop-in centres open one lunch time a week through to day hospitals open seven days a week.

## **DAY SERVICES FOR OLDER PEOPLE**

### **About the Service**

We provide day services for older people in many different settings ranging from staffed day centres to social and lunch groups in community settings.

The following sections apply only to those centres which are staffed.

### **Criteria for Access to Service**

1. You should be over retirement age and have poor health or frailty which limits your ability to deal with day to day living. Alternatively, you have a physical impairment, sight or hearing impairment which significantly limits your ability to deal with day to day living and meet one of the following:
  - a) you are unable to use ordinary facilities without assistance from another person:
  - b) you depend on others for personal assistance and/or communication:
  - c) an informal carer is unable to go to work, deal with domestic arrangements or take time off from caring without having to make alternative arrangements for you.

### **Quality Standards**

We will review your needs and wishes regularly

We will involve you in the assessment and review of your needs

We will involve you in the running and planning of services

We will treat you with dignity and respect at all times

Where personal care is provided it will be sensitive to your needs and feelings

Services will be culturally appropriate

We will use local community facilities

We will provide a wide range of activities and experiences designed to meet assessed needs

We will co-ordinate the planning of services to individuals with other professionals and agencies

**Checking What We Do**

Managers will check services regularly and you will be involved in this process.

**Public Information**

Each local service will provide a brochure containing information about the service. For example, activities provided, charges, users' rights and transport. Services will be monitored by managers on a regular and ongoing basis and service users will be involved in this process. In addition, Service Managers monitor standards on an annual basis.

**SERVICE STRATEGIES****AIMS**

- \* All people, of whatever age, disability or background, will be treated as individuals with independence.
- \* All people will be provided with information about what they can expect if they use this Department's services.
- \* All people will be involved, as fully as possible, in decisions that are made about their needs and the services that they are offered.
- \* Whenever possible people will be enabled to remain in their own homes if this is what they prefer.
- \* If people are unable, or prefer not to remain in their own homes, then alternative accommodation, including the County Council's own residential homes, will be provided whenever possible.

**OBJECTIVES**

The intention of this Department is to move towards these aims by using the following generic objectives.

- \* To implement a partnership with service users and carers in service development and provision. This should include the further development of advocacy services.
- \* To further develop services that are appropriate to people's race, gender, age and disability.
- \* To remain a key service provider.
- \* To establish statements of the quality we are seeking to achieve in each aspect of the services we are directly providing or funding.
- \* To establish information systems to assist users and potential users to make choices about using services.
- \* To maintain or establish 'core' provision in each part of the county to include crisis support and intensive, permanent and co-ordinated services for people who are most at risk.
- \* To establish assessment processes and criteria, together with care planning programmes that are non-bureaucratic and comprehensive covering both direct service users and carers.
- \* To seek flexibility in providing services to meet people's needs.
- \* To seek to maximise people's income from welfare benefits.
- \* To enhance the quality of service through effective recruitment and training.
- \* To implement the Department's equal opportunity strategy.
- \* To vigorously encourage other agencies to meet their obligations.
- \* To continue to give support to the development of voluntary organisations, self-help groups and carers' support services.
- \* To assess user and carer satisfaction with services through use of the complaints process and more systematic approaches to information collection.
- \* To seek to establish minimum standards for the transport of service users.

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## **SERVICES FOR ELDERLY PEOPLE**

### **OBJECTIVES**

In addition to the general objectives, the following objectives relate specifically to this client group:

- \* To support those people with higher needs to stay at home, there will be increased concentration on home support services. These services will also support carers.
- \* To support those people with higher needs, and those with mental ill health, residential homes will need to further improve their facilities so as to enhance people's independence.
- \* Improved access to appropriate day and sitting services will be achieved to support people with high needs and their carers.
- \* The Meals on Wheels Service will be reviewed with the aim of ensuring that it can provide a 'core' nutritional service.
- \* Links will continue with District Council Housing Authorities to ensure both the promotion of 'staying put' (care and repair) schemes, and to offer supported housing schemes.
- \* Local links with Primary and Secondary Health Care Services and other organisations concerned with health and social care services will be maintained and developed to ensure that best use is made of the opportunities presented by the GP linked annual screening of people aged 75 or over.
- \* Work will continue so as to ensure that the best use is made of the opportunities provided by the development of community transport services.

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## **GUIDELINES FOR THE IMPLEMENTATION OF AIMS AND OBJECTIVES IN DAY SERVICES FOR OLDER PEOPLE**

### **1. AIMS**

The aim of the centre should be a general philosophy statement which matches the service strategy for this client group. The wording, however, should be such that the opportunity is created for managers to set specific standards of care, the effect of which can be monitored and evaluated, eg:

*'the philosophy of our centre is that staff will work towards meeting the emotional, social, physical needs of older people which respects their independence, protects their status as adults, and encourages their individuality.'*

The aims should be framed and on display in the centre to provide information for users and relatives to measure against service quality.

The complaints procedure should be clearly displayed alongside the philosophy statement.

### **2. OBJECTIVES**

These need to be clear, precise, achievable and measurable. They should demonstrate how the aims of the centre are to be met. They should be designed for the specific purpose of improving the existing standard of care and promoting the more efficient use of care staff.

Thought should be given to the following areas:

- 2.1 Building** - the layout, furnishings and decor of the centre should cater for service user's individual and group needs and preferences in line with Health and Safety and Fire Regulations policies. The building should generate a positive first impression.
- 2.2 Service Quality** - what is the admissions policy and procedure? How do you assess the service to meet individual need? What is the quality of information provided? How do you seek the views and opinions of consumers?
- 2.3 Rights of Users** - objectives should be formulated around the areas of dignity, choice, individuality, respect, fulfilment, decision making, complaints. How are community links maintained? Are there a range of social activities and are they age appropriate? How are religious, cultural and sexual needs met?
- 2.4 Staff** - to include under this heading: the recruitment and selection of staff; induction; training; supervision; industrial relations; health and safety;



provision of suitable equipment; equal opportunities and communication systems.

- 2.5 Administration** - how is the quality of work measured? Is it organised fairly? Is it consistent and are all staff involved? What is the decision making process? Are there appropriate records kept of a good standard and is administration in line with laid down policies within agreed resources around budget and staff control? How is internal quality checked and assessed?

## RESOURCE CENTRES

Within Derbyshire there are a number of Resource Centres which offer a variety of services such as:

- (a) A base for outreach work providing services to the community.
- (b) Meals on wheels.
- (c) Out of hours management support to Domiciliary and Community Support Workers.
- (d) Luncheon clubs.
- (e) Information and advice to the local community regarding services offered.
- (f) A warden service to a group of older people in sheltered accommodation.
- (g) Emergency accommodation for various groups in need by using available staff accommodation.
- (h) A base for other staff groups/professionals from which to operate.
- (i) A base for voluntary groups.

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**INSPECTION/MONITORING OF ESTABLISHMENTS BY SERVICE MANAGERS**

Although the inspection of premises is the responsibility of the National Care Standards Commission, the onus is on Service Managers to monitor regularly, the establishments for which they are responsible. Unit Managers will expect to see the Service Manager visiting their centre on a regular basis. Many of these visits should be unannounced and at various times of the day.

Twice a year a more formal inspection type visit must be made to the centre. A monitoring form is in use which is standard throughout all County Council establishments. It is essential that these twice yearly visits do not lapse.

**PROCEDURE TO BE ADOPTED**

1. Arrange visit with the Unit Manager and leave the monitoring form at the establishment for advance completion. A good standard of completion is expected from Unit Managers.
2. At the same time ensure that a notice is displayed on the staff notice board to the effect that you will be attending a staff meeting on this day. The Unit Manager should chair this meeting and arrange the agenda. These will be standard items that you will wish to raise:
  - Health and Safety at Work
  - Violence and Aggression
  - Mandatory Training Courses
  - Use of Protective Clothing
  - Understanding of Grievance Procedures
  - Fire Drills and Health and Safety Inspections

Not all these items need including at every meeting, as only one hour is paid for staff attending but not on duty.

At least once a year set time aside to see manual grade workers alone without senior staff present. This is to ensure that all staff groups see the Service Manager role as supporting the establishment as a whole, and not focused on managers alone. At these meetings you need to ensure that JCC minutes, Management Memos and job vacancies are seen by all staff; that staff have access to protective clothing and use it; and the system of allocating extra hours up to the full time equivalent is fair and according to procedure.

3. You will need to allocate at least one day for this visit. This can, however, be split as you may wish to return to the home at a later date to interview residents and complete the report.
  4. Any meals taken at the establishment must be paid for at the appropriate rate.
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5. Once the visit is completed the report form is typed and a copy sent to the Unit Manager to action any shortfalls identified. The main copy is held on file at the area office for reference after it has been seen by an Area Manager. Any confidential issues or matters which cause serious concern are to be dealt with via a separate report to be discussed with the Assistant Community Social Services Manager.

### **STANDARDS EXPECTED IN DAY SERVICES**

Each centre should operate according to the procedures as determined in this manual which will be revised from time to time. Therefore, Service Managers should acquaint themselves of the contents of the manual in order to monitor that these standards are being met. Some of these standards are highlighted to assist Service Managers in their role at the inspection/ monitoring visit.

1. **Interviewing Service Users** - A quality check on standards of care and satisfaction received. Service users should be interviewed at the visit to ensure the following:

- how staff treat service users
- are services provided (chiropody, dentistry, hearing checks)
- is food good/a choice available
- how are rights to dignity, choice, independence upheld
- check knowledge of location and contents of information handbook.

Any volunteers should be vetted and references obtained (excludes WRVS etc).

Each establishment should have a satisfactory key worker scheme, and service users should have individual care plans.

All service users should be reviewed in line with care management procedures and thereafter at least annually using pro-forma review form retained at day centres.

A choice of menu should be in operation with alternatives clearly stated on menu. The menu should be detailed and show a variety of dishes.

Meal times should be flexible. Waste should be monitored by the Unit Manager. Any problems over suppliers - ask Unit Manager to take up with County Procurement - Food Buyer. If problem is more widespread, contact County Procurement by letter.

2. **BUILDINGS AND MAINTENANCE**

Vandalism can be a problem. Security arrangements should be checked.

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The decor of the centre should be bright and cheerful, non-institutional and meet DDA standards. All items must meet fire safety standards. In the kitchen there should be adequate equipment - cookers, fridges, freezers (check not over-

stocked), toasters, fish fryers, potato rumpers, food mixers, all of an industrial type. General equipment should include trolleys and heated food trolleys.

Advice on kitchen equipment can be sought from County Procurement or from the Catering and Domestic Services Manager where applicable. Likewise, adequate laundry equipment should be provided - washers, dryers and suitable storage space.

Products are available to control odour. Carpets shampooed regularly - need adequate carpet shampoo. Check on use of incontinence pads.

Check security of keys - especially doors and the safe key.

Centres should only order goods from approved suppliers as per the County Procurement file.

#### **4. ADMINISTRATION**

The general financial procedures are checked approximately annually using a report form which both the establishment and Service Manager will have a copy. Records should be of a good standard and there should be an adequate filing system in operation.

**Medication** - There is a medicines code at each establishment. Wendy Harris, Community Pharmacist, can be contacted for advice.

**Accidents** - To staff and residents accidents as per procedure.

**Complaints Book** - Should detail date, nature of complaint, complainant, the investigation and action taken.

**Inventory** - By establishment annually. Condemned items need writing off by Service Manager.

**County Audit** - Every 18 months to 2 years on average.

**Financial Procedures** - Every 12 months, plus when senior staff leave you need to inform the Business Services Manager for change in bank signatories.

**Amenity Fund** - Required to have amenity committee. Should be a mixture of members - encourage service users. Minutes of meetings recorded and displayed. Fund raising events should always detail income and expenditure.

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An annual amenity fund statement must be provided and balances checked by Service Manager. Any obscure expenditure challenged.

**Health and Safety** - Health and Safety portfolio held at each establishment should be regularly updated and be accessible to all staff.

A health and safety check must be undertaken in April and October. Preferable to have trade union representative present, otherwise undertaken by managers of the centre. Health and safety inspection form retained at establishment. Will form basis of annual health and safety report to be completed by the Service Manager in December. Forwarded to the Health and Safety Officer at headquarters.

Environmental Health Officer will visit and issue report - action any recommendations. All staff must receive moving and handling training as a mandatory requirement. They are paid to attend. A record must be kept of people receiving training. (Necessary if any claims arise for compensation). Basic food safety training for kitchen staff is mandatory.

**Fire Regulations** - Staff must be trained in evacuation methods. Fire notices, both general and staff specific, must be on display. Fire drills held at least twice a year - need to monitor and ensure they are undertaken. Fire Service undertakes additional training sessions - mandatory requirement - staff paid to attend. Fire drill report should state date, time, number evacuated, location and how long drill took. Report any comments by staff or Fire Officer.

**Communications** - Written and verbal for both staff and residents. Use of notice boards, check notices regularly updated. Notice board must be provided separately for trade union information.

#### **4. STAFFING**

Each establishment has a given staffing figure for each category of employee. This must not be exceeded unless prior approval is obtained. Very short term staff increases have been given to cope with a crisis (scabies as an example). Any overtime working must be authorised in advance.

An annual check is made to ensure the staffing establishment is correct - returned to Service Manager.

Some amendments are underway where anomalies have occurred.

- Where solid fuel boilers are converted to gas, the handy person post disappears - aim to transfer to vacant care hours or move to another post.
- Existing domestic staff paid at Grade 2 - when post is vacated - re-employ at domestic Grade 1.
- As posts become vacant in kitchens review ratio and job title of catering staff.

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**Recruitment and Selection** - Manual worker appointments undertaken by managers in establishments. Salaried and relief manager posts undertaken by

area office. General supervision of staff should be monthly, plus group supervision in the establishment.

**Absence Management Policy** - Details supplied to Service Manager of staff off for more than one month continuously or 15 days. Need to check that welfare referrals have been made and other appropriate action is taken.

**Qualifications and Training and General Staffing Issues** - The current requirement for the Unit Manager to be a qualified officer and hold relevant experience with the service user group. Qualifications are Nursing/Social Work or a recognised management qualification.

Care staff appointed must attend induction training for which they are given time off with pay. With all training courses which are mandatory, staff should be no better or no worse off for attending a course regarding payment.

All senior staff involved in the recruitment and selection process should attend the relevant course - paid time off allowed - cover will be necessary to maintain minimum management requirements. Senior staff are required under health and safety legislation to attend first aid training as an appointed person.

For optional courses - staff can attend provided no increase in costs occur.

**Industrial Relations** - There should be a shop steward in each establishment. Facilities should be provided - filing cabinet, notice board, access to telephone. Regular meetings to be held with steward and Unit Manager. Any matters discussed should be recorded. JCC minutes should be on display and any matters referred to on the minutes should be actioned. Time off agreement for stewards should be known and upheld.

## 5. **OVERALL COMMENTS**

Aims and objectives should be jointly set and agreed annually - target dates for completion and nominated manager recorded.

Need to comment on how far the centre has reached standards and identify shortfalls and actions taken to remedy.

Need to identify changes required and if there is any resistance to change and by whom.

Supervision of the Unit Manager is according to the supervision policy. Regular meetings of groups of managers are also required as part of supervision and information sharing/support.

Outstanding repairs and health and safety matters need action taking - usually letter to appropriate section.

Staff meeting - comment on how staff contribute, do they feel inhibited, are ideas taken seriously. Has the meeting been conducted professionally - agenda, chairperson, minutes, timing.

General staff morale, team work, relationship between managers and staff group. Areas of conflict. General impressions.

6. Service Managers should encourage establishments to produce an annual report and contributions to it made by all staff. The annual report should cover aims and objectives set and targets reached; staff and users turnover; staff training; events held during the year and reports on specific items like holidays; purchases made from amenity fund; aims and objectives for the following year.
7. Service Managers should ensure that the principles and aims of the Better Care, Higher Standards – Derbyshire’s Care and Housing Charter are followed and adhered to in relation to day services.



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**NHS AND COMMUNITY CARE ACT****ROTA VISITS TO DAY CENTRES****MEMBERS CHECKLIST****1. Statement of Philosophy and Values**

- Does the centre have a clear statement and how well is it understood by managers, staff and users?
- What evidence is there of its translation into practice?

**2. Statement of Aims and Objectives**

- Does the centre have clear aims and objectives?
- What measures do managers take to review their achievement?
- Are aims and objectives explicit and included in brochure or other information?

**3. Relevance of Service Provided to Local Needs**

- How do the aims and objectives of the centre relate to needs in the catchment area it serves?
- What evidence is there that managers have an understanding of needs arising in their locality?

**4. Degree of Complexity of Disabilities Provided for**

- What levels of disability can the centre provide for?
- What conditions or disabilities are excluded and for what reason?

**5. Dependency of Residents**

- Is the dependency of users compatible with the knowledge and skills of managers and staff?
- What trends in levels of dependency have been observed and what difficulties in this respect have been experienced?

**6. Admissions Policy and Procedure**

- Is there an explicit admissions policy and procedure?

- What evidence is there that it is working effectively?

## **7. Discharge**

- What frequency and circumstances of discharges are observed in the centre?
- What is the quality of handling discharges and deaths in the centre?

## **8. Individual User's Care**

- What is the approach to individual care planning?
- What use is made of key worker system?
- What is the quality of individual user's records?

## **9. Buildings**

- Design relative to philosophy and aims of centre.
- Physical standards.
- Maintenance.
- Decoration.

## **10. Equipment and Furnishings**

- What is the overall standard of equipment and furnishings in the centre?
- What is the standard of equipment and furnishings relative to the philosophy and aims of the centre?

## **11. Staffing**

- Levels and turnover.
- What staffing levels are maintained?
- What shortfalls have occurred?
- What is the rate of turnover of staff?

## **12. Staffing**

- Experience, skills and training arrangements.
-

- What levels of experience are available among managers and care staff?
- What skills have been learned and are available specific to the aims of the centre?
- What training arrangements are in place in the centre to meet ongoing training needs?

**13. Security**

- How are aspects of the security of users and staff maintained?
- What are the standards of fire precautions, lift maintenance, and aspects of environmental health in the centre?

**14. Catering**

- What is the style and quality of preparation and presentation of food?
- What degree of choice is available and how are the wishes of users reflected?
- What flexibility in timing is available and opportunities for users to prepare their own drinks and food?
- How are cultural and religious needs observed?

**17. Activity Levels/Day Care**

- What evidence is there of a creative approach to activities compatible with the dependency of users?
- What levels of activity and the promotion of mobility are observed?

**18. Community Links**

- What evidence is there of a positive approach to developing and using links with the local community?

**19. Health Care**

- What approach is taken to enabling appropriate health care measures?
- Is there a clear understanding of the boundaries of personal care and nursing care?
- Is the administration of drugs satisfactory?

- Are appropriate links maintained with health care specialisms and advisers?

**20. Internal Quality Assurance**

- What evidence is there of user participation in the running of the centre, including users and their relatives?
- Are centres engaging in any self-assessment or internal quality control measures?

**21. Records**

- Are appropriate records in place - what is the overall standard of recording?

**22. Individual User Groups**

- What standards of care specific to the user group provided for are observed?

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**ROLE AND FUNCTION OF MANAGEMENT STAFF**

1. The Unit Manager has overall responsibility for the efficient and effective running of the establishment within the resources available.
2. The management team, under the direction of the Deputy Service Manager, is responsible for ensuring that the assessed needs of clients are met by implementing good standards of care practice.
3. To set aims and objectives and to devise systems which monitor the achievements and effectiveness of the establishment. (guidelines attached)
4. To set standards of performance of care, domestic and catering staff, and distribute duties and workload of all staff groups in order to ensure that staff achieve and maintain these standards.
5. To maintain minimum staff cover at all times by the use of adequate reliefs, and be responsible for authorising the absence of staff on specified occasions.
6. To work within the agreed policies of Derbyshire County Council and to ensure that all other staff are aware of these policies by the use of effective communication systems.
7. To ensure adequate training, motivation and development of staff.
8. To establish efficient systems of administration, communication and delegation in order to ensure effective use of time and resources.
9. To recruit suitably qualified and experienced staff to the levels required according to the establishment staffing figures.
10. To actively seek the views and opinions of clients and staff groups on how to improve practice and service delivery.
11. To inform members of any significant reduction or cutback in services before they occur. Members should also be informed of possible sensitive issues before they become major crises.
12. To take appropriate action as necessary which has been identified in writing by the Service Manager during the twice yearly formal monitoring visits and Inspection Unit Reports.

**DERBYSHIRE COUNTY COUNCIL**  
**SOCIAL SERVICES DEPARTMENT**

## CIRCULATION

EST	DATE
SERVICE MANAGER	
CSSM	
Head of Operations	
Local Members Committee	

**MANAGER'S REPORT - To be completed annually****HOMES AND RESOURCE CENTRES FOR OLDER PEOPLE - PART I**  
**CARE PRACTICES**

NAME OF ESTABLISHMENT: .....

DATE OF VISIT: .....

NUMBER OF BEDS: .....

LONG STAY: .....

SHORT STAY: .....

DAY CARE: .....

If classed as a Resource Centre please complete the additional information sheet.

**AIMS AND OBJECTIVES**

List the home's aims and objectives for the current year. Please include target dates and name the lead manager who has responsibility to ensure these are met.

Aims and objectives should include any outstanding recommendations from the inspection report and any developments which are highlighted in the community care plan.

Use a continuation sheet if necessary.

.....

.....

.....

.....

**CARE SYSTEMS**

1. Do you have an Admissions Policy?

.....

1. What information is given to new residents?

.....

.....

2. What information do residents keep after admission?

.....

.....

2. Have all new residents had a review within six to eight weeks of their admission?

.....

.....

3. How many residents/service users have an individual care plan?

Long term residents: .....

Short term residents: .....

4. Describe how you use the care plan to ensure residents/service users' individual needs are met.

.....

.....

.....

.....

.....

.....

.....

.....

- 
- 
5. Are staff having any difficulties meeting needs in the following areas:

Please give details

Social: .....

.....

Physical: .....

.....

Emotional: .....

.....

Spiritual: .....

.....

6. What system is in place for reviewing residents/service users' individual care plans?

.....

.....

7. Is there an effective link system in place?

.....

.....

If not please state deficit and identify action you intend to take to rectify this.

.....

.....

.....

8. What methods are used to involve residents/service users in decisions that affect their daily lives.

.....

.....



9. How do residents influence the running of the home.

.....

.....

10. How do you ensure residents/service users and carers are aware of and use the complaints procedure.

.....

.....

11. What in-house entertainment/activities do you provide and at what frequency.

.....

.....

12. What outings are arranged for residents individually and in groups?

.....

.....

13. Have you any concerns regarding the promotion of the equal opportunities policy in relation to residents/service users' care?

.....

.....

SERVICE MANAGER TO SELECT SEVERAL CARE PLANS AND COMMENT ON:  
QUALITY, COMMUNICATION BETWEEN SHIFTS, AND ANY SHORTFALL. PLEASE  
INVOLVE STAFF AND RESIDENTS/SERVICE USERS?

.....

.....

.....

.....

.....

.....

---

**FINANCE SYSTEMS**

1. Number of saving sheets maintained on residents' behalf?

.....

.....

2. Are balances correct and an appropriate level?

.....

.....

3. Are receipts obtained on behalf of residents?

.....

.....

4. Are you satisfied that residents' monies are being managed appropriately?

.....

.....

5. Is there any outstanding property belonging to deceased residents?

.....

If yes state action taken:

.....

.....

6. How many residents are provided with accommodation under No Board?

.....

**STAFFING SYSTEMS**

1. Are there any areas in which time management is a problem for the staff group?

.....

.....

- 
- 
2. What steps have been taken to rectify shortfall?

.....

3. Are staff rotas working in an effective manner?

.....

.....

4. Have all new staff received induction training? SERVICE MANAGER TO CHECK RECORDS

.....

.....

5. Names, designation and details of probationary staff including relief workers to include date of commencement, contracted hours, dates of supervision: first, third and fifth month.

.....

.....

.....

.....

.....

.....

- 6 Names of relief staff employed and date of commencement if not included in 5 above.

.....

.....

.....

7. How many staff have an up to date training portfolio?

.....

.....

.....

.....

.....

8. Please list all staff training undertaken in the last year

.....

.....

9. Please list identified shortfall.

.....

.....

10. How many staff have left in the last year?

NAME	DESIGNATION	HOURS	REASON
------	-------------	-------	--------

.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

11. Are there currently any staff vacancies? Please give details of designation and hours.

.....

.....

- 
- 
12. Number of hours used in the following categories:

Management

Day Care .....

Night Care .....

Domestic .....

Catering .....

Others please state: .....

.....

SERVICE MANAGERS TO CHECK HOURS USED MATCH THOSE ALLOCATED

13. How is staff supervision managed within this home?

.....

.....

14. Please identify any shortfall.

.....

.....

15. Identify type purpose and frequency of staff meetings.

.....

.....

16. Please list any staff referred to Departmental Welfare Officer due to long term sickness within the last 12 months.

.....

.....

17. What relief cover arrangements are in place?

.....

.....

18. Do you have any concerns regarding the sickness levels in this home?

.....

.....

a) What evidence is there to substantiate this?

.....

.....

b) What action has been taken?

.....

.....

19. Have you any concerns regarding the promotion of the equal opportunity policy in relation to staffing issues?

.....

.....

### **CARERS SUPPORT SYSTEMS**

1. Please list the opportunities for carers to be involved in the homes activities: This can include carers providing care to their relatives.

.....

.....

2. Can carers influence the running of the home, if yes give details?

.....

.....

- 
- 
3. Do volunteers visit the home, if yes give details?

.....

.....

4. Give details of any community groups, activities that take place in the home.

.....

.....

### **QUALITY ASSURANCE SYSTEMS**

1. In your estimation has there been any achievements in the past year, which have been particularly successful? If yes give details.

.....

.....

.....

.....

2. How does the Manager of the home ensure that the rights of residents are promoted?

.....

.....

3. Has the home produced its own Annual Report based on an agreed format to monitor the quality of life, quality of care and the quality of management within the home?

.....

.....

4. To whom is the Annual Report circulated?

.....

.....

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

ON4 (revised 1995)



**DERBYSHIRE COUNTY COUNCIL**  
**SOCIAL SERVICES DEPARTMENT**

## CIRCULATION

EST	DATE
SERVICE MANAGER	
CSSM	
Head of Operations	
Local Members Committee	

**MANAGER'S REPORT - To be completed annually****HOMES AND RESOURCE CENTRES FOR OLDER PEOPLE - PART II BUILDINGS**

NAME OF ESTABLISHMENT: .....

DATE OF VISIT: .....

**BUILDING STRUCTURAL**

1. What impression does the approach to the establishment convey?

.....

.....

2. Is the building appropriately signposted?

.....

.....

3. Externally is the building in good state of repair?

.....

.....

4. Comment on the condition of external paintwork.

.....

.....

5. Are the pathways and drives in good condition?

.....

6. Comment on the garden facilities and upkeep.

.....

.....

7. Are the outbuildings (eg garages, boiler-houses, greenhouse) satisfactory?

.....

.....

8. What are the arrangements for storage/disposal of rubbish and clinical waste?

.....

.....

Is this adequate?

.....

.....

9. Are the defect reports forwarded to Tech Services as necessary?

.....

.....

What systems are in place to check on work reported?

.....

.....

### **BUILDING STRUCTURAL**

1. What is the general impression on entering the reception area?

.....

.....

Is it warm, welcoming and informative?

.....

.....

2. Comment on the decor in the following areas:

a) Lounges:

.....

.....

b) Dining Room:

.....

.....

c) Bedrooms:

.....

.....

d) Bathrooms:

.....

.....

e) Toilets:

.....

.....

Are staff aware of a Technical Services Painting Programme?

.....

.....

3. Are floor coverings clean in all areas?

.....

.....

Are carpets shampooed regularly?

.....

.....

4. Is the furniture suitable for the needs of Service Users?

.....

.....

Is all furniture in a good state of repair?

.....

.....

Are there any additional furniture requirements?

.....

.....

#### **BUILDING (ENVIRONMENTAL)**

1. Are six monthly Health and Safety Checks completed and up to date? (Service Manager to check report)

.....

.....

2. Date of inspection by Environmental Health Officer. Is any action necessary?

.....

.....

---

3. What arrangements are in place to comply with the following regulations:

a) Electricity at Work:

.....

.....

b) COSHH (Control of Substances Hazardous to Health)?

.....

.....

4. Are the Official Fire Regulation guide notes on display?

.....

.....

a) Are records kept of weekly fire alarm tests?

.....

.....

b) Are records of visual daily/weekly/monthly checks up to date?

.....

.....

c) Date and time of last fire drill.

.....

.....

d) Outcome of drill.

.....

.....

---

---

e) Was a fire officer present?

.....

.....

f) Have all staff received fire training?

.....

.....

5. Are the regulations relating to fire retardant furnishings complied with?

.....

.....

6. What facilities are available for smoking?

.....

.....

Service users:

.....

.....

Visitors:

.....

.....

Staff:

.....

.....

---

7. Comment on the tidiness of the establishment generally,

a) Inside the building:

.....

.....

b) Outside the building:

.....

.....

8. Is the security of the building adequate?

.....

.....

a) Are there any aspects of security which are of concern to staff?

.....

.....

b) What is the procedure for locking doors and windows?

.....

.....

c) Comment on exterior lighting?

.....

.....

d) Does the establishment have a safe?

.....

.....

- 
- 
- e) What are the arrangements for:
- i) Collecting personal allowances
- .....
- .....
- ii) Banking income
- .....
- .....
9. Comment on Laundry facilities
- a) Is the equipment adequate?
- .....
- .....
- b) Is equipment appropriately maintained by staff, eg filters, soap dispensers
- .....
- .....
- c) Is storage space adequate?
- .....
- .....
10. List Moving and Handling equipment provided.
- .....
- .....
- a) Have staff been trained in its use?
- .....
- .....



- b) Date of last check on hoists.

.....

.....

11. Are there any electric wheelchairs in use?

.....

.....

What facilities are available for recharging batteries?

.....

.....

### **CATERING**

1. Comment on the standard of hygiene - check cleaning frequencies are on display

Kitchen:

.....

.....

Food preparation areas:

.....

.....

Storage areas:

.....

.....

2. Comment on food storage.

.....

.....

---

---

3. Are Supplies appropriate?

.....

.....

4. Is there a milk dispenser in use?

.....

.....

5. Are the fridge temperatures checked and recorded?

.....

.....

6. Is the equipment adequate and in good working order?

.....

.....

7. Are kitchen staff appropriately dressed?

.....

.....

8. Are regulations restricting unnecessary access to kitchen areas complied with?

.....

.....

9. What measures are taken to prevent pets entering the kitchen?

.....

.....

10. What are the arrangements for meal times?

Breakfast:

.....

.....

Lunch:

.....

.....

Tea/Evening Meal:

.....

.....

Supper:

.....

.....

11. Is a choice offered?

.....

.....

12. Is fresh fruit supplied to residents?

.....

.....

13. Are resident's special medical diets catered for?

.....

.....

14. How do residents choose when and where to eat meals?

.....

15 Are residents/ religious/cultural dietary preferences respected?

.....

.....

16 What facilities are there for residents/visitors to prepare their own drinks and meals?

.....

.....

17 Do senior staff observe the presentation and serving of meals?

.....

.....

18 Are there any improvements to food and menu provision required?

.....

.....

19 Is food provided within the budget?

.....

.....

20 Is the catering manager consulted about menus and food ordering?

.....

.....

21 Are there any problems with the official suppliers?

.....

.....

---

---

**ELECTED MEMBER'S REPORT**

1 Date of Elected Member's Visit.

.....  
 .....

2 Who visited?

.....  
 .....

3 What recommendations were made by the visiting member?

.....  
 .....

4 What action has been taken?

.....  
 .....

5 By whom?

.....  
 .....

SIGNED. . . . .  
                     SERVICE MANAGER                      MANAGER OF HOME

ON4 (revised 1995)

**DERBYSHIRE COUNTY COUNCIL**  
**SOCIAL SERVICES DEPARTMENT**

## CIRCULATION

EST	DATE
SERVICE MANAGER	
CSSM	
Head of Operations	
Local Members Committee	

**MANAGER'S REPORT - To be completed annually**

(Please feel able to adopt the form as necessary according to your individual centre's services/activities.)

This report is to be used in conjunction with Homes and Resource Centres for Older People - Part I CARE.

**RESOURCE CENTRES**

NAME OF ESTABLISHMENT: .....

DATE OF VISIT: .....

**1 SUPPORTED HOUSING**

How many people/units do you provide a warden service for?

.....  
 .....

Do you provide additional support for people?

a) How many people receive help with finances and what system is used?

.....  
 .....

b) How many people require supervision with medication and what monitoring system is used?

.....  
 .....

- c) How many people receive additional meals above the current meals on wheels service?

Number of people: .....

Number of meals per person (ie 3 receive 5, 2 receive 2).

- d) Give an indication of the additional support, other than the above, which you provide to your housing units, re Day Care.

.....

.....

.....

- e) Are there any areas of tension between the tenants and the other service activities, ie times of use of lounges etc?

.....

.....

.....

2 **OUTREACH DAY SERVICE ACTIVITIES**  
(Please use separate sheet for each group.)

Name of Group: .....

.....

Location: .....

.....

Staffing

Day: .....

Dates Group meets: .....

Numbers: .....

Designations: .....

Volunteers: .....

Numbers of

Service Users/Members: .....

.....

Transport Used: .....

.....

Meals Source: .....

.....

Charges Made: .....

.....

Criteria for membership: .....

.....

### 3 **DAY SERVICE ACTIVITIES IN THE CENTRE**

Criteria for Service: If there are different criteria for various groups or days please identify separately.

Number of Services Users registered per day

Monday: .....

Tuesday: .....

Wednesday: .....

Thursday: .....

Friday:

Saturday: .....

Sunday: .....

Number of Service Users Receiving

1 day	2 days	3 days	4 days	5 days	6 days	7 days
-------	--------	--------	--------	--------	--------	--------



How are activities/programmes organised and maintained?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

#### 4 **OUT OF HOURS SUPPORT TO SOCIAL SERVICES STAFF**

	Request for a Service	Cover of Work	Information and Advice
Number of Calls			
Monthly Average			

#### 5 **VOLUNTEERS**

Who is responsible for Volunteers? .....

.....

.....

How are your volunteers recruited? .....

.....

.....

How are your volunteers vetted? .....

.....

How are your volunteers trained? .....

.....

How are your volunteers supported/reviewed? .....

.....

How are your volunteers activities/tasks undertaken? .....

.....

**PLEASE LIST AS FULLY AS POSSIBLE WHAT OTHER ACTIVITIES/SERVICES YOU PROVIDE, IE HOLIDAYS, KEY HOLDING, TELEPHONE ALARM CALL CONTACT POINT?**

SIGNED .....

SERVICE MANAGER

.....

MANAGER OF RESOURCE CENTRE

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**ROLE OF THE SERVICE MANAGER**

1. To act as a communication link between the establishment and the area base.
2. To advise and support managers and staff groups in general and provide individual supervision to the Unit Manager on a regular basis.
3. To monitor the progress of the meeting of agreed aims and objectives and to check that targets are being achieved. To also monitor the overall development of the establishment and correct any shortcomings as necessary.
4. To participate in the selection of management staff and monitor the recruitment and selection process for manual staff.
5. To attend in-house staff meetings and arrange group meetings for Unit Manager.
6. To act appropriately upon any complaint or grievance expressed by staff, service user or member of the public.
7. To check that standards are being met in relation to buildings, staff performance and user satisfaction.
8. To monitor that Derbyshire County Council policies are being adhered to by all staff members and to communicate changes or new policies to staff groups.
9. To advise on and co-ordinate the use of other facilities to support community based initiatives.
10. To undertake a formal visit to the establishment twice a year as part of the monitoring process. From these visits produce a written report using standard forms available for all residential homes for older people in the county. The reports should remain on the establishment's file at area level and a copy sent to the Unit Manager to correct any agreed shortfalls identified by the visit.

---

**ROLE OF ELECTED MEMBERS IN ESTABLISHMENTS**

1. Elected members will visit establishments.
2. Each year a rota will be sent showing who will visit and in which month. It is usual for two visits to take place in each establishment annually. Elected members will carry identification.

These visits will generate a report. It is the responsibility of the Service Manager to respond in writing, identifying action taken as a result of any concerns, complaints or criticisms expressed by elected members.

3. Elected members will wish to be shown around the building, be introduced to residents and staff, and may wish to see certain records. They have a checklist to indicate which areas will/may be covered at the visit (attached).
4. Elected members should be invited to special functions in the centre, such as 100th birthday celebrations. They may also pay additional visits at Christmas.
5. In some areas Members of Parliament or members of District Councils may visit. If they represent the minority ruling group the Unit Manager should notify the Civic Office at headquarters of the intended visit. This is to give the majority group member the opportunity to be present.
6. Elected members may form part of an interview panel when selecting management staff for the establishment.

**REDUCTIONS IN LEVELS OF SERVICE**

Members have requested that they are informed of any potential reductions in the level of services offered.

Managers should inform their head of operation early if any situations arise or are likely to occur involving a significant reduction or cutback in service for whatever reason. It is difficult to give a precise definition of the type of situation that may occur but members would, I think, wish us to err on the side of caution and keep them well informed of possible sensitive issues, rather than only referring major crisis issues.

**PLANNING APPROVAL**

If staff are to be based on the premises, but not part of the centre staffing establishment, planning approval must be obtained from the relevant planning authority.

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DERBYSHIRE SOCIAL SERVICES COMMITTEE

Visits to Residential and Day Care Establishments  
Social Services Committee

Report to be completed after visit

Name of Establishment

---

Date of Visit

---

REPORT

Date \_\_\_\_\_

Signed \_\_\_\_\_

TO BE RETURNED TO THE DIRECTOR OF SOCIAL SERVICES, DERBYSHIRE COUNTY  
COUNCIL, COUNTY HALL, MATLOCK, DERBYSHIRE, DE4 3AG, AS SOON AS POSSIBLE  
AFTER VISIT

**CONFIDENTIAL** (**NOT** to be used for items of a **NON** confidential character)

**DERBYSHIRE SOCIAL SERVICES COMMITTEE**

**Visits to Residential and Day Care Establishments**  
**by members of Social Services Committee**

**Report to be completed after visit**

Name of  
Establishment \_\_\_\_\_

Date of  
Visit \_\_\_\_\_

**REPORT**

Date \_\_\_\_\_  
Signed \_\_\_\_\_

**TO BE RETURNED TO THE DIRECTOR OF SOCIAL SERVICES, DERBYSHIRE COUNTY**  
**COUNCIL, COUNTY HALL, MATLOCK, DERBYSHIRE, DE4 3AG, AS SOON AS POSSIBLE**  
**AFTER VISIT**

**NOTE**

This form to be used for items of a CONFIDENTIAL character only.

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# **DERBYSHIRE COUNTY COUNCIL - SOCIAL SERVICES DEPARTMENT**

## **DAY CARE POLICY AND PROCEDURES**

### **SECTION 2 - ADMINISTRATION**

<b>INDEX</b>	<b>REFER TO PAGE</b>
Administration	A.1
Reference Documents	A.2
Guidelines for Maintaining Inventories	A.3
Control and Security of Official Documents	A.7
Control and Security of Cash	A.7
Procedure for Ordering Printing and Stationery Items	A.8
Burglaries and Vandalism at Establishments	A.15
Television Licences	A.15





**SECTION II - ADMINISTRATION****ADMINISTRATION**

Competent administration forms an important part of the Unit Manager's role. They should ensure that all staff are familiar with the administration of the centre and have specific areas of responsibility. Adequate filing and record systems should be maintained and staff should ensure that any unnecessary duplication is avoided. Records should be filed under subject headings and Unit Managers should ensure that all staff read relevant correspondence and documentation.

---

**REFERENCE DOCUMENTS**

Each establishment should have a copy of the following documents, if not please ensure action is taken to obtain copies.

- Day Care Procedures Manual
- Health and Safety Portfolio
- Prevention and Control of Infection FOR COMMUNITY CARE SERVICES
- Medicines Code
- Recruitment and Selection Handbook
- Sickness and Absence Monitoring Procedures
- Induction Training for APT&C Staff
- Induction Training for Care Staff
- Conditions of Service Handbook for APT&C Staff (Purple Book)
- Conditions of Service Handbook for Manual and Craft (White Book)
- Lexmark Catalogue
- Financial Regulations Handbook
- Resource Manual - Services for People with an Acquired Hearing Loss
- The Food Hygiene Handbook
- The Food Safety Act 1990
- Catering and Domestic Services Procedures Manual
- Assured Safe Catering
- Joint Policy and Procedures for Community Care Manual
- Handbook for NVQ Level II and III
- Supervision Policy Document
- Domestic Abuse Strategy
- Adult Protection Policy and Procedures
- Confidential Reporting
- GSCC Codes of Practice for Staff
- GSCC Codes of Practice for Service Users
- Personal Safety at Work Manual
- Household Remedies
- Recording Manual
- Recording Tools Manual
- Files Policy

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## GUIDELINES FOR MAINTAINING INVENTORIES

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### General Guidelines

1. It is a requirement of the County Council's Financial Regulations that an inventory of property must be maintained at each Social Services Department office, establishment or outlet using forms CT/Inv/1 and CT/Inv/2. Only one copy of each inventory is to be maintained which should be held in a secure manner at the location concerned and be available for possible audit inspection.
2. It is important that all inventories are kept up-to-date and that amendments are made promptly by the responsible officer at each location. When an article that ranks for inclusion in the inventory is received at a location an Inventory Goods Received Note (IGRN) detailing the page and line number of the entry made in the inventory must be completed by the responsible officer. The IGRN is then attached to the invoice relating to the purchase of the inventory item before it is passed to the appropriate officer for authorisation and subsequent transmission to the County Treasurer's Division for payment. The use of IGRN's in this way acts as a confirmation to an authorising officer, who may be remote from the location receiving the inventory item, that the inventory has been properly updated.
3. Occasions will arise where an invoice that includes a charge for the supply of an inventory item will be processed for payment at an office remote from the location that actually receives the article, for example the purchase of IT equipment. In this circumstance a facility is available that allows the officer responsible for updating the inventory to transmit the required IGRN electronically to the person dealing with the payment of the invoice, thus saving time and postage costs. To make use of this facility the following action should be taken:-
  - Double click on the Social Services Intranet Icon
  - Click on Information Library
  - " " Business Services
  - " " ICT/Management Information
  - " " Link to ICT Forms
  - " " Inventory Goods Received Note
  - Complete the IGRN, name and save to your Data drive (F:) or PC (C:) drive. It can then be sent as an Email attachment to the person dealing with the payment of the invoice. If the IGRN has been requested by the IT Section at HQ the Email address "IT.Orders@derbyshire.gov.uk" should be used to transmit the document. In order to minimise any delays in the payment of invoices it is requested that this action is taken as quickly as possible following the delivery of an inventory item.
4. When there is a change of Unit Manager at an establishment it is necessary for the inventory to be agreed with both the outgoing and incoming officers.

5. Each inventory must be checked on an annual basis by an independent officer who must certify on form CT/Inv/1 that the required check has been carried out. Any discrepancies in the inventory or items of unserviceable equipment should be reported to the appropriate Service Manager, or other Senior Manager designated to undertake this duty, who may authorise the inventory to be adjusted provided that any discrepancies are due to fair wear and tear. Other discrepancies will be subject to normal audit scrutiny.
6. Where applicable manufacturers' serial numbers should always be quoted in the inventory.

### **Format of the Inventory**

1. One copy of form CT/Inv/2 should be completed for each room, group of rooms or defined area at a location which will then form one page of the overall inventory. Each page should be given a unique number.
2. Each entry on form CT/Inv/2 must be consecutively numbered in the column headed 'line number'.
3. For each entry the following information should be given:
  - (a) details of the item, to include make, model and serial number (if applicable);
  - (b) quantity;
  - (c) date of receipt of the item at the location;
  - (d) official order number;
  - (e) items written off with authority and date (if applicable);
  - (f) method of disposal (if applicable).
4. Following the annual verification of the inventory at a location the independent officer concerned must make an entry on form CT/Inv/1 in the following manner:
  - (a) the date on which the inventory was verified;
  - (b) the signature of the verifying officer;
  - (c) his/her designation;
  - (d) the page and line number of the items verified.

---

**Which Items should be Included in the Inventory**

1. An article ranks for inclusion in the inventory if it:
  - (a) is attractive/desirable in the sense that there is an obvious potential for it to be purloined;
  - (b) is portable;
  - (c) has a value in excess of £250.
  - (d) is a piece of IT equipment with a Derbyshire County Council item number printed on a purple sticker attached to the article concerned, eg PC boxes, printers, scanners, laptops and flat screens.

A decision has been taken that the following items should *not* be recorded in inventories maintained within the Social Services Department:

- (a) desks;
- (b) chairs;
- (c) filing cabinets;
- (d) furniture;
- (e) bed linen (including hired linen);
- (f) crockery and cutlery;
- (g) the personal property of residents and clients.

All other items at a location, provided they meet the criteria set out above, must be included in the inventory.

2. Items that have been donated by voluntary organisations or purchased from Amenity Fund monies, and which meet the criteria set out in (1) above, must be included in the inventory with a note indicating the source of the item.
3. Rented equipment, such as television sets, should be included in the Inventory.

**Accessing Inventory forms**

All the forms the forms referred to in this document can be accessed by taking the following action: -

- double click on the Social Services Intranet Icon
- click on Information Library
- "     " Business Services
- "     " ICT/Management Information
- "     " Linked to ICT Forms

Ref: WHS July 2003

**CONTROL AND SECURITY OF OFFICIAL DOCUMENTS**

Staff do not have authority to keep and store official Derbyshire County Council documents away from the security of County Council premises.

Documents and case files should not be removed from the premises where they are normally kept unless it is necessary and appropriate to have them available elsewhere for reference purposes and within acceptable boundaries of professional practice. (This would include taking home papers overnight where this is essential to assist with report writing etc, but documents should not be routinely allowed to remain outside County Council premises.)

Great care should be taken to ensure the security and confidentiality of documents and case files.

If in doubt about the acceptability of taking files away from the office, staff should seek guidance from their line manager.

**CONTROL AND SECURITY OF CASH**

All cash retained on the premises must be kept in a secure place, whether a safe or locked filing cabinet.

Staff must ensure that keys are kept in a secure place and the safe key must be in the possession of the person in charge at all times.

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**PROCEDURES FOR ORDERING PRINTING AND STATIONERY ITEMS**

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**1. Printed Forms and General**

All printing and stationery items (except Controlled Stationery – see 2. below) should be ordered from the approved DCC Contractor. This is currently Lexmark International Ltd, Lydford Road, Meadow Lane Industrial Estate, Alfreton DE55 7RQ Tel: 01773 543123. It is against the Authority's Financial Standing Orders to place orders with anyone other than the approved contractor.

A Lexmark Requisition Pad (obtainable from them) should always be used and instructions on the completion of these is printed on the cover of the pads.

It is essential that you always show your ledger code in the appropriate place on the requisition form and a commodity code (if known). Attached are two lists of standard forms showing the appropriate commodity codes.

If the item you require is not on the attached lists eg headed paper, envelopes etc you should attach a sample to the requisition form.

It should be noted that the content and layout of forms other than the standard approved ones must be approved by your line management as logos etc are agreed by the Authority and cannot be amended. Any item should also be line management approved.

It is also the Authority's policy that all envelopes bear the County Council logo and that only they be used for official Derbyshire County Council correspondence.

**2. Controlled Stationery**

All controlled stationery must be ordered on form TR27, pads of which are obtained from the Corporate Resources Department at County Hall, Matlock, extension 7316.

Items currently scheduled as controlled are:

- AGO General Order Books
- API Petrol Issue Books
- ARB Requisition Books
- BAQ Account Books
- BEDRC Returned Cheque Pads
- BPCW Parkwood Car Wash
- CCD C & D Books
- CCLLS Part III Collections
- CGA11 Part III Residents Savings
- CMBD Minibus Discs



CPMOI Starters Forms PMOI  
CPMOIS Salaries PMOI (cleaners)  
CPM71 Starters Forms PM71  
CPM71S Salaries PM71 (cleaners)  
CRD R & D Books  
CTR302 Part III TR302 Books  
CTR303 Part III TR303 Books  
DCC Large Receipt Books  
DCC Small Receipt Books

Staff who are responsible for these items must ensure that they are held in the safe whenever possible or in a lockable drawer or cupboard.

**STANDARD FORMS**

<b>FORM REF</b>	<b>COMMODITY CODE</b>	<b>DESCRIPTION</b>
A295	R/SO2006	Social Worker – Progression
BM-528	R/SO2007	Damage to Clients Property
CA/1 Part 1	R/SO2189	Essential Information – Part 1
CA/1 Part 2	R/SO2190	Essential Information – Part 1
CA/1/A/Part 1	R/SO2191	Record of Assessment Planning
CA/1/D	R/SO2101	Significant Life Events – Child/Adult Life
CA/1/E	R/SO2100	Ecomap Personal and Professional Networks
CA/1/F	R/SO2192	Social Worker's Assessment of Child/Family Situation
CA/1/G	R/SO2194	Action Plan for Child/Young Person
CA/1/X	R/SO2193	Pre-Placement/72 Hour Planning Meeting
CA/2	R/SO2102	Medical Report on Child/Young Person Placed in Foster/Residential Placement
CA/4	R/SO2103	Child/Young Person's Change of Circumstances
CA/6	R/SO2104	Notification to District Health Authority – Movement of Child
CA/7	R/SO2105	Recovery of Expenses from Liable Relatives in Respect of Children
CA/8	R/SO 2106	Children in Need – Work Progress Record
CA/9	R/SO2141	Foster Carer Incident/Allegation Record
CA/11	R/SO2107	Application from Prospective Foster Carer
CA/12	R/SO2108	Foster Care/Adoption Reference Request
CA/14	R/SO2109	Report for Presentation to Fostering Panel
CA/14/A	R/SO2110	Decisions of Fostering Panel
CA/17	R/SO2111	Foster Carers Placement Details
CA/18	R/SO2112	Foster Carers Agreement
CA/19	R/SO2113	Foster Carer Review
CA/20	R/SO2114	Foster Carer Annual Review Form
CA/20/A	R/SO2115	Foster Carer Annual Review Form – Decisions
CA/21	R/SO2116	End of Placement Report
CA/22	R/SO2117	Approved Placements for Children – Note of Details
CA/24	R/SO2008	Scheme for Approved Residence Allowance
CA/32	R/SO2009	Education Support Service Referral/Action Form
CA/36	R/SO2120	Placement with Parents
CA/39	R/SO2122	Approved Lodgings Application Form
CA/39A	R/SO2122	Application for Placement in Approved Lodgings
CA/46	R/SO2010	Fostering Allowances – Claim for Holiday Allowance
CA/47	R/SO2011	Fostering Allowances – Annual Top Up Clothing Allowance
CA/48	R/SO2012	Fostering Allowances – Secondary School Change of Clothing Allowance
CA/49	R/SO2123	Assessment of the Needs of Disabled Children
CA/50/A	R/SO2124	Referral to the Derbyshire Register of Disabled Children
CA/50/B	R/SO2125	Disabled Children Register
CB105	R/SO2013	Request for Unpaid Leave
CJA/1	R/SO2014	Youth Justice Scheme
CT/inv/1	R/SO2073	Inventory Examined Sheet
CT/inv/2	R/SO2186	Inventory Sheets
CW177	R/SO2015	Application for Admission to Residential Accommodation

FORM REF	COMMODITY CODE	DESCRIPTION
		– Medical Certificate
CW219	R/SO2202	Resident's Savings Account
HH1a	R/SO2239	Daily Home Care Record Card
HH2	R/SO2240	Changing Needs Form
HH13	R/SO 2080	Home Helps Authorised to Claim Mileage
HH13A	R/SO2079	Home Helps Using their Cars in the Course of their Work
HH20	R/SO2206	Home Help Programme Variation
HH36	R/SO2020	Key Form
ICE/38	R/SO2024	Employees Form for Lost/Damaged Property on DCC Business
MP A8	R/ED1201	Assessment of Educational Special Needs
MS163A	R/MS163A	Police Check – Foster Carers/Adopters
MS163B	R/MS163B	Police Check – Childminders
PET 1	R/SO2217	Post Entry Training and Education Claim for Financial Assistance
P1	R/SO2074	Appointment/Variation to Appointment Form
P72	R/SO2026	Wages – Notification of Leaving
RATS2	R/SO2027	Subsidy – Eligibility Check List for New Starters
RES/CA1	R/SO2142	Residential Placement – Basic Information Sheet
RES/CA5	R/SO2143	Residential Placement – Health Care
RES/CA6	R/SO2144	Residential Placement – Discipline Record
RES/CA7	R/SO2145	Residential Placement – Accident Record
RES/CA8	R/SO2146	Residential Placement – Record of Official Visits
RES/CA9	R/SO2147	Record of Unauthorised Absences
RES/CA10	R/SO2148	Residential Placement – Education Information
RSO	R/SO2000	Order Form
R/TR130	R/TR130	Income Abstract
SA1	R/SO2118	Information in Respect of a Secure Accommodation Panel
SO/79	R/SO2172	Pre-Sentence Report
SO237	R/SO2029	Adoption Act – Notice of Intention to Apply
SS/12	R/SO2133	Initial Clothing Allowance
SS/25	R/SO2038	Independent Living Schemes
SS/33	R/SO2039	Deaf Registration – Notification of Details
SS/47	R/SO2040	Resident Days and Meals Return
SS/65	R/SO2041	Child Days
SS/66	R/SO2184	Client's Agreement to Short term Residential Care
SS/78	R/SO2042	Pocket Money and Dinner Money Statement
SS/80	R/SO2134	Referral of Teenager to Derbyshire Family Project
SS/82	R/SO2043	Return of Service User – Adult Day Services
SS/84	R/SO2045	Personal Savings of Residents
SS/84B	R/SO2205	Reconciliation of Residents held on sheets SS/84
SS/85	R/SO2046	Claim for Additional Hours and Sleeping In Allowance
SS/86	R/SO2196	Menu
SS/87	R/SO2047	Child's Clothing Allowance
SS/89	R/SO2048	Appointment – Reference
SS/95	R/SO2049	Interview Travel Claim Form
SS/118	R/SO2050	Duty Rota
SS/121	R/SO2051	Financial Rewards Schedule
SS/140	R/SO2052	Statutory Sick Pay
SS/143	R/SO2140	Information and Assessment Document – Elderly People

FORM REF	COMMODITY CODE	DESCRIPTION
SS/146	R/SO2053	Monthly Statement of Clothing Purchased from the Imprest Account
SS/150	R/SO2138	Playgroup Supervisor/Playgroup Assistant/Helper
SS/151E	R/SO2178	Procedures and Standards for the Registration of Full and Sessional Care on Domestic Premises (Children Under 8 Years)
SS/153	R/SO2054	Details of Meals Taken by Staff Supervising Clients
SS/159	R/SO2209	Declaration of Self Custody of Medicines
SS/160	R/SO2208	Residents Unable to Make Declaration of Self Custody of Medicines
SS/A/1	R/SO2127	Application form Prospective Adopters to Adopt a Child
SS/A/4	R/SO2128	Application by Parent/Guardian for Child Care/Adoption
SS/A/8	R/SO2130	Information for Parents about Adoption
SS/A/9	R/SO2030	Initial Enquiry about Adoption
SS/A/11	R/SO2031	Adoption Allowance Scheme – Financial Statement
SS/AH/3	R/SO2126	Guthrie Sriver Test – Notification to Area Medical Officer
SS/CC/18	R/SO2028	School Report on Child in Care of Local Authority
SS/CC/25	R/SO2033	Special Allowance for Boarded Out Children
SS/CC/45	R/SO2132	Assessment Schedule Fostering Placement
SS/CUS/3B	R/SO2034	Scheme for Approved Custodianship Allowances
SS/DP/1	R/SO2233	Direct Payments Scheme – Four Weekly Expenditure Summary
SS/DP/2	R/SO2234	Direct Payments Scheme – Four Weekly Time Sheet Return
SS/DP/3	R/SO2235	Direct Payments Scheme – Request for Decrease in Hours/Funds
SS/DP/4	R/SO2232	Direct Payments Scheme – Request for Additional Hours/Funds
SS/DP/5	R/SO2236	Direct Payments Scheme – Termination/Suspension Notice
SS/DP/6	R/SO2237	Direct Payments Scheme – New Client Form
SS/HP/6A	R/SO2203	Application for Telephone
TR/2829	R/SO2072	Officer's Car Allowance – Notification of Changes
TR178	R/TR178	Petty Cash Statement for the Month/Week Ending
W292	R/SO2056	Under 8s Service – Playgroup Grant Aid
Z369	R/SO2057	Annual Leave/Time Off in Lieu Record
	R/SO2162	Appliance (Weekly Log)
	R/SO2084	Caretaker's Monthly Claim in Respect of Centre Lettings
	R/SO2163	Daily Cleaning Rota
	R/SO2075	Grading Claim Under Paragraph 80
	R/SO2081	Hazard Reporting Form – Domiciliary Services
	R/SO2082	HCA Forms
	R/SO2185	Homes for Older People – Weekly Bed State
	R/SO2160	Hygiene Audit
	R/SO2085	Log Sheets – Hearing Impaired
	R/SO2165	Monthly and Quarterly Cleaning Rota
	R/SO2083	Monthly Log Summary
	R/SO2076	Personnel Record System – Personal Details – New Appointments
	R/SO2077	Portable Electrical Equipment Record
	R/SO2200	Adult Protection Procedure – Abuse Allegation Report

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FORM REF	COMMODITY CODE	DESCRIPTION
		Form 1
	R/SO2137	Record of Meals for Residents who have chosen not to take Meals at the Home
	R/SO2218	Record of Meals Served and Menus
	R/SO2210	Request for Extra Hours
	R/SO2136	Return of Admissions and Discharges – Adult Residential Accommodation
	R/SO2207	Residential Accommodation- Lifting and Moving Training
	R/SO2078	Transfer/Closing Summary
	R/SO2164	Weekly Cleaning Rota
	R/SO2161	Weekly Delivery and Cooked Temperatures of Food – Main Course

### STANDARD PADS AND SELF-CARBONED FORMS

<b>Print No</b>	<b>Description</b>	<b>Commodity Code</b>	<b>Pack Size</b>	<b>Price</b>
<b>MS 55</b>	Gen 1 – Application Form	<b>95001</b>	200	
<b>MS 85</b>	Workplace Inspection/Hazard Report Pads	<b>95048</b>	Pad	
<b>MS 128</b>	Self Certification Pads	<b>95037</b>	Pad	
<b>MS 153</b>	Accident Report Pads	<b>95002</b>	Pad	
<b>MS 166</b>	Gen 2 – Application Form	<b>95003</b>	200	
<b>SO 44</b>	PM04(RS) Summary of Salaried Staff Additional Hours etc	<b>95040</b>	Pad	
<b>SO 32</b>	GC1(S) Joint Record/Claim Medical Practitioner	<b>95020</b>	5 Pads	
<b>SO 35</b>	GC1(N) Joint Record/Claim Medical Practitioner	<b>95019</b>	5 Pads	
<b>SO 41</b>	Record of Telephone Calls	<b>95036</b>	Pad	
<b>SO 44</b>	PM04 (RS) Summary of Salaried Staff Changes	<b>95040</b>	Pad	
<b>SO 89</b>	HH6(a) – Home Help Personnel Record	<b>95013</b>	100	
<b>SO 92</b>	HH9(a) – Holiday Application	<b>95014</b>	250	
<b>SO 93</b>	HH17 – Domiciliary Services Client Card	<b>95007</b>	25	
<b>SO 107</b>	Assault Report Pads	<b>95004</b>	5 Pads	
<b>SO 115</b>	SS4 Aids Requisition Form	<b>95055</b>	5 Pads	
<b>SO 125</b>	Payment Vouchers	<b>95030</b>	5 Pads	
<b>SO 164</b>	Food Product Complaints Form	<b>95008</b>	Pad	
<b>SO 172</b>	Personal Development Forms	<b>95056</b>	50	
<b>TR 179</b>	Inventory Goods Received Note Pads	<b>95017</b>	5 Pads	
<b>TR 181</b>	Summary of Accounts	<b>95041</b>	5 Pads	
<b>TR 195</b>	PM04 – Monthly Paid Staff	<b>95022</b>	Pad	
<b>TR 278</b>	GA10 – Income received by Officer in Charge	<b>95018</b>	Pad	
<b>TR 287</b>	CO6(B) Officers Mileage Claim Form	<b>95043</b>	200	
<b>TR 380</b>	Application to Treasurer for Reduction/Write Off Debt	<b>95000</b>	5 Pads	
<b>TR 397</b>	Treasurers Envelopes	<b>95052</b>	500	
<b>TR 417</b>	PM 93 Time Sheets	<b>95045</b>	250	
<b>TR 428</b>	PM 28 – Salaries General Claim Form	<b>95038</b>	5 Pads	
<b>TR 430</b>	PM 73 – Wages Permanent Variations	<b>95047</b>	5 Pads	
<b>TR 498</b>	SSP Record Cards	<b>95039</b>	25	
<b>TR 505</b>	Yellow Coding Labels	<b>95006</b>	250	
<b>TR 620</b>	While You Were Out Pads	<b>95050</b>	5 Pads	
	General Notes to Applicants	<b>950242</b>	200	
	Approved Social Worker Report			

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## **BURGLARIES AND VANDALISM AT ESTABLISHMENTS**

In the event of a burglary or damage by vandals at an establishment the person in charge should immediately inform the police of the occurrence.

A written report of the incident, giving full details of all items stolen or damage suffered, should be sent to the appropriate line manager.

As a matter of policy the County Council does not insure the contents of its establishments, with the exception of officially held money in excess of £10 (eg petty cash). In cases where cash of this nature has been stolen the manager will be requested to complete an insurance claim form. Advice will be given by a Business Services Officer about how the stolen cash should be entered in the financial records of the establishment.

Before articles that have been stolen are replaced, managers should first of all seek permission to do so from their appropriate line manager. With regard to the repair of damage, Technical Services Department should be requested to undertake this work.

When the article stolen is entered on the inventory, managers should ensure that a suitable amendment is made to the inventory. Similar action should also take place when an article is purchased to replace one that has been stolen. Any serial number of an article should be noted on both copies of the inventory.

Service Users should be informed that they are responsible for ensuring that any items of furniture or jewellery etc are insured, since the County Council insurance will not cover such items.

## **TELEVISION LICENCES – DAY SERVICES ESTABLISHMENTS**

All television sets situated in day service establishments will be covered by the issue of one licence as long as they are located together in one building (ie. one address). A TV set installed at another building (with a different address) would require a separate licence if it is capable of receiving or recording a TV service. A licence would not be required for a TV set used only to show videos providing it is not capable of receiving a television signal, for example the set is not connected to an aerial and has not been programmed to any TV channels. It is the responsibility of the Unit Manager to ensure that a current and appropriate (monochrome or colour) licence is obtained and kept in a safe place at the establishment.

When the demand for the TV licence fee is received at the establishment the complete form should be passed to the Area Office, marked for the attention of the Business Services staff, who will arrange for the appropriate fee to be paid to TV Licensing at Bristol. Once payment has been received the licence will be posted directly to the establishment concerned.

# **DERBYSHIRE COUNTY COUNCIL – SOCIAL SERVICES DEPARTMENT**

## **DAY CARE POLICY AND PROCEDURES**

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**SECTION 3 - HEALTH AND SAFETY****HEALTH AND SAFETY PORTFOLIO**

Each establishment must have a copy of the Health and Safety Portfolio.

The safety portfolio must include a written statement of the Safety Policy of the County Council.

It is the responsibility of the manager to ensure that the policy is adhered to and that the document is updated with information sent from the Health and Safety Central Section.

**HEALTH AND SAFETY INSPECTIONS**

Inspections of the centre and all appliances and plant must be undertaken on behalf of the County Council every 6 months; these inspections are normally carried out in April and October. The inspection should be carried out by a manager and the Health and Safety representative. If there is no representative in the establishment the local Union Branch Secretary should be asked to assist; failing this the safety inspection should be carried out by two managers. The staff carrying out the inspection should complete the Health and Safety inspection form (attached).

**HEALTH AND SAFETY OFFICER**

The Social Services Department employs Health and Safety Officers based at headquarters, who should be contacted for advice on any health and safety matters.

**SECURITY OF ESTABLISHMENTS**

The Assistant Chief Constable has informed the Director of an increased threat of terrorist activity following recent events in London. Refer to a NEWS RELEASE dated 23 February 1996 circulated by Chris Travis on the Management Memorandum issue 96/10.

A Security Risk Assessment should also be undertaken annually.

All establishments must be on the alert for any indications of unwanted activity by paying particular attention to the following:

1. Identify all callers to the premises and vehicles on the car park.
2. Staff to keep all personal belongings with them, in their offices or in lockers.
3. Maintain a constant alert for any suspicious packages.
4. Keep corridors and entrances clear of unnecessary obstructions.
5. Keep fire escape doors closed. Do not use as entrances, ie restrict the number of entrances.

6. Be on the alert for any package, delivered by hand or by post which is unusual by size, weight, unknown origin or who it is intended for.
7. If any telephone threats are received, write down exactly what is said, the time received and any characteristics of the caller's voice.
8. Do not touch or move any suspicious packages and seek advice from the Police.

Report anything suspicious to the senior member of staff on duty and report to the Police. The Police would rather receive well intentioned calls rather than a report of an incident.

The above measures will help us to reduce the opportunities for such unwanted activity.

## **CHECKS ON EQUIPMENT AND APPLIANCES**

### **EMERGENCY LIGHTING SYSTEM**

The emergency lighting system should be checked every six months by a member of staff from Technical Services. This check must be recorded on the appropriate form in the Fire Log Book. It is the responsibility of the manager to report any defects in the system at other times. All records must be in the Fire Log Book.

### **SAFE STORAGE AND USE OF EQUIPMENT**

It is the responsibility of the manager to ensure that all staff are aware of the correct way to use and store equipment. All items of equipment should be kept in a clean, safe condition. Electrical goods should be checked and any faults reported to Technical Services. Out of order notices should be taped to faulty items and they should be taken out of use. Electrical appliances must be tested by Property Services annually and records maintained.

Chemicals used for cleaning purposes should be stored in a locked cupboard. Aerosol containers must be stored in a cool area. Staff should be made aware of any possible hazards associated with the use of these materials and provided with adequate protective wear.

Staff should be made aware of the dangers of mixing cleaning materials. A COSH Assessment is in Section 3 (Health and Safety Portfolio) which must be undertaken and recorded.

## **FIRE SAFETY**

### **RESPONSIBILITY OF THE FIRE OFFICER**

The Fire Officer is responsible for determining the standards to be achieved in respect of fire safety and these are based on the standards contained within the document entitled 'Draft Guide to Fire Precautions in Existing Residential Care Premises' (Home Office Fire Department 1983).

The Fire Officer must be satisfied with the standards provided in respect of:

- adequate and well displayed notices and instructions
- adequate precautions against the risk of fire
- adequate means of escape in the event of a fire
- adequate arrangements for detecting, containing and extinguishing a fire
- adequate fire fighting equipment.

The Fire Officer may inspect the premises in order to check that all the above standards are met. Any areas of concern will be identified and a written report sent to the Authority.

A Fire Risk Assessment must be completed and reviewed annually and kept in the Health and Safety Portfolio.

### **WRITTEN PROCEDURES**

In the event of a fire, there must be written procedures to be followed by staff, visitors and residents; these should be displayed in a prominent area and give clear evacuation advice.

In the event of a fire it is the responsibility of the person in charge of the building to call the Fire Service immediately. The exception to this is at night when, although there may be more senior staff on the premises 'sleeping in', the care assistants on waking night duty are considered to be the staff responsible for dialling 999.

### **FIRE DRILLS**

Fire drills must be held at regular intervals. The minimum frequency is not less than six months; the drills should include day and night time and must include action where a fire is in an assumed position. If residents are considered too ill or frail to be involved in drills this should be noted and staff informed accordingly. Arrangements can be made for the Fire Officer to be in attendance to provide instruction and feedback to staff on their performance.

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A record of the fire drills must be kept and entered onto the appropriate page of the fire log book.

### **FIRE ALARM TESTING**

Fire alarms must be tested on a weekly basis. A different point should be checked each week. The tests should be carried out on the same day and at the same time each week; many establishments prefer to carry out these tests when residents are all together at a meal. It is necessary to warn everybody in the building that the test is about to be made.

Following the activation of the alarm the manager responsible for the test must tour the building to ensure that all fire doors are operating correctly. Any defects must be reported to Technical Services immediately.

The test must be recorded on the appropriate page of the fire log book.

The alarm system should also be checked annually by staff from Technical Services.

### **FIRE FIGHTING APPLIANCES**

A monthly visual inspection of all fire fighting equipment must be carried out by staff as per instructions contained in the fire log book and any necessary action taken. All fire fighting appliances must be serviced/inspected annually. These checks should be undertaken by a competent person from or contracted by Technical Services and the date of inspection recorded on the label on the appliance.

### **FIRE TRAINING**

Training sessions for staff are carried out annually. These are organised by the Fire Service and are relevant to all staff working in the establishment. The sessions are held in the workplace and staff receive payment for attending.

Newly appointed staff must receive training, by the manager, on action they need to take in the event of a fire. This training is an important aspect of induction. All types of Fire Training should be recorded on the appropriate page in the fire log book.

### **FIRE PROOF MATERIALS** - FLAME RETARDANT MATERIALS

It is the policy of the County Council to provide soft furnishings which are flame retardant (to ignition source 5). This should be specified when ordering items such as chairs, curtains and bed linen. It is recognised that many residents choose to bring or purchase their own soft furnishings in order to personalise their rooms. This is permissible, however such items should not be used in public areas.

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### **PORTABLE LIFTING EQUIPMENT**

All portable lifting equipment should be inspected by a competent person annually. Service contracts are available on such equipment and managers should ensure that these are in place when new equipment is purchased.

The certificate of inspection should be retained and filed in the Health and Safety Portfolio.



## **SLIP, TRIP AND FALL ACCIDENTS TO SERVICE USERS**

### **Introduction**

Accident statistics show that slip, trip and fall accidents continue to be sustained by service users. These were mostly to older people in our residential homes and the outcomes ranged from no apparent injury to a fractured hip requiring surgery being sustained.

Analysis of individual accident reports does not identify common causes and in many cases there is no apparent reason how or why the person fell.

The analysis does highlight factors which contribute to these accidents to varying degrees and combinations.

This paper gives a brief outline of those contributory factors and suggests action which can be taken to identify those service users who are most likely to fall and to eliminate or reduce the risks of accidents occurring.

It is recognised that prevention of these accidents may not always be easy but our Director would welcome any initiatives which lead to a reduction.

### **Contributory Factors**

#### **1. Frailty**

- a) Physical - This is self evident but also includes poor eyesight.
- b) Mental - Affecting concentration, co-ordination and also includes depression and other conditions.

#### **2. Medication**

Many medicines, or combinations of medicines, can lead to drowsiness, dizziness or loss of balance, particularly when changing posture.

#### **3. Environmental**

The conditions of carpets, floor coverings and the provision of handrails are the obvious causes. Additional factors include unfamiliar surroundings - many falls occur soon after the person has taken up residence. Furniture layout and lighting can also contribute to an accident.

#### **4. Footwear**

Service users wear shoes or slippers which may be comfortable but which do not give the best support for posture.

## 5. **Use of Aids**

Accidents have occurred when aids are not being used by service users who need additional support.

These factors, and there may be others, will invariably be present in any combination when investigating an accident to a service user.

### **ACTION POINTS**

#### 1. **Examine Records** at the establishments. Ask the following:

Who has fallen - how many times?

Where - is any one area more frequent - why?

When - what time of the day or night - how long have service users been at the establishment?

What factors are relevant to individual service users.

From this - service users more likely to fall may be identified as may the time or area. Then ask:

What action can be taken to reduce the risks of accidents occurring.

#### 2. **Inspect the Premises** - look particularly at the condition of floors, floor coverings, carpets, door grippers or joints, coconut matting, hand rails and lighting. Check that spillages are mopped up immediately and that access to mopped floors is prevented until dry. Look at furniture layout to identify possible obstacles or hazards. Report any defects to Technical Services and request urgent attention if an accident is likely.

#### 3. **Look at Footwear** - are there service users who are wearing shoes or slippers which may contribute to a slip or trip.

#### 4. **Use or Non Use of Aids** - are there service users who may benefit from a walking aid - are aids being used fully - are some not being used - why? They may be inappropriate. Arrange for an Occupational Therapist to make an assessment or re-assessment on the issue and use of walking aids.

#### 5. **Medication** - check records to identify what medication is being taken by individuals - are any of the following being taken:

- tranquillisers/sedatives
- diuretics
- antihypertensives
- antidepressants

Information on side effects of medicines or combination of medicines can be obtained from local Pharmacists.

Are any purchased/home medicines being used?

Has the service user seen their GP within the last 6 months?

Ask GPs for a review of medication being taken.

## **6. Accident Reporting/Recording/Investigation**

- a) Follow the guidance in the Health and Safety Portfolio.
- b) Monitor all accident reports to identify common causes.
- c) In all cases ask the question:

**WHAT CAN BE DONE TO PREVENT A RECURRENCE** - either to the same service user or any other.

The action above will help establishments to identify possible contributory factors which could lead to accidents and to think about any preventative action which can be taken.

Remembering that following all accidents, however slight, ask the following:

- What happened?
- How did it happen?
- What action can be taken to prevent or reduce the risks of a recurrence?

Further information and advice:

Social Services Health and Safety Officers, County Hall, Matlock Ext. 2050 or 2051

Anne will offer anyone telephone information. If your establishment is within North East Derbyshire, she will offer training sessions for your staff on this subject.

## **Publications**

Home Safety Briefing - Home Safety for the Elderly - ROSPA

Residential Care for the Elderly - DHSS October 1993

Accident Prevention and Risk Taking by Elderly People - Age Concern

On the Natural History of Falls in Old Age - J H Sheldon

Please contact the Social services Health and Safety Officers for any further information. We welcome any information you may discover in your investigations which we could pass on to other establishments.

**PROCEDURE TO BE ADOPTED IN THE EVENT OF AN ACCIDENT TO A SERVICE USER**

Refer to Reporting Procedures in the Health and Safety Portfolio.

Responsible risk taking is a normal part of life. Accidents to service users do occur however, and staff should adopt the following procedure when they discover any resident who has sustained an injury or a fall.

The person who discovers the accident should:-

- (1) Protect the service user from further danger.
- (2) Summon help from other staff, and ensure that the person in charge, where applicable, is alerted.
- (3) Administer first-aid if appropriate, using protective gloves if body fluids are involved.
- (4) Remove or isolate the cause of the accident.
- (5) If the service user is conscious, try to establish how the accident happened.
- (6) Check information from any witnesses.

The person in charge, if different from above, must decide, depending on the nature of the accident, whether to:-

- (a) Treat the injury at the establishment (ie a cut or bruise).
- (b) Summon help from the General Practitioner.  
Summon the emergency services.
- (d) In all cases of accidents, relatives should be informed.

If the person is admitted to hospital, all relevant details must accompany the person to assist the Hospital in their diagnosis and to contact next of kin if any change occurs. Medication details must always be included. It is not usually possible for staff to accompany service users to Hospital. However, a relative or volunteer may escort or meet the service user when they arrive.

An accident report form must be completed by the person in charge and details of the accident should also be recorded in the Communication Book. These should include date, time, person involved, witnesses, nature and circumstances of the accident, details of the injury, treatment given, any further action taken and who the accident was reported to. The accident report form must be sent to the Health and Safety Section at Head Office.

Following an accident or injury, consider what action is necessary to reduce the risk of further accidents and act accordingly.

**FIRST-AID**

All managers in control of establishments should undergo training in first-aid. Half day courses are available on a regular basis; details can be obtained by contacting the Central Safety Section at headquarters.

Each establishment must have at least two first-aid boxes, one of which must be placed in the kitchen. The location of these must be known to all staff.

Managers must carry out a regular check on the contents of first-aid equipment and any items used must be replaced. See list of contents of first-aid boxes, further advice will be given by the department's Health and Safety Officers.

The 1990 Approved Code of Practice for the Health and Safety (First-aid) Regulations 1981 states that the administration of tablets and/or medicines falls outside the definition of first-aid. Employees, therefore, should be aware that medicines should not be introduced to, and issued within, the workplace. The term 'medicines' includes common household remedies such as Paracetamol and Aspirin. Special arrangements are, of course, in place as regards the administration of medicine to service users in Social Services establishments and remain unaffected by the Approved Code of Practice.

A First Aid Risk Assessment must be completed, reviewed at least annually and kept in the Health and Safety Portfolio.

**THE HEALTH AND SAFETY (FIRST-AID) REGULATIONS 1981****Contents of First-aid Boxes**

1. Information giving general first-aid guidance.
2. Individually wrapped sterile adhesive dressings.
3. Sterile eye pads (eg Standard Dressing No16 BPC).
4. Sterile triangular bandages (if unsterile, sterile coverings appropriate for serious wounds should be included).
5. Safety pins.
6. A selection of sterile unmedicated dressings.
  - Medium size (10cm x 8cm) eg Standard Dressing No 8 and 13 BPC
  - Large size (13cm x 9cm) eg Standard Dressing No 9 and 14 BPC, Ambulance Dressing No 1.
  - Extra large size (28cm x 17.5cm) eg Ambulance Dressing No 3.
7. Aids Pack containing a plastic apron, one pair plastic gloves and one Resusaid.

First-aid boxes should contain only these items **AND NOTHING ELSE**. In premises controlled by the Food Hygiene (General) Regulations 1970, they must contain, in addition, an antiseptic preparation (Medi-wipes are recommended), and special waterproof dressings.

The following list is a general guidance of equipment per number of employees, sufficient quantities of each item should always be available. The numbers shown are the minimum requirements.

	<b>NUMBER OF EMPLOYEES</b>				
<b>ITEM</b>	<b>1-5</b>	<b>6-10</b>	<b>11-50</b>	<b>51-100</b>	<b>101-150</b>
Guidance Card	1	1	1	1	1
Adhesive Dressings	10	20	40	40	40
Eye Pads	1	2	4	6	8
Triangular Bandages	1	2	4	6	8
Sterile Coverings (where applicable)	1	2	4	6	8
Safety Pins	6	6	12	12	12
Medium Sized Dressings	3	6	8	10	12
Large Sized Dressings	1	2	4	6	10
Extra Large Sized Dressings	1	2	4	6	8

Sterile water or saline in disposable containers should be provided where tap water is not available.

**GOOD HYGIENE PRACTICE**

Disposable protective wear must be worn to avoid infection from disease which may be present in body fluids extracts.

The following guidelines must be followed closely by all employees engaged in carrying out personal care tasks for clients at home. 'Personal Care' is defined as follows:

1. Assisting clients to wash themselves, both facial and body wise.
2. Assisting clients in placing and changing incontinence materials.
3. Assisting clients for toileting purposes to commode or toilet and after care involved.
4. Empty commodes or receptacles holding extracts of body fluids.
5. Empty commodes or receptacles holding extracts of body fluids.
6. Cleaning very heavily stained toilets.

**Remember** - AT ALL TIMES COVER OPEN WOUNDS AND MINOR SKIN AILMENTS WITH A WATERPROOF PLASTER BEFORE COMMENCING YOUR WORK.

After carrying out tasks of the nature referred to, wash your hands in hot soapy water, whilst still wearing the disposable gloves and apron.

Only after making sure that no residue is left on the gloves should they be removed by pulling off from the wrist, which will extract the gloves and reverse them inside out.

Apron and gloves should then be placed in the plastic bag provided which should be knotted tightly at the top and should be disposed of either in the client's refuse bin or, if the client has collection bags for soiled incontinence pads, the personal care kits may be disposed alongside the pads.

HANDS SHOULD BE WASHED THOROUGHLY AGAIN IN HOT SOAPY WATER.



### **FOREIGN MATTERS IN FOOD**

The following procedures should be followed in the event of foreign matters being discovered in food:

1. Upon discovery of foreign matter, it should not be touched or separated from anything to which it is attached.
2. Any packaging or container must be retained if it is still available.
3. The date and time of discovery, together with details of the person(s) who either discovered or handled the foreign matter, should be noted.
4. The complaint should immediately be referred to the Trading Standards Division - telephone Derby 41032 or Chesterfield 232563.
5. Storage may be important - the Trading Standards representative will advise pending collection of the foreign matter.

### **WASTE MANAGEMENT**

Regulations made under the Environmental Protection Act impose a new 'Duty of Care' on all persons involved in the disposal of controlled waste. Controlled waste includes everyday household or commercial waste.

The basic requirement is for a TRANSFER NOTE to be completed by both the person transferring the waste (ie Manager) and the organisation to whom the waste is being transferred (ie usually the local District Council). It is sufficient for a single transfer note to cover all transfers of waste of the same description and between the same two parties for up to a year. The County Council has produced a transfer note for this purpose and one is attached and should be completed as soon as possible. (Guidance on the completion of the transfer note is set out below).

It is necessary, therefore, for managers of all offices/establishments to contact the organisation to whom waste is transferred (this will usually be the Environmental Health Department of the local District Council) to arrange for joint completion of the transfer note. One copy of the transfer note will be held in the establishment and the other handed to the collecting organisation. **Once this has been done, it should not be necessary for any further action to be taken for at least 12 months and further guidance will be issued before then.** (It may well be that the District Council will make the initial contact - the responsibilities for compliance lie jointly with both the transferrer and collector of waste.)

If a District Council has produced its own transfer form then it is quite in order for this to be used rather than the County Council one attached. The main objective is to ensure that the required information is logged so that it can be checked if necessary. If any office/establishment has an arrangement with other than a District Council for the collection of waste then the same procedures apply and contact should be made

with the collecting organisation.

The following notes are intended to assist in the completion of the County Council transfer form:

### **Section A - Description of Waste**

1. Waste will normally be described as either 'household' (eg residential establishments) or 'commercial' (eg offices). Where there is a combination of these types of waste then 'household/commercial' should be included.
2. Tick appropriate box.
3. Self-explanatory.

### **Section B**

1. The full name should be the name of the responsible officer at the office/establishment.
2. Insert Derbyshire County Council, Social Services Department, County Hall, Matlock.
3. Tick box 'producer of the waste'.

### **Section C**

This section will be completed by the collecting organisation.

### **Section D**

1. Insert the name and address of the office/establishment.
- 2/3. Combine these to include information such as, for example, 'Mondays on a weekly basis'.
4. Not applicable.
5. Signatures and names of the responsible officers representing the office/establishment and the collecting organisation.

## **NON-SMOKING POLICY FOR EMPLOYEES**

### **Introduction**

Sufficient medical evidence exists to show that cigarette smoking causes serious harm to health. The 1983 report of the Royal College of Physicians estimated that smoking accounts for about 1 in 6 deaths in Britain and the Health Education Council has produced figures to show that some 1400 residents of Derbyshire die every year as a result of smoking. Recent research into the effects of 'involuntary smoking' ie inhaling other people's smoke, indicates that the risks of a non-smoker developing a smoking related disease can be increased by up to 30%.

Smoking is now a minority habit and a marked decline in the number of people who smoke is recognised, although the decrease is not as great amongst women (and is actually rising amongst school leavers).

The County Council is very much aware of the personal and family suffering caused by smoking and considers that action should be taken with the Health Authorities to promote initiatives aimed at improving and protecting the health of its employees, those in its general care and members of the public who request its premises.

This policy will be developed in consultation with the trade unions and should be seen as one of a number of initiatives which the Council will develop, with the long-term objective being to promote better health for all.

### **Policy Objectives**

1. To ensure that non-smokers are not involuntarily exposed to tobacco smoke.
2. To inform people of the risks to health.
3. To assist those who wish to stop smoking.

### **Implementation**

1. Non-smoking will be the norm in all workplaces/offices unless everyone is in agreement that it is allowed in that workplace/office.
2. Smoking areas will be designed in each Department, usually by the identification of an office(s) area where smokers will be accommodated, unless the Chief Officer demonstrates that it is impractical to do so.
3. All other areas will be designated non-smoking.
4. No employee shall be required by his/her contract of employment or otherwise to work in a smoking area.

5. New employees to Council service will conform to the non-smoking principles unless he/she can be accommodated in a non-smoking area.
6. Former smokers will be re-accommodated in non-smoking areas.
7. The trade unions will be encouraged to promote the rights of the non-smoker.
8. The County Council, in conjunction with the Health Authorities, will promote and support non-smoking campaigns/initiatives.
9. Publicity will be given to the dangers to health linked with smoking and the risks associated with passive smoking.
10. Health education, including the development of self-help/smoke-stop groups, will be established to assist those who wish to stop smoking. (Time off with pay will be granted to those who are unable to attend in their own time.)

**Evaluation**

The policy will be monitored by the County Personnel Officer and revised, if necessary, following consultation with the trade unions.

**NON-SMOKING POLICY****GUIDELINES FOR OPERATION****1. Designated Areas**

- (a) Where one individual employee objects to working within an office where smoking takes place, the office shall be declared a 'no smoking area'. Smoking will only be allowed within an office where all individuals agree that it is a smoking area.
- (b) All meetings within Council Committee Rooms and the Council Chamber will continue to be no smoking. Meetings held within designated smoking areas will be declared no smoking if one person objects.
- (c) If a smoker objects to working within a non-smoking area he/she will be accommodated within a smoking area wherever this is possible.  
  
If alternative accommodation cannot be provided the smoker will be required to observe the no smoking rule.
- (d) All other areas, eg toilets, lifts, corridors, will be designated as no smoking areas.

**2. Recruitment and Selection Arrangements**

- (a) All job vacancy advertisements, including the 'Job Sheet' will include the phrase 'Derbyshire County Council Supports a 'No Smoking Policy'.
- (b) The application form when next reviewed will include the identical phrase as the job advertisements.
- (c) Further particulars and documents issued to applicants with the application form will include an explanation of the Non-Smoking Policy should he/she be successful in obtaining employment.
- (d) Letters of appointment will include a paragraph indicating the requirement for an employee to observe the No Smoking Policy.

**3. Discipline**

- (a) Smoking breaks will not be provided for within normal working hours.
-

However, it is the intention of the Authority to assist smokers to stop smoking if at all possible.

- (b) An employee who smokes in a non-smoking area will, in the first instance, be offered the opportunity to attend a 'Stop Smoking Group' organised by the Authority's Health Education Adviser.

It is considered that such groups will be a positive move towards combating smoking problems. The choice of whether to attend such a group will remain with the employee.

- (c) If an employee continues to smoke within a non-smoking area (whether attending a Stop Smoking Group or not) it is proposed that the trade unions be invited to accept that failure to follow the Non-Smoking Policy will result in disciplinary action being taken.

Repeated failures to follow the Policy will result in dismissal.

**INCIDENTS OF VIOLENCE**

Refer to Accident and Assault Reporting procedures in the Health and Safety Portfolio.

Because many staff believe that incidents of violence are a 'part of the job' there is a tendency for many occurrences to go unreported or for staff to feel that they will be seen as less than competent if they report minor or even more serious incidents. Where there is knowledge of the extent of the problem measures can be taken to reduce the risks to staff. It is, therefore, of the utmost importance that all incidents which are covered by the definition should be reported at the earliest possibility, no matter how trivial the incident may seem. The next incident may not seem so trivial and the person towards whom it is directed may not be able to deal with what may appear to be a wholly unexpected outburst.

**Definition - In Areas of DSS Concern**

'The application of force, severe threat or severe abuse, by members of the public towards people arising out of the course of their work, whether or not they are on duty.'

And it includes:

'Severe verbal abuse or threat where this is judged likely to form into actual violence; serious or persistent harassment (including racial or sexual harassment); threat with a weapon; major or minor injury, fatalities.'

**Action to be taken when an Incident of Violence has Occurred**

1. If medical attention or first-aid is required this should be sought at once. Inform your line manager or the most senior person on duty immediately. The senior member of staff acting on your behalf will inform the Police where necessary and where you wish this action to be taken. If you do not wish the Police to be informed you must say so.
2. If there are any witnesses to the incident, names and addresses should be obtained and, wherever possible, they should be asked to provide a factual written statement.
3. A copy of the Assault Report Form should be completed as soon as possible.
4. One copy of this form should be retained in the establishment and one copy should be sent to the Health and Safety Section, Social Services Department, County Hall.
5. When an incident of violence results in injury, the Authority's Accident Report Form must be completed in line with normal procedures.

**HEALTH AND SAFETY INSPECTION CHECK LIST****DERBYSHIRE COUNTY COUNCIL**

EST	
DATE	
INSP BY	
FILE REF	

QUESTION	ANSWER	ACTION REQUIRED
<b><u>SAFETY PORTFOLIO</u></b>		
Is Safety Portfolio up to date?		
Are completed accident report forms held?		
Are completed hazard report forms held?		
Are there records of joint workplace inspections?		
Are there records of lift examinations by Technical Services Department?		
Are there records of lift examinations by County Council insurers?		
Are there records of examinations of patient lifting aids?		
Are all necessary abstracts displayed? (eg Factories Act, Woodworking Machine Regs, Electrical Regs)		
<b><u>FIRE</u></b>		
Is there a Fire Certificate?		
Is there a formal evacuation procedure?		
Are all employees aware of action required in case of fire?		
What is the frequency of fire drills?		
Date of last fire drill?		
How often are alarms tested by staff?		
Are records of tests up to date?		
Are all fire extinguishers and fire blankets examined by Technical Services Department annually?		
Is there safe storage for flammable liquids?		
Is there a flammable liquids cupboard?		



QUESTION	ANSWER	ACTION REQUIRED
Are all Fire Exit signs conspicuous?		
Are all Fire Doors operable?		
Are all fire equipment points kept clear of obstruction?		
<b><u>ELECTRICAL</u></b>		
Are all flexible cables in good condition?		
Are all plugs in good condition?		
Are there sufficient power points?		
Are multi-plug adapters in use?		
Are extension leads in use for permanent installations?		
<b><u>ACCESS AND EGRESS</u></b>		
Do all doors open easily?		
Are all floor surfaces in good condition?		
Are all stair treads in good condition? (Not worn)		
Are there any mats on polished floors?		
Are handrails adequate and secure?		
Are stairs well lit?		
Are floors and stairs clear of all obstruction?		
<b><u>ENVIRONMENTAL</u></b>		
Is heating sufficient?		
Is ventilation adequate?		
Is there enough light?		
<b><u>HOUSEKEEPING</u></b>		
Are materials stacked correctly?		
Are storage racks in good condition?		
Is the standard of tidiness good?		
Are there any trailing cables?		
<b><u>CHEMICALS</u></b>		
Are manufacturers instructions followed when chemicals are stored and used?		

QUESTION	ANSWER	ACTION REQUIRED
<b><u>WELFARE</u></b>		
Are there adequate toilet and washing facilities?		
Are they in clean condition?		
<b><u>MACHINERY AND EQUIPMENT</u></b>		
Is it in proper working order?		
Are all parts of moving machinery securely guarded?		
Are all fixed guards in good condition and securely fixed?		
Are the various safety switches in working order?		
Are all stop buttons effective and clearly labelled?		
<b><u>LIFTING APPLIANCES</u></b>		
Are all lifting appliances marked with the safe working load?		
Is there sufficient lifting equipment at all places where it is needed?		
Do all staff know how to operate the equipment safely?		
Are ropes and slings in good condition?		
When were they last examined?		
<b><u>PROTECTIVE EQUIPMENT</u></b>		
Is protective equipment necessary?		
Do staff use it where it is required?		
Is it the correct type?		
Are there hazards for which protection is required but not provided?		
<b><u>KITCHEN</u></b>		
Is it clean and in good decorative order?		
Is floor surface in good condition?		
Is the equipment in good working order?		
Are there sufficient power points?		
Are there emergency stop buttons?		

QUESTION	ANSWER	ACTION REQUIRED
Does the extraction system work properly?		
Is it cleared regularly?		
Are all utensils clean?		
Is equipment guarded?		
Are storerooms in good order?		
<b><u>BOILER HOUSE</u></b>		
Are records of maintenance completed?		
Is it free from storage of material and equipment?		
Is it clean and tidy?		
Is there adequate lighting?		
Is there sufficient ventilation?		
Is boiler insulation in good condition?		
<b><u>EMERGENCY PROCEDURES</u></b>		
<b><u>GAS</u></b>		
Are staff familiar with how to turn off the various gas valves in case of emergency?		
Are staff familiar with the procedures to follow in case of a gas leak?		
<b><u>FIRST AID</u></b>		
Are the First Aid provisions adequate and in accordance with the Authority's policy?		
Additional space has been provided to enable further items to be added which may be relevant to the particular establishment.		

## **GUIDANCE ON PREVENTION AND CONTROL OF INFECTION FOR COMMUNITY CARE SERVICES**

### **INTRODUCTION**

This document is intended for all staff in Community Care Services. It provides easy reference to general hygiene procedures and advises what to do in the event of an outbreak of infection in the establishment or client's own home.

If any doubt exists with regard to the action to be taken in any particular circumstances advice should be sought from the Consultant in Communicable Disease Control (CCDC) in your District.

### **REMEMBER**

**Thorough cleaning of your premises and a high standard of hygiene are essential requirements for healthy service users.**

## **GENERAL PRINCIPLES FOR CARING FOR SERVICE USERS WITH INFECTION**

### **1. Hand Washing**

Hand washing before and after contact with the client is the most important factor in the prevention of cross infection. Hands that have been washed with soap and water to remove visible contamination should be rubbed with a commercial alcohol-based hand rub eg Hibisol, and allowed to dry whilst rubbing. If the hands are not visibly dirty the alcohol rub alone is sufficient.

### **2. Equipment**

Use disposable or autoclavable equipment wherever possible. Equipment such as sphygmomanometers, stethoscopes and thermometers should remain in the room with the service user and be disinfected on discharge (see Cleaning Policy Relating to Infections, pages H&S.42).

### **3. Linen**

Usually a hot machine wash will be enough. Do **NOT** sluice or soak linen.

### **4. Secretions, Excretions and Exudate Precautions**

- a) From the mouth – encourage service user to cough or spit into paper tissues which should then be discarded into a yellow polythene bag overprinted "Clinical Waste for Incineration".
- b) From wounds or sores – use a no-touch technique for all dressings. Place dirty dressings in a yellow polythene bag overprinted "Clinical Waste for Incineration".
- c) Excretions – for urine or bowel infections, wear disposable apron and gloves when disposing of excreta. Cover the bedpan with the disposable paper bag for transport. Discard gloves and apron after disinfecting the bedpan. (see page H&S.43)
- d) Wear disposable gloves and apron when handling equipment or linen contaminated by any of the above.

### **5. Visitors**

Under certain circumstances, some restrictions may need to be imposed on visitors so as to prevent the spread of disease. If direct service user contact (eg handling a child with diarrhoea) is likely, then the visitors should wear disposable plastic apron and gloves and instructions on hand washing must

be given. Visitors must not contact other service users, and children may be requested not to visit service users with certain infections. Pregnant women should take advice before visiting a service user with an infectious disease.

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**GENERAL CLEANING POLICY**

<b>Item</b>	<b>Frequency</b>	<b>Method</b>
<b>Ambu Lift</b>	After use	Wash with hot water and detergent. Wipe over with an appropriate disinfectant only if visibly contaminated. (See Spillages and Splashes of Body Fluids – page 8)
<b>Baby Feed</b>		
(a) Equipment	After use	Rinse with cold water, wash in hot water and detergent. Rinse well. Disinfect according to manufacturer's instructions. Ensure equipment is fully immersed.
(b) Feeding bottles	After use	Preferably single use, or wash in hot water and detergent. Disinfect according to manufacturer's instructions. Ensure bottles and teats are fully immersed.
<b>Bath Mats (anti-slip)</b>	Between use	Remove from bath surface and treat at the same time as bath. Cover bottom of bath with hot water and detergent. Immerse bath mat upside down and agitate well.  After each session hang mat to dry after washing.
<b>Bath Mats (floor)</b>		Paper toweling or disposable bath mats should preferably be used for each patient. Cork bath mats may present a cross infection hazard and should not be used.
<b>Baths, Showers and Bidet</b>	After use	Clean with hot water and a non abrasive <b>cleaning agent using a disposable/</b> launderable cloth.

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Item	Frequency	Method
<b>Bedpans, Commode Pans and Urinals</b>	After use	Wear disposable gloves. Empty contents into sluice, wash in hot water and detergent and rinse. Dry with disposable paper towel.
<b>Bowls (washing)</b>	After use	Clean with non abrasive powder or cream and water using disposable/laundryable cloth. Store dry and inverted.
<b>Brushes</b>		
(a) Bottle	After use	Wash in hot water and detergent. Store dry.
(b) Nail		Not recommended for staff use. Clients should have their own nail brush which should be cleaned regularly with hot water and detergent.
(c) Shaving		Communal shaving brushes or electric razors must <b>not</b> be used.
(d) Scrubbing (manual or machine)	After use	Wash in hot water and detergent. Rinse dry.
(e) W.C.	After use	After use flush brush with water and shake it into the pan. Store in open holder.
<b>Buckets</b>	After use	Wash in fresh hot water and detergent using a disposable/laundryable cloth. Dry and store inverted.
<b>Cloths – Cleaning</b>	After use	Disposable cloths – discarded daily OR Laundryable cloths laundered daily.

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Item	Frequency	Method
<b>Crockery and Cutlery,</b>	After use	If available, use dishwashing machine.
<b>Jugs and Drinking Glasses</b>		Manual washing is less satisfactory. Clean by washing in hot water and detergent using disposable/laundryable cloth. Water must be changed frequently. Rinse after washing. Allow to dry in racks or use disposable paper towels. Tea towels should not be used.
<b>Drains and Sink Traps</b>		Drains should be kept free from dirt, leaves and paper. To clean off dirt, grease or if drain smells; place <b>washing soda crystals</b> on grid and pour hot water over them until dissolved. DO NOT USE DISINFECTANTS – it is money down the drain.
<b>Floors</b>		Suction clean to remove dust. Clean by washing with hot water and detergent.  Carpets should be vacuumed daily and cleaned periodically by hot water extraction.  Disinfectant, must not be used in routine floor cleaning and <b>never added to cleaning water.</b>
<b>Instruments</b>		Disposable or obtain from Hospital Sterilization Unit or wash instruments in hot water and detergent and then autoclave.
<b>Mops (Floor) – wet</b>	After use	All mops must have detachable cleaning heads which can be laundered. Separate colour-coded

Item	Frequency	Method
		<p>mops should be used for different areas eg kitchen, toilets etc.</p> <p>Launder at least once weekly or more frequently if possible. Each day remove head, wash in hot water and detergent, rinse, wring well and store inverted to dry.</p> <p><b>Do not leave in bucket of water.</b></p> <p>Chemical disinfectants must <b>not</b> be used to treat mopheads.</p>
<b>Skin</b>		
(a) Staff		
- Hand hygiene		<p>Nails must be kept clean and short.</p> <p>Wash hands with hot running water and a liquid soap or detergent preparation. Dry on disposable hand towel.</p>
Infected cases or when handling wounds, catheters etc		<p>Wash hands with soap and water and rub with commercial alcohol based hand rub eg Hibisol</p>
(b) Patients		
- Clean Wounds		<p>Need no cleansing or antiseptic.</p>
- Contaminated or or infected wounds		<p>Clean wound using one of the recommended antiseptics and/or desloughing agents as prescribed by the Doctor.</p>
<b>Soap Dispensers and Holders</b>		<p><b>Dispensers</b></p> <p>Wash with hot water and detergent weekly or when empty. Must not be "topped up".</p> <p><b>Magnetic soap holders</b> should be used for bar soap. If bays or dishes are used these should be cleaned daily by washing in hot water and detergent and kept as dry as possible.</p>

Item	Frequency	Method
<b>Spillages and Splashes of Body Fluids</b>		
1. - Urine - Faeces - Vomit - Pus		Wear disposable gloves and apron. Wipe up spillages with disposable paper towels. Disinfect area with clear soluble phenolic solution. Remove disinfectant with soap and water after 10 minutes contact time. Place used disposable gloves, aprons and paper towels in a yellow plastic bag for contaminated rubbish and incinerate.
2. - Blood		a) Wear disposable gloves and aprons.  b) Ensure adequate ventilation.  c) Place paper towels over spillage. Pour undiluted sodium hypochlorite (eg Milton 1%) gently onto paper towels and wipe up spillage. Clean area with undiluted sodium hypochlorite 1% and leave if possible for a few minutes contact time before washing area with hot water and detergent.  d) Discard disposable gloves, aprons and used paper towels into yellow plastic bag for incineration.
<b>Tooth Mugs</b>	After use	Wash in hot water and detergent. Rinse. Dry well and store inverted.
<b>Wheel Chairs</b>	Weekly	Damp dust with hot water and detergent using disposable/laundryable cloth.

## **CLEANING POLICY RELATING TO INFECTIONS**

### **General Principles**

1. The correct disinfectant must be used at the correct strength.
2. Disposable cleaning cloths only must be used.
3. Disposable aprons and gloves must always be used for cleaning or decontamination. Other protective clothing must be used according to isolation code (code 4).
4. All cleaning equipment must be reserved for use in the specified areas only. It must be clearly marked and must be stored within the specified isolation areas or in a clearly defined place outside it. All such equipment must be adequately decontaminated prior to use elsewhere.

### **Equipment**

**All equipment must be decontaminated prior to re-use by other patients or use outside the isolated area.**

Equipment should be, wherever possible, disposable or autoclavable. However, where this is not possible eg beds, lockers etc chemical disinfectants must be used.

- (a) For known or suspected bacterial infections use a clear soluble phenolic eg 1.5% Hycolin.
- (b) For known or suspected viral infections use a hypochlorite eg Milton 1%.

**NB** See page 8 for spillages and splashes of body fluids.

### **Surfaces eg Floor cleaning and damp dusting**

1. Detergent and water is usually sufficient for routine cleaning of the isolation room.
2. For visible contamination from body fluids treat as for **Equipment** (a) and (b) above.
3. Terminal cleaning: Disinfectants should only be used on specific instructions from the Control of Infection Nurse or Doctor

## **Walls and Ceilings**

These surfaces do not require washing down after the client is better or discharged. Should there be visible contamination by biological fluids treat as for **Equipment** (a) and (b) above.

## **Baths, Wash Basins and Bowls**

Following use, clean with either an abrasive or non-abrasive powder incorporating hypochlorite or wipe down cleaned surface with a hypochlorite eg 1% Milton. Take care to rinse off hypochlorite solution.

Disposable gloves and aprons must be worn whilst handling bedpans/urinals and discarded on completion of procedure into a yellow polythene bag overprinted with "Clinical Waste – For Incineration".

## **Bedpans/Urinals**

1. Should be decontaminated by use of a bedpan washer with heat disinfection cycle OR
2. Disposable OR
3. If (1) and (2) not possible, the patient must be allocated his/her own bedpan/urinal, in which case the following procedure must be followed:-

## **Between Use**

Empty contents carefully into lavatory/sluice hopper and wash bedpan/urinal with hot water and detergent. Rinse and dry thoroughly with disposable paper towels. Return to patient's room.

## **On Discharge or Recovery**

Wash in hot water and detergent. Rinse and then immerse in a freshly prepared clear soluble phenolic solution for 20 minutes. Rinse and dry thoroughly. Discard disinfectant immediately after use and wash container with hot water and detergent. Rinse and dry thoroughly.

## **WASH AND DRY HANDS THOROUGHLY.**

**NB** If further information is required please contact Consultant, Communicable Disease Control (CCDC) or Specialist Nurse Infection Control.

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## HOW TO USE THIS POLICY

Look up disease or germ affecting your client in the "list of diseases and germs". Note the code number and any following letters. Turn to the appropriate code and follow the instructions printed on the left-hand page. The letters will indicate any necessary further instructions to be followed from the right-hand page.

If the disease must be officially notified (see "list of diseases and germs"), the doctor in charge of the case must notify the disease to the appropriate proper officer.

### ALPHABETICAL LIST OF DISEASES AND GERMS MOST OF THESE DISEASES WILL HAVE BEEN DIAGNOSED BY THE DOCTOR DO REMEMBER THAT DIARRHOEA AND SCABIES ARE COMMON PROBLEMS THAT NEED PROMPT ATTENTION

DISEASE	CODE	NOTES	PERIOD OF ISOLATION
AIDS	2	a,b	
Antibiotic resistance (coliform)	5	a,g	until free of organism
Antibiotic resistance (staph.)	5	a,g	until free of organism
\$ Australia antigen positive	2	b	
<b>Bacillary Dysentery</b>	<b>4</b>	<b>*</b>	<b>until free of organism</b>
Body Lice	5	f	until treated
<b>Bordetella pertussis (whooping cough)</b>	<b>5</b>	<b>c</b>	<b>7 days after start therapy</b>
Campylobacter enteritis (a type of food poisoning)	3	a	
Catheter Fever	1	*	
Chickenpox	5	c,d	7 days after appearance of last vesicle
Chlamydia psittaci (parrot disease)	5	e	7 days from onset
Clostridium perfringens (food poisoning)	1	*	

*Note – Infection in bold type must be officially notified by the doctor attending.  
Those marked \$ may be notifiable.*

DISEASE	CODE	NOTES	PERIOD OF ISOLATION
Cold sore (Herpes simplex)	3	b	until lesions healed
\$ Conjunctivitis	3	b	
Dermatophyte infections	3	b	
Diarrhoea in babies	4	a	
\$ Diarrhoea (others and unknown)	4	a	
Dysentery	4	*	until free of organism
Eczema Herpeticum	5	a	until recovered
Enterobius vermicularis (Threadworm)	1	b	
Erysipelas	5	e	until recovered
Fleas	5	f	until recovered
<b>Food poisoning (Bacillus cereus)</b>	<b>1</b>	<b>*</b>	
<b>Food poisoning (Clostridial)</b>	<b>1</b>	<b>*</b>	
<b>Food poisoning (Salmonella)</b>	<b>4</b>	<b>a</b>	<b>until free of organism</b>
<b>Food poisoning (Staphylococcal)</b>	<b>1</b>	<b>*</b>	
Gas gangrene	1	*	
Giardiasis (Diarrhoea)	4	*	
Glandular Fever	3	b	
Gonorrhoea	1	*	

*Note – Infection in bold type must be officially notified by the doctor attending.  
Those marked \$ may be notifiable.*

DISEASE	CODE	NOTES	PERIOD OF ISOLATION
Head Lice	5	f	until treated
<b>Hepatitis A (jaundice)</b>	<b>4</b>	<b>b</b>	<b>5 days after onset jaundice</b>
\$ Hepatitis B (jaundice)	2	b	whilst carrier
Herpes simplex (cold sores)	3	b	
Herpes zoster (shingles)	5	c,d	7 days after appearance of last vesicle
HIV antibody positives	2	a,b	
Impetigo	5	b,e	until culture negative
Infectious hepatitis (jaundice)	4	b	5 days after onset jaundice
Infectious mononucleosis	3	b	
Influenza (flu)	5	e	until recovered
Lice	5	f	until treated
Measles	5	c,d	5 days after onset of rash
Meningitis (Tuberculous)	1	*	
Meningitis (Viral)	5	a,e	until recovered
\$ Meningococcal infections	5	e	48 hours after start of treatment
Moniliasis (thrush)	1	e	
MRSA	5	a	until culture negative
Mumps	5	c,d	9 days after swelling starts
Non-A Non-B hepatitis (jaundice)	2	b	

*Note – Infection in bold type must be officially notified by the doctor attending.  
Those marked \$ may be notifiable.*



DISEASE	CODE	NOTES	PERIOD OF ISOLATION
Pediculosis (Lice and nits)	5	f	until treated
Pertussis (Whooping cough)	5	c	7 days after start of treatment
Pinworm	1	b	
Proteus infections	1	*	
Pseudomonas infections	1		
Pseudomonas (gentamicin res.)	5	a,g	until free of organism
Psittacosis	5	e	7 days from onset
Pubic Lice	5	f	until treated
Rheumatic Fever	1	*	
Ringworm	3	b	
Rubella (German measles)	5	c,d	5 days from onset
Salmonella food poisoning	4	a	seek medical advice
Scabies	5	f	until treated
Scarlet Fever	5	e	until culture negative
Seatworm	1	b	
Serum hepatitis (jaundice)	2	b	
\$ Shigella infections (diarrhoea)	4	*	seek medical advice
Shingles (Herpes zoster)	5	c,d	7 days after appearance of last vesicle
Staphylococcal wound infections	3	b	
Streptococcus Group A sore throats	5	e	until culture negative
Streptococcus Group B	1	*	
Streptococcus Group others	3	b	

*Note – Infection in bold type must be officially notified by the doctor attending.  
Those marked \$ may be notifiable*

DISEASE	CODE	NOTES	PERIOD OF ISOLATION
Syphilis	3	a,b	
Tinea infections	3	b	
Tapeworm	1	*	
Threadworms	1	b	
<b>Tuberculosis genito-urinary</b>	<b>3</b>	<b>a</b>	
<b>Tuberculosis orthopaedic</b>	<b>3</b>	<b>b</b>	
<b>Tuberculosis pulmonary (closed lung)</b>	<b>1</b>	<b>*</b>	
<b>Tuberculosis pulmonary (open lung)</b>	<b>5</b>	<b>a</b>	<b>until treatment established</b>
<b>Tuberculosis abscess</b>	<b>3</b>	<b>b</b>	
<b>Tuberculosis Lymphadenopathy</b>	<b>3</b>	<b>b</b>	
<b>Tuberculous meningitis</b>	<b>1</b>	<b>*</b>	
Varicella (chicken pox)	5	c,d	7 days after appearance of last vesicle
Varicose ulcer (infected)	3	b	
\$ Viral conjunctivitis	3	b	
<b>Whooping cough (Bordetella pertussis)</b>	<b>5</b>	<b>c</b>	<b>7 days after start of treatment</b>
Wounds infected	3	b	
Zoster (shingles)	5	c,d	7 days after appearance of last vesicle

*Note – Infection in bold type must be officially notified by the doctor attending.  
Those marked \$ may be notifiable.*

**CODES OF PRACTICE FOR DISEASES  
LISTED IN ALPHABETICAL LIST OF DISEASES AND GERMS****Code Number One**

No Extra Precautions Necessary

**Code One \* Notes**

NB These notes do not apply to all diseases or germs in this code, see "Alphabetical List of Diseases and Germs" for appropriate note.

- \*) No other specific precautions necessary.
- a) The treatment of threadworm infestation requires meticulous care and all household contacts should be treated at the same time as the infected client. Particular care is needed in institutions such as long-stay homes. Please contact for further advice (further details available from Occupational Health Nurse based at CCHQ)

**Code Number Two**

Isolation in a single room is not necessary unless other factors necessitate it eg infective cause of diarrhoea.

Protective clothing (gloves, aprons, goggles) should only be worn when handling body fluids.

Wear gloves and apron when dealing with excreta.

Special care must be taken when dealing with sharps contaminated with blood (see page H&S.60).

Accidents with sharps must be reported and the appropriate action taken (see page H&S.61). Sharps policies must be complied with.

Specimens must be packaged and labelled as danger of infection specimens (further details available from Occupational Health Nurse based at CCHQ).

Shared toilet facilities may be used.

**WASH YOUR HANDS  
UNWASHED HANDS SPREAD INFECTION**

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There is no requirement for special crockery or cutlery unless there is obvious bleeding from the mouth.

The service user may mix freely with and dine with other service users.

All linen must undergo a hot wash.

### **Code Two \* Notes**

**NB** These notes do not apply to all diseases or germs in this code, see "Alphabetical List of Diseases and Germs"

- \*) No other specific precautions necessary.
- a) Pregnant members of staff should not come into contact with these service users because of the theoretical risk of cytomegalo virus infection.
- b) Further advice is available if necessary (further details available from Occupational Health Nurse based at CCHQ).

### **Code Number Three**

Isolation in a single room is not necessary.

There is not requirement for special crockery or cutlery.

The service user may mix freely with and dine with other service users.

Shared toilet facilities may be used.

Linen to be treated in a hot wash.

### **Code Three \* Notes**

**NB** These notes do not apply to all diseases or germs in this code, see "Alphabetical List of Diseases and Germs"

- \*) No other specific precautions necessary
- a) Apron and gloves must be worn when handling excreta. Separate toilet facilities may be preferred

**WASH YOUR HANDS  
UNWASHED HANDS SPREAD INFECTION**

- b) Gloves or a no-touch technique must be used when dealing with secretions or discharges from the mouth, eyes, wounds or sores.

**Code Number Four**

Preferably nurse in a single room

Service user to remain in room and not to mix with other service users

Wear protective clothing (apron/disposable gloves) for handling excreta and for direct client/patient contact

Separate toilet facilities required

Crockery and cutlery to be washed in a hot wash preferably dishwasher (see page 6)

All linen to be placed in a hot wash, preferably washing machine (see page 3)

Refer to diarrhoea policy covering outbreaks (further details available from Occupational Health Nurse based at CCHQ)

**Code Number Four \* Notes**

- \*) No other specific precautions necessary
- a) Isolation can be discontinued on medical advice
- b) Immunoglobulin is available for prophylaxis. Contact Microbiologist

**Code Number Five**

Isolate in single room.

Door to be kept closed.

Client to remain in room and not mix with other clients.

Separate toilet facilities required.

Protective clothing – none, or see notes.

**WASH YOUR HANDS  
UNWASHED HANDS SPREAD INFECTION**

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Crockery and cutlery to be hot washed – see page 6.

All linen to be placed in hot wash – see page 3.

### **Code Five \* Notes**

**NB** These notes do not apply to all diseases or germs in this code, see "Alphabetical List of Diseases and Germs".

- \* ) No other specific precautions necessary.
- a ) Gloves and apron to be worn when dealing with infected lesions, exudates or excreta.
- b ) Gloves and apron to be worn for all direct client contact.
- c ) Children who have been immunised or who have had the disease may visit. Advice should be sought for non-immune children.
- d ) If possible, only staff known to be immune should contact these service users. Pregnant staff and visitors should be excluded. Non-immune staff must wear a mask in the room, gloves and apron to be worn for direct service user contact. Immunoglobulin is available to treat at-risk contacts of V-Z infections, rubella and measles. Contact Consultant Microbiologist.
- e ) Mask to be worn in room, apron also to be worn for direct service user contact.
- f ) For infestations, gloves and long-sleeved gowns must be worn for direct service user contact until the first treatment has been completed. See pages on infestations, page H&S.58, and management of Scabies, page H&S.57.
- g ) Ensure that the Consultant Microbiologist is informed if this service user is admitted to hospital.

**WASH YOUR HANDS  
UNWASHED HANDS SPREAD INFECTION**

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## **SCABIES**

### **General**

If you have a case of scabies please inform the Specialist Nurse Infection Control.

### **Management**

A hot bath is not necessary before treatment. Apply the cream (see page 20) in a thin smear, spread gently over the skin in order to cover the whole of the body from the neck to the toes. The application should be carried out at night, before going to bed and will take 5-10 minutes. One treatment is sufficient.

When applying the cream, about half of a tube will cover the body of an adult. It is important to apply the cream to cover all skin in the clefts between the fingers, toes and buttocks and to the groins and genital area. Reapply treatment in the hands after handwashing.

The day after the completion of treatment, a bath is taken, followed by a change and wash of underwear and bed sheets to remove traces of cream. There is no need to wash or clean blankets, duvets or outer clothing. No fumigation nor any other environmental cleaning is necessary. However, the staff are advised to wear plastic aprons, long-sleeved gowns and gloves for direct client contact during treatment.

It is important that all those who have been in close contact, eg other members of the family, staff and other residents/clients, should be treated during the same period. It often takes about four weeks after infection before itching starts and, therefore, close contacts must be treated whether itching or not. For contacts who are apparently not affected, one treatment is sufficient. It may be necessary to repeat the process if further contact with an infected client occurs.

Itching may persist for two to three weeks after the successful treatment, but it can be treated with a soothing lotion like Calamine and Eurax.

### **Recommendations**

- 1) Exclusion of infected staff from work.
- 2) No staff (infected or otherwise) should work in any other establishment until 24 hours after treatment.
- 3) Closure of the Nursing Home/Residential Home to new admissions until 24 hours after treatment.
- 4) Visitors should be discouraged from having physical contact with the client until 24 hours after treatment.

- 5) No visits to Day Units or other social establishments eg Day Centres, Luncheon Clubs etc, until 24 hours after treatment.
- 6) Movements of clients in a non-emergency situation should be discouraged.
- 7) If an emergency admission to hospital is necessary, the Nurse in charge of the ward **MUST** be informed of the infection.



## TREATMENT OF SCABIES

### **Gamma Benzene Hexachloride**

Application (Quellada)

First choice treatment for adults (except in pregnancy and in nursing mothers). Not recommended for infants under 1 month.

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### **Benzyl Benzoate**

Application (Ascabiol)

Unpleasant smell. Can irritate skin and aggravate eczema. Should be kept away from the face. Not usually recommended as a first line treatment.

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### **Malathion Lotion**

(Derbac with Malathion, Prioderm)

Effective, but rather expensive for scabies treatment when compared with Gamma Benzene Hexachloride or Benzyl Benzoate. Babies under six months should be treated under medical supervision. Inflammable.

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## POST TREATMENT IRRITATION

### **Crotamiton**

cream or emulsion (Eurax)

Soothing lotions or creams may be of help in controlling subsequent itching after one of the above treatments.

### **Calamine Products**

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## INFESTATIONS

### Lice (including Head, Pubic and Body Lice)

Lice live on the skin or inner layers of clothing. Once parted from their host, they soon die, although the nits or eggs may remain viable for long periods.

Transmission is by contact either with the hair (head or pubic lice) or clothing (body lice) of the host.

#### Body Lice

- a) It is recommended that plastic aprons and gloves are worn whilst removing affected clothing.
- b) The louse only transfers in the dark and, therefore, the procedure should be carried out in a well lit room.
- c) Treat clothing and bedding by washing separately in a hot machine wash. Clothing not suitable for washing may be sealed in a laundry bag and treated, when available, with low temperature steam. If such treatment is not available, contact Control of Infection personnel.
- d) No special environmental measures are required.

#### Head Lice

- a) It is recommended that plastic aprons and gloves are worn while treating the client.
- b) The eggs are firmly attached to the hair and are difficult to remove.
- c) Apply recommended lotion, rub gently into the scalp. Avoid contact with the eyes.  
Repeat until hair is thoroughly moistened.

**Allow hair to dry naturally** because the alcohol content of the lotion could present a fire risk and artificial heat eg hair driers, increases the evaporation of the alcohol and reduces the effectiveness of the treatment.

12 hours after treatment wash hair with normal brand of shampoo, rinse then comb hair while wet with a fine metal comb to remove lice and nits.

- d) Close contacts should examine their hair in case of infestation.
- e) The best way to prevent lice is to comb the hair regularly.

**Pubic Lice**

The pubic louse or crab is confined to pubic hair or areas of similar hair coarseness and density such as a beard. It is more firmly attached and less mobile than other lice and is, therefore, less likely to transfer to hospital staff. It is normally acquired during intimate contact eg sexual intercourse. Treatment is effected with insecticidal shampoos and lotions like head lice, but the aqueous-based lotion should always be used in preference to alcohol-based which causes intense stinging to the genital area.

**Fleas**

The more common cause of flea infestation is the cat flea which will bite humans in the absence of the primary host. It is now uncommon for the human flea to be introduced into the hospital environment. Fleas are able to survive for some weeks in the environment without feeding.

**Control Measures**

A client admitted with fleas.

- a) Treat clothing and bedding as described for body lice.
- b) The killing of visible fleas and any other environmental measure necessary must be carried out by Pest Control Personnel.

**Infestation of the Establishment**

- a) Identify the fleas wherever possible. If the cat flea is responsible for the infestation, it will be necessary to remove stray cats from the environment.
- b) Treat clothing and bedding as described for body lice.
- c) Treatment of floors, carpets, upholstery and fabrics, as well as the environment will be carried out by Pest Control Personnel.

**SHARPS DISPOSAL**

1. Never Re-sheath Used Needles.
2.
  - a) If giving injections, dispose of syringe with the needle attached, into a rigid sharps container.
  - b) If it is necessary to detach the needle eg following venepuncture, great care must be taken and the needle placed directly into a rigid sharps container.
3. Sharps, needles and syringes should always be placed into rigid disposable sharps containers, by the person who used them. Never leave sharps to be disposed of by someone else.
4. Sharps containers should be disposed of when no more than three-quarters full, to avoid any risk of inoculation when disposing of further needles, sharps and syringes etc.
5. All sharps containers should be disposed of by incineration.

**Sharps Containers** may be obtained from a number of manufacturers but **MUST** comply with Department of Health Specification.

For further advice contact The Specialist Nurse Adviser Infection Control.

**"NEEDLESTICK" ACCIDENTS  
PROCEDURE TO BE FOLLOWED BY STAFF SUSTAINING SKIN PUNCTURES  
FROM SHARPS CONTAMINATED WITH BLOOD, SERUM OR OTHER BODY  
FLUIDS**

**1. First-aid**

Wash wound under running cold tap water and encourage bleeding. Cover with waterproof dressing.

Eyes and mouth – rinse thoroughly with water.

Staff member must report incident to superior.

**2. Staff member must report to his/her own General Practitioner.**

**3. The General Practitioner may arrange for a specimen of blood (10mls clotted) to be taken from:-**

- a) The member of staff involved;
- b) The client, if known, and after gaining informed consent.

NB Even if you have had the immunisation against Hepatitis you must still check with your GP to see if further tests are required.

**Important**

These bloods must be taken as soon as possible after the incident. The specimen from the member of staff should be taken whether or not the client is known.

- 4. Ensure that an accident form is completed with details of the incident including the name of the client, when known, and confirming the action taken eg if and when blood specimens taken.**
- 5. Contact Consultant Microbiologist in working hours to arrange testing and to obtain further advice.**

### **TRANSPORT OF SERVICE USERS/PATIENTS**

1. Follow the specific advice including relevant notes in the appropriate code for the disease or germs.
2. Notify and advise establishments to which the service user will be transported of the necessary precautions.
3. Notify, advise and provide personnel responsible for transporting the service user/patient with the appropriate protective clothing. Advise on any necessary decontamination of wheelchairs or trolley should be sought (see page 8).

## **4.2 FIRST-AID AT WORK**

### **Guidelines on the Application of Council Policy**

#### **Introduction**

The County Council has developed and approved a policy on first-aid at work in accordance with the Health and Safety (First-aid) Regulations 1981 and associated Approved Code of Practice (ACOP 42) and Guidance Notes.

The following notes are for the guidance of officers who have a responsibility for the application of the Authority's policy in their department.

Documents referred to in these notes are identified as follows:-

County Council Policy Statement (First-aid)	Section 4.2.0.1
Appointed Persons – Duties	Section 4.2.0.2
First-aid Boxes and Kits – Contents	Section 4.2.0.3
General First-aid Guidance Card	Section 4.2.0.4
Aids and other Infectious Diseases	Section 4.2.0.5

#### **The Policy (Section 4.2.0.1)**

Sets out the broad framework of the application of the regulations throughout the Authority. It should be noted that the legislation and the arrangements here contained apply only to employees of the County Council. The Authority is mindful of the first-aid needs of non-employees on its premises, and will continue to make adequate provision, however such provision will be dealt with separately.

#### **First-aid Cover**

As the approved code of practice states "... it is impossible to lay down any precise ratio of First-aiders to employees which can be adopted in all cases". Factors which must be taken into account include the distribution of employees within the establishment, the nature of the work activities, the size and location of the establishment, shift working, the proximity of outside medical services as well as the number of employees.

The number of First-aiders should be determined on all the above relevant factors and not solely on the number of employees at work.

During the temporary absence of the First-aider the employer should provide an Appointed Person but this should be seen as an exception and not as an alternative to the provision of sufficient numbers of First-aiders. Foreseeable absences such as

an alternative to the provision of sufficient numbers of First-aiders. Foreseeable absences such as planned annual leave are not considered "temporary and exceptional circumstances". The only exception to the above is where because of the nature and location of the undertaking there are not specific hazards and the number of employees is small.

It can be concluded from the above that in assessing the type of cover in each work situation that much less emphasis should be placed on the number of employees as in the past and more emphasis must be placed on the factors described in the first paragraph. Cover during working hours should therefore be determined on the following basis:-

- a) A minimum provision of an Appointed Person at all working times.
- b) Appointment of a First-aider(s) taking account of all the relevant factors and in hazardous situations the number of First-aiders should not be less than one for every fifty employees.
- c) Appointment of cover for the "foreseeable absence" of a First-aider either by an existing First-aider at the workplace or the appointment of a backup First-aider or Appointed Person according to the degree of risk/hazard.
- d) As a minimum the appointment of an Appointed Person for peripatetic working groups.

### **First-aid Box Contents**

Where it is felt that first-aid box contents or facilities at any establishment need to be different from that shown in Section 4.2.0.3 then contact should be made, through head office, with the County Personnel Officer, Employee Services – Occupational Health Service.

### **Treatment of Casualties**

A guidance note, see Section 4.2.0.4, which has been prepared by the Health and Safety Executive is to be held in every first-aid box. This contains basic information on the treatment of casualties.

### **First-aid Booklet**

The County Council has for several years had procedures operating for the reporting of accidents and these must be continued. The first-aid regulations do not impose any changes on the recording of accidents. However, it is recommended within the regulations that an Illness/Treatment Record be kept.

To meet the above a booklet has been produced which will enable a record to be maintained. In addition it will contain the following:-

First-aid Boxes – Contents

Section 4.2.0.3



## General First-aid Guidance Card

## Section 4.2.0.4

Arrangements will be made with Lexmark to provide the booklet and departments should contact Lexmark direct to obtain copies.

**Information**

A notice, or notices at large establishments, needs to be displayed at each establishment stating the current arrangements for first-aid and in particular the location of equipment, facilities and personnel. Where signs are necessary to locate equipment then they must comply with the Safety Signs Regulations SI 1980/1471.

**County Offices**

The arrangements for first-aid at County Offices will be little changed as a result of the regulations and will continue to be administered by the County Personnel Officer, Employee Services – Occupational Health Service.

Chief Officers must inform the County Personnel Officer where changes or different arrangements are required.

**General**

Further advice can be obtained on the provision of first-aid and training from the County Personnel Officer, Employee Services – Occupational Health Service.

#### **4.2.0.1 POLICY STATEMENT**

The Health and Safety (First-aid) Regulations 1981 (SI No 917) came into force on 1 July 1982, their purpose being to provide a uniform standard of first-aid at work.

The County Council will carry out its statutory duty as the employer by ensuring so far as is reasonably practicable, that the requirements of the regulations are complied with and kept under regular review.

In particular the policy includes:-

##### **1. First-aid Cover**

Employees will be designated to provide cover in respect of first-aid in County Council workplaces sufficient to meet the requirements of the law and the Authority's identified needs.

All relevant factors will be taken into account when assessing cover and this will include the number and distribution of employees within the establishment, the nature of the work activities, the size and location of the establishment, shift working patterns and the proximity of outside medical services.

Without detriment to the above the cover in County Council workplaces should be determined on the following basis:-

- a) A minimum provision of an Appointed Person where a First-aider is not required.
- b) Appointment of a First-aider(s) taking into account of all the relevant factors. In hazardous working situations the number of First-aiders should not be less than one for every fifty employees.
- c) Provision of cover for the "foreseeable absence" of a First-aider either by an existing First-aider at that workplace or the appointment of a backup First-aider or Appointed Person according to the degree of risk/hazard.
- d) A minimum provision of an Appointed Person for peripatetic work groups.

##### **2. Training**

- a) Training will be provided by the County Council for designated "First-aiders" and "Appointed Persons" utilising the approved training organisations and internal resources as appropriate.

- b) Additional training will be given where appropriate for specific hazards eg danger from certain toxic chemicals, dangerous machinery or equipment.

### **3. Review**

The policy and supporting arrangements will be kept under review by the County Personnel Officer and further guidance can be obtained from the same source.

#### **4.2.0.2 DUTIES OF "APPOINTED PERSONS"**

The County Council, like every other employer, is required to make adequate arrangements for first-aid in all of its establishments according to the circumstances prevailing at each workplace.

The "Appointed Persons" duties will be:-

- a) to take charge of the situation having summoned help from a First-aider or doctor or nurse or call for transport to hospital in the event of an employee being seriously injured or becoming ill whilst at work;
- b) to render emergency first-aid if trained to do so;
- c) to have charge of the first-aid box, maintain stocks of its contents and to make them available for the treatment of minor injuries;
- d) to ensure that a record is made of each incident;
- e) to maintain notices of first-aid arrangements in the establishment;
- f) to inform new employees of the arrangements for first-aid at the workplace.

#### **4.2.0.3 FIRST-AID BOXES AND KITS – CONTENTS**

First-aid boxes and travelling first-aid kits should contain a sufficient quantity of suitable first-aid materials and nothing else.

Contents of the boxes and kits should be replenished as soon as possible after use in order to ensure that there is always an adequate supply of all materials. Items should not be used after the expiry date on the packets. It is therefore essential that first-aid equipment be checked frequently, to make sure there are sufficient quantities and all items are usable.

First-aid boxes should be made of suitable material designed to protect the contents from damp and dust and should be clearly identified as first-aid containers: the marking used should be a white cross on a green background in accordance with the Safety Signs Regulations 1980.

First-aid boxes which are to form part of an establishment's permanent first-aid provision should contain only those items which a First-aider has been trained to use.

Sufficient quantities of each item should always be available in every first-aid box or container. In most cases these will be:

- a) one guidance card (see section 4.2.0.4)
- b) twenty individually wrapped sterile adhesive dressings (assorted sizes) appropriate to the work environment (which may be detectable for the catering industry);
- c) two sterile eye pads, with attachment;
- d) six individually wrapped triangular bandages;
- e) six safety pins;
- f) six medium sized individually wrapped sterile unmedicated wound dressings (approx 10cm x 8cm);
- g) two large individually wrapped sterile unmedicated wound dressings (approx 13cm x 9cm); and
- h) three extra large individually wrapped sterile unmedicated wound dressings (approx 28cm x 17.5cm).

Where mains tap water is not readily available for eye irrigation, sterile water or sterile normal saline (0.9%) in sealed disposable containers should be provided. Each container should hold at least 300ml and should not be re-used once the sterile seal has been broken. At least 900ml should be provided. Eyebath/eye cups/refillable containers should not be used for eye irrigation.

Soap and water and disposable drying materials should be provided for first-aid purposes. Where soap and water are not available, individually wrapped moist cleansing wipes which are not impregnated with alcohol may be used.

The use of antiseptics is not necessary for the first-aid treatment of wounds.

### **Travelling First-aid Kits**

The contents of travelling first-aid kits should be appropriate for the circumstances in which they are to be used. At least the following should be included:-

- a) card giving the general first-aid guidance set out in the annexe;
- b) six individually wrapped sterile adhesive dressings;
- c) one large unmedicated dressing;
- d) two triangular dressings;

- e) two safety pins;
- f) individually wrapped moist cleansing wipes.

### **Supplementary Equipment**

Where an establishment covers a large area or is divided into a number of separate and self-contained working areas, it may be necessary to provide suitable (carrying) equipment for the transportation of casualties.

It is recommended that where blankets are provided, they should be stored alongside the equipment and in such a way as to keep them free from dust and damp.

Disposable plastic gloves and aprons and suitable protective equipment should be provided near the first-aid materials and should be properly stored and checked regularly to ensure that they remain in good condition.

Blunt ended stainless steel scissors (minimum length 12.70cm) should be kept where there is a possibility that clothing may have to be cut away. These should be kept along with items of protective clothing and equipment.

Plastic disposable bags for soiled or used first-aid dressings should be provided and are safely disposed of in sealed bags.

## **HEALTH AND SAFETY (FIRST-AID) REGULATIONS 1981**

### **General Guidance for First-aid at Work**

**NOTE: TAKE CARE NOT TO BECOME A CASUALTY YOURSELF WHILE ADMINISTERING FIRST-AID. USE PROTECTIVE CLOTHING AND EQUIPMENT WHERE NECESSARY**

### **TREATMENT POSITION**

Casualties should be seated or lying down when being treated, as appropriate.

### **Advice on Treatment**

If you need help send for it immediately. If an ambulance is needed, arrangements should be made for it to be directed to the scene without delay.

### **Priorities in First-aid**

#### **(1) BREATHING**

#### **IF CASUALTY IS NOT BREATHING**

Place on back.

Open and clear mouth.

Tilt head backwards to open airway. Maintain this position throughout.  
Support jaw as shown.

Kneel beside casualty. While keeping his head tilted backwards, open his mouth and pinch his nose.

Open your mouth, take a deep breath. Seal his mouth with yours and breathe out firmly into it.

Casualty's chest should rise. Then remove your mouth and let his chest fall. If chest does not rise, check head is tilted backwards sufficiently. Continue at a rate of 12 times a minutes until the casualty is breathing by himself. Place casualty in the recovery position as shown.



## (2) UNCONSCIOUSNESS

Place casualty in the recovery position as shown.

## (3) SEVERE BLEEDING

Control by direct pressure (using fingers and thumb) on the bleeding point. Apply a dressing. Raising the bleeding limb (unless it is broken) will help reduce the flow of blood.

## OTHER CONDITIONS

## (4) SUSPECTED BROKEN BONES

*Do not move the casualty* unless he is in a position which exposes him to immediate danger.

## (5) BURNS

### BURNS AND SCALDS

Do not remove clothing sticking to the burns or scalds or burst blisters. If burns and scalds are small, flush with plenty of clean, cool water before applying a sterilised dressing. If burns are large or deep, wash your hands, apply a dry sterile dressing and send to hospital.

### CHEMICAL BURNS

Avoid contaminating yourself with the chemical.

Remove any contaminated clothing which is not stuck to the skin. Flush with plenty of clean, cool water for 10-15 minutes. Apply a sterilised dressing to exposed, damaged skin and send to hospital

## (6) EYES

Loose foreign bodies in the eye: Wash out eye with clean, cool water.

Chemical in the eye: Wash out the open eye continuously with clean, cool water for 10-15 minutes.

People with eye injuries should be sent to hospital with the eye covered with an eye pad.

## (7) ELECTRIC SHOCK

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Do not touch the casualty until the current is switched off. If the current cannot be switched off, stand on some dry insulating material and use a wooden or plastic implement to free the casualty from the electrical source. If breathing has stopped, start mouth to mouth breathing and continue until casualty starts to breathe by himself or until professional help arrives.

#### (8) GASSING

Use suitable protective equipment.

Move casualty to fresh air.

If breathing has stopped, start mouth to mouth breathing and continue until casualty starts to breathe by himself or until professional help arrives. Send to hospital with a note of the gas involved.

#### (9) MINOR INJURIES

Casualties with minor injuries of a sort they would attend to themselves if at home may wash their hands and apply a small sterilised dressing from the first-aid box.

#### (10) RECORD KEEPING

An entry of each case dealt with must be made in the accident book.

#### (11) FIRST-AID MATERIALS

Articles used from the first-aid box should be replaced as soon as possible.

#### **4.2.0.5 AIDS AND OTHER INFECTIOUS DISEASES**

##### **Advice for First Aiders and Appointed Persons**

##### **INTRODUCTION**

The guidance is aimed at the Council's First-Aiders and Appointed Persons to enable them to perform their duties with confidence and safety.

Whilst the notes refer particularly to AIDS the aspects are applicable to other infectious diseases such as Hepatitis B.

##### **Aids and its Transmission**

"AIDS" is a condition caused by a virus called HIV (Human Immunodeficiency Virus) and when a person infected their body's natural defence system against some infections breaks down.

Not everyone who has the virus has developed AIDS but they can pass it on to others. These people are "carriers" and said to antibody positive. About three out of ten of these people infected with the virus develop AIDS over a period of five years.

This means that they are more likely to develop illnesses which the body would normally be able to resist and ultimately death will result.

At present there is no cure and neither is there a vaccine.

The most common means of transmitting the virus are:-

- a) sexual intercourse;
- b) inoculation with infected blood/needles; and
- c) infected mother to baby.

The virus cannot survive for very long in the open air and cannot withstand heat or household bleach.

There is no danger from:-

- a) normal regular skin contact;
- b) food, crockery, cutlery;
- c) coughs or sneezes; or

- d) sharing toilet and washing facilities.

### **Precautions and Procedures**

The risk even to health care staff involved in the close care of AIDS patients is exceedingly low and this applies equally to those rendering first-aid.

However, it is sensible to follow straightforward procedures when rendering first-aid to any casualty and this will reduce the risk of infection and the transmission of diseases including HEPATITIS and AIDS.

You should always:-

- a) wash your hands before and after rendering treatment, or as soon as possible, use soap or liquid detergent. Excessive scrubbing of hands is not recommended as it can cause abrasions;
- b) wear disposable apron and gloves should you have to **clear up substantial quantities of blood or other body fluids**. These items should be placed in an impervious plastic bag and disposed of by burning.
- c) wash off any splashes of blood, or other body fluids, on yourself with soap and water. If the eyes or mouth are splashed, rinse out with fresh water;
- d) clean down any contaminated areas or surfaces with a solution of one part household bleach to ten parts water. Take care with bleach as it is corrosive and can cause skin problems and damage clothing; and
- e) wash soiled clothing in the washing machine on the hot cycle, or if appropriate dry cleaning.

### **Control of Bleeding**

Normal first-aid procedures of direct pressure on or at the side of the wound using a pad for about ten minutes is usually sufficient. Dispose of material by enclosing in a plastic bag and burning.

### **Resuscitation**

Delay can quickly result in death and there is no evidence of cross infection when administering mouth to mouth/nose ventilation.

For aesthetic purposes a resuscitation device could be used if available. Resuscitation should never be withheld and must commence as soon as possible.

**Puncture Wounds and Human Bites**

Must be treated immediately by encouraging bleeding at the wound, then wash with soap and water and apply a suitable dressing.

**Reporting of Incident**

Accidents or injuries should be reported in the usual manner by completing the County Council's accident report form – DCC REF SHW/AR1 (Rev '86).

**General**

In those incidents in which it is thought that anyone could have been contaminated with an infected person's blood through a cut or abrasion in their own skin, or splashing in their mouth or eyes, if the First-Aider is in any doubt they should contact their own doctor.

Further advice for First-Aiders and Appointed Persons can be obtained by contacting the County Council's Health Services.

Tel: Matlock 580000 extensions 6941/6942

This information has been extracted from guidance issued by the Health and Safety Executive, DHSS and St John Ambulance Association, and approved by the North and Southern Derbyshire Health Authorities, who act as the County Council's medical advisers.

### 4.2.1 HEALTH AND SAFETY

It is important that every member of staff reports any accident.

#### Accident Reporting Procedures

- a) Every accident which occurs at work has to be reported and an accident form completed. It is the responsibility of the Unit Manager to ensure that the member of staff is visited and the form is completed correctly in full.
- b) All 'Major Accidents' to be telephoned through to the Health and Safety Executive but also to be followed through immediately with the accident form. NOTE: Definition of 'major accident' is on front of the form.
- c) Any other accidents are only notifiable to the Health and Safety Executive after three consecutive days off work. The original form which is filled in by the DSO is the one which must be sent to the Health and Safety Executive and not a photo copy of this.
- d) Three consecutive days absence can relate to a Saturday or Sunday or a Bank Holiday or a Rest Day or Free Day. That means if a member of staff has an accident on a Friday the first days absence would be counted for Saturday followed by Sunday and Monday as a three days total consecutive absence.
- e) The procedure is when an accident form has been completed and the employee has been off work for three days or more:-
  - i) The original accident form is to be sent to the Health and Safety Executive.
  - ii) One copy must be retained at the Area Office.
  - iii) One copy must be given to the Health and Safety Representative.
  - iv) One copy to the Health and Safety Central Section.
  - v) One copy to the Staffing Section of Social Services.

This makes a total of five accident forms.

- f) All sections on the accident form must be filled in. The information on the accident form where it states 'complete the following sections (d), (e), (f), (h)' etc appear to be misleading and there are intentions by the Central Health and Safety Sections to have this re-worded or to have an explanatory sentence added.

- g) It is necessary for the Unit Manager to fill in the report of the accident – the words as reported by the member of staff and not to substitute words which the Unit Manager may feel are more fitting. It is thought good practice for a Manager or Supervisor to visit all employees who have sustained an injury at work, not only to complete the accident form but to discuss the accident and whether this could be avoided in future by other employees.
- h) Any section on the accident form which would result in it being non-applicable to the employee the Unit Manager should ensure that they indicate the initials N/A in these boxes.
- i) Section (e) of the accident form entitled 'the kind of accident' Unit Managers should make sure to indicate the description of the Accident. As an example, please look at box 5 under section (e) which states 'injured whilst handling , lifting or carrying'. The Unit Manager should circle either handling, lifting or carrying, which corresponds with the accident which has happened to the employee on that form. This is for statistical purposes.
- j) Any accident that happens outside paid travel time should be reported to the Unit Manager and Accident Reports should be made out but not forwarded to any other agency, they must be kept in the area.
- k) Further problems which arise subsequently but which link back to the original accident, should be sent in as additional information clearly linking it to the initial report.

#### 4.2.2 GOOD HYGIENE PRACTICE

Detailed guidance on prevention and control of infection for community care services is set out in detail on the following pages.

In addition to situations where infection is obvious. The following guidelines must be followed closely by all employees engaged in carrying out personal care tasks for clients at home. 'Personal Care' is defined as follows:-

1. Assisting clients to wash themselves both facial and body wise.
2. Assisting clients in placing and changing incontinence materials.
3. Handling incontinent bed linen and clothing.
4. Sluicing and washing incontinent clothing in the clients home.
5. Assisting clients for toileting purposes to commode or toilet and after care involved.
6. Cleaning up spillage of vomit, urine, faeces and blood.
7. Empty commodes or receptacles holding extracts of body fluids.
8. Cleaning very heavily stained toilets.

**Remember – At all times cover open wounds and minor skin ailments with a waterproof plaster before commencing your work.**

After carrying out tasks of the nature referred to, wash your hands in hot soapy water, whilst still wearing the disposable gloves and apron.

Only after making sure that no residue is left on the gloves, should they be removed by pulling off from the wrist which will extract the gloves and reverse them inside out.

Apron and gloves should then be placed in the plastic bag provided which should be knotted tightly at the top and should be disposed of either in the clients refuse bin or if the client has collection bags for soiled incontinence pads the personal care kits may be disposed alongside the pads.

HANDS SHOULD BE WASHED THOROUGHLY AGAIN IN HOT SOAPY WATER AND DRIED.

**NB – It is the employees responsibility to ensure that an adequate supply of personal care equipment is always available for their use.**



### **4.2.3 CONTROL OF INFECTION**

A comprehensive guide on Prevention and Control of Infection has been prepared by Southern Derbyshire Health Authority in conjunction with the County and District Councils.

The information given is equally applicable to the North of the County, including that part which covers the sphere of Tameside and Glossop Health Authority. Although this was initially conceived for use in residential establishments, much of the advice can be applied in domestic situations.

### **4.3 MEDICATION**

Clear policy guidelines are available. In order to resolve specific problems of service provision, where medication or administration of drugs is concerned, please refer to the Medicines Code.

**PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE ADMINISTERING ANY MEDICATION, IF YOU HAVE ANY QUERIES SEE YOUR LINE MANAGER.**

**IF SERVICE USERS SELF MEDICATE ie TAKE MEDICATION WHILST AT THE RESOURCE CENTRE WITHOUT PROMPTS OR REMINDERS THEY CAN BRING THEIR TABLETS IN ANY KIND OF CONTAINER AND IT DOES NOT NEED RECORDING. ADVICE, HOWEVER, SHOULD BE GIVEN THAT IT WOULD BE GOOD PRACTICE TO BRING THEM IN THEIR ORIGINAL CONTAINER FOR HEALTH AND SAFETY REASONS.**

**IF A SERVICE USER IS PROMPTED/REMINDED TO TAKE MEDICATION IT MUST BE GIVEN FROM ITS ORIGINAL CONTAINER AND RECORDED APPROPRIATELY ON THE MEDICATION RECORD SHEET. ALL CONTAINERS MUST HAVE THEIR ORIGINAL LABELS ON THAT IDENTIFIES WHAT TABLETS ARE IN THE BOTTLE, THE DOSAGE TO BE GIVEN AND AT WHAT TIME.**

Dear

Please could you list below all medication that you take. Stating name of tablets; dosage and how often you take them. This information will only be used in case of emergency and will be kept confidential in your personal file at the Resource/Day Centre.

Name of Tablets	Dosage/Quantity Taken	Time Taken
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Yours sincerely

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**MEDICATION RECORD**

Record prepared by: ..... For Week Commencing: .....

Service User ..... Address .....

Family Contacts ..... GP ..... GP Tel No.....

Pharmacist: Name: ..... Pharmacy: .....

Please use the following codes to indicate the assistance given and initial.

R = Reminder    P = Prepared only    A = Administered/Applied    X = Refused

Medicine & Strength	Dose eg No of tablets to be given	When to be given	S	S	M	T	W	T	F

New Prescription Medicine Started during this week


Purchased Medicines


**NOTES**

reasons for refusal or non-administration

Information for other carers

# DERBYSHIRE COUNTY COUNCIL – SOCIAL SERVICES DEPARTMENT

## DAY CARE POLICY AND PROCEDURES

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**SECTION 4 - SERVICE USER****FILES**

An individual file should be maintained in accordance with the Files Policy on all users. Once a service user regularly attends a Day Care Centre there will be a file held at the Centre and possibly a file held separately at area office.

The Manager of the unit has overall responsibility for the file held at the centre and must make sure that all notes or correspondence are completed by either themselves or a nominated person. The responsibility of the file at area office is by the nominated person ie Care Co-ordinator, DSO, CCW, SW.

Service user's files should also contain copies of care plans and reviews.

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## **TRANSLATION AND INTERPRETING SERVICES**

### **INTERIM PROCEDURES**

Staff from the Performance Review Team (PRT), Social Services, County Hall, Matlock, Derbyshire, will be pleased to offer practical assistance and/or advice to any member of staff who needs to communicate with a member of the public or service user, who has difficulty with written or spoken English.

There are several services in place, details of which you can find below. If you are in any doubt about how to access a service or which service might be most appropriate, please ring the Performance Review Team and we will help you. We can be contacted on 01629 772094 (featurenet 410 2094), 01629 772026 (featurenet 410 2026) or 01629 772042 (featurenet 410 2042). Or e-mail [jem.brown2@derbyshire.gov.uk](mailto:jem.brown2@derbyshire.gov.uk) or [jayne.brooks@derbyshire.gov.uk](mailto:jayne.brooks@derbyshire.gov.uk)

### **NATIONAL INTERPRETING SERVICE (telephone service)**

**Tel: 0800 028 0073**

The Department has a contract with The National Interpreting Service which provides an “over the phone” interpreting service, available 24 hours per day, 365 days a year. Each Area Office and the Emergency Duty Team has flash cards so that people can point to their language. An English speaking person has to speak to the operator initially; the operator will then connect you to the appropriate interpreter within 90 seconds. If you are not sure which language the person requires, the trained operators working for the National Interpreting Service will still be able to assist you so don’t be put off if you are unable to identify the required language.

You will need to quote our client ID number, which is 969009. When asked for your personal code you should give your full name. ***You must never give our client ID number to anyone other than Social Services employees.***

Our contract with the National Interpreting Service stipulates a privacy of communication clause, where the National Interpreting Service will only reveal communications when obligated to do so, where they reveal evidence of or constitute criminal activity.

### **FACE TO FACE AND WRITTEN INTERPRETING AND TRANSLATING SERVICES**

There is a database on the Social Services intranet containing details of companies who can provide these services. You can access it by typing “interpreter” “interpret” or “translate” into the search engine. Please ring the Performance Review Team if you have difficulties accessing the database.

**Please note: we do not have contracts with any of these companies. It is the**



**responsibility of the Division to ensure that confidentiality is respected when translators and interpreters are used.**

## **SENSORY IMPAIRMENTS**

### **Braille, large print, audio cassette**

**Braille and audio cassette** – can be ordered through Derbyshire Association for the Blind (DAB) 65, Nottingham Road, Derby. DE1 3QS  
Tel 01332 292262

The Performance Review Team has recording equipment and can supply tapes for self-recording short documents. Please contact the PRT to book equipment.

### **Tips**

- To keep costs down, we advise that you send the text to DAB on a floppy disk or via e-mail whenever possible
- For audio cassette, check that the text “works” when read out loud, you might need to script it a little.

### **Large Print**

Large print can be arranged via the Performance Review Team. Please ring us on one of the numbers listed at the beginning of this document.

## **COSTS FOR ANY OF THESE SERVICES**

The Performance Review Team will meet the costs of language, Braille, audio, large print and BSL translations for any general information to the public.

For multiple copies of a large print document, a charge may be levied to cover the cost. You will be advised of this, if appropriate, at the time of placing your order.

For information that is unique to a service user (for example a care plan), then the cost must be met from local budgets.

For interpreter services, the cost is usually met from local budgets.

If you have any queries regarding the funding of any of these services please speak in the first instance to your Divisional Business Services section.

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## **HOW TO USE THE NATIONAL INTERPRETING SERVICE**

### **1 Contact**

#### **Making a Call**

- a) Call freefone 0800 028 0073.
- b) When National Interpreting Service answers, provide the following information:
  - Language needed
  - Organisation Name: DCC SOCIAL SERVICES
  - Client ID number: 969009
  - Personal Code: NAME AND JOB TITLE

After a few seconds, an interpreter will be connected to the call. The interpreter will give their first name and their ID number.

- c) Brief the interpreter, explaining what you wish to achieve and any special instructions.
- d) Put the interpreter on hold.
- e) If the non-English speaker is with you, pass the handset back and forth or use a speaker phone if appropriate. If the non-English speaker is not with you, call the non-English speaker with the interpreter on the call.
- f) The interpreter will speak first and introduce you.
- g) Speak to the non-English speaker as if you were talking to them directly (eg '*what is your name?*'). Pause to allow the interpreter to explain.
- h) When you have finished the interview thank the interpreter and say: '*end of call*'.

#### **Receiving a Call**

- a) Put the non-English speaker on-hold.
- b) Call freefone **0800 028 0073**.
- c) When National Interpreting Service answers, provide the following information:
  - Language needed

- 
- Organisation Name: DCC SOCIAL SERVICES
  - Client ID number: 969009
  - Personal Code: NAME AND JOB TITLE

After a few seconds, an interpreter will be connected to the call. The interpreter will give their first name and their ID number.

- d) Brief the interpreter, explaining what you wish to achieve and any special instructions.
- e) Add the non-English speaker to the line.
- f) Speak to the non-English speaker as if you were talking to them directly (eg '*what is your name?*'). Pause to allow the interpreter to explain.
- g) When you have finished the interview thank the interpreter and say: '*end of call*' .

For assistance with any aspect of the service call the Free Helpline (24 hours):  
**0800 169 5996**

### **GENERAL GUIDELINES FOR USERS**

1. The services of an interpreter should always be used where it is necessary to interview someone whose first language is not English and where the worker is not fluent in that language. This is particularly important where there is any doubt about the English language skills of that person.
2. Neighbours, children, friends and other family members should not be used to interpret, since this may affect the nature and extent of the interview and the accuracy of the translation.
3. If you are in doubt about whether to use an interpreter, ask the client if he or she would prefer it.
4. It is important to recognise that people who have a partial knowledge of English may not be sufficiently confident to be able to express or understand intimate, complex or legal issues.
5. Interpreters are not general volunteers, quasi-social workers or social work assistants and they should not be used to fulfil these roles. Neither should they be compromised by clients who misunderstand the nature of this involvement and wish them to act as advocates.

**SOME TIPS WHEN USING THE NATIONAL INTERPRETING SERVICE**

- ◆ If you don't know what language the non-English speaker is speaking, connect them to a National Interpreting Service (NIS) operator, who will assist.
- ◆ If your call is sensitive and you require a male or female interpreter, tell the NIS operator when you first request the language.
- ◆ The interpreter will give you only his/her first name and interpreter ID number, for confidentiality reasons. You may wish to note the number in case you need to make a follow-up call.
- ◆ Always speak as if you were talking directly to the non-English speaker (eg '*what is your name?*' or '*how may I help you?*').
- ◆ Remember it is your call. The interpreter's job is to explain what you and the non-English speaker say, not to provide advice. The only time the interpreter will intervene is to seek clarification or to make you aware of a cultural issue that might otherwise cause a problem.
- ◆ Expect interpreted conversations to take a little longer than the same conversations in English. Interpreters convey meaning for meaning, not word for word. Concepts familiar to English speakers sometimes need to be explained in other languages or cultures.
- ◆ NIS interpreters are professionals and are bound by a strict code of confidentiality. Nothing said or heard during a call is recorded or repeated under any circumstances. Any notes made during a call are destroyed immediately.
- ◆ For a demonstration of over-the-phone interpretation call the demo line on freefone **0800 781 7852** at any time.
- ◆ For further information about the service visit the website [www.nisuk.co.uk](http://www.nisuk.co.uk) or e-mail [enquiries@nisuk.co.uk](mailto:enquiries@nisuk.co.uk).

**MEALS**

Eating is one of life's pleasures. The serving of meals is an important aspect of care and the following guidelines are important:

Arrangements for meal times must allow plenty of time to avoid people being rushed.

Where possible a choice of meal should be offered.

Meals should be attractively presented.

Meals should be served at the right temperature.

Service users should be consulted regularly about changes in the menu.

Special diets must be catered for.

When service users require assistance with feeding this should not be done rapidly; ensure the person is able to signify what they like, do not like and how much they want.

Service users must not be forced to eat against their will. Any worries about diet should be reported to the medical practitioner.

In some cases it may be better to separate people whose mode of eating is offensive to others. However, they should not feel cut off from the social aspects of meal times.

**ADVISED MINIMUM STANDARD FOR TABLE SETTING**

Each table should have: table cloth, napkins, appropriate cutlery, condiments, appropriate sauces, fresh water/fruit juice preferably in glass jug and glasses not plastic. Flowers and menus should be available on all tables.

**CATERING ADVICE**

The Unit Manager should acquaint him/herself with the Catering and Domestic Services Procedures Manual and Assured Safe Catering documentation.

**RECORD OF MEALS SERVED AND MENU BOOK**

An appropriate record of meals and menus prepared and served should be maintained in accordance with catering procedures and guidelines.

**CONSULTATION WITH SERVICE USERS**

Service Users should have a regular say in the everyday running of the centre. This is usually achieved through users' meetings or user committees. Opportunities should be

given in these meetings for suggestions and complaints to be voiced, the centre is required to action these suggestions and give feedback to service users.

Service Users who experience difficulty in expressing their views should have the opportunity to find someone able to speak on their behalf; this may be a friend or relative, link worker or independent representative.

### **KEY /LINK WORKER**

This is an approach to care which must, as part of the baseline standard, be adopted by most centres in Derbyshire. It is a deliberate association between an individual user and a particular member of staff. This association is fostered by staff so that the user will get to know their link worker as a particular person who will provide support and care.

The range of tasks that the workers will carry out for their associated service users are varied. For users the link scheme will give them a greater sense of belonging through a closer relationship with a member of staff. Because of the greater interest in them they will maintain their individuality and self respect. For staff it means a greater satisfaction in building closer relationships with some users and knowing that they are especially important.

The matching of link worker with a service user should be handled with care and sensitivity, taking into account the personality, strengths, needs and wishes of both people.

In allocating link service users to staff it is important to take account of the number of hours worked by staff and the dependency levels of users. It is also necessary to review the staff/ user relationship at the time of annual reviews of care.

### **INDIVIDUAL CARE PLANNING**

It is widely recognised that services for the elderly should be planned on an individual basis.

The individual care plans should be drawn up with the service user. The plans should be written in clear and specific terms so that everyone's responsibilities are clear. There should be regular reviews, in which progress should be monitored and plans updated.

The system of individual care planning requires a major service commitment. Individual care plans cannot be written as a spare time activity. The Joint Policy and Procedures for Community Care Manual gives advice on care planning.

Individual care plans cannot be done in isolation. Regular supervision is essential for the keyworkers, to ensure the success of the plans and monitor their effectiveness; also to support and develop staffs' strengths and skills.

A great deal of work needs to be carried out before the care plans can be prepared and implemented.

### **COMMUNICATION**

Service Users should be made aware of what is happening in their centre. A user's notice board should be sited in a prominent place. This should be used to inform users of events and outings taking place, special celebrations, fund raising activities, meetings, amenity fund statements, menus, and the method of making a complaint.

The Unit Manager should arrange for the library service to exchange books regularly and ensure that large print books, talking books and newspapers are also available.

A loop system should be in operation in the centre and suitable equipment should be purchased as necessary to facilitate good communication with service users.

### **ORIENTATION OF TIME AND PLACE**

Service users will need help in finding their way around the centre. Directional signs to and from areas of the centre are helpful and can be displayed in a non-institutional way.

A reality orientation board is helpful but, in order for it to be successful, must be accurate. It should show as a minimum the name and address of the centre, the day, month and year, season and weather. Other relevant information can be added as necessary.

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**GUIDELINES FOR THE OPERATION OF REVIEWS IN DAY SERVICES FOR OLDER PEOPLE**

- 1 An initial review of a long term placement should take place between 6 and 8 weeks after admission.
  - 2 The purpose of this review is to establish that the placement is appropriate and whether there are any issues to resolve. At this point the care plan should be tailored to the individual's need.
  - 3 A report should be submitted from all agencies involved.
  - 4 Thereafter, a regular programme of reviews should be established, ensuring that each user is reviewed at least once a year. The review day and time should be consistent in order to plan workloads.
  - 5 The venue of the review is important. Users can feel threatened by the office or faced with a large group of strangers. If there is sufficient space the user should be seen in a private sitting area within the centre.
  - 6 Participants in the review - the user is the most important person as the aim is to seek his/her views and opinions about the service he/she is receiving. If on duty, the link worker's presence can help the user to feel more comfortable. Relatives/friends should also be invited as routine - although it is not always appropriate to have them present with the user. The Unit Manager should chair the review. The Unit Manager should monitor the review process.
  - 7 The review process should be used to update, amend and agree future action on the care plan. Review forms should be completed by the Unit Manager and person's link worker - in **all** cases the user **must** be involved. To meet the requirements of the Medicines Code the GP should be informed before the review date to review and update medication.
  - 8 A copy of the review report and care plan should be retained on the service user's file.
  - 9 Finally, users must feel that any comments or suggestions they have made are treated seriously and acted upon by staff with results fed back to the resident or carer.
- NB** Information on the assessment and review process and proformas for care plans and care plan reviews are attached.



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## **ASSESSMENT AND THE PERSONAL PROFILE**

### **LEGISLATIVE FRAMEWORK**

Section 47 of the National Health Service and Community Care Act 1990 places a duty upon local authorities to assess a person's needs for community care services and having assessed those needs to decide whether they call for the provision of services to meet those needs.

In addition to their new duties local authorities will continue to be required by Section 4 of the Disabled Persons (Services, Consultation and Representation) Act 1986 to decide whether they need to provide certain welfare services (ie day and domiciliary services) for a disabled person under Section 2(1) of the Chronically Sick and Disabled Persons act 1970.

Community care services are defined in the Act as "services which a local authority may provide or arrange to be provided under:

- (a) Part III of the National Assistance act 1948
- (b) Section 45 of the Health Services and Public Health Act 1968
- (c) Section 21 of, and Schedule 8 to the National Health Service Act 1977, and
- (d) Section 117 of the Mental Health Act 1983."

**This form of assessment is intended to cover all adults in Derbyshire who need community care services.**

### **1.0 PERSONAL PROFILE**

#### **1.1 Purpose of the Personal Profile**

- a** To be an inter-agency referral form.
- b** To record needs in ways which reflect the service user's own views and descriptions of their needs.
- c** To enable service user's to give their basic personal details once only.
- d** To be used to inform referrers on responses to referrals.
- e** To record areas of need consistently and in a form which can be collated for planning purposes, both locally and county-wide.
- f** To provide information for audits on response times.
- g** To record shortfall/inability to make a service response/

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ineligibility for service

- h** To be left with the service user as his/her record.

## **1.2 Procedure for making a referral**

- a** Seek the agreement of the person on whose behalf the referral is to be made. If there are overwhelming reasons to override the wishes of the individual, these should be recorded in full eg. the person required services under the Mental Health act and appears unable to give informed consent.

- b** The personal profile is not intended to replace personal or telephone contact between workers. If, on contacting the other agency, the referrer finds that the person is already known and is currently receiving a service, no new referral is necessary unless:

There are major changes in the person's circumstances.

**OR**

There is a need for a written response to the referral.

- c** The personal profile is intended to replace letters and other referral documents between agencies and within social services.

- d** Social Services staff will use the Personal Profile:-

To record all referrals for services to adults.

As a front-sheet to the assessment documentation.

To refer to all other agencies.

To refer for services provided by the Department.

- e** After completing the Personal Profile:-

The person completing it will leave one copy with the service user or send it to them within two days.

If a telephone referral is made with no personal profile completed by the referrer, then the personal profile will be left with the service user at the time of the first personal contact or within two days of this contact.

One copy will remain with the person completing the Profile, as their record.

One copy will be sent to each service referred to.

For social services only, two additional copies will be retained, one for the service manager and one for entry into the client index/SSIS.

- f** Rapid referral is essential, Fax should be used whenever available. For urgent cases, telephone calls followed by a completed Personal Profile are desirable.

### **1.3 Receiving a Personal Profile**

- a** Respond to the referral within the agreed time standard jointly agreed between the agencies.
- b** Note the priority level.
- c** Return a copy of the Profile to the referrer on completion of the grey shaded area.
- d** Hospital Discharge - where a referral is received by social services, a copy of the profile with response completed will be returned to the referrer, with an additional copy sent to the person's GP.
- e** Rapid feedback is desirable, Fax should be used whenever available.

### **1.4 Completion of the Personal Profile**

PLEASE COMPLETE ALL THE FOLLOWING SECTIONS WHEREVER POSSIBLE. USE A CONTINUATION SHEET IF NECESSARY AND TICK THE APPROPRIATE BOX WHEN YOU DO SO.

#### **A Include**

Preferred manner of address.

Date of birth.

Full name, address, telephone number.

Present placement if different from usual address eg hospital, STC, with relatives.

Whether the person lives with others.

Ethnic origin.

First language.

Religion.

**B Include**

The name, address, telephone number and relationship of the main carer or nearest relative.

The name, address and telephone number of the GP.

Name the ward, hospital and consultant, if the person is to be discharged from hospital.

Date of admission, date of discharge.

**C Identified Need**

Tick the boxes where need has been identified.

Ticks against areas of need should cross-reference with the description of presenting needs.

**D Presenting Needs**

Describe in full the needs identified through dialogue with the service user and/or their carer.

Where necessary use a continuation sheet.

Use the guide to the assessment process to ensure that all relevant needs are considered.

**E Current Provision**

Describe all assistance currently provided including assistance by informal carers and private/voluntary organisations.

Tick on the grid, information on the day/s of delivery of regular or frequent services.

Where the pattern of provision is already complex, use a continuation sheet if necessary. Please indicate as above when a

continuation sheet is used.

## **F Profile Completed by**

**PRINT CLEARLY** the name of the person completing the Profile, their telephone number and office/work base. **Do not use signature.**

Indicate the referring agency eg Name of Primary Health Care Team, or Name of District Council.

If known note whether the person has a Care Co-ordinator and/or a Care Manager.

## **G Feedback to Referrer**

The grey shaded area of the Profile is to be completed within the agency to which referral is made.

The receiving agency will indicate the name and the job title of the worker to whom the case is allocated, and their immediate Line Manager where relevant.

The priority of the case will be recorded in line with the inter-agency agreement on priority and quality standards on speed of response.

Record the client group in line with arrangements within the agency.

Record the planned review date.

Record the personal identification number given to the client by the agency to which the referral is made eg Social Services PIN Number, Hospital Number etc.

Give details of any actions and any shortfall in service, including any waiting for a service record any ineligibility for service.

Use a continuation sheet if necessary.

## **2.0    THE ASSESSMENT PROCESS**

### **2.1    Purposes of Assessment**

- 2.1.1** To involve people in the identification of their own needs and to ensure that service provision is designed to meet those needs.
- 2.1.2** To minimise the number of times a person will have to identify his/her needs through having an approach which is common to Social Services Department, District Council Housing Departments, District Health Authorities and the Family Health Services Authority.
- 2.1.3** To enable decisions about response to a person's needs to be made as speedily as possible, using clear service criteria and within the available resources.
- 2.1.4** To stimulate imaginative responses to a person's needs.

### **2.2    Principles of Assessment**

- 2.2.1** Wherever possible, assessment will always be carried out with the individual concerned and will be based upon his/her definitions and preferences and, where appropriate, with his/her advocate and/or carer. If possible the individual should be seen at least once without the carer present.
- 2.2.2** Assessment will take account of cultural and gender issues throughout the process.
- 2.2.3** Assessment will be undertaken with due regard to confidentiality and with respect for personal dignity.
- 2.2.4** Clear information will be given to the individual about the recommendations of any assessment and, after discussion with him/her, the decisions about services to be provided.
- 2.2.5** Assessment will be carried out as soon as possible after request, within time targets and be co-ordinated by one named member of staff.
- 2.2.6** Assessment should be as simple as possible, however, as much relevant information as is possible should be gathered using both direct and indirect questions.
- 2.2.7** Where necessary a person will be assisted to obtain an assessment from appropriately trained staff, in conjunction with other agencies.

**2.2.8** Since one function of assessment is to make decisions about the best use of scarce resources, the basis for the decisions should be explained to the individuals concerned.

**2.2.9** A person needs to know about the services which are currently available, their flexibility and therefore the choices open to him/her.

**2.2.10** Reviews should evaluate the effectiveness of services, whilst recognising changes in people's needs and preferences.

**2.2.11** People must be made aware of the complaints procedure.

### **2.3    General**

**2.3.1** The assessment process will be initiated as the response to a range of presenting needs, from a request for information and advice through to a request for extensive service provision to meet a person's high level and complex needs.

**2.3.2** Individuals and carers should have access to information about the range of services available and the criteria for eligibility for service. This could assist them in the identification of their needs and the management of their own care.

**2.3.3** The responsibility of the person undertaking the assessment is to ensure that people have access to information about resources so that they have an informed choice.

**2.3.4** Some people are very clear and specific about what needs they have and the best ways of meeting them and their own assessment of their needs should be respected. However, staff should recognise that other people will be unsure about what their needs are and may request a service that will not necessarily be the most appropriate way of meeting their needs.

**2.3.5** Disabled people should be offered an assessment of their needs under the terms of the Disabled Persons (Services, Consultation and Representation) Act 1986. This should begin with the completion of the Personal Profile and may then lead into the multi-agency assessment process.

**2.3.6** It is the role of the person undertaking the assessment and/or completing the personal profile to establish with an individual his/her priorities of need, to assess levels of risk and to negotiate acceptable means of reducing risk. Matters to be considered include: what is the difficulty? and what will reduce it?

- 2.3.7** The preferred response to any identified need should be recorded together with the actual and/or available response to the need. The cultural, gender and age related issues which influence preferred responses to need must be respected and appropriate responses made.
- 2.3.8** Carers' needs must be considered and where there is an indication of a high level of personal care provided by the carer, a conflict of needs between carer and person cared for, or a refusal by an individual to receive care from anyone other than the main carer, the carer should be offered a separate assessment of his/her needs.

## **2.4    Responses to Presenting Needs**

- 2.4.1** If it is clear at the point of referral that what is required is information or a "one-off" service, then a personal profile should be completed. The information should be given and service provided from within the agency.
- 2.4.2** Where, at the first point of contact or during the course of providing a one-off service, it appears that further assessment is required, the personal profile should be updated and passed to the relevant agency or in the case of Social Services Department, the Service Manager who will determine who should undertake the assessment.
- 2.4.3** At the time of allocation the Service Manager will agree whether a tick box assessment/care plan is indicated, or whether the full documentation requires completion, this will be reviewed following assessment.
- 2.4.4** Where it appears likely during the completion of the personal profile that a service will be needed from another agency and the case has been allocated as at **2.4.3** above, the allocated worker will arrange with the other agency for an appointment/assessment, send a copy of the personal profile to the other agency and inform the individual, the carer and the referrer of the arrangements made.
- 2.4.5** For some people with particularly complex or high level needs the checklists given in Appendix 2 of this section may be helpful in recording need.



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### 3.0 **ASSESSMENT PROCESS DOCUMENTATION**

#### **GUIDANCE NOTES**

##### **i) General**

The documentation is available as pro-formas. It is also available as forms to meet the needs of both those with no easy access to IT equipment and external hospitals and other agencies from whom we accept assessment information.

##### **ii) The Personal Profile**

This has been revised and remains an initial assessment/screening form/and inter-agency referral form and will be the front sheet for Adult Services Documentation.

##### **iii) Tick Box Assessment/Care Plan**

The tick box Assessment/Care Plan was developed for use in Domiciliary Services.

Where a Service Manager considers it appropriate, the tick box Care Plan can be used throughout other Adult Services eg a 'one-off' request for a technical aid.

It is not envisaged that this will be used with people with complex needs for assessments, but acknowledges that there can be a high volume of requests for simple assessments

##### **iv) Community Care - Assessment**

A named person will be allocated to undertake the multi-agency assessment of need. (Form 1)

Staff undertaking assessment/care management/care planning, come from a variety of professional backgrounds and will themselves be able to carry out some aspects of the assessment process. They should however be aware of the limits of their own professional competence and will need to commission specialist assessments from colleagues in other agencies and disciplines with or on behalf of the service user.

In some settings such as mental health services this could be relatively easily achieved because of the existence of multi-disciplinary teams who meet regularly. In other settings co-ordination of multi-agency assessments may have to be undertaken by a process of networking with specially arranged meetings when necessary.

Whenever multi-agency meetings are arranged to pull together specialist assessments and draw up care plans, the service user and carers should be given the opportunity to attend.

Some people may not be comfortable in meetings and the allocated worker would be responsible for communicating the outcome and plans to the service user and carers with copies of assessment reports and the care plan (Form 2). This would also apply to review meetings.

The guidance and needs checklist should be used to ensure the assessment and care planning process is comprehensive.

**(v) CARE PLAN REVIEW (Form 3)**

It should be possible using word processors to transfer the care plan (second column) on Form 2 (Care Plan pro forma) into the first column of the Review pro-forma. This would enable the person undertaking the review process to simply add comments and amendments to the original plan.

#### **4.0 REVIEWS**

Reviews of service will be undertaken at regular intervals by service providers and any change in service must be notified to the allocated worker and to the individual receiving the service.

#### **5.0 SERVICE REFUSAL**

Where a service is refused because criteria or priorities have not been satisfied the reasons for this decision will be confirmed in writing to the individual and the referrer.

#### **6.0 DISPUTES AROUND ASSESSMENT**

Any dispute surrounding an assessment should be referred to the Service Manager in the first instance. Reasons for level of service will be explained. Advice on the complaints and representation procedure given and the complaints leaflet will be provided.

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**APPENDIX 1****PERSONAL PROFILE - NEEDS CHECKLIST****1. HOUSING/ACCOMMODATION**

Homelessness or threat of homelessness  
Need for access and use of toilet or bathroom  
Need for access to and use of kitchen  
Need for access and use of bedroom  
Need for adequate heating or treatment for damp accommodation  
Need for home to be in a fit state of repair  
Need for help to tend garden  
Need for adequate home security  
Need for adequate home safety

**2. DOMESTIC ASSISTANCE**

Need for adequate standard of cleaning for living areas  
Need for help with laundry/access to laundry equipment  
Need for help with household shopping  
Need for preparation/help with preparation of meals  
Need for supervision/training to carry out domestic tasks

**3. PERSONAL ASSISTANCE**

Need for assistance in getting up and going to bed  
Need for assistance with washing  
Need for assistance with dressing/undressing  
Need for assistance with bathing/showering  
Need for assistance with going to the toilet  
Need for assistance with feeding  
Need for assistance with hairdressing/hair care  
Need for assistance with nail cutting  
Need for supervision/training for personal care tasks  
Needs assistance with moving/supporting/transferring/lifting

**4. TECHNICAL AIDS**

Need for mobility aids  
Need for toileting aids  
Need for bathing aids  
Need for cooking aids  
Need for reaching aids  
Need for communication aids  
Need for hearing  
Need for visual aids

**5. COMMUNICATIONS**

Need for lip speaker/signer  
Need for interpreter  
Need for services delivered by own language speaker/signer  
Need for therapeutic help  
Need for technical aids

**6. HEARING IMPAIRMENTS**

Needs one/two hearing aids, NHS, private or both  
Needs advice on hearing aid management, for example from a hearing therapist  
Needs advice on Tinnitus/Ménières  
Needs assistance putting a hearing aid in and out of their ear  
Needs help/assistance in using controls  
Needs help/assistance in cleaning and maintaining their hearing aid  
Needs teletext/subtitling on television  
Needs access to a television which is equipped with an induction loop/infra red system  
Needs lip reading classes and/or attendance at hard of hearing clubs  
Needs activities that are fully accessible to hearing impaired participants

**7. HEALTH**

Needs assistance/supervision in the administration of medicine/drugs  
Needs sight testing/visual aids  
Needs hearing/hearing aids assessment  
Needs dental assessment/treatment  
Needs assessment/care of feet  
Needs assessment/advice/aids to continence  
Needs medical assessment/treatment  
Needs nursing assessment/treatment  
Needs mental health assessment/service  
Needs dietary assessment/advice  
Needs assistance because of substance misuse/dependency

**8. CARER/FAMILY**

Carer needs information/advice  
Carer needs domestic assistance  
Carer needs assistance with own personal care  
Carer needs respite  
Carer needs counselling/emotional support  
Carer needs financial advice/support  
Carer needs help with accommodation difficulties  
Carer needs help to secure/resume social life

Carer needs help to secure/resume employment/education  
Carer has unmet health care needs  
Carer needs advocacy  
Carer has need for transport

**9. PERSONAL/COUNSELLING**

Need for advocacy  
Need for supported self advocacy  
Need for counselling  
Need for emotional support

**10. SOCIAL LIFE/RECREATION**

Need for information on opportunities available  
Need to be accompanied  
Need for access arrangements  
Need for social skills training/advice

**11. EMPLOYMENT/EDUCATION**

Need for information/advice on work opportunities  
Need for information/advice on education opportunities  
Need for special equipment to enable employment/education  
Need for sheltered/special employment

**12. FINANCIAL**

Need for information and advice on benefits/taxation  
Need for assistance with appeals against benefit/taxation decisions  
Need for re-scheduling of debts/financial management  
Need for advice/support to meet housing costs or gain grant aid for necessary renovation or adaptations  
Need for financial assessment for service options

**13. TRANSPORT**

Need for transport in order to have health care needs met  
Need for transport to place of work or as part of work activity  
Need for transport to place of education or as part of educational activity  
Need for transport to carry out shopping or other financial activity  
Need for transport to maintain family, friendship and community links  
Need for transport to attend place of worship

**14. INFORMATION**

Need for information on the following:

Housing/services/benefits/grants  
Social Services, services available  
Services provided by Primary Health Care Teams  
Hospital and other health services  
Private and voluntary services  
Support groups and self help groups  
Counselling services  
Benefits and financial assistance  
Taxation and legal advice  
Employment agency services  
Educational opportunities

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**APPENDIX 2****ASSESSMENT CHECKLISTS****Users**

Housing: Is the house safe, accessible and suitable for the person's needs? What difficulties are identified? Does the person wish to stay put or move to other accommodation? Would the person benefit from adaptations or home renovations (detail)? Is there a need for a specialist assessment by an occupational therapist or welfare rights officer?

Domestic Assistance: With what tasks does the person require assistance? What difficulties are identified? Does the person wish to stay put or move to other accommodation? Would the person benefit from adaptations or home renovations (detail)? Is there a need for a specialist assessment by an occupational therapist or welfare rights officer?

Personal Assistance: With which personal care tasks does the person require assistance? What is the cause of the difficulty? What is the frequency of the task (include normal time of need)? What existing arrangements and difficulties are there (including home equipment, adaptations, role of carer and lifting and handling)?

Technical Aids: For what activities are technical aids required? What environmental and personal factors should influence the choice of aid? What technical aids are required by carer(s) (paid or informal) to enable them to carry out the caring role safely? Is an OT assessment needed?

Communications: What is the difficulty? What is the effect on the ordinary daily life of the individual? What is the effect on the carer(s) ability to provide care satisfactorily? What environmental and personal factors should influence the response to the communication difficulty? Is a specialist assessment needed?

Hearing Impairment: How is it best to communicate with the person? How do they communicate? What technical and human aids to communication do they require?

Personal/Counselling: Has the individual experienced a significant life event (include date) from which the need has arisen? Are there inter-personal difficulties or conflicts within the family network? Does the individual experience difficulties within the social or community network? What existing supports are available and are they sufficient? Is a specialist assessment needed (Health)?

Social Life/Recreation: What are the individual's preferred social and recreational activities? What difficulties are there in achieving these preferences? What existing social and recreational opportunities are used by the individual? How satisfactory are these?

Employment/Education: What goals/aspirations does the individual have? What

difficulties are in the way of achieving these goals? Is a specialist assessment needed (Education or Department of Employment)?

Financial: Has benefit maximisation been undertaken? (Detail additional benefits required and whether claimed.) Are there other financial difficulties (detail)? Does the individual require additional help from legal, financial or welfare rights specialists? Is help with money management needed?

Transport: What transport needs have been identified? What resources are available to the individual (including benefits)? What are the implications for the individual of difficulties in acquiring transport? Is specialist assessment for an adapted vehicle needed?

Advocacy: Are there potential conflicts between the individual and his/her carer(s)? Is the individual able and/or well supported in expressing his/her own needs? Is independent advocacy needed? Does the individual need independent support in negotiating with service providers?

Information/Other: Are there any other difficulties identified by the individual? What information needs have been identified? What information has been provided? Have information needs been identified which require technical expertise?

## **Carers**

**All the contents of the checklist below are referred to in the Carers Assessment documentation.**

Information: Does the carer have information about the following: statutory services which might be available for him/herself or the person being cared for? benefits and housing grants? local and national voluntary groups which may be relevant to his/her needs? Independent service provision? are there caring tasks for which the carer requires training or advice? legal responsibility as an employer (eg if using Independent Living Fund to employ assistance)? what counselling is and where it is available?

Has the carer had information about: the mental health needs of the person for whom they are caring, including information about medication and any side effects which can be predicted and services available to support them? action to meet defined contingencies? what to do in a crisis?

Domestic Assistance: Are there domestic activities which create difficulties for the carer? Why is this? How frequently do these activities take place?

Personal Assistance: Does carer have any difficulties with his/her own personal care? Why is this? Does the carer have any difficulty in meeting personal care needs of the person cared for? Why is this? Details of timing and frequency of personal care tasks/needs.



Respite: From what is respite needed? Is respite needed with the individual or away from him/her? Does carer wish to remain in his/her own home or go elsewhere? What pattern of respite is required?

Counselling/Emotional Peer Support: How well supported does carer feel? What is effect on other relationships? What is cost to them of being carer (not financially)? How does carer feel s/he is coping with caring? Are there any significant life events which affect the carer's ability or willingness to care? Does carer have contacts with other carers?

Financial Advice/Support: Has a benefit check been completed? Is carer experiencing financial hardship? Is there a particular difficulty or reason for this? Does the carer require technical advice from a welfare rights officer or other financial expertise?

Accommodation: Are there any general difficulties with accommodation? Are there specific difficulties which affect the carer's ability to care? Is the carer aware of housing grants and benefits and potential expenses of adaptations? Does carer need any adaptations to enable him/her to carry out the caring role? Is an OT assessment needed?

Social/Recreational: What are the preferred social and recreational activities of the carer? What activities would the carer wish to take on in the presence of the person cared for, and which would be undertaken alone or with other than the person cared for? What difficulty does the carer experience in achieving his/her preference? What social and recreational opportunities are used by the carer? How satisfactory are they? Is the carer socially isolated?

Employment/Education: Is the carer currently in work/education? What is the pattern of his/her normal working week? In what ways, if any, does the caring role affect his/her ability to carry out his/her work/education? Does the carer wish to seek education/employment?

Health: How does the carer describe his/her general health? What, if any, specific health problems does s/he have? Are there any particular aspects of the caring role which are made difficult by the carer's state of health or are affecting the carer's state of health?

Advocacy: Are there any potential conflicts between the needs of the person cared for and the carer? Is the carer able and/or well supported in expressing his/her own needs? Is independent advocacy needed? Does the carer feel the need for independent support in negotiations with service providers?

Transport: Does the carer have difficulties in gaining access to transport? Why is this (finance, availability, access)? What impact does this have on the caring role and the day to day life of the carer?

PERSONAL PROFILE		DERBY AND DERBYSHIRE'S CO-ORDINATED SERVICES													
Mr/Mrs/Miss/Ms:		NHS No										Date of Birth			
Surname: Forename: Address:  Post Code Tel No		Present placement if different:						Lives with others  Ethnic Origin  First Language  Religion							
Relative/Carer Name:  Address:  Tel No: Work Tel No: Relationship:		GP Name:  Address:  Tel No: Fax No:						Discharging Hospital/Ward:  Admission Date: __/__/__  Discharge Date: __/__/__							
<b>Identified Need</b>		<b>Presenting Needs (description)</b>		<b>Degree of Urgency</b>		<b>TODAY</b>		<b>NEXT WORKING DAY</b>		<b>ROUTINE</b>					
<b>Housing/Accommodation</b> <b>Domestic Assistance</b> <b>Technical Aids</b> <b>Communications</b> <b>Health</b> <b>Carer/Family/Assessment</b> <b>Personal/Counselling</b> <b>Social life/Recreation</b> <b>Employment/Education</b> <b>Financial</b> <b>Transport</b> <b>Information</b>		Permanently & substantially disabled: YES/NO  Is User aware of referral: YES/NO													
		Copy of Personal Profile left with Service User: YES/NO													
<b>Accommodation Type</b>		<b>Current Health/Social Services Provision – Please specify</b>						M	T	W	T	F	S	S	
Owner Occupied															
Rented/Private															
Council/Housing/Assoc		<b>This space to be used by the Receiving/Allocating Service to provide Feedback to Referrer</b>													
Warden Controlled		Name of Responsible Worker:													
Other		Name of Manager:													
Profile completed by:		Date allocated: __/__/__ Review date: __/__/__													
Designation:		Indicate Action:													
Tel No:															
Fax No:															
Base:															
Agency:															
<b>Date Completed:</b>		Reviewed May 1998													

PERSONAL PROFILE 2		DERBY AND DERBYSHIRE'S CO-ORDINATED SERVICES				
Surname: Forename: Address:  Postcode: Date of Personal Profile:    _/_/_/____  Gender:	Is the case:                      Known <input type="checkbox"/> Closed <input type="checkbox"/> Not known <input type="checkbox"/> If known to whom:   How was the referral made:    Telephone/Fax <input type="checkbox"/> Letter <input type="checkbox"/> Call <input type="checkbox"/>  Pin Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Who made the referral:  Address Base:  Telephone No:  Relationship:		<b>WELFARE BENEFITS CHECK</b> Done <input type="checkbox"/> Form Attached <input type="checkbox"/>  NI Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To be done <input type="checkbox"/> Not done <input type="checkbox"/>  Reason not done:				
Names/Relationships/Contact Points – any significant others						
Name: Address:  Tel:                      Work:  Home:  Relationship:	Name: Address:  Tel:                      Work:  Home:  Relationship:	Name: Address:  Tel:                      Work:  Home:  Relationship:				
Enter any further relevant information:						
Client Group		Priority Level – please circle	Very High	High	Medium	Low
Local Monitoring Codes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Date of first visit:    _/_/_/____			
No Further Action <input type="checkbox"/>  Hold Pending <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  Refer to Other Agency <input type="checkbox"/>  Manager's Signature                      ..... Date:                      _/_/_/____			Secondary Assessment <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  Allocate/Re-allocate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Close <input type="text"/> <input type="text"/>  Close <input type="checkbox"/>  Manager's Signature                      ..... Date:                      _/_/_/____			

Revised May 1998

**TICK BOX ASSESSMENT CARE PLAN**

Date of Assessment .....

Name of Service User ..... D.o.B. ....

AGREED OVERALL OBJECTIVES OF THE CARE PLAN	TO PROVIDE ASSISTANCE TO MAINTAIN THE SERVICE USER AT HOME	
Specific Needs Identified <del>Specialist Assessors and Date of Assessment</del>	Action/Care Plan, Agreed Objectives	Responsible Service Providers
Need assistance with general cleaning <input type="checkbox"/>	Provide cleaning service Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>	Carer <input type="checkbox"/> DCC Domiciliary Services <input type="checkbox"/> Independent Provider <input type="checkbox"/> .....
Lack Cooking Facilities <input type="checkbox"/>	Provide Meals on Wheels No of days per week <input type="checkbox"/>	WRVS Meals on Wheels <input type="checkbox"/> Carer <input type="checkbox"/>
Unable to prepare meal without assistance <input type="checkbox"/>	Provide assistance with meal preparation no of days per week <input type="checkbox"/>	DCC Domiciliary Services <input type="checkbox"/> Carer <input type="checkbox"/>
Need assistance with shopping <input type="checkbox"/>	Provide shopping service <input type="checkbox"/> Link to Home Delivery Service <input type="checkbox"/>	DCC Domiciliary Services <input type="checkbox"/> Carer <input type="checkbox"/>
Need assistance to collect pension <input type="checkbox"/>	Provide assistance to collect pension <input type="checkbox"/>	DCC Domiciliary Services <input type="checkbox"/>
Lack of laundry facilities <input type="checkbox"/>	Provide laundry service Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>	Initial Laundry <input type="checkbox"/> Laundrywise <input type="checkbox"/> Carer <input type="checkbox"/>
Require assistance with laundry <input type="checkbox"/>	Provide assistance with laundry Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/>	DCC Domiciliary Services <input type="checkbox"/> Carer <input type="checkbox"/>
Require equipment for daily living <input type="checkbox"/>	Provide equipment/adaptations <input type="checkbox"/>	DCC Domiciliary Services <input type="checkbox"/>
Requires advice on sensory impairment <input type="checkbox"/>	Request specialist assessment <input type="checkbox"/>	DCC specialist worker <input type="checkbox"/>
Require advice on Welfare Benefits <input type="checkbox"/>	Provide advice <input type="checkbox"/> Request advice from WRO <input type="checkbox"/>	DCC Domiciliary Services <input type="checkbox"/> DCC Welfare Rights Officer <input type="checkbox"/>
Require help with personal care <input type="checkbox"/>	Provide personal care service no of days per week <input type="checkbox"/>	DCC Domiciliary Services <input type="checkbox"/> Independent Agency <input type="checkbox"/>
Washing <input type="checkbox"/>		Name.....
Bathing/showering <input type="checkbox"/>		.....
Shaving <input type="checkbox"/>		
Dressing <input type="checkbox"/>		
Toileting <input type="checkbox"/>		Carer <input type="checkbox"/>
Getting up <input type="checkbox"/>		
Getting to bed <input type="checkbox"/>		DCC Domiciliary Services <input type="checkbox"/>
Medication <input type="checkbox"/>	Request short term care <input type="checkbox"/>	
Other..... <input type="checkbox"/>		Independent Provider <input type="checkbox"/>
Carer requires respite <input type="checkbox"/>	Provide sitting service <input type="checkbox"/>	
Other services being received	Day Care <input type="checkbox"/> Residential Short Term <input type="checkbox"/> Residential Long Term <input type="checkbox"/> Social Work <input type="checkbox"/>	Name of Provider .....

Copies to: Care Manager, Service User, Carers, Providers Listed in Care Plan, GP, Others - Please specify

**COMMUNITY CARE ASSESSMENTS – ADULTS**

Note: (1) Refer to relevant strengths and achievements of the individual as well as needs.  
(2) Identify the person(s) giving the information if this is not the service user.

Completed by:

Date Assessment Commenced:  
Date Form Completed:**SERVICE USER**

Name:

Date of Birth:

Address:



Date of Referral:

Source of Referral:

If in hospital, date admitted (including moves to other hospitals):

1(a) **SUMMARY** of presenting situation/level of risk/reason for referralLives alone: **YES/NO**1(b) **CURRENT SERVICE PROVISION:** (including informal carer provision)

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2. **IMPORTANT RELATIONSHIPS, RELATIVES, CARERS & FRIENDS**

NAME, ADDRESS AND 	RELATIONSHIP	OTHER IMPORTANT INFORMATION
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**ANY OTHER IMPORTANT INFORMATION** (eg legal adviser, who is looking after property, house, keys, money, Power of Attorney, Next of Kin, arrangements for animals, any risks to visitors etc.)

3. **ANY OTHER ESSENTIAL OR PRIORITY INFORMATION:** (is there any other **essential data** that should be highlighted and shared with anyone before we provide a service or engage in further assessment. Please indicate it here eg. cultural, medical, social, personal risks etc)

4. **SIGNIFICANT LIFE EVENTS:** (births, marriages/relationships, deaths, illnesses, operations, military service, employments, education, qualifications) **NB.** be guided by what the subject wants to be included, that they would want people who are caring for them to know about them.

5. **PERSONALITY AND PREFERENCES:** (how would the person describe themselves including mood, character, standards, reactions to set-backs, likes and dislikes etc)

6. **CULTURAL**: (Ethnicity, Religion, Community, Neighbourhood)

<b>INFORMATION: NEEDS</b>
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PLEASE ATTACH RELEVANT RISK ASSESSMENTS

- 7.1 **HOUSING:** (risk, layout, facilities, repair, owner/tenant issues, local authority/private landlord)
- 7.2 **DOMESTIC ASSISTANCE:** (outline daily routine and itemise any difficulties)
- 7.3 **PERSONAL ASSISTANCE:** (mobility, continence, sleeping, diet, washing, toileting etc)
- 7.4 **TECHNICAL AIDS:**
- 7.5 **COMMUNICATIONS ISSUES:** (including sensory impairment, mental health issues, advocacy needs - source of assessment data if not directly from service user)
- 7.6a **PHYSICAL HEALTH:** (disabilities, other issues, medication, dental issues, recent hospital admissions, nursing or GP assessments required etc. Appropriate Nursing Assessment **must** be attached)



7.6b **MENTAL HEALTH:** (are there any concerns eg cognitive ability or emotional state? Do special needs arise because of this? Eg. Counselling? Appropriate Mental Health Assessment **must** be attached)

7.7 **CARER NEEDS AND SITUATION:** (including other responsibilities, stresses and significance of caring role to them)

- Is carer eligible for a separate assessment? **YES/NO**  
(See guidance)
- Do they want one? **YES/NO**

7.8 **PERSONAL/COUNSELLING:**

7.9 **SOCIAL/RECREATIONAL:** (including past interests and preferences ie drinking, smoking, food, routines, leisure activities)

7.10 **EMPLOYMENT/EDUCATION**

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**7.11 FINANCIAL:**

- a) Are there any problems or needs? **YES/NO**

If **YES**, complete and attach Benefit Check Form

- b) Any other financial issues (eg further benefit claims, full financial assessment, investment advice for self funders)

**7.12 TRANSPORT ISSUES:**

- 7.13 **INFORMATION NEEDS:** (eg has Derbyshire Carers Association leaflet been offered?)

<b>SUMMARY</b>
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- 8.a **WHAT IS THE INDIVIDUAL'S VIEW OF THE SITUATION:** (What would they like to see happen over the next 6 months?)

9. **SUMMARY OF ANY FURTHER COMMENTS OF THE PERSON CARRYING OUT THE ASSESSMENT:** (please comment on any conflict or divergent views, need for further assessment etc)
10. **PRIORITISE THE NEEDS TO BE MET IN THE CARE PLAN**
11. **WHO PARTICIPATED IN THE ASSESSMENT?** (Including service user, relatives, carers, advocates, professionals)
12. **SPECIALIST ASSESSMENTS** (please list)

**PLEASE COMPLETE CONTACT INFORMATION SHEET**

CARE PLAN

FOR:

D.O.B:

DATE CARE PLAN AGREED:

COMPLETED BY:

REVIEW DATE:

NEEDS TO BE MET: consider each assessed need	WHAT WE ARE GOING TO DO	WHO WILL DO IT AND BY WHEN	COST TO SERVICE USER (This will only be detailed on second and file copy plan.)

CONTINUATION SHEET

NEEDS TO BE MET: consider each assessed need	WHAT WE ARE GOING TO DO	WHO WILL DO IT AND BY WHEN	COST TO SERVICE USER (This will only be detailed on second and file copy plan.)

Copies to:

NB: USE A SERVICE PROGRAMME IF APPROPRIATE

This Care Plan aims to meet your current needs. It will be regularly reviewed with you. If your needs change, the care you receive may need to change.

SIGNED:    Service User .....

Worker .....

**CARE PLAN REVIEW**

**FOR:** **D.O.B:**

**DATE OF REVIEW:**

**SEE CARE PLAN DATED:**

**MEETING INVOLVED:**

WHAT WE SAID WE WOULD DO	IS IT WORKING?	WHAT NEEDS TO CHANGE?	ACTION, WHO WILL DO IT AND WHEN?

CONTINUATION SHEET

WHAT WE SAID WE WOULD DO	IS IT WORKING?	WHAT NEEDS TO CHANGE?	ACTION, WHO WILL DO IT AND WHEN?

IS REVISED CARE PLAN NEEDED?

SIGNED:   Service User .....

              Worker .....

<b>CONTACT INFORMATION: CARERS, PROVIDERS, KEY WORKERS ETC</b>
--

CIRCULATION \*\*

NAME	PHONE	DESIGNATION	ADDRESS (If necessary)	A(F)	A(E)	CP(F)	CP(E)	R	C

Note: This form is for appending to assessments, care plans or reviews. Once sent to those listed on it, it need not be re-circulated unless it needs updating. It may be appropriate to seek approval of users and carers before circulating this information.

☐ This section is for care co-ordinators use:

A(F) Assessment (full)

A(E) Assessment (edited) ie excluding any confidential data that user/carer would not wish to share with that recipient.

CP(F) Care Plan (full)

CP(E) Care Plan (edited) ie excluding data on cost to service user.

R Reviews: ie all written reviews.

C Contact information



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**4-6 WEEK ASSESSMENT PERIOD REPORT****NAME** .....**ADDRESS** .....**GROUP ATTENDED** .....**GROUP LEADER** .....**KEY WORKER** .....

	<b>COMMENTS</b>
<b>WEEK 1</b>  <b>DATE</b> .....	
<b>WEEK 2</b>  <b>DATE</b> .....	
<b>WEEK 3</b>  <b>DATE</b> .....	
<b>WEEK 4</b>  <b>DATE</b> .....	
<b>WEEK5</b>  <b>DATE</b> .....	
<b>WEEK 6</b>  <b>DATE</b> .....	

**RECOMMENDATION**

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**DERBYSHIRE COUNTY COUNCIL  
SOCIAL SERVICES DEPARTMENT**

**ASSESSMENT FOR ASSISTING PEOPLE WITH MOVEMENT**

Name .....			
Address .....			
Assessor + Others Present .....	Weight .....	Height .....	
			Date .....

**INDIVIDUAL WHO REQUIRES ASSISTANCE**

1. What ease or difficulty do you have with movement and what assistance do you require?

**EXAMPLES**

Standing  
 Weight Bearing – Non  
 Walking  
 Balance  
 Transferring – stata  
 Re-positioning  
 Rolling  
 Dressing  
 Assistance with Wheelchair  
 Lifting  
 A Power

2. What is your preferred method of assistance and do you have any personal equipment which enables you to move?

Describe Methods  
 Number of Staff  
 Frequency  
 Time Taken  
 Equipment  
     Zimmer  
     Body Brace  
     Supports

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3. Are there any other factors that assistants need to take into account in assisting you?

**COMMUNICATION**

- ☐ Language
- ☐ Touch
- ☐ Cue
- ☐ Symbols
- ☐ Anticipation
- ☐ People
- ☐ Vision
- ☐ Hearing
- ☐ Comprehension
- ☐ Expression Skills

**SENSORY**

- ☐ Pain/Discomfort
- ☐ Sound/Light
- ☐ Sensitivity
- ☐ Movement
- ☐ Orientation-Locking
- ☐ Unable to Tolerate Excess of Hot/Cold
- ☐ Tactile Defensive

**EMOTIONAL**

- ☐ Comfort, Reassurance Needs
- ☐ Fears/Anxieties
- ☐ Unpredictable Behaviour
- ☐ Repetitive Movement

☐ **CULTURAL/RELIGIOUS BELIEFS**

**OTHERS**

- ☐ Fainting
- ☐ Fits
- ☐ Falls
- ☐ Spasm
- ☐ High/Low Muscle Tone
- ☐ Medication
- ☐ Personal Equipment
- ☐ Catheter

**TASK/ACTIVITY**

4. Does the service involve assistants adopting unsafe postures or techniques?

Full Weight Lift  
Holding Away from Trunk  
Twisting  
Stooped Posture  
Repetitive Movements

**ENVIRONMENT**

5. Is it safe to carry out the service?

Enough Space to Move Freely  
Is the Flooring Slippery or Uneven  
Littered  
Lighting Adequate  
Too Hot  
Too Cold  
Draughty  
Height of Bed – Too Low/High

**STAFF AND OTHER PERSONNEL INVOLVED**

6. Are the Assistants Safe to Work:

Have Staff Recently Been Trained  
Are they Fit  
Are there Any Restrictions-Clothing/Footwear  
Do they have enough Information/Time/Rest  
Is there Any Danger to Those with a Health Problem  
Is Unusual Strength or Weight Required  
Is the Staff's Attitude Safe to Handling/Working with Others  
Pregnancy

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**ACTION PLAN****HAZARDS IDENTIFIED (INCLUDING ANY RELEVANT FACTORS FROM THE CARE PLAN)****RISK REDUCTION MEASURES****SHORT TERM**

Referral – state Name and Designation Equipment – (State) Change Environment Change Technique Staffing Instruction to Staff Care Plan
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**LONG TERM**

Adaptations Equipment Training
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SIGNATURE .....

DESIGNATION ..... DATE .....

REVIEW DATE .....

MHSU, REV 6.96

# DERBYSHIRE COUNTY COUNCIL - SOCIAL SERVICES DEPARTMENT

## DAY CARE POLICY AND PROCEDURES

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## **SECTION 5 - FINANCE**

### **FINANCIAL CHECKS**

#### **SOCIAL SERVICES FINANCE SECTION**

On an annual basis the Assistant Business Services Manager from the Area Office will carry out a check of the establishment's financial procedures. Following this visit a report will be sent to the line manager identifying any areas of concern. The line manager is then responsible for following up with staff any problem areas identified.

The Assistant Support Services Manager is also available to give advice to staff on financial matters. He/She is not, however, available to carry out procedures on behalf of staff. Any staff who are experiencing problems carrying out financial tasks should discuss this with their line manager.

#### **COUNTY COUNCIL CENTRAL AUDIT SECTION**

On a regular basis a check of financial procedures will be carried out by the County Council Central Audit Section. These checks may be carried out at very short notice. A report on any problem areas will be given to the Manager. In the event of serious deficiencies or concerns a report will be sent to the Director of Social Services.

Staff from the Audit Section should be informed if monies belonging to, or in the safekeeping of, the County Council are unaccounted for.

In the event of a service manager being concerned about the operation of the establishment's finances the Audit Services Section should be consulted regarding future action to be taken.

Each establishment must have a copy of the Financial Handbook on the premises for reference.

### **BANKING OF INCOME**

Receipts must be issued for all income received at a Day Centre for Older People from the official Derbyshire County Council receipt book provided. Examples of the types of income likely to be received at a Centre are:

1. **Day Care Charges** - Money collected from service users for attendance at the Centre
2. **Meals Income** – Money collected from members of the staff, visitors and visiting



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officials for meals they have consumed.

3. **Private Telephone Calls** – Money collected from members of the staff in respect of authorised private telephone calls made through the official telephone, must be paid into the Council's bank account. Details of all private telephone calls should be recorded in the book specially provided for this purpose. Payment for private calls should be obtained at the time they are made, but an official receipt need not be issued in respect of each payment received. If the amount of income collected in respect of private calls is negligible, it is sufficient to issue a receipt at the end of each month for the total amount received since the previous receipt for private telephone call income was issued.
4. **Pay phones – Dealing with the Income** – Unit Managers at establishments that have a pay phone must ensure that the cashbox is emptied at least weekly and the cash is paid into the Council's bank account. This task must be undertaken by two officers who should both count the cash and sign the official receipt. A record should be kept of the amount of call charges appearing on the quarterly bills so that a comparison can be made to the amount of cash extracted from the coinbox.

All income must be banked to the credit of the County Council using the bank paying-in book provided. Bankings must be made when the amount in hand exceeds £250 or weekly, whichever is the sooner, and should be undertaken by a nominated officer from the Centre.

## COMPLETION OF BANK PAY-IN SLIPS

When payments to bank are made, the front of the paying-in slip should be completed in the normal way. In addition, the payment to bank must be analysed on the back of the slip. Details and amounts of each type of income are recorded and a ledger code is inserted by the officer paying-in. The most commonly used ledger codes will be found noted on the inside front cover of the paying-in book. If you receive income of a type not listed there, please contact the Social Services Department, Accounts Section who will advise you of the appropriate code to use. Income that has been received against an official County Council invoice should always be banked using the ledger code XJH0110 together with the invoice number, regardless of the nature of the income. The return slip at the foot of the invoice, if it is sent back with the payment, should be attached to the monthly income return before it is sent to the County Treasurer's Division. When income has been received that includes VAT, the letter 'E' should be inserted in the VAT column on the reverse side of the paying-in slip against each line of ledger coded income that includes VAT. The box in the VAT column should be left blank if the item of income does not include VAT. For details of the types of income that include VAT please refer to the associated paper entitled '*Value Added Tax (VAT)*' or visit the Information Library on the Social Services Department IntraNet site where the paper has been reproduced.

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**INCOME ABSTRACT FORM – TR130**

The Unit Manager must ensure that a completed copy of the Income Abstract (form TR130) is sent to the Credit Income Section, County Treasurers Division at Matlock at the end of each month. Instructions concerning the completion of the form are given on the reverse side but basically it is necessary to list all the official receipts (excluding Amenity Fund receipts) that have been issued by the Centre during the month together with the dates and amounts of all the bankings that have taken place. A copy of the return should be retained at the establishment.

It should be noted that if a series of consecutive receipts has been issued for the same type of income, a note of the inclusive receipt numbers and the total sum received is quite adequate and so it may not be necessary to list each receipt individually on form TR130.

In the unlikely event that no income is received during a month a 'NIL' return should be forwarded to the County Treasurer's Division as otherwise it will be assumed that the completion of the form has been overlooked and a reminder will be issued.

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## **PROTECTION OF PROPERTY OF SERVICE USERS AND STAFF IN DAY SERVICE ESTABLISHMENTS**

### **SERVICE USERS**

Local authorities are charged with the responsibility of taking all reasonable steps to avoid loss or damage to the personal possessions brought in by people to day care.

There is no obligation in law to compel the County Council to take out insurance cover for the property of service users. There is no cover for the damage, loss or theft of any property in day centres, but there is insurance cover against the risk of fire. For the residents this cover is limited to £250 for each individual. The County Council also have a general Third Party Insurance Policy which gives cover in the event of any default by an officer in his/her duties.

The 'reasonable steps' referred to in paragraph 1 will include:

1. Keeping the establishment as secure as circumstances allow.
2. Advising the staff (and, where necessary, residents) of the need for sensible security procedures.
3. Advising the service users of the general position with regard to insurance and the possible need for them to insure valuables in their own name.

### **SAFE-KEEPING OF PROPERTY**

Property must be held under the safest possible conditions. Where a safe is available this must be used. If there is no safe, property should be kept in a locked box secured inside the drawer of a filing cabinet which should itself be kept locked. Property envelopes are available for use and wherever possible all the property of one resident should be contained in the one envelope.

### **STAFF**

All staff and service users should be advised of the general insurance position. The fire cover limit of £250 will also apply to staff and resident staff particularly should be told of this and strongly advised to take out suitable insurance cover in their own name.

Before the County Council considers making a claim under their fire policy they would expect an individual to pursue a claim with his/her own insurance company.

Claims against the County Council where there is no legal liability may be settled by the County Director up to a limit of £200 in any case. Under this regulation the County Director is authorised to settle requests for ex-gratia payments in respect of damage to

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or loss of property occurring in the course of their duties as County Council employees, providing there is no contributory negligence, as follows:

- (a) for repairs to clothing or other property - full cost;
- (b) for replacement of clothing or other property (where repair is impracticable) - three quarters of reasonable cost.

## **OPERATION OF PETTY CASH IMPREST ACCOUNTS**

### **Introduction**

1. Day Centres for Older People have the facility of a petty cash account to enable small cash payments to be made. Petty cash payments should only be made when it is not practical to issue an official order for the supply of goods and receive an invoice for payment by the County Treasurer. Individual payments from the petty cash account should be limited to £20 unless specific permission has been given by the Divisional Accountant to exceed this figure.
2. Most establishments will have their own separate petty cash bank account set up with the Co-operative Bank. When a petty cash bank account is created an initial amount is paid into the account by the County Treasurer and this sum is referred to as the *imprest amount*. Before a cheque book can be issued it will be necessary for the Unit Manager and his/her assistants to sign a specimen signature form which should be returned to Lynne Kirk in the Finance Section at the HQ office of the Social Services Department. The maximum number of officers who can be enlisted to act as signatories to a petty cash account is eight people. It should also be noted that cheques drawn on a petty cash account with an imprest amount of less than £1000 only need to be signed by one of the registered signatories whereas cheques drawn on a petty cash account that has an imprest amount in excess of £1000 require the signatures of two of the nominated officers.

The Unit Manager will be regarded as being the *imprest holder* and, as such, will be responsible for the proper management of the account. It is worth mentioning that the basic principle governing the control of an imprest account is that, at any one time, the balance in the bank account, when added to the amount of cash-in-hand plus the value of all unclaimed expenditure, must equal the *imprest amount*. Should a reconciliation of the account reveal that it is out of balance and a subsequent investigation fails to identify the reason why (eg. an item of unrecorded expenditure), the Divisional Accountant should be informed of the situation.

3. In the event that a Centre does not have a convenient local Co-operative Bank facility through which to conduct the business of a petty cash account, an arrangement can be made for a suitable branch of one of the major clearing banks or the Post Office to act as an agent on behalf of the Co-operative Bank in

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this regard.

4. The petty cash bank account must never be allowed to become overdrawn.
5. Reimbursements of expenditure will be made by the County Treasurer directly to the petty cash bank account. The imprest holder will be notified when the money has been transferred into the account.

### **Recording and Reclaiming Expenditure**

6. The recording and reclaiming of petty cash expenditure is undertaken electronically using the mainframe computer application '*GI – IMPREST*'. A user manual is available for reference at each Centre or, alternatively, it can be viewed on the Social Services Intranet site by taking the following action: -
    - Double click on the 'SSD Intranet' icon
    - Click on 'Information Library'.
    - .. .. 'Business Services'.
    - .. .. 'Finance'.
    - .. .. 'General Finance'
    - .. .. 'User Manuals'.
    - .. .. 'GI User Manual'
  7. All expenditure made from the petty cash account must be recorded at the time it is incurred. It should be noted that the cost of postage stamps should be recorded as expenditure at the time of purchase. A separate record showing how the stamps are used must be maintained in a postage book which should indicate the following: -
    - the date of posting
    - the person to whom the letter or parcel is to be sent
    - the amount of postage payable
  8. Petty cash expenditure should be reclaimed at the end of each month in the manner described in the user manual. If, during a claim period, the level of petty cash expenditure becomes so unusually high that the bank account is in danger of going overdrawn, it is acceptable for reimbursement claims to be made more frequently than monthly until such time as the level of expenditure returns to normal. If it transpires that the increase in expenditure is permanent a request for a permanent increase to the imprest amount should be made, via the Area Office, to the Principal Accountant. The supporting vouchers should have the voucher number written on and be filed in voucher number order. They should be retained at the Centre and be kept in a safe place available for possible audit inspection at a later date.
  9. When a petty cash bank statement is received at a Centre the details must be
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input into the *GI – IMPREST* system as soon as possible. The bank statements should be retained in chronological order.

10. The balance of cash in the petty cash box should be counted weekly and the details recorded in the *GI – IMPREST* system.

### **Vouchers**

11. A voucher must be obtained for all items of expenditure over 50p. These can be as follows: -
- a paid invoice
  - a receipt
  - a pink petty cash voucher
  - special form for a specific purpose (eg. staff public transport expenses claim form – CO5)
12. A pink petty cash voucher should only be used in the absence of any other suitable voucher being available. The date and amount of the payment, the purpose of the payment and the name of the payee should be noted on the voucher. The pink voucher must be signed by the person receiving the money.
13. The County Council can reclaim the VAT that it pays provided that authentic VAT invoices or receipts have been obtained. Imprest holders should therefore ensure that when expenditure from the petty cash account has been incurred that includes VAT, the supporting invoices or receipts show the supplier's full name and address, VAT number and the rate of VAT.
14. Some establishments, instead of having their own individual petty cash bank account, operate under a system whereby they have a cash float of a fixed amount from the Area Office petty cash account. This money is then used to make petty cash payments. A record of all payments should be maintained and a receipt or voucher to cover each item of expenditure must be obtained. At least once a month the total value of the receipts and vouchers should be reclaimed from the Area Office Imprest Account thereby restoring the float to its original amount.

## **CHRISTMAS AND OTHER RELIGIOUS FESTIVALS**

Each year a per capita allowance is made available to Centres to help celebrate Christmas and other religious festivals. Unit Managers will be informed of the level of the festivities allowance in September each year and this money should be used to purchase gifts for service users and to meet the cost of special celebrations within the Centre. It should not be used to acquire alcohol or tobacco.

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Expenditure should normally be incurred by utilising the order and invoice system but, for small amounts, the petty cash account should be used. When ledger coding festivities allowance expenditure the detail code 4508 should be used to ensure that the appropriate budget is debited.

### **ORDERING GOODS AND SUPPLIES**

All orders must be placed with approved suppliers as per the County Procurement contracts. Up to date details of suppliers are available on the D net.

Records of expenditure should be maintained and the establishment must not exceed its budget.

Groceries and provisions are ordered by the establishment using the contracts that have been arranged by the Catering Purchasing Officer based at Chesterfield Area Education Office.

It is vitally important that Managers do not order goods themselves without authorisation. Any items required must have written approval before ordering from the line manager if they exceed £250.00.

The following items must be inherently flame retardant to ignition source 5

Lounge chairs
Lounge settees
Raiser or recliner chairs
Upholstered foot stools
Upholstered dining room chairs
All curtains
All nets or voiles
Cushion covers
Chairs in staff room
Office chairs
Bedding

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**Memo to**

Service Manager

**Copy to**

Assistant Support Services Manager

**Expenditure Over £250**

**Establishment** \_\_\_\_\_

I wish to spend the sum of £ \_\_\_\_\_ to purchase \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you please let me have approval to this expenditure, which will be debited to our Equipment, Tools and Materials Allowance.

**Manager**



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## ACCOUNTS FOR PAYMENT

1. An official order, signed by an officer specifically designated to undertake this duty, must be made out for all goods and services required at a Centre. An *ordering officer* can only sign orders up to a value within his/her allocated ordering limit. Orders with a value above an officer's limit must be referred to a more senior officer whose ordering limit is sufficient to allow him/her to sign the order. It should be noted that orders need not be written out for invoices received at a Centre for the rates, water and telephone charges. Instructions for dealing with the distribution of the copy orders appear on the inside front cover of the official order book.
2. Goods received should be checked against the copy of the original order remaining in the order book to ensure that the description, quality and quantity are correct. The date of delivery and any other relevant comments should be noted on the yellow copy order.
3. When placing an order for food with a firm that provides a special ordering document for this purpose, this document should be completed and returned to the firm but this must be accompanied by an official County Council order. It is not necessary to list each item that has been requisitioned on the firm's order form on the accompanying official County Council order, and it is sufficient to write the following form of words on the order *'Please provide provisions as per the attached order'*. The items delivered must be checked against the firm's order document which will be returned to the Centre at the time the delivery is made.

When a delivery note is received with a supply of food it should be checked against the items delivered but there is usually no need to attach it to the invoice, when this is received. However if the invoice simply lists the value of the delivery note(s) provided and makes no attempt to describe the items supplied, the delivery note(s) should be attached to substantiate the invoice.

When ordering supplies of a commodity such as milk, where it is not possible to state exactly the quantity required, the firm should be provided with an official County Council order at the beginning of the month requesting supplies for that month. In the absence of delivery notes being received, a record should be kept of the quantities received during the month on the yellow copy of the official order or in a book kept for this specific purpose, in order that, when received, the invoice can be properly checked. Similarly, a note should be kept of all additions and variations made to the order by telephone.

4. Where an order for the supply of goods is requested by telephone it is essential that an official County Council order should subsequently be forwarded to the firm confirming the order given over the telephone.
5. Managers must ensure that creditors submit their invoices promptly after the

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delivery of the goods or the performance of a service. A creditor who has failed to submit an invoice after one month should be requested to do so as a matter of urgency.

6. When an invoice is received a check should be made to ensure that:

- the goods have been supplied or appropriate services rendered as indicated by the copy order remaining in the order book;
- the goods have not been paid for previously. This check can be made by reference to the yellow copy in the order book;
- the goods are in accordance with the contract price or estimate where appropriate. Where VAT is payable, the supplier's VAT registration number and rate and amount of VAT should be shown by the supplier. Where a discount is available, the VAT should have been calculated on the net amount after the deduction of the discount. Any queries regarding the invoice should be raised with the supplier concerned. No alterations may be made to the value of a VAT invoice except to take a cash discount. Where an error exists, the supplier should be asked either to provide a replacement invoice or issue a credit note;
- credit notes – where goods are returned or cannot be supplied, a credit note should be obtained from the firm concerned. A note should be made on the yellow copy order before the credit note is processed in the same way as an invoice but with the yellow coding label being made out in red ink.

7. If satisfied that the invoice is correct, attach the blue copy of the official order to the invoice. Attach a yellow certification/coding label and initial the '*goods received*', '*prices verified*' and '*calculations checked*', boxes on the yellow label. The relevant order number should be entered in the '*order ref*' box. Dependant upon the prevailing local arrangement, invoices should then either be (1) passed to the Area Office for final processing or (2) despatched directly to the Payments Section of the County Treasurer's Department for payment. If the second option pertains the ledger code relevant to the type of expenditure being incurred should be entered on the yellow label in the columns headed '*cost centre*' and '*detail code*' and the appropriate VAT code should be entered on the same line as the ledger code but in the column headed '*VAT*'. The VAT codes can be found by referring to the associated paper entitled '*Value Added Tax – VAT*' or by visiting the 'Information Library' section of the Social Services Department Intranet site where the paper has been reproduced. The '*Authorised for payment*' box must be initialled by an authorising officer specifically approved to undertake this function. The amount of the invoice and the date it is passed for payment must be recorded on the yellow copy of the order in the book.

Where two or more invoices are received in response to one order, the blue copy order should be attached to the first invoice passed for payment together with

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the yellow coding label. Subsequent invoices passed for payment should bear a yellow coding label made out in the normal way but also detailing, in the appropriate box, the date on which the original invoice (and blue copy order) was passed for payment.

When payment is to be made on a statement it is essential that all the invoices or priced delivery tickets are attached to it before it is processed for payment.

8. Occasions can arise when invoices, usually for food, will include items that should not be charged to the Centre's revenue budget (eg. wines, spirits and confectionery) but instead should be paid for by the Centre's Amenity Fund. In situations of this type Managers should ensure that suitable arrangements are made to use money drawn from the Amenity Fund to credit the County Council with the value of the goods concerned.
9. The Government is keen to ensure that public bodies pay their creditors promptly and, to this end, it has set local authorities a target of 30 days in which to pay all the invoices they receive. The County Treasurer is responsible for monitoring the County Council's overall performance in achieving this target and has asked all Departments to assist in this initiative by taking the following action;
  - all invoices to be date stamped on the day of their arrival with the Council. The 30 day period is measured from this date.
  - all invoices to be processed for payment with the minimum of delay to ensure settlement within the prescribed period.
  - any invoice that has been withheld from payment for a genuine reason (eg. the invoice has been the subject of a dispute) and the delay is likely to result in the 30 day payment period being exceeded, should have a note of the reason for the delay written on it before it is finally passed for payment.

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## VALUE ADDED TAX – (VAT)

### A Brief Guide for Social Services Department Staff

#### 1 Introduction

In October 1996 the County Treasurer published a document, in the form of a green A5 sized ring binder, entitled '*A Guide to VAT*'. It sets out, in considerable detail, the impact that VAT has on the County Council's financial operations and gives guidance on the procedures put in place to enable staff to account for VAT properly. This is a comprehensive document of over 100 pages and a copy is available for reference at all Social Services Department administrative offices. Alternatively it can be viewed by visiting the County Council's DNet site and clicking on '*Financial Information*' and then '*VAT Guidance*'.

The following pages are intended to provide those members of staff in the Social Services Department, whose duties involve financial administration, with an easily accessible quick guide to VAT. An attempt has been made to emphasise issues that are specific to the work of the Social Services Department. Should the answer to a VAT query not be found within these pages the reader is advised either to refer to the definitive document on the subject '*A Guide to VAT*', as described above, or contact John Tompkins the Council's VAT officer on Ext 7085 at County Hall, Matlock for advice.

#### 2 Re-claiming VAT from H M Customs and Excise

A Local Authority can normally re-claim all the VAT that it pays from H M Customs and Excise provided that it can substantiate the payments by producing 'proper' tax invoices. It is therefore important for officers to ensure that 'proper' tax invoices are obtained for all supplies of goods and services that are subject to VAT. A 'proper' VAT invoice **must** show the following:

- the name, address and VAT registration number of the supplier
- an identifying number (ie invoice number)
- the time of supply (ie the tax point date)
- the date of issue of the document
- the name and address of the person to whom the goods or services have been supplied.
- a description in sufficient detail to enable identification of the goods or

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services supplied.

- the gross amount payable, excluding VAT
- the rate of any cash discount offered
- the rate and amount of VAT charged

Where an invoice also contains particulars of goods or services, which are exempt or zero-rated, those goods or services must be distinguished on the invoice and totalled separately.

It should be noted that suppliers are not under a legal obligation to show the amount of VAT separately on invoices that are for less than £100.00. However for invoices in excess of this amount they **must**, by law, show the VAT amount separately when requested to do so by the recipient of the goods or services. This point is significant in that local authorities can only reclaim the VAT on invoices exceeding £100.00 where the VAT amount is shown separately.

## Coding Arrangements

### Processing invoices for payment

When processing a VAT invoice for payment it is important that the yellow coding label that is attached to the invoice is correctly completed with regard to VAT. This enables the County Treasurer to compile accurate returns and claims to HM Customs and Excise. The following codes should be entered in the column headed 'VAT' towards the right-hand side of the yellow coding label:

	<u>Code</u>
• For supplies at the Standard rate of VAT (currently 17.5%) when the VAT amount is shown separately on both the invoice and the yellow coding label.	6
• For supplies, at the Standard rate, where the VAT amount is <u>not</u> shown separately, but is simply included in the total for payment amount on the invoice (ie. invoices for less than £100.00).	E
• For supplies of fuel and power at the Domestic rate of VAT (currently 5%). As far as Social Services is concerned this rate applies only to the supply of gas and electricity to the Department's <u>residential</u> establishments and to a few other small establishments where the consumption is below a <i>de minimis</i> limit.	5

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- |  |             |
|--|-------------|
| • For supplies at the Domestic rate (5%), where the VAT amount is <u>not</u> shown separately, but is simply included in the total for payment amount on the invoice (ie. invoices for less than £100.00). | H           |
| • Zero-rated supplies.   | 0           |
| • Exempt supplies.   | X           |
| • Outside scope.   | Leave blank |

The distinction between 'zero-rated', 'exempt' and 'outside scope' is as follows:

### **Zero-rating**

This relates to the supply of goods or services which are taxable but which, for the time being, the Government has fixed a 'nil' rate of tax. The main categories which are zero-rated are basic food stuffs, books, newspapers and periodicals, passenger transport and children's clothing and footwear. Invoices for these types of supplies should have the letter 'O' inserted in the VAT column on the same line as the ledger code on the yellow coding label.

### **Exemption**

The main categories of exemption are the sale, lease and tenancies of land and buildings and the hiring of halls and rooms; premiums for all forms of insurance; postal services provided by the Post Office. This includes payment for postage by users of franking machines. The yellow coding labels attached to invoices for this type of expenditure should have the letter 'X' inserted in the VAT column.

### **Outside Scope**

These include supplies made by Local Authorities for which they have a statutory responsibility to provide. These are non-business for VAT purposes and include the statutory provision of social services, education, licences and fees. The VAT column on the yellow coding label should be left blank for these items.

### **Completion of Bank Pay-in Slips**

When paying official income into the County Council's bank account it is important that the appropriate VAT code is inserted in the VAT column on the reverse side of the bank paying-in slip. For example when banking income that includes VAT at the Standard rate, the VAT code 'E' must be entered in the VAT column on the same line as the ledger code for that item of income.

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A listing of the various types of income that are likely to be received at Social Services Department offices and establishments together with the appropriate VAT codes is provided at the end of this paper (Appendix A).

### Amenity Funds and VAT

It is possible for officially operated Amenity/Social Funds at Social Services Department establishments and offices to avoid the impact of VAT provided the following conditions are satisfied:

- an official County Council order is made out and forwarded to the supplier.
- that a *proper* VAT invoice is obtained for the supply and that it is addressed to the Derbyshire County Council.
- that the item(s) being purchased is to remain in the long-term possession of the Derbyshire County Council. Non-tangible or consumable items, such as holidays, hire of transport or confectionery, are **not** covered by this dispensation.

When processing an invoice under this arrangement the full amount of the invoice (including VAT) is paid in the normal way using the appropriate revenue ledger code on the yellow coding label. At the same time a cheque, made payable to the Derbyshire County Council, is drawn on the Amenity Fund bank account for the amount of the invoice **before** the addition of VAT which should then be paid into the County Council's bank account. When banking this money the ledger code entered on the paying-in slip **must** be the same as the ledger code entered on the yellow coding label attached to the invoice. The official receipt issued against the payment into the Council's bank account should be retained with the Amenity Fund records. Before it is passed to the County Treasurer's Department for payment, a note should be written clearly on the invoice that the cost of the item being purchased has been met by the Amenity Fund. The message written on the invoice should include the receipt number and the amount of the Amenity Fund payment.

### Service Users Personal Funds and VAT

It should be noted that when purchases are made by the County Council for service users from funds that are being held for safekeeping on their behalf, the VAT content **cannot** be re-claimed by the County Council. It would be illegal for the Council to reclaim the VAT content of the cost of an item that is not destined to be owned by the authority. Consequently invoices of this type should be passed to the County Treasurer for payment without any reference to VAT being made on the yellow coding labels. The following are examples of situations where VAT, having been paid by the County Council, cannot subsequently be recovered from HM Customs and Excise: -

- 
- payments on behalf of service users from monies held in 'service user accounts' (formerly known as Gash accounts).
  - purchases made on behalf of residents at Homes for Older People or Hostels for People with Learning Difficulties from monies held in 'residents savings accounts'.

### Proforma Invoices and VAT

Occasionally invoices are received by the Social Services Department for the supply of goods or services that are marked '*PROFORMA INVOICE*' or '*THIS IS NOT A TAX INVOICE*'. Companies that issue invoices of this type are usually seeking payment from the County Council in advance of the supply of the goods or services that have been ordered from them. For a variety of reasons payment of these invoices should be avoided, possibly by seeking an alternative source of supply where credit will be made available. The principal danger associated with paying proforma invoices is the situation that arises when a firm goes into liquidation after receiving a payment from the County Council and subsequently fails to deliver the goods or services for which it has been prepaid. Recovery of the money is usually impossible.

Staff members concerned with this area of work should always be wary (*even suspicious*) when faced with the prospect of arranging large payments to companies before they have supplied the goods or services in question. However it is acknowledged that in certain circumstances the County Council will have little option other than to pay a proforma invoice. Neither '*pro-forma*' invoices or those marked '*this is not a tax invoice*' can be used to substantiate a claim for the recovery of VAT from HM Customs and Excise. This being the case, when processing these invoices for payment, **no reference** to VAT should be made on the yellow coding label even though the VAT amount may be clearly stated on the invoice. This means that, initially, the *full* amount of the invoice will be charged to the costcentre entered on the coding label. After receiving payment the issuing company is legally obliged to forward a tax invoice or tax receipt to the outlet concerned and when received these documents must be sent to the County Treasurer's Division at County Hall, addressed for the attention of John Tompkins. A note of the date that the original '*proforma*' or '*not a tax*' invoice was passed for payment together with the ledger code used should be made on each document before it is passed to the County Treasurer's Division. This will enable a journal transfer to be made crediting the correct budget of the outlet concerned with the appropriate amount of VAT.

### Chronically Sick and Disabled Service Users and VAT – Adaptation Work

The VAT Act 1994 (Schedule 8, Group 12)\* gives authority for a wide range of drugs, medicines and aids to daily living, that are required specifically by people who are



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chronically sick or disabled, to be supplied free of VAT (ie. zero rated). To take advantage of this dispensation it is necessary for an eligible person to provide the supplier of the goods with a signed declaration affirming their entitlement to receive a supply at the zero rate of VAT. An example of a document suitable for this purpose is provided at end of these notes (Appendix B).

It should be noted that when the County Council places an order directly with a builder for adaptation work to be carried out at the home of a disabled person, the Council is acting as an agent on behalf of the service user. Provided a completed exemption certificate has been supplied to the builder the invoice can be addressed to the Council in the name of the client and be free of VAT. Any contribution made by the client will be exempt from VAT.

## Appendix A

**SOCIAL SERVICES – VAT INCOME CLASSIFICATION**

		<b><u>Category</u></b>	
		<b><u>Debtors</u></b>	<b><u>Paying-</u></b>
		<b><u>Accounts</u></b>	<b><u>in Slips</u></b>
<b>Sales</b>	- Meals and refreshments		
	- Clients	-	-
	- Staff and visitors	6	E
	- Occupational therapy products		
	- Sold to clients at cost of materials	-	-
	- Other cases	6	E
	- Publications	O	O
	- Equipment	6	E
<b>Fees &amp; Charges</b>	- Contribution by recipients of service		
	- Residential care, Day care, Nursery fees, Domiciliary care	-	-
	- Contributions by OLA's	-	-
	- Contributions to aids and adaptations	-	-
	- Registration fees	-	-
	- Car Wash (excluding tip element)	6	E
	- Outwork charges – labour only		6
E			
<b>Rent</b>	- Right to occupy land and buildings only	X	X
	- Separately identifiable charges for Services		
	- Cleaning, use of equipment etc.	6	E
	- Garage rent	6	E
<b>Other</b>	- Private telephone calls		
	- Call boxes	6	E
	- Use of official telephones	6	E
	- Payments from Social Services		
	- Amenity Funds	-	-

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**Appendix B****Value Added Tax Exemption Certificate****GOODS AND SERVICES FOR DISABLED PERSONS: ELIGIBILITY BY  
DECLARATION BY AN INDIVIDUAL**

I, .....

Of .....

declare that I am chronically sick or disabled by reason of: .....

.....

and that I am receiving from: .....

.....

the following goods, which are being supplied to me for domestic or my personal use:

.....

.....

.....

and I claim relief from value added tax under Group 12 of Schedule 8 to the Value  
Added Tax Act 1994.

Signed. ....

Date. ....

**Note to Supplier**

You must keep this declaration for production to your VAT office. The production of this certificate does not automatically authorise the zero-rating of the supply. You must also ensure that the goods and services you are supplying qualify for zero-rating.

**Note to Customer**

If you are in any doubt as to whether you are eligible to receive goods or services zero-rated for VAT you should consult your local VAT officer before signing the declaration.

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## AMENITY FUNDS AT SOCIAL SERVICES DEPARTMENT ESTABLISHMENTS

It is the policy of the Social Services Department for each establishment to have the facility of an amenity fund account into which can be paid the proceeds from fund raising events and donations made to an establishment. In the case of legacies bequeathed for the specific benefit of service users, advice should always be sought from the Service Manager over the best method of dealing with this type of income.

Expenditure made from the amenity fund should always be for the direct benefit of service users or to enhance the facilities available at an establishment.

### Advisory Committees

1. Advice on the raising and spending of amenity fund money must be vested in a small advisory committee set up for each amenity fund account. The committee must comprise the Unit Manager and his/her deputy, plus an equal number of representative members of the staff. The committee should also include two client representatives where possible and, if available, two independent persons from outside the establishment.
2. The committee must meet at least quarterly to receive a full statement of income paid into, and expenditure made from, the amenity fund since the last meeting of the committee. These statements should be prepared by one of the senior members of staff on the committee. An example of a quarterly statement is attached (Appendix 1).
3. One member of the committee should be nominated to keep brief notes of meetings, which should record all decisions taken.
4. All proposals for spending money must be considered by the advisory committee which will decide by simple majority vote. However, as the final accountability for the running of the fund rests with the Unit Manager (as the responsible officer of the County Council) he/she will have the power to veto committee recommendations. Decisions taken to incur expenditure in excess of £250 must be referred to the Service Manager for ratification.
5. An annual statement relating to the amenity fund giving details of income, expenditure and the balances in cash and at the bank, must be presented to the committee as soon as possible after the 31 December each year. The annual statement will be prepared by one of the senior staff on the committee. A copy should be forwarded to the Service Manager and further copies should be displayed on the notice boards at the establishment for the information of staff and service users. An example of an annual statement is attached (Appendix 2). It is the responsibility of the Service Manager to check these figures, sign the statement and retain a copy on the establishment's file.

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## Voluntary Organisations (eg Leagues of Friends)

Although the constitution of advisory committees allows for outside volunteers to be involved in amenity fund activities, a number of establishments do have allied organisations, such as leagues of friends, who are prepared to take on the role of independent fund raisers for establishments. Unit Managers must ensure that when the involvement of such an organisation is being planned, a copy of the proposed constitution is passed to the Service Manager for approval before clearance is given for the organisation to commence functioning.

## Operation of Amenity Fund Accounts

1. Bank accounts, either current or deposit or both, should be opened at a convenient branch of one of the major clearing banks. If a choice is available preference should be given to the Co-operative Bank. If required, assistance in opening an account should be sought from business services staff at the Area Office. The account(s), which will be the responsibility of the Unit Manager, should be in the name of the establishment *eg 'Brookdale Amenity Fund'* and not that of the persons operating the account(s). At least three members of staff, one of whom must be the Unit Manager, should be nominated to act as designated signatories to the account. This is achieved by filling out a mandate form supplied by the bank which, amongst other things, will call for the specimen signatures of the nominated officers. Each time there is a change of personnel operating an amenity fund account a completely new mandate form will need to be supplied to the bank.
2. When completing the mandate form it should be made clear that cheques drawn on the account(s), and other withdrawals, will require the signatures of any two of the nominated account holders to be valid. This condition must be strictly observed.
3. An account book (example page attached as Appendix 3) recording all transactions affecting the fund should be kept by the persons operating the account and be balanced at the end of each quarter (ie 31 March, 30 June, 30 September, 31 December) to coincide with meetings of the advisory committee. The quarterly balance must include a reconciliation with the bank statement.

Account holders who encounter difficulties in maintaining the records in the prescribed manner (ie double entry book keeping) should seek advice at an early stage from business services staff at the Area Office.

4. Receipts from an official Derbyshire County Council receipt book must be issued for all income received by the amenity fund. A separate receipt book should be used exclusively in connection with the amenity fund. Receipt books are available, in two sizes (50 or 500 receipts), from the County Treasurer's Division and should be ordered on the special requisition form for the supply of controlled stationery.

- 
5. All expenditure made from the amenity fund account should be covered by a paid invoice, receipt or voucher and these, together with the receipt book, should be retained in a safe place at the establishment and be available for audit inspection at a later date. It is helpful if the expenditure vouchers are serially numbered for easy cross-reference to the account book.
  6. The income received from fund raising activities must always be checked and agreed at the completion of the event by one of the account holders in the presence of an advisory committee member and, if possible, one other independent person. The money should then be paid into the amenity fund account with the minimum of delay. A detailed statement of each fund raising event should be prepared and placed on the establishment's notice board.
  7. Wherever possible payments out of the amenity fund should be made by cheque thereby keeping the cash in hand to an absolute minimum.
  8. Amenity funds are official County Council funds and so approval is required before items of expenditure in excess of £250 are incurred. Requests for approval should be directed to the Service Manager using the special form for this purpose. His/her decision should be noted on the form after which it should be returned to the establishment for retention.
  9. Any commission received by the amenity fund on clothing sold to service users should be entered on form SS15 which should be signed by a representative of the company who supplied the goods.
  10. In certain circumstances it is possible to make arrangements for payments made from the amenity fund to avoid the impact of VAT. The Derbyshire County Council is able to recover nearly all the VAT that it pays from HM Custom and Excise provided *proper* VAT invoices and receipts are obtained by the County Treasurer to substantiate his reimbursement claims. H M Customs and Excise has agreed that it is acceptable for the Derbyshire County Council to make payments on behalf of Social Services Department amenity funds as a tactic to avoid paying VAT but this is only allowable in certain strictly defined circumstances. To meet the necessary criteria the goods being purchased must be destined to remain in the long-term possession of the establishment, eg items of furniture and equipment. The payment of VAT cannot be avoided where the purchase relates to items of a consumable or non-tangible nature, eg stationery, food, holidays, hire of transport or goods that are going to be resold to service users.

To make a payment from an amenity fund account avoiding the impact of VAT the following procedure should be followed:

- i) If the payment, excluding VAT, is over £250 the prior approval of the Service Manager must be obtained in the normal way.

- 
- 
- ii) The supplier should be provided with an official County Council order.
  - iii) When received the invoice should be checked to ensure that it is a *proper* VAT invoice giving the following information:
    - a detailed description, including the prices, of all items supplied
    - the full name and address of the supplier and the VAT number.
    - show the Derbyshire County Council as being the debtor.
    - the rate of VAT and, if the value of the invoice exceeds £100, the amount of VAT included in the charge must be shown separately.
  - (iv) The blue copy of the official order and a suitably completed yellow certification label should be attached to the invoice before it is passed to the County Treasurer's Division for payment, either directly or via the Area Office depending on the prevailing local arrangement. A cheque for the amount of the invoice *before* the addition of VAT (made payable to the Derbyshire County Council) should be drawn on the amenity fund bank account and paid into the Council's bank account using the normal procedure for banking official income. It is important that the same ledger code is quoted on both the yellow certification label attached to the invoice and on the bank paying-in slip used when banking the amenity fund cheque. A note should be made on the invoice before it is passed for payment to indicate that the item being purchased has been funded by the establishment's amenity fund. The number and amount of the official receipt should also be quoted.

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**Appendix 1****BROOKDALE AMENITY FUND****Quarterly Statement of Income and Expenditure for Period Ending  
30 June 03****Income**

05-4-03	Interest as per bank statement for half year	£8.00
19-4-03	Donation – Mrs Jones	£20.00
10-5-03	Gardening competition – grant	£25.00
03-6-03	Proceeds from raffle	£29.00
19-6-03	Donation – Rotary Club	<u>£50.00</u>
	Total	£131.00

**Expenditure**

10-04-03	Fee for entertainer	£30.00
22-05-03	Purchase of flower tubs	£45.00
15-06-03	Purchase of 2 patio chairs	<u>£44.00</u>
	Total	£119.00

Signed .....



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**Appendix 2**
**Amenity Fund Account – Example of an Annual Statement**

£ p

**Balances at 31 December 2001**

Cash in Hand	6.22
Balance at Bank	123.40

Income details for period 1 January 2002  
to 31 December 2002

Donations received during the year	42.00
Proceeds from fund raising events	303.37
Miscellaneous income	17.60
	<hr/>
	362.97

Expenditure details for the period 1 January 2002  
to 31 December 2002

Outings	60.50
Christmas activities	87.18
Purchase of equipment	206.37
Miscellaneous expenditure	51.17
	<hr/>
	405.22

**Balances at 31 December 2002**

Cash in Hand	8.43
Balance at Bank	78.94

Signed .....

Date .....

**Appendix 3****Brookdale Amenity Fund**

<u>Receipts</u>					<u>Payments</u>					
Date	Details	Receipt Number	Cash	Bank	Date	Voucher Number	Details	Cheque Number	Cash	Bank
2002					2002					
1 Jan	Balance in hand brought forward		6.30	59.80	5 Jan		<b>To bank</b>		55.00	
4 Jan	Proceeds from raffle		55.70		4 Feb	1	Theatre outing		5.00	
5 Jan	From cash			55.00	15 Mar	2	admission fees			
26 Mar	Rotary Club donation	1659		300.00			do	12613		12.50
28 Mar	Mrs A Taylor donation	1660	1.00		16 Apr	3	hire of bus			
17 Apr	From Bank		10.00		17 Apr	4	Colour television	12614		320.00
30 June	Interest for half year as per bank statement			3.20	18 Apr		To cash		11.00	10.00
							Easter extras as per list			
									71.00	342.50
							Balance in hand carried forward		2.00	75.50
			£73.00	£418.00					£73.00	£418.00
2002										
1 July	Balance in hand brought forward		2.00	75.50						



**PERSONAL CHEQUES**

Under NO circumstances should personal cheques be cashed from officially receipted money held at an establishment before banking.

**LOANS FROM OFFICIAL MONIES**

Under NO circumstances should money be borrowed, or loans issued, from officially receipted money held at an establishment before banking.

**MEALS TAKEN AT COUNTY COUNCIL ESTABLISHMENTS**

Unit Managers must ensure that the appropriate charge is collected for all meals provided to members of staff, visitors and guests. However members of staff who are required to supervise service users during the lunch period are entitled to receive a mid-day meal free of charge. Unit Managers are notified annually of the scale of charges and this information is also available on the Social Services Intranet site. All income collected must be receipted and banked into the County Council's bank account.

# **DERBYSHIRE COUNTY COUNCIL – SOCIAL SERVICES DEPARTMENT**

## **DAY CARE POLICY AND PROCEDURES MANUAL**

### **SECTION 6 - QUALITY AND STANDARDS**

<b>INDEX</b>	<b>REFER TO PAGE</b>
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Day Services Standards	QS.2
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Standard 1	QS.6
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Standard 4	QS.11
Standard 5	QS.12
Catering Standards	QS.13
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Management and Staffing	QS.20
Premises and Facilities	QS.26
Records and Administration	QS.31
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Service User Quality Monitoring Form – Day Services	QS.42

**DAY CARE SERVICES: QUALITY APPROACH**

We follow broad guidelines from the European Foundation for Quality Management and those of specific quality models in pursuit of excellence which can be summarised as follows:

- STANDARDS: We set clear standards; review them and measure our performance against them
- CONSULTATION: We consult our Service Users, Staff and Agencies we work with to plan and efficiently run day care services
- ACCESSIBILITY: Day care services are provided flexibly to give choice and meet special needs of Service Users
- IMPROVEMENT: We continuously improve day care services through consultation and checking performance
- EFFICIENCY: Day care services make the best use of budgets and other resources
- CONTRIBUTION: Day care services contribute positively to the local community

Excellence can only be achieved if these guidelines are translated into systematic action. These procedures aim to do that through a detailed look at all aspects of running day care services and the responsibilities of staff at all levels in Derbyshire County Council.

**DAY SERVICES STANDARDS****1. Standards of care are designed to meet the needs of service users and enhance their welfare as individuals.**

- 1.1 Every service user has a comprehensive care plan based on multi-agency assessment of individual physical, emotional, social, cultural and spiritual needs. It includes recording of how needs are to be met, including the input of other services, and is reviewed annually.
- 1.2 All care is delivered within an activity plan developed as part of each individual's personal service plan. Opportunities are provided for service users to engage in social, educational or employment activities of their choice, both on the premises and within the community. Transport is available if required.
- 1.3 Care is provided by staff with skills in communication, relating to service users and with competencies to match the specific and changing needs of service users. This will include staff with health skills working alongside staff employed by Social Services (or by the day service). The general conduct of staff promotes choice, privacy, dignity and independence of the individual service user.
- 1.4 Service users, and where appropriate their representatives, are consulted about all aspects of their care and encourage to participate in decision making. An annual survey of satisfaction will be completed as part of the formal policy of consultation with service users.
- 1.5 Each service user has a named member of staff who has special responsibility for their care.

**2. The Service is efficiently managed and staffed**

- 2.1 The service provides written aims and objectives and a service development plan which takes account of Best Value principles. These are reviewed at least once a year in consultation with staff, service users and carers.
- 2.2 The service provides a proper allocation of budgets to ensure the continuing standards of buildings, equipment, furniture, heating, catering, staffing, refurbishment and health and safety measures.
- 2.3 The service operates on the basis of positive and effective relationships between managers, staff, service users, carers and other agencies. High standards of co-operative working, planning and effective communication

systems support the development and consistent application of good care practices.

- 2.4 The service monitors the quality of care and involves service users and their relatives/carers in the process.
- 2.5 The level and the skill mix of the staffing are regularly reviewed to reflect the changing needs of service users.
- 2.6 Training is reviewed each year in consultation with staff to ensure staff skills match the needs of service users. The service provides a documented induction programme. Staff records are maintained accordingly.
- 2.7 The service provides a written recruitment and selection policy and demonstrates good practice in employment. Staff are issued with contracts of employment, disciplinary and grievance procedures.

**3. The records and administration of the service are of a satisfactory standard**

- 3.1 The service provides accessible information to prospective service users and carers about the admissions procedure and the facilities provided by the service. Scales of charges and accounts are provided.
- 3.2 Events of significance are fully documented.
- 3.3 The service promotes access to files and records.
- 3.4 Satisfactory records of medication administered are maintained.
- 3.5 The service provides a written and published procedure to inform service users, carers or staff of their rights to make a complaint.

**4. The Health and Safety Standards are satisfactory and comply with legal requirements**

- 4.1 The service provides a written Health and Safety policy, including COSHH, and demonstrates commitment to providing a safe environment.
- 4.2 Regular audits of the building, facilities and staff training needs are carried out to identify action required to promote good practice in moving and handling for individual service users.



- 4.3 A record of accidents is maintained, including compliance with the RIDDOR procedures.
  - 4.4 A schedule and recording is provided for the checking or servicing of equipment.
  - 4.5 Satisfactory arrangements are made for the storage of medication.
- 5. The premises used by the day service are suitable for use by the service users**
- 5.1 The physical environment is fit for use by a day service.
  - 5.2 The premises meet the current requirements of the Fire and Rescue Service.
  - 5.3 The service offers access and facilities for people with disabilities.
  - 5.4 Service users personalise the premises and participate in the choice of décor and furnishings are well maintained.
  - 5.5 The internal décor, and furnishings are well maintained.
- 6. Catering arrangements and facilities ensure that meals are varied and nutritious providing for any special requirements**
- 6.1 Meals are varied, nutritious and take account of the dietary/cultural requirements and the preferences of service users.
  - 6.2 Arrangements are made to support service users with special needs.
  - 6.3 Food preparation in a designated area which meets the current requirements of the Environmental Health Officer.

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**Action Plan for  
Day Services**

Section	Comments/recommendations	Action required	By whom	Target Date	Date Achieved

Action Plan for ..... Completed by ..... Date .....

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**STANDARDS OF CARE**


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1. Every service user has a comprehensive care plan based on multi-agency assessment of physical, emotional, social, cultural and spiritual needs. It includes recording of how needs are to be met, including the input of other services and is reviewed annually.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
Each service user has:			
a) Comprehensive care plan			
b) Assessment of needs			
c) 6 week review			
d) Annual Review			
Service users to be consulted and involved in developing personal service plans			
Service user to be consulted regarding relevant background information, health, cultural and religious needs and preferences			
Staff, carers and other professionals to be consulted in care planning. This includes completion of an annual satisfaction survey			
The care plan should identify who has been consulted			

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**STANDARDS OF CARE**

## 1. Continued

<b>CHECKLIST</b>	<b>Y/N</b>	<b>COMMENTS/RECOMMENDATIONS</b>	<b>TARGET DATE</b>
The care plan should identify needs, what action is to be taken and who is the responsible agent			
All unmet needs and shortfall of resources should be recorded and considered in reviews			
Staff should have adequate training for writing care plans			
The needs of carers should be recorded separately			
Assessment of needs, care plans and reviews should be written clearly, concisely and avoid the use of jargon			

## STANDARDS OF CARE

2. All care is delivered within an activity plan developed as part of each individual care plan. Opportunities are provided for service users to engage in social, educational or employment activities of their choice, both on the premises and within the community. Transport is available if required.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
All activities should be joint planned with service users			
A variety of stimulating activities should be offered			
Service users should have the opportunities to experience new activities and develop new skills			
Activities should be reviewed within the service development plan			
A risk assessment should be completed for activities within the community. *See Health and Safety Guidance Card 'Safety in outdoor activities			
Transport provided should be suitable for the purpose, demonstrated by risk assessment, which is updated regularly			
Procedures should be in place for the recruitment of volunteers. To include checks for suitability and references			

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**STANDARDS OF CARE**

## 2. Continued

<b>CHECKLIST</b>	<b>Y/N</b>	<b>COMMENTS/RECOMMENDATIONS</b>	<b>TARGET DATE</b>
Service users should have an informed choice of activities			
Activities are routinely assessed to identify potential hazards and risk assessments are implemented			

## STANDARDS OF CARE

3. Care is provided, by staff with skills in communication, relating to service users and with competence's to match the specific and changing needs of service users. This will include staff with health skills working alongside staff employed by Social Services, (or by the day service). The general conduct of staff promotes choice, privacy, dignity and independence for the individual service user.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
All staff to have understanding and act in accordance with Derbyshire County Council policies. To be supported by staff training in:			
a) Equal opportunities			
b) Policies relating to risk			
c) Adult protection			
d) Aims and objectives of Day Services			
e) Choice, privacy, dignity and independence of service users			
Service user, carers and visitors feedback should be encouraged and where possible acted upon			
Staff skills in communication should be maintained/developed via training and supervision			

## STANDARDS OF CARE

4. Service users and where appropriate, their representatives are consulted about all aspects of their care and encouraged to participate in decision making.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
A variety of methods for obtaining service user feedback should be used. To include:			
a) Day to day consultation			
b) Negotiations concerning daily routines of the service			
c) Service user participation in reviews			
d) Service user committee meetings			
Service users to have awareness of the complaints procedures			
Carers should have the opportunity to consult on services independently of service users			
A record of all service user feedback should be kept			



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**STANDARDS OF CARE**

5. Every service user has a named member of staff who has special responsibility for their care.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
All service users are allocated a keyworker			
Staff to have adequate training for advocacy, communication and listening skills			
Keyworker to maintain care plans, file and logs			
Guidelines should be provided for staff undertaking the keyworking role			
Service users are suitably allocated to keyworker			
Service users are encouraged and able to discuss in confidence any issue with any member of staff			
Allocations are reviewed			

## CATERING STANDARDS

1. Meals are varied, nutritious and take account of the dietary/cultural needs and preferences.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
To offer a variety of menu			
At least 1 alternative offered at each meal			
Quality of food meets service user standards – testable through questionnaires			
Drinks and snacks available at times other than meal times			
Care is taken with presentation of food/drinks			
Consultation with service users when planning menus			
Service user consulted for feedback regarding meals			
All specific dietary (inc cultural) needs are met			
Records are kept of individuals dietary/cultural needs			

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**CATERING STANDARDS**

2. Arrangements are made to support service users with special needs.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
All individual needs are met regarding meal times			
Support is offered to anyone requiring additional assistance at mealtimes			
Appropriate aids and adapted cutlery/crockery is available			
Records are kept of individuals mealtime needs			

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**CATERING STANDARDS**

3. Food is prepared in a designated area, which meets current regulations of Environmental Health policy.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
Regular inspections of kitchen facilities are made			
All defects reported and logged			
Appropriate action is taken to follow up any defects reported			
All staff preparing food to hold Basic Food & Hygiene Certificate			
Opportunities are available for service users to participate in food preparation if it is their wish and in line with Health and Safety Regulations			

## HEALTH & SAFETY

The Health and Safety Standards are satisfactory and comply with legal requirements.

Derbyshire County Council: Please see Establishment Health and Safety Portfolio.

1. The service provides a written Health and Safety policy, and demonstrates commitment to providing a safe environment.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
Health and Safety audit is completed annually and acted upon appropriately (according to Health & Safety manual). Please specify date carried out.			
A current copy of the establishment Health and Safety Portfolio is available.			
The portfolio is updated by inserting sections that are issued and copies of previous departmental guidance are destroyed.			
Section 4 of the portfolio (Fire Risk assessment) is completed.			
All sections in the folder are completed.			
Are there any items outstanding from the portfolio or from the annual safety audit?			

## HEALTH AND SAFETY

2. Regular audits of the building, facilities and staff training needs are carried out to identify action required to promote good practice in moving and handling for individual service users.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
A record of accidents is maintained, including compliance with the RIDDOR procedures.			
Requirements of the first aid at work act regulations 1981 are met.			
A schedule and recording is provided for checking and servicing of equipment.			
Checks are carried out on the following equipment:			
a) Lifts/Chair lifts			
b) Call systems			
c) Hoists/moving and handling equipment			
d) Wheelchair			
e) Weekly fire alarm check for different call points Documented in fire manual			

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
f) Fire prevention equipment eg fire extinguishers			
g) Smoke alarms			
h) Emergency lights			
i) Electric wiring (5 years)			
j) Portable appliance			
k) Gas appliances			
l) Boilers			
m) Laundry equipment			
n) Valves used to regulate hot water temperature			

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**HEALTH AND SAFETY**

3. Satisfactory arrangements are made for the storage of medication

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
A secure cupboard is provided for the storage of medication.			
Designated staff are responsible for the administration of medication. (Responsibility that is accepted by staff)			
Service users are encouraged to be responsible for their own medication.			



## MANAGEMENT & STAFFING

1. The service provides written aims and objectives and a service development plan taking account of Best Value. These are reviewed annually in consultation with staff, service users and carers.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
Written aims and objectives of day services are available.			
Service Development Plan completed and reviewed annually.			
Service Development Plan clearly outlines target dates.			
Service Development Plan linked to policies and key themes and best value.			
Written aims of individual services provided by the Day Service are available and reviewed annually.			
Notice is taken of any policy requirements issued from Derbyshire County Council			
Any Government guidance is taken into consideration.			

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**MANAGEMENT AND STAFFING**

2. A proper allocation of budgets is provided to continue standards of buildings, equipment, furniture, heating, catering, staffing, refurbishment, health and safety and equal opportunities

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
Regular budget monitoring takes place.			
Adequate staffing levels are maintained to meet needs of service users.			
Shortfalls in budgets are identified and reported.			
The day service budgets are managed effectively, with emphasis on best value and economic use of funds.			

## MANAGEMENT AND STAFFING

3. The service operates on the basis of positive and effective relationships between managers, staff service users, carers and other agencies. High standards of co-operative working, planning and effective communication systems support the development and consistent application of good practice.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
Effective communication system in place ie			
i) Written information communication systems.			
ii) Verbal discussions on day to day issues.			
iii) Regular team meeting held to include appropriate record/minutes circulated.			
iv) Regular supervision held for staff in line with DCC supervision policy.			
v) All staff have completed Personal Development Plans that are reviewed annually.			
vi) Training needs reviewed of day service.			
vii) There are guidelines for dealing with tensions between service users and/or between members of staff.			

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**MANAGEMENT & STAFFING**

4. The level and the skill mix of the staffing are regularly reviewed to reflect the changing needs of service users. Training is reviewed each year. The service provides a documented induction programme.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
Minimum level of staffing identified.			
Staffing levels meet needs of service users ie addressing personal care and moving and handling, gender choice.			
Staff have skills sufficient to meet service user's needs.			
Training is mapped and reviewed annually.			
Staff records are maintained appropriately.			
All new staff receive adequate induction programme.			

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**MANAGEMENT & STAFFING**

5. The service provides a written recruitment and selection policy and demonstrates good practice in employment.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
Recruitment and Selection policy adhered to for recruitment of all staff.			
Clear records kept of all recruitment.			
All staff have contracts.			
Written disciplinary and grievance procedures are available.			
Equal opportunities policies are adhered to for staffing.			

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**MANAGEMENT & STAFFING**

6. The service monitors the quality of care and involves service users and their relatives/carers in this process.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
The quality of care is monitored via:			
a) Reviews			
b) Care Planning			
a) Use of keyworker relationship			
a) Consultation – formal and informal			
b) Quality is evaluated by staff external to the activity and advice and support is offered.			

## PREMISES & FACILITIES

The premises used by the day service are suitable for use by the service users.

1. The physical environment is fit for use by a day service.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
The premises are adequate to meet the needs of service users			
The day service should offer a variety of rooms.			
i) Activity room			
ii) Quiet area			
iii) Disabled toilet			
iv) Adequate toilets for service users and staff (including an alarm call system)			
v) Private meeting room			
vi) Adequate offices			
vii) a rest room for staff			
viii) Arrangements for staff/service users who wish to smoke			

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**PREMISES & FACILITIES**

2. The premises meet the current requirements of the Fire and Rescue Service.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
Evidence available of:			
i) Ongoing assessment of risk			
ii) Clear programs of evacuation			
iii) Designated fire officer			
iv) Record of equipment testing			
v) Annual fire training for staff			
vi) Records of persons present in building			
Service users informed of fire precautions.			
Recommendations from Fire Officer are dealt with. Check there are no outstanding recommendations.			



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**PREMISES & FACILITIES**


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3. The service offers access and facilities for people with disabilities.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
Appropriate access to the premises and grounds			
Parking area for disabled people.			
Entrances are signposted and well lit.			
All areas used by the service are accessible to all service users.			
Special attention is paid to special needs for orientation and confidence building eg dementia, visual impairment.			
General layout of building should assist service users, new staff and visitors to find there way around the centre.			
Provision of equipment to meet individual needs. eg Sensory impairment equipment. Aids and adaptations to promote independence and mobility.			

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**PREMISES & FACILITIES**

4. Service users personalise the premises and participate in the choice of décor, carpets and furniture.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
Service user consultation/involvement concerning the choice of décor, carpets and furniture			
Displays of items made by service users appropriate photographs and pictures are displayed.			
Service users are consulted/involved in planning and development of gardens.			

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**PREMISES & FACILITIES**

5. The décor and furnishings are well maintained.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
All décor is in good condition.			
grounds (ie car park/gardens) are neat and tidy and in good condition.			
Records kept of maintenance needs and previous work.			
Service users and staff consulted regarding priorities of the service maintenance.			

## RECORDS & ADMIN

The records and administration of the service are of a satisfactory standard.

1. The service provides accessible information to prospective service users and carers about the admissions procedure and the facilities provided by the service. Scales of charges and accounts are provided.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
Admissions criteria information is available in writing			
Admissions procedure is documented			
Service user is contacted within 7 days of allocation			
Brochure detailing facilities and service charges available			
Increased access to information ie use of video, large print etc			
Accounts are maintained appropriately			

## RECORDS & ADMIN

2. Every service user has a personal file in which appropriate information is maintained.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
Events of significance are fully and appropriately documented			
Format of files should be standardised			
Service promotes access to files and records			
All written entries in files should be clear, factual and avoid the use of jargon			
All incidents of challenging behaviour, aggression and wandering are recorded and appropriate action is taken			
Detailed recording is provided where further discussion and co-ordination with other services is required eg Adult Protection Procedures			

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**RECORDS & ADMIN**

3. The service provides a written and published procedure to inform service users, carers or staff of their rights to make a complaint.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
The complaints procedure should be written in plain language and in alternative formats			
The complaints procedure is appropriately promoted			
The service should promote all feedback including positive comments and suggestions			
Information gained through complaints procedure should be used constructively			

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**RECORDS & ADMIN**

4. The service promotes access to files and records.

CHECKLIST	Y/N	COMMENTS/RECOMMENDATIONS	TARGET DATE
There is written and publicised policy supporting the rights of service users to have access to files and records			
The written policy clarifies the rights for carers to have access to files			
Systems are in place to monitor the use of language to ensure it is factual, clear of jargon and written in a clear manner that is acceptable to service users			
There are agreed parameters outlining confidentiality of information provided by third parties			

**Acknowledgement Letter  
on Unit headed paper****Send to Referee on receipt of referral**

Dear

**RE:**

Thank you for your referral requesting Day Services for the above.

An assessment for these services should be undertaken within four weeks of receipt of the referral, or sooner if any degree of urgency is indicated.

This will be carried out with  
at their home address, and will be arranged by a member of the Day Service Team based at this Centre.

Please note that this letter is intended as an acknowledgement of receipt of the referral but is not a guarantee that a service will be provided. We ask that you take responsibility for monitoring the progress of the referral as it is not our policy to keep you informed otherwise.

If \_\_\_\_\_ is allocated a place and is unable to commence within 4 weeks of start date then unfortunately we would be unable to hold the place due to limited number of vacancies and high level of requests for day services.

Should you have any concerns relating to the above please do not hesitate to contact me.

Yours sincerely

Unit Manager



**Appointment Letter**  
**On Unit headed paper**  
**Initial Assessment Visit**

Dear

**RE: APPLICATION FOR DAY SERVICES**

We have recently received an application from  
of . I would like to discuss your requirements with you and  
if convenient I will call at your home during the on .

I am a member of the Day Service Team based at (centre name) and will be able to tell you about  
the Services (centre name) and the Social Services Department can offer, and identify with you  
how best to help you, if this is appropriate.

Unfortunately this visit does not necessarily mean that we will be able to offer you a service at the  
moment, but it will allow us to become more familiar with your future requirements.

If the above arrangements are inconvenient in any way please contact me to re-arrange my visit.

Yours sincerely

Day Service Worker

**Letter to advise of outcome of allocation meeting (most appropriate service) and to advise that person is on waiting list.**

**On Unit headed paper  
Copy to Referee**

Dear

**RE: APPLICATION FOR DAY SERVICES**

Following a recent assessment visit to you by who is a member of the Day Service Team, I am able to inform you that you are now on the waiting list. A member of the Day Service Team will contact you when a place is available.

Should you wish to discuss the above information please do not hesitate to contact me.

Yours sincerely

Deputy Service Manager

**Unable to offer service at present  
(not appropriate at present)**

**Other information sent**

**On Unit headed paper  
Copy to referee**

Dear

**RE: YOUR APPLICATION FOR DAY SERVICES**

Following a recent visit to you by a member of the Day Service Team I regret to inform you that we are presently unable to offer you a place within one of the Groups provided by (Centre name).

However, I have enclosed a leaflet giving information about (Centre name) which is based in . This may be more suited to your present needs.

There are also a number of Luncheon Clubs which operate locally on a weekly basis. Further information may be obtained about these by contacting Social Services Area Office (address and telephone number).

Should you wish to discuss the above decision, or should your circumstances change in the future please do not hesitate to contact the above named person either by telephone or in writing.

Yours sincerely

Unit Manager

Enc

**Offer of placement (six weeks trial period)**

**Plus Group Information Sheet  
Plus closure dates**

**On Unit headed paper  
Copy to referee**

Dear

Following a recent visit to you by a member of the Day Service Team, it is now possible to offer you a place as follows:

Group .....

Day .....

Commencing .....

Following a period of six/eight weeks of attendance a review will be held with a member of the Day Service Team in order to discuss with you the appropriateness of the Services being provided. This will also provide you with the opportunity to discuss any concerns either you or the Day Centre Staff may have.

If you are unable to commence placement within 4 weeks of due start date then unfortunately we are unable to hold the place open due to limited number of vacancies and high level of requests in day services.

Should you have any concerns regarding the above or wish to discuss these prior to your attendance please do not hesitate to contact me.

Yours sincerely

Unit Manager  
Enc

## **Arranging Review**

**Send to Professional/Agency Staff**  
**On Unit headed paper**

Dear

**RE:**

In order to maintain appropriate ongoing support and to identify whether other support services are required, a review has been arranged with who is a member of the Day Services Team, and nominated as Key Worker to the above.

The next review date has been set for at and will be held at the above address. Would you please let me know in advance if you are unable to attend.

Should you have other concerns please do not hesitate to contact me.

Yours sincerely

Unit Manager

**Send to :      Family  
Carer  
Supporter**

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**SERVICE USER QUALITY MONITORING FORM – DAY SERVICES**

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AREA ..... MONTH ..... YEAR .....

The questionnaire should be read to the service user by a member of Social Services or Health Service Staff, either in a telephone interview or by face to face contact. Thank you.

1. Name and address of Service User: .....

.....

.....Tel No: .....

2. Name and position of person completing questionnaire:

..... Tel No: .....

3. Name of Day Service .....

4. Main service provided:

☐ Day Service ☐ Outreach ☐ Community Support Group ☐ Individual Support

5. Number of days service provided (ie 2 days, 5 days)

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. Do you know the name of your key worker?

☐ Yes ☐ No

7. Are you satisfied that your needs are being met by the service provider?

☐ Yes ☐ Partially ☐ No

Please note any comments .....

.....

8. Do you have a written programme outlining the service that you receive?

☐ Yes ☐ No ☐ Don't Know

9. Are you sufficiently involved in the reviews of the service you receive?

☐

Yes

☐

No

☐

Don't know

Please note any comments:.....

.....

10. Are you involved in the planning and reviewing of the service?

☐

Yes

☐

No

☐

Don't know

11. Are the staff helpful and courteous towards you?

☐

Yes

☐

Sometimes

☐

No

Please note any comments .....

.....

12. Is there a good range of activities available?

☐

Yes

☐

Sometimes

☐

No

☐

N/A

Please note any comments .....

.....

13. Are you satisfied with the transport arrangements?

☐

Yes

☐

Sometimes

☐

No

☐

N/A

Please note any comments .....

.....

14. Are you satisfied with the catering arrangements?

☐

Yes

☐

Sometimes

☐

No

☐

N/A

Please note any comments .....



.....

15. Do you feel the premises are suitable for day care?

☐

Yes

☐

No

If not what could be improved? .....

.....

16. Who would you speak to if you were unhappy about the service you receive?

☐

Day care staff

☐

Day care manager

☐

Social Services

☐

Other ie CPN,OT

Please note any comments .....

.....

17. Do the staff listen to your views?

☐

Yes

☐

Sometimes

☐

No

Please note any comments .....

.....

18. Are there any comments that you wish to make about the service that you receive?

.....

Thank you for your help.