

INTIMATE CARE PROTOCOL

Why do we need a protocol on intimate personal care?

Each of our homes are registered with CQC and registered as providing personal care. Some of the personal care delivered is of an intimate nature such as changing incontinence pads, sanitary towels and cleaning the genital area.

This type of support needs to be provided in a sensitive dignified manner whilst following good hygiene procedures.

Definitions

Intimate personal care is taken to mean:

- Hands on physical care in areas of personal hygiene and physical presence or observation during such activities

Intimate personal care includes:

- Body bathing, **other than** arms, face, legs and below the knees
- Toileting, wiping and care in the genital and anal areas
- Continence care and support
- Placement, removal and changing of continence wear
- Menstrual hygiene
- Dressing and undressing
- Application of medical treatment, such as topical creams, **other than** to arms, face, legs and below the knees

Dignity and respect

Where intimate personal care is delivered, this will always be done in such a way that preserves the dignity, respect and privacy of the individual and reflects their religious and cultural needs.

Intimate personal care should be delivered in accordance with the needs assessment, risk assessment and care/wellbeing plan of the individual. The person, their advocates and key others including families as appropriate will be involved to ensure that intimate personal care is suitable for the individual.

Gender issues are significant in determining the appropriateness of the support and our service will ensure that the principle of same gender care is applied when meeting the intimate personal care needs of an individual who does not have capacity.

We will also follow these principles for those people who have capacity but will respect decisions to vary this when the individual chooses to. It is recognised that it is important for individuals to have positive role models of all genders. Working other than that involving intimate personal care would routinely be carried out by staff of any gender, subject to the preferences of the individual and the appropriateness of the staff member for each activity or task.

Emergency Intimate Care Policy

It is recognised that not all incontinence can be planned for and that when incidents happen in this way same gender care may not be available to support someone with their intimate personal care.

In this situation the staff member must be as respectful as possible i.e. using clothes and a towel to cover up.

Following the incident this must be reported to the senior person on duty and recorded on the individual's recording sheet.

Individual Care and Wellbeing plan

The individual's care and wellbeing plan must detail the specific intimate personal care required, the level of support and how it is to be delivered. The care and wellbeing plan must reflect the ways in which the individual is enabled to manage their own intimate personal care needs. There should not be an assumption that the individual could not manage this for themselves with the right teaching or practical help.

Individual care and wellbeing plan must include capacity assessments specific for intimate personal care and best interest decision if the person lacks capacity. A detailed support plan in place describes how to deliver support with dignity in a less restrictive/intrusive way. If there are any restrictions (physical or chemical) then DoLS (The Deprivation of Liberty Safeguards) needs to be considered, specialist advice can be sourced from the Continence Team, Learning Disability nurse etc.

Care and wellbeing plans must be regularly reviewed and updated to reflect the changing intimate personal care needs of the person being supported.

It is the responsibility of the Manager of the service to monitor the delivery of intimate personal care and compliance with this procedure.

Risk Taking

Meeting the intimate personal care needs of an individual can carry a risk to both the person and staff. Risk taking is part of everyday life and service users should not be denied the opportunity to take risks. A positive approach

to risk taking should be adopted which recognises that in order to achieve a goal, learn a new skill, gain in independence, gain pleasure in new experiences etc. this involves taking a risk.

Risk assessment and risk management is at the cornerstone of good quality care and support.

Health and Safety

When carrying out intimate personal care there may also be a health and safety risk i.e.

- Hot water
- Moving and handling
- Infection control

It is therefore important that safeguards are put in place to minimise all types of harms, losses, dangers and hazards whilst seeking to maximise opportunities, benefits and gains. Written risk assessments should be in place to support any areas of risk taking in the provision of intimate personal care.

Healthcare

If during the course of assisting a person with their intimate personal care needs, there are any changes in an individual's appearance that may require attention, these should be noted on a body map, e.g. rashes, blisters, sores, lumps and changes in colour and size of skin blemishes. These must be recorded on the individual's recording sheet and the individual supported to seek medical attention.

Safeguarding

Any suspicions, allegations or disclosures of abuse must be reported immediately to the most senior person on duty in line with the Safeguarding Adults at Risk policy and procedure. All staff will work within the agreed multi-agency protocols.

This protocol should therefore be read in conjunction with the Hampshire, Isle of Wight, Portsmouth and Southampton's Safeguarding Adults Multi-Agency Policy, Guidance and Toolkit which can be found by clicking [here](#) or:

<https://www.iow.gov.uk/documentlibrary/view/multi-agency-safeguarding-adults-policy-and-guidance-december-2016>

Staff Support

Staff will have the opportunity to say if they are uncomfortable with a particular area of practice, or if they feel vulnerable in carrying it out. This does not

mean that individual staff can abdicate responsibility for meeting an individual's needs that have been clearly identified in their care and wellbeing plan. The Manager of the Service will offer staff the opportunity to discuss and clarify such matters in supervision and will offer training to staff if this is required.

Training

The Manager of the Service is responsible for ensuring that staff are trained in delivering sensitive and high-quality assistance to individuals in the area of intimate personal care. This will generally be covered in the induction period and will also take the form of demonstration by a designated competent member of staff.

Training will be given in safe working practices, infection control, moving and handling, recognition, responding and reporting of abuse and communication skills to meet contractual, regulatory and professional requirements

Recruitment and Selection

In order to implement same gender care and in line with equal opportunities legislation the membership of staff teams will be reviewed whenever a vacancy arises. Factors that will be considered will be the gender and cultural needs of the people who use the service.

This Protocol should be read in conjunction with the following:

- [Mental Capacity Act 2005](#)
- [Mental Capacity Act Code of Practice 2007](#)
- Hampshire, Isle of Wight, Portsmouth and Southampton's [Safeguarding Adults Multi-Agency Policy, Guidance and Toolkit](#)
- Isle of Wight Council's [Whistleblowing Policy](#) and Procedures

This policy was produced in partnership with the Residential Care Homes & the Nursing Care Homes Associations.

Jo Parry
Internal Services Team Manager

Maria Blazekova
Service Manager for Mental Health Community – AMHPs – Safeguarding (Adults) - DoLS

Date of first Issue: 11 January 2010

Reviewed: 27/07/2022