

Exodus Inc. Ltd.



Staff Handbook

WELCOME

Thank you for choosing to work with **Exodus Inc. Ltd**, a firm of **recruitment** and health and social care **training** professionals registered in England and Wales.

We are recognised for the skills that deliver a global quality of service, and our passionate dedication to the enhancement of our diverse clientele's standards of living.

Our excellence is derived from the skills and experience of our staff and their dedication to service.

Our main objective is to supply efficient and quality staff tailored to suit our clients' requirements at all times.

This handbook has been written for your use and referral. Please read it carefully, and then refer to it, as it is your primary source of reference. Have your handbook with you whenever you are undertaking assignments.

The handbook will provide you with a vast wealth of knowledge about personal care, so that you can work with confidence and in safety. If you are in any doubt concerning your duties, you should seek the advice of your Care Manager immediately. We have included all the information covered at your induction together with all the relevant company policies and procedures.

For your further assistance, a complete and detailed Manual of Company Policies and Procedures is kept at the office and also available for download from our website.

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AIMS AND OBJECTIVES

The aims and objectives of Exodus Inc. Ltd. is to provide personal care to the elderly, people with learning and/physical disabilities, people with mental health problems as well as disabled people. Our aim is to provide a holistic network of support which caters to other support needs such as needs for domestic, office and security support solutions. We seek to assist our clientele in the comfort of their respective homes, hospitals or institutions for as long as possible, with due regard for their independence, quality of life and personal choice.

QUALITY OF LIFE

We have identified five basic values that underpin the quality of life of our Service Users. They are as follows: -

1. Privacy

The right of individuals to be left undisturbed and free from intrusion into their affairs. Confidentiality of information should be respected including the right to decide whom information is shared with. Provided this does not present an unacceptable risk.

2. Dignity

Recognition of the intrinsic value of people, regardless of circumstances, by respecting their uniqueness and their personal needs, treating them with respect. This includes, for example; ascertaining their preferred mode of address, knocking on doors (e.g. before entering the bedroom) and sensitivity in handling, bathing, toileting and incontinence.

3. Independence

Promoting the individuals' right to control the way care is delivered and maximising opportunities for the individual to act without supervision or minimal aid, provided this does not present an unacceptable risk.

4. Rights

The maintenance of all entitlements of the human being. The right to make decisions and recognition of the individuals' race, religion, culture, class and sexuality in responding to the care needs of individuals. Protection from possible abuse.

5. Fulfilment

The realisation of personal aspirations and abilities in all aspects of daily life.

CARE WORKERS RELATIONSHIP WITH THE SERVICE USER

Codes of Conduct and Service

- You should always act in such a way as to promote and safeguard the well being and interests of your Service Users.
- You should act with honesty and integrity and do nothing, which might bring your agency into disrepute. You should have respect of your Service Users property and residence.
- You should safeguard the privacy of Service Users. You should not disclose any information about them to anyone (other than those involved in their care) without the agreement of the Service User or someone who is authorised to act on their behalf. The only time that this may not apply would be if you needed to give information in order to comply with the law, or if disclosing the information was essential in the interest or the well being of the Service User or others. If in doubt, please consult your Care Manager.

- You should respect the dignity and value of each person for whom you care. Do not forget that your Service User has the right to make his or her own choices in so far as his or her mental state allows.
- You should not discriminate against a Service User on the grounds of race, nationality, language, religion or beliefs, sex, or sexual orientation; nor on the grounds of social standing, or between those who finance their own care and who do not. You should take into account the customs, values and spiritual beliefs of all those for whom you provide care and treat them with respect. In addition to creating close relationships with Service Users, you should always preserve professional approach to your work.
- Your relationship with others whom you come into contact during your work should also be professional. If you feel that another worker is acting in such a way as to threaten the physical or emotional well being of a Service User, you should discuss this with your Care Manager immediately.
- If you receive a complaint from a Service User that you are unable to sort out readily, you should inform your Care Manager immediately. You are a very important link between the person for whom you are caring and the company.
- You should report back to the office and your Care Manager on a regular basis. In particular, if there is any change in the physical or social conditions of the person you are caring for, or any marked changes occur in their behaviour or if you notice that he or she is not receiving the quality of care which he or she needs; or that he or she has a need for additional help or advice or, if someone else, or some other organisation, is acting in such a way that might harm your Service User.
- You must not allow certain tasks to be performed on your Service User by non-qualified / authorised persons. Examples of such tasks are: catheterisation, sterile dressings, the administration of injections, or the introduction of any non-prescribed drugs or systematic or topical remedies. Carers may administer pre-prescribed drugs with the authorisation of your Care Manager.
- You should never, in any circumstances, agree to be the signatory to a Service User's Will. Nor should you accept gifts from those for whom you care without the approval of your Care Manager.

Service User's Charter

- The Service User's dignity as a human being will be respected at all times.
- The Service User will have the right to decide exactly what type of service he or she receives. He / she will have a full say in decisions over the provision, extent and timing of any care planned. His / her needs will be fully and carefully assessed. If a relative or friend is also caring for the Service User, the agency will fully understand that the Service User has his or her own needs and rights and will help him / her decide how these can be best met.
- Where necessary, the Service User will be given full information about how the company's services operate and about the costs involved, and exactly what those costs cover. The company may also be able to offer the Service User information about other services available in their area and about other sources of help such as funding for care.
- Any information about the Service User will be kept confidential. If the company needs to speak to a third party, such as the Service User's doctor or nurse, this will be done with

the consent of the Service User or an authorised person/entity's permission before doing so, except in a dire emergency or crisis.

- All information recorded by the company about the Service User is available only to the Service User or authorised persons/entities on request.
- The Service User has a right to complain about the service. The company has a proper procedure to deal with complaints and the Service User should receive a copy of this on request.
- The Service User will not be an object of discrimination on any grounds, such as race, colour, language or religion. Care workers introduced by the company are instructed to act in such a way as to promote and safeguard the Service User's well being and safety in addition to complying with the requirements outlined about which the company as a whole will observe in order to ensure that his or her rights are respected.
- Care workers will act with honesty and integrity and with respect to the Service User's property and home.
- Care workers will not accept gifts from the Service User unless the care worker has discussed this with the agency beforehand. Nor will they act as witnesses or signatories to legal documents for Service Users.

EQUAL OPPORTUNITIES STATEMENT OF INTENT

Exodus Inc. Ltd. recognises and welcomes the Employment *Equality Act* 1998, the Equality Act 2006, the Equal Pay Act 1970, the Sex Discrimination Act 1975, the Race Relations Act 1976 and the Disability Discrimination Act 1995 (and all other relevant articles of legislature), and their attempts to provide equal opportunities for all.

It is the policy of this company to ensure that all employees are recruited, trained and promoted on the basis of ability, the requirements of the job and similar objective and relevant criteria. All employees will be encouraged to take advantage of facilities to better themselves at work.

It is the duty of all employees to accept their personal responsibility for the practical application of the policy, but the company acknowledges that specific responsibilities fall upon management, supervisors and individuals professionally involved in recruitment and personnel management.

To safeguard individual rights under the policy, any employee who believes that the company has applied inequitable treatment to him or her within the scope of the policy should raise the matter through the appropriate grievance procedure.

To make the policy work requires much more than this formal statement. The policy will assist the creation of the right climate for success but it is for each employee to make his or her own contribution. The policy will, therefore, be brought to the attention of every employee and job applicant and will be kept under regular review.

EQUAL OPPORTUNITIES POLICY

Exodus Inc. Limited is committed to an effective Equal Opportunities Policy. The policy covers both employment practices and the provision of services to customers and the public.

The Company recognises that discrimination occurs in society against black and ethnic minority groups, women, people with a disability, lesbians, gay men, and bisexuals, and on the basis of age, religious belief and social class.

Purpose of the Policy

The aim of the policy is to ensure;

- Fair recruitment and selection
- Equal access to training opportunities
- Equitable terms and conditions of employment
- Appropriate provision of services for different sections of the community
- Fair treatment for users of the Company's services

Employment

The Company believes it must recruit the best person for the job and that discrimination may prevent this from happening.

Therefore, the Company's Equal Opportunities Policy is there to assist in the elimination of discrimination and ensure fair treatment for all employees by;

- Advertising all jobs in appropriate ways to ensure the widest possible response from all sections of the community
- Examining recruitment procedures regularly to ensure people are selected on their abilities and merits
- Offering fair terms and conditions of employment to employees
- Ensuring facilities and practices are supportive of employees with family responsibilities
- Ensuring all employees are valued and respected, and are not harassed in the workplace

Training

Training will play an important role in assisting employees to implement the Company's Equal Opportunities Policy and in developing employees' skills and potential.

The purpose of training will be to;

- Inform employees of the purpose of the Equal Opportunities Policy
- Provide employees, especially managers, with the skills and knowledge necessary to implement the policy
- Develop the full potential of employees, particularly those previously disadvantaged by discrimination
- Encourage and enhance the skills of employees, particularly those from groups who have traditionally been under-represented in the work force

The Provision of Services

The Company has a responsibility to provide services for all sections of the community. It is important for services to respond to users' different lifestyles and take account of varying needs including those relating to people with a disability and elderly people.

We live and work in a multi-racial community whose services need to be sensitive to diverse cultural and religious requirements.

The Company will ensure that its services are;

- Available and allocated without bias to all sections of the community
- Appropriate to the different cultural and religious needs of the community
- Arranged so that users are treated fairly and not subject to harassment or discrimination from employees or other users

Monitoring

Equality monitoring will be carried out to measure the effectiveness of the Company's Equal Opportunities Policy, to check if the policy is working and acting as a basis for future plans, by;

- Monitoring recruitment and selection procedures to ensure discrimination is not occurring
- Checking the representation of black and ethnic minority groups, women and people with a disability at all levels within the Company
- Analysing the provision of services to ensure the needs of all sections of the community are recognised

Complaints

It is important that the Equal Opportunities Policy works in practice and is fully implemented. Where the policy is not found to be working and results in unfair treatment or harassment of employees or the public, then a complaint of unfair discrimination should be made. All such complaints will be investigated fully.

Responsibilities of the Company and its Employees

The Company accepts its responsibilities for the provision of equal opportunities. Individual employees also have a responsibility and role in ensuring that the policy is carried out. It is important for all employees to understand and familiarise themselves with the Equal Opportunities Policy and guidelines issued as a part of this policy.

Cross Gender Care

Exodus Inc. Ltd. conducts its business in accordance with the Equal Opportunities Policy and complies with the Sex Discrimination Act 1975. However, it recognises the Service User's right to choose a Care Worker of the same gender for the delivery of care of a personal nature. Should the Service User indicate a preference for a same gender Care Worker we will endeavour to assign a same gender Care Worker.

HEALTH AND SAFETY AT WORK

All employees are entitled to a safe working environment and have a responsibility for their own health and safety. All policies, procedures and working practices will conform and adhere to the requirements of the Health and Safety at Work Act.

Failure to co-operate in such matters will be seen as a disciplinary offence.

Care Worker's Responsibilities

Whilst the person in charge of the working environment is at all times responsible for the health and safety of all persons, it is important that ALL WORKERS be aware of the health and safety implications of all procedures and practices carried out in the workplace. The following matters fall within this category, although it should be assumed that there might be other matters arising from time to time;

1. The correct use, handling and storage of all articles, materials, food, liquid and glasses.
2. The correct procedure for lifting and moving all Services Users and heavy objects.
3. The correct disposal of all clinical waste, soiled dressings, other soiled materials and sharp objects.
4. Reporting potential hazards such as loose or frayed floor coverings, electrical faults, etc.
5. The avoidance of wet floors.
6. The use/misuse of drugs, alcohol or other harmful substances by Care Workers and employees.
7. The correct use of electrical appliances, specifically there should be no loose connections or trailing cables.
8. The correct use of protective clothing, e.g. tabards, aprons, gloves.
9. The careful use and storage of any equipment that may be a potential hazard e.g. wheelchairs, commodes, stair lifts, hoists and ladders.
10. Smoking is not permitted in Service User's homes.
11. Care Workers and employees have a duty to inform the Company if they become infected or exposed to any disease or infection, which would make it dangerous for them, or others, to continue work.
12. All employees are advised to seek treatment for everyday injuries, no matter how small, so that any untreated condition does not become serious through lack of attention.
13. Agency workers have specific duties imposed on them by Section 3(2) of the Health and Safety Act 1974. Section 3(2) provides that: *"It shall be the duty of every self employed person to conduct his/her undertaking in such a way as to ensure, so far as is reasonably practicable, that he/she and other persons (not being employees), who may be affected, are not thereby exposed to risks to their health and safety."*

ACCIDENTS, INCIDENTS OR DANGEROUS OCCURRENCES

Policies

Care Workers must be aware of what action to take, and must take that action, should there be an accident or dangerous occurrence, whilst on duty.

Reporting of injuries, diseases and dangerous occurrences regulations (R.I.D.D.O.R) must be followed. In the following procedure the term 'incident' refers to accidents, incidents or dangerous occurrences.

Service User

If an incident occurs while a Service User is under our care, the Care Manager must be informed immediately. Your Care Manager will then notify the Service User's next of kin, GP and social services (were necessary). The Care Manager should speak to or visit the Service User as soon as possible after the incident has occurred.

Details of all action taken should be documented in the Service User's Report Book and Service User progress log.

An entry must be made in the Action/Incident book, which must record precise details of what occurred, who was involved, when, at what time, the nature of any injury sustained and what action was taken.

Care Worker

Should a Care Worker be involved in an incident whilst on duty, the Care Manager must be informed immediately. If the Care Worker is able to continue working then they should do so. If unable to continue a specific assignment, the Care Worker should be replaced immediately.

When in a Service User's home, details of occurrence should be noted in the Service User's report book/chart progress report.

The Care Worker should be asked to complete an entry in the Accident/Incident Book, signed by the Care Manager.

R.I.D.D.O.R

The following injuries and conditions must be reported:

- Fracture of the skull, spine or pelvis
- Fracture of any bone in the arm, wrist, leg or ankle (fractures to bones in the hand or foot are reportable within 7 days, not immediately).
- Amputation of hand or foot or a finger, thumb or toe, or any part thereof if the joint or bone is completely severed.
- The loss of sight of an eye or any injury to an eye
- Injury or loss of consciousness resulting from an electric shock, not necessarily from direct contact.
- Loss of consciousness resulting from lack of oxygen.
- Acute illness requiring treatment, or loss of consciousness from absorption of any substance by inhalation, ingestion or through the skin.
- Any injury resulting in immediate hospitalisation for more than 24 hours.

- Any accidents, which result in someone being off work for more than 3 days, (not including the day of the incident, but including non-working days) must be reported within 7 days.

This list is not exhaustive. If you are unsure what to do following an accident at your placement, contact your Care Manager.

CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH)

The Control of Substances Hazardous to Health Regulations (COSHH), came into effect in October 1989, is enforceable under the Health and Safety at Work Act 1974 and aims to control the exposure of all persons to hazardous substances encountered in the workplace.

Instructions to Care Workers

Care Workers should carry out safe practice in relation to the use of substances hazardous to health in their workplace, and must make themselves aware of what substances are hazardous to health and which could be classified as toxic, irritant or harmful. For example;

- Bleach *e.g. Domestic, etc*
- Toilet cleaners *e.g. Harpic, etc*
- Oven cleaners *e.g. Mr. Muscle, etc*
- Fly killer sprays *e.g. Splat, etc*
- Washing powder *e.g. Ariel, etc*
- Surface cleaners *e.g. Ajax, Flash, etc*
- Metal cleaners *e.g. Duraglit, Brasso, etc*

Always read and follow the manufacturer's instructions on the container.

Always use protection for hands or other parts of the body involved. When gloves are removed, hands should be washed prior to preparing food, eating, drinking or using the toilet.

Under no circumstances should any substance be mixed with another e.g. bleach with washing up liquid.

Store all chemicals safely. Never put chemicals into unmarked containers or into bottles or containers that have other uses, for example eating or drinking.

Any actual or potential problems identified whilst using substances hazardous to health must be reported to the office immediately.

If your eyes are splashed, or if you feel ill after using or being exposed to chemicals, make a note of the chemical involved and seek medical attention immediately.

Always follow safety rules and develop safe working practices in the workplace.

TRANSMITTABLE DISEASES

Policy – Infection Control

It is the responsibility of all staff to ensure that all necessary steps are taken to proven cross-infection to protect both their Service Users and themselves.

Guidance from the Family Health Service Authority recommends that Care Workers working outside of the hospital setting should be immunised against Hepatitis B. It is therefore our Company policy to request immunisation of all staff members.

This also necessitates the routine wearing of gloves and plastic aprons whenever there is the likelihood of the hands coming into contact with blood or body parts. The gloves must be discarded after use. The risk of infection in the home is greatly reduced when the Service User's personal hygiene and domestic environment is kept at a high standard. Areas of particularly high risk in the transmission of disease are the kitchen and bathroom.

As care staff in the community it is our aim to maintain the best possible standards in the time and circumstances available thereby minimising the risk to both Care Worker and Service User. As there is no legal obligation on the part of the Service User to advise care staff of infectious diseases, the above stated routine, and protection and prevention should be followed as a matter of course. The transmissibility of Hepatitis B and HIV if routine procedures are followed is low and there is little risk to health Care Workers. However, if you have reservations about caring for such Service Users, it is essential that you make the office aware of the fact. As in any case undertaken, confidentiality must be preserved and any relevant information strictly restricted to those members of staff directly involved with the Service User.

Exodus Inc. Ltd. will as far as is practicable, by formation and implementation of appropriate policies, procedures and work practices, provide an environment for Services Users, visitors and Care Workers that does not expose them to increased risk of infection.

Infection control is a major factor to consider when assessing Service User's care needs, arranging assignments and when carrying out Service User visits for quality assurance purposes. A Care Worker who has symptoms of an infection, or who has been diagnosed as having an infection, should contact the office immediately to receive guidance about whether or not they should continue with assignments.

Should a service be suspected of, or diagnosed as having an infection, the Care Manager should be informed immediately. In conjunction with the appropriate professional e.g. GP, district nurse, social services, a decision should be reached as to whether or not the Care Worker should provide care for the Service User. All parties must be notified.

Information is available in the office regarding requirements by law in respect of vaccinations against all forms of Hepatitis. We also have printed information of all aspects of cross

infection including Hepatitis B and HIV available on request and as handouts following cross infection training sessions.

Cross Infection (including Hepatitis B and HIV)

The risk of cross infection occurs when: -

- A Service User requires more than one aspect of care, such as personal care and food handling.
- The environment in which the care is given is not satisfactory.

It is the responsibility of all Care Workers to ensure that all necessary steps are taken to prevent cross infection to protect both their Service User and themselves.

Hand washing

Hand washing is the single most important procedure in preventing cross infection. Hands should be washed under running water. Where liquid soap or antiseptics are used it is important to wet the hands first. This helps to prevent irritation and dry, red skin which are more likely to support bacteria for a long time.

Advice should be sought should this occur from Occupational Health Department/a General Practitioner.

Adequate drying is important, as wet hands are able to carry more bacteria.

Hands are easily contaminated through touching nostrils, blowing the nose and sneezing and must be washed before further contact with patients.

Alcohol hand rub may be recommended in certain circumstances, but its use must not be a substitute for hand washing unless in an emergency. It is effective only when hands are already clean.

Hand creams and lotions may be used but must be in tubes or bottles. Pots or tubs of cream that require users to dip their fingers in, very quickly become contaminated with micro-organisms and are therefore not to be used.

WORKING WITH SERVICE USERS WITH MRSA

MRSA (Methicillin Resistant Staphylococcus Aureus)

Some patients are discharged from hospital with active MRSA in their wounds, and the hospital must ensure that Community nursing Staff are aware of this. Either the hospital or the Community Trust should inform Social Services. It is important where Care Workers are visiting the Service User, that the Care Manager is kept informed of the Service User's current condition.

It is possible that the Service User will not be diagnosed until the provision of care has started. Therefore, constant application of infection control procedures, particularly good hand hygiene, is vital.

Since MRSA can be transmitted from one person to another, we would expect the Nursing Service to be visiting regularly to monitor the Service User in addition to dressing the wounds. Due to presence of the infection the Nursing Service may take a more active role in the personal care of the User than would normally be expected.

This will ensure that proper infection control procedures are followed, and that Care Workers do not accidentally transmit the infection from one Service User to the next. Care Workers will also ensure that they use disposable aprons and gloves when working in that person's home and that separate timesheets are used.

Any Service User diagnosed as having or suspected to have MRSA should be cared for under the terms of this policy.

The incidence of Service Users being discharged from hospital with an MRSA infection, or being diagnosed as having the infection once care in the community has started is becoming more prevalent.

In order to assist in the safe care management of such Service Users, and to minimise the risk of cross infection, the following points should be noted:-

- Should a Service User be discharged from hospital or nursing home with MRSA, a district nurse must be informed, to visit plan and oversee the care for the Service User.
- It is possible for a Service User to be diagnosed after discharge and after the provision of care has started. Therefore, constant good practice of infection control techniques, particularly good hand hygiene is vital.
- Hands should be thoroughly washed with soap and dried before and after assisting a Service User in any way. Paper towels should be used and alcohol hand rubs used wherever available. Care Workers with eczema or cuts on hands should be advised **not** to provide care in order to minimise infection risk. However, if people visiting the Service User have cuts, these should be covered with a waterproof dressing.
- Protective clothing, single seam free gloves should be used for handling contaminated dressings, linen, equipment etc. Single use plastic aprons should be placed within the clinical waste in the home to await safe disposal.
- Infected material such as dressing should be disposed of as clinical waste.
- All relevant visitors, Care Workers and other professionals likely to be involved should be kept informed at all time, and advice given on good practice.
- Treatment. There may be antibiotics, special ointments and washes prescribed.
- Spread of infection can be by contact with wounds, dressings, sputum etc and not following the hand hygiene guidelines stringently.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HIV is the primary aetiological agent for Acquired Immune Deficiency Syndrome (AIDS). HIV is a RNA tumour virus (retrovirus), which is a member of the Lentivirinae subfamily of viruses. As the name suggests AIDS is caused by reduction in the efficiency and efficacy of

the immune system leading to an increased possibility of the successful development of opportunistic infections.

The number of AIDS cases in children is also greatly increasing. Generally the HIV has been acquired from the mother.

The routes of transmission for HIV infection are almost all from blood (including transfusion and anti-haemolytic factors), sex and birth. Although HIV has been recovered from saliva, evidence from studies carried out on health sector workers have shown that none have become infected after parental or mucous membrane exposure to the saliva of HIV infected parents.

HEPATITIS

Viral Hepatitis is a disease, which produces acute inflammation of the liver. Symptoms of viral hepatitis include fever, gastrointestinal problems such as vomiting and nausea and jaundice. Although there are three classifications of hepatitis virus they all afford the same histopathology lesions in the liver during the acute disease.

Hepatitis A virus (HAV), Hepatitis B virus (HBV) and the non-B Hepatitis (NANB) virus cause the three types of viral hepatitis observed in adults and children.

Hepatitis A

This virus is primarily transmitted by the faecal to oral route. This method of transmission of disease is indicative of poor sanitation and/or personal hygiene. Primarily, Hepatitis A is found to be more common in children or young adults. Hepatitis A is often referred to as short incubation Hepatitis – the incubation period lasting an average 25-30 days. Hepatitis A does not appear to be transmitted by contaminated needles or syringes.

Hepatitis B

Hepatitis B is a more virulent virus and higher mortality rate is observed with patients who have contracted Hepatitis B than Hepatitis A. Transmission of Hepatitis B is parenteral with infected blood and blood product fluids being the most likely media to cause cross-infection. This stresses the need for the correct disinfection/sterilisation of surgical equipment.

As with HIV there are high-risk groups, these include; drug abusers and homosexuals. Haemodialysis patients and staff, health and care staff. Unlike Hepatitis A, Hepatitis B has a long incubation period averaging 60-90 days.

The incidence of Hepatitis B through cross-infection can be reduced by complementation of thorough sterilisation and disinfection procedures such as autoclaving or immersion in a high-risk category cold sterilisation solution. It is recommended that all clinical health staff are immunised with the Hepatitis B vaccine, which is both safe and effective.

STAFF INFORMATION – JOB DESCRIPTION

Outline Job Description – Care Worker

- To give practical help, care, guideline and support under the direction of the Care Manager to Service Users who need assistance.
- To act at all times in a professional manner, both to those whom you meet in the course of your duties and the general public.

General

- Appreciation of Service User's personal needs.
- Seek to establish a good working relationship with the Service User and the family.
- Report back relevant information and maintain close liaison with the Care Manager.
- Use initiative and act in emergencies where required (this may include liaison with other agencies as appropriate).
- Provide support to families in need.
- Work in accordance with the Care Plan to ensure the most effective use of time.

Physical Tasks

Care for Service Users and attend to their personal care needs, other than nursing care (this will include intimate personal care) where special attention must be paid to the Service User's rights to dignity, privacy and freedom of choice.

Undertake domestic tasks in accordance with the Service User's needs including cooking, cleaning, washing, ironing, lighting fires and boilers, bed making and simple repair of items of personal clothing, shopping for Service Users, collection of pensions and prescriptions, and paying bills.

Undertake other physical tasks incidental to home care including dressing, toileting, washing and feeding.

Social duties

- Encourage and motivate Service Users to maintain their independence.
- Advice Service Users on problems and areas of concern.
- Have regard for the general social and outward needs of the Service Users.

Access & Keys

You will be given specific details of how to gain access to a Service User's home. Remember that this information must be treated as confidential.

Procedure for Handling Keys

The general rule is that Care Workers will only hold Service User's keys when absolutely necessary. The Service User should be informed sensitively of the security risks attached to different people handling keys to their property. Preferably, alternative methods of gaining access should be investigated and agreed.

If no alternative method of gaining access can be agreed, then the following procedure should be adopted;

- Exodus Inc. Ltd. will keep all keys in a locked metal box at the office

- The Care Manager will maintain a key register, detailing the register number, the name and address of the Service User, and location of the key. The key should be labelled and coded. The key register and key box will be kept secure and separately.
- Documentation to indicate receipt of the key should be signed both by the Service User and Universal Healthcare Services, a copy given to the Service User, and a copy kept in the Service User's notes at Universal Healthcare Services.
- Should a key be lost or stolen, the Care Department and/or Authority must be informed immediately. The service provider is responsible for all keys and liable for costs for replacement of keys/locks etc.
- When a service ceases the keys will be returned to the Service User or their nominated recipient within 48 hours from the finish of the service. Should a Service User be taken into hospital or go on holiday, the Care Worker must return the keys to the office's safe keeping until the service recommences.
- The company as service provider shall ensure that staff do not lend or give keys to unauthorised persons.

No Access to Service User

Exodus Inc. Ltd. seeks to deliver care to all Service Users at arranged times. Should a Care Worker be unable to gain access to a service user's home, we must take alternative action in order to gain access. Therefore:-

- The Care Worker should advise the Care Department or emergency Out of Hours immediately of any failure to gain access or no reply situations.
- The Care Department will contact the next of kin/Social Services to establish whether they have any knowledge of the Service User's whereabouts. Any possible contacts should be telephoned including the local hospital or GP.
- Meanwhile, the Care Worker should gather information from neighbours and check as far as possible by looking through the Service User's windows and letterbox to determine whether the Service User is at home. The outcome of this checking should immediately be made advised to the Care Department.
- Should the Service User be at home, then depending on how they are found, the appropriate services should be contacted. Should the Service User not be found, the Care Department will continue to investigate their whereabouts, until the situation is resolved. All relevant parties should be kept informed.

STANDARDS FOR KEY PERSONAL CARE TASKS

Assistance with Eating and Drinking

- The support required is established with the User and s/he is encouraged to be as independent as possible.
- The Service User is supported to eat and/or drink with his/her chosen food and/or drink in manageable quantities at his/her own pace or at the pace described in the plan of care.
- It should be ensured that the immediate environment promotes enjoyable eating and drinking and allows maximum interaction between Service Users and Care Workers where appropriate.
- The Service User is supported to eat and drink in a socially acceptable manner.
- Support given to the Service User should be consistent with the care plan.

- When supporting the Service User to eat and drink, the appropriate utensils should be used.
- Ensure that interruptions to the Service User's eating and/or drinking are minimised.
- Where it is necessary to monitor food and drink intake, it is measured consistent with the care plan and recorded accurately, legibly and completely in the appropriate documentation. After discussion with the Service User, reluctance to eat or drink, any problems, adverse reactions or intake that is above or below a required level, are reported to the appropriate member(s) of the care team.
- After use, equipment and left over food are cleared away at the earliest opportunity and disposed of in a safe manner and place.
- Continuing problems and possible ways of solving them are passed on to the appropriate member of the care team as soon as possible.

Preparing the User and Environment for Moving and Handling

- All actions must be in accordance with the Care Plan.
- The level of support required is established with the User and she/he is supported in being as independent as possible.
- Before commencing the move or lift, the reasons are explained clearly to the User in a manner, which encourages his/her understanding and co-operation.
- Prior to any changes being made in the environment, the agreement of those concerned is obtained.
- The immediate environment is appropriately prepared for proposed move/lift with all potential hazards removed.
- The User is in a safe, comfortable position consistent with the care plan.
- The worker's clothing and footwear are consistent with safe lifting procedure.
- Lifting or other equipment is suitable for the User, consistent with the care plan and organisational and legal safety requirements are adhered to.
- Any appropriate assistance to enable the worker to move/lift the User is sought without delay.

Assisting the User to move from one position to another

- a) The user is encouraged to contribute to the moving or lifting process consistent with any limiting abilities s/he has.
- b) Only safe, appropriate lifting techniques are used and personal lifting limits are not exceeded in accordance with organisational and legal requirements.
- c) Lifts and changes of position are carried out in a manner, which takes into account the User's advice on the most appropriate methods, minimises the User's pain, discomfort or friction and maximises her/his self-respect and dignity.
- d) Where the Care worker is moving or lifting the User with another's help, appropriate explanations should be given to co-ordinate their actions.
- e) The User is supported throughout by verbal and non-verbal means in a manner, and at a level and pace appropriate to her/him.
- f) Where the Care worker and User find a method of moving and lifting which is acceptable to both of them and is consistent with organisation and legal requirements, full accurate details should be recorded in the care plan.

- g) Changes in the User's condition should be reported accurately to the Care Manager, District Nurse and General Practitioner and any other member of the care network, as appropriate without delay and recorded in the appropriate documentation.
- h) Following lifting and/or changes of position, furniture and fittings are returned to their correct location.

Enabling Users to Maintain Personal Cleanliness

- a) The degree of support required and the activity to be performed is established with the User and s/he is encouraged to be as independent as possible
- b) The User is given the opportunity to choose the washing and oral hygiene facilities, materials and toiletries which are consistent with the plan of care, the facilities available and his/her personal beliefs and preferences
- c) The worker's dress, approach and own personal hygiene are consistent with recognised good hygiene practice
- d) The temperature of the water and room is consistent with the User's preference and condition
- e) Toiletries, material and equipment are accessible to and safe for the User
- f) The User is provided with a means of ensuring their privacy consistent with her/his requirements for support, assistance and safety
- g) The User is given assistance if required in the relevant activity in a manner which promotes his/her dignity and causes as little discomfort as possible
- h) The User is provided with an appropriate means of summoning help should it be required
- i) Any problems are discussed with the User and referred to the appropriate member of the care team
- j) Where further specialist help might be need, this is discussed with the user and arranged with her/his agreement
- k) After use, the washing facilities are clean and ready for subsequent use
- l) All waste products are disposed off in an appropriate manner and place.

Supporting Users in Personal Grooming and Dressing

- a) The support required and activity to be undertaken and established with the user
- b) The User is given access to personal grooming and dressing facilities and where necessary, support is given in a manner, which maximise the User's independence, ensures her/his privacy and is consistent with her/his personal beliefs and preferences
- c) Where the User has been prescribed dressing equipment, s/he is offered appropriate support in its use
- d) The user is encouraged to use any prescribed prostheses, orthoses, sensory equipment or creams consistent with the plan of care
- e) Where the User has concerns over the use of any sensory equipment, prostheses, orthoses or creams, her/his concerns are discussed and where possible a way forward agreed
- f) Where it is not possible to support with her/his concern, s/he is referred to the appropriate member of the care team
- g) The user is encouraged and supported to maintain the cleanliness and security of their personal clothing and grooming items

- h) Significant changes in the User's personal grooming/dressing are reported and recorded accurately, completely and legibly.

Assisting Users to use Toilet Facilities

- a) Assistance given to the User is respectful of her/his feelings, personal beliefs and preferences and is consistent with her/his requests and plan of care.
- b) Communication with Users regarding body waste and function is consistent with the User's expression and use
- c) The User is encouraged to find a means of cleansing which is acceptable to her/him given any accompanying pain or limiting abilities.
- d) Any abnormality or change in the User's body waste or function is discussed with the User in a manner, and at a level and pace, appropriate to her/him
- e) Any abnormality or changes are reported accurately to the appropriate member of the care team as soon as practicable and recorded when required.
- f) The User is assisted to wash her/his hands effectively after using the toilet
- g) After use, the toilet facilities are clean and ready for subsequent use.

Collection of Disposal of User's Body Waste

- a) As and when required, body waste is measured accurately and recorded accurately, legibly and completely in the correct document.
- b) Where the User is able, s/he is given the opportunity to dispose of her/his own body waste using her/his preferred method.
- c) Waste is transported to the disposal point in a manner, which minimises the risk of cross-infection, as discreetly as possible and without delay.
- d) Waste is disposed of safely and in a manner consistent with the User's personal beliefs and preferences and legal and organisational requirements.
- e) The User's immediate environment is restored to a comfortable and clean condition.
- f) Where the worker has responsibility for cleansing waste containers, these are cleaned in a hygienic manner and returned to the appropriate storage location.
- g) Changes in the User's body waste, breakdowns in disposal procedures or spillages are reported to the appropriate person.
- h) Any spillages are cleaned thoroughly using equipment and materials appropriate to that spillage and without delay.
- i) Hands are effectively washed after disposing of body waste.

STANDARDS FOR PRACTICAL SUPPORT

Cleaning

The task of cleaning covers a wide range of activity within the home. Some tasks need to be performed frequently in order to maintain basic hygiene whilst others will be performed only occasionally according to time available, *e.g.* cleaning cookers. Once basic hygiene has been maintained, the User will normally determine their own priorities within the time allocated. These would usually be those tasks, which the Service User, due to incapacity would find most difficult, *e.g.* vacuuming, cleaning floors, *etc.*

The standards of cleanliness will vary enormously and it is important that the Service User's choice of how they wish to live is respected. The availability of cleaning materials and equipment will also vary. Hoovers and modern detergents are not always available. The minimum requirement is a broom, bucket, bleach, cleaning cloths and hot water. If the User does not supply this basic equipment, cleaning cannot be undertaken.

Generally, home Care Workers should not enter the Service User's home without the User being present although in exceptional circumstances, such an arrangement can be made with written authority from the Service User and agreement of the Care Manager.

Only the rooms used by the Service User are cleaned and where there is multi-occupancy, the Home Care Worker would be expected to take the Service User's turn cleaning room that are shared. This is also the case where the Service User lives in a flat and is expected to clean the landing or staircase outside.

All cleaning equipment should be put away when the Home Care Worker has completed the tasks and mops and cloths should be rinsed and left to dry to avoid unpleasant smells. Where the Service User has limited sight, it is particularly essential that everything is returned to its original place.

Cleaning tasks may include any of the following:

- Cleaning bath, basin and toilet. Baths should be cleaned periodically even if the Service User does not use it regularly. Where there are raised toilet seats or bath aids, it is important to clean them as well. Bathroom and toilet floors should be cleaned thoroughly in order to ensure hygiene.
- Cleaning kitchen floors as above. Particular attention should be paid to areas around the cooker and refrigerator as food drops in there. Sinks and work surfaces. Rubbish bins should be cleaned thoroughly as well to ensure hygiene.
- Vacuuming floors including stairs. Light pieces of furniture and those with wheels should be moved. However, heavy furniture should not be moved.
- Dusting and polishing. Floors should not be polished, as this can be dangerous.
- Cooker should be cleaned.
- Cupboards should be emptied, sorted and cleaned.
- Cleaning paintwork, e.g. doors, skirting boards (not usually walls)
- Cleaning interior windows and hanging curtains where it is safe to do so.
- Cleaning pet bowls and trays, cleaning and changing bird cages
- Washing cutlery, cookery, etc.

Shopping

Usually, a home Care Worker will undertake shopping for the Service User only. However, in exceptional circumstances, it may be appropriate for the home Care Worker to collect items not directly for use by the Service User. In such cases, prior agreement between the Care Manager and the Service User needs to be highlighted to the contractor to prevent confusion and potential difficulties.

The home Care Worker may decline to undertake excessive load demands by the Service Users on health and safety grounds. In the first instance, the Care Worker must negotiate with the Service User the priority items to purchase or negotiate for sizes of large items to be reduced in order to make load acceptable. If the problem repeats regularly, then the Care Manager needs to be informed immediately.

The home Care Worker must use the nearest suitable shops, taking account of the type of goods required. The Care Worker should not undertake any lengthy journeys to specific shops when there are suitable local shops, unless this is a requirement of the care plan.

The home Care Worker must assist the Service User to obtain discounts by the use of 'reward cards' as issued by a number of retailers. The home Care Worker must not use reward card owned by any other person other than the Service User or his or her own immediate family when purchasing/shopping on behalf of the User. This applies even when the user has no reward card and the discount is therefore lost.

The Home Care Worker must;

- Discuss and clarify the items listed for shopping with the Service User in an attempt to avoid incorrect items/sizes/amounts being bought.
- Respect cultural, racial or religious requirements of the Service User not only in respect to the shopping requested but as a whole to the Service User as an individual in his/her own right.
- Record moneys received from the User in order to carry out the shopping and to provide the User with a receipt for this money.
- Substitute a similar item for the one listed by the Service User if the requested item is not available. The cost of the substituted item must be the same as the cost of the unavailable one.
- On return to the User, put all shopping away or as requested by the User.
- Go through the shopping list and till receipts with the Service User on return from shopping excursion, accounting for the monies spent to the satisfaction of the Service User.
- Ask the Service User to sign a receipt stating the amount of change returned and a copy of the receipt to be left with the Service User.

Pension Collection

For security reasons, the Home Care Worker may collect a maximum of two weeks' pension. If a Service User has not been present to draw their pension due to hospitalisation, holidays and similar reasons, large sums of outstanding pension may accumulate. If the Service User or his/her representative is unable to resolve the problem, then the Care Manager must be informed. The Care Manager may decide to purchase a second care from the Contractor to act as escort to the main Home Care Worker to collect part of the entire outstanding pension.

Where two pensions are collected per household and two or more weeks become outstanding, similarly the Care Manager may need to purchase a second Home Care Worker from the Contractor if there is a need to collect a backlog.

The Home Care Worker must;

- Obtain the pension book from the Service User and sign along with the Service User in the correct places on the appropriate pension book leaf.
- Respect cultural, racial and religious requirements of the Service User, not only in respect to requests regarding pension collection but as a whole to the Service User as an individual in his/her own right.
- Take the signed pension book to the designated Post Office, where possible, and draw the pension on behalf of the Service User.
- On returning to the Service User, account for the monies drawn and provide a receipt with the denominations of notes and coins entered clearly along with the total.
- Ask the Service User to sign the receipt but only if s/he is satisfied that the monies are correct.
- Leave the Service User a signed copy of the receipt.

The Home Care Worker must never retain the User's pension book beyond the time required to complete the above and must never keep the book overnight.

Laundering and Ironing

Usually a Home Care Worker will undertake laundry and/or ironing for the Service User only. However, in exceptional circumstances, it may be appropriate for the Home Care Worker to undertake laundry and/ironing for items not directly for the Service User. In such cases, prior agreement between the Care Manager and the Service User needs to be highlighted to the Contractor to prevent confusion and potential difficulties. In regard to laundry, the Care Manager and the Service User should identify where the laundry is to be done, *i.e.* local launderette, Service User's own washing machine, or hand washing in Service User's Home.

The Care Worker must;

- Identify and discuss with the Service User the items to be laundered and/or ironed.
- Carefully follow the manufacturer's fabric care instructions as shown on each item.
- Record monies received from the Service User if a launderette is to be used and provide the Service User with a receipt for this money.
- Ensure that the instructions for the use of machines and dryers in the launderette is/are carried out to safeguard the User's laundry.
- Ensure that they remain in the launderette throughout the whole procedure to safeguard the Service User's laundry.
- Ensure that laundry and/or ironing is done under the direction of the wear.
- Ensure that if the laundry is to be done in the Service User's own washing machine that they are familiar with the operation of the machine and that proper care is taken when using it.

- Ensure that if hand washing is to be undertaken, that the sink area is left dry and clean after completion. All items washed must be placed in a safe drying area, which will have previously been identified with the Service User's agreement.
- Ensure that proper care is taken when setting up the iron and ironing table and appropriate temperature settings are used. Equipment must be put away safely after completion of the task.

SERVICE USERS EMOTIONAL AND SOCIAL NEEDS

The main element of dealing with Service Users emotional needs is communication. People can become isolated whether they are living in the community or residential settings. Research shows that many elderly people have only eight one minute conversations a day.

You will build a better relationship if you put the following into practice;

- Talk about yourself and your interests as well as showing a genuine interest in the person you are dealing with.
- Spend time on building the relationship. A real conversation may be as important as physical care.
- Treat each individual with respect. Find out which name people prefer to use, and use it.
- Remember that reminiscence and recall of the past are natural and healthy activities, and that there is much of interest to be learned about the life experiences of Service Users.
- Do not assume that a Service User lives in the past. A lively interest in current affairs should be encouraged
- Get to know about any interests and skill each individual may have
- Be sympathetic to the sense of loss experienced by many Service Users.

The following are examples of bad practice and must be guarded against;

- Talking down to Service Users, as if they were children
- Adopting false behaviour. Artificial jollity can become jarring
- Carrying out a conversation with someone else while ignoring the person you are attending to. Do not undervalue or shut out a Service User who is present.
- Overcorrecting, contradicting or excessive chivvying.

Some people have disabilities that can make the building of relationship difficult. The following will help;

- Use eye contact, unless it is clear that the person feels uncomfortable with this. Touch can also be helpful
- Make sure your face is clearly seen
- Clear speech and a normal rhythm is more useful than shouting to people with hearing impairment. Be aware of background noise that may make it more difficult for someone to hear you.
- If difficulty in communicating is leading to stress or conflict, try to devise other ways of communication
- Let the Service User set the pace
- Be prepared to repeat or re-phrase what you said

Be prepared to spend time on establishing individual relationship with the people you are working with. You will find it adds interest to your work and will add greatly to their quality of life.

Service Users' Social Care Needs

Social activities should be pleasurable. Life needs to be an active, positive experience, with something to look forward to each day. There are many examples of how to help on this;

- Care Workers need to encourage participation but also to be sensitive to a person's choice not to be involved.
- Find out an individual's particular interests (e.g. not just that they enjoy reading, but also what sort of books).
- Try to create meaningful activities, if possible related to people's experiences and interests.
- Part of the answer may be the provision of, or links with, organised activities.
- If possible, opportunities should be created for individuals to go to church, to a social club or pub, a fish and chips bar, to the shops, occasional outings to the country or seaside, and for playing dominos or board games.
- Help from relative, friends and other visitors should be encouraged to provide stimulation
- Particular interests and activities might centre on gardening, houseplants, pets, and course opportunity to help with simple chores. A volunteer may be used to provide individuals with supportive care.
- As much contact with the outside world as possible must be encouraged. This can include short walks, on foot or in wheelchair and simply sitting outside in fine weather.
- It is important to promote links with the local community and voluntary organisations whenever possible.

It is easy because of the difficulties involved, to let normal social contacts and activities slide. Care workers should encourage and when appropriate enable a Service User to maintain these:

- Be aware of help and local resources available for people living at home
- Know how and when to refer to your Care Manager

Tasks not permitted

Listed below are tasks that you cannot perform. These must strictly adhered to, thus safeguarding you, the Service User and the company. However note that the list is not exhaustive;

- Any invasive procedure
- Giving suppositories
- Giving Enemas
- Performing Manual Evacuations
- Administering Medicines/Controlled drugs
- Giving Injections
- Changing Sterile Dressings
- Handling Syringe Drivers

- Cutting Toe Nails
- Filling Monitored Daily Dose Containers
- Changing/Emptying Urine/Stoma Bags

Note: If you are not sure of any task, please contact the office for guidance

EMPLOYMENT STATUS

You have signed a Terms of Employment of Temporary Workers with Exodus Inc. Limited. Your employment status is that of temporary worker.

Tax and National Insurance Deductions

Under the provisions of Section 38 of the Finance (No. 2) Act 1975 and related legislation, Schedule E (PAYE) Tax and Class 1 National Insurance Contributions must be deducted from fees paid to Care Workers.

Pay and Payment Queries

- Details of pay rates should have been notified to you.
- Wages are normally paid weekly, in arrears. The quickest way of receiving your wages is to have them paid directly into you Bank or Building Society Account by BACS. It is to your advantage to be paid this way, as it is quicker and safer than being paid by cheque.
- If you have a payment query, please contact the office during normal office hours.

Holidays

As a result of the provisions of the Working Time Directive, Care Workers will be entitled to paid holiday. The entitlement shall be four weeks pro rata throughout the year. The holiday year is from April to March and leave entitlement cannot be carried over into the following year.

You must give notice of your intention to take paid holiday of twice the amount of time off you require. This request must be submitted in writing. You are urged to place your holiday requests as early as possible as the company has the right to refuse a holiday request at a time that proves difficult to cover. Holiday pay will be calculated on the basis of care hours worked in the twelve-week period prior to the holiday.

Working Time Regulations 1998

All workers are covered by the Working Time Regulations 1998. Working time is any period during which a Care Worker is working, receiving training or supervision travelling between consecutive Service Users. This does not include time spent travelling to and from work.

The Working Time Regulations introduces an average working time per week of 48 hours. Staff choosing to exceed 48 hours in any week must have signed an Opt-Out Agreement. (See final page for Opt-Out Agreement Form)

Conflict of Interest

In order to ensure that legislation regarding working time is adhered to and also to meet the new care standards as well as the requirements of the Local Authority contracts, care workers are required to declare any other commitments or conflicts of interest.

Resignation and Reference Requests

If you no longer wish to remain on our register, please notify the office as soon as possible. You should return your ID badge and all other company or Service User's property to the office.

INSURANCE

(a) Third Party Insurance

Exodus Inc. Limited has arranged Employers Liability and Public Liability Insurance Covers to protect itself against claims made by a Service User whilst a Care Worker is working on assignments arranged through the company. Should any incident occur which could give rise to a claim against the company, you must notify your Care Manager immediately.

(b) Personal Accident, Injury and Illness.

We strongly recommend that you insure yourself against accident, injury or illness, which may result in loss of earnings. Your earnings will cease if you are unable to work.

(c) Motor Insurance

If you wish to use your car whilst on work assignment, you must ensure that your policy covers you for such use.

IDENTIFICATION BADGES

It is essential that you wear or carry your ID badge with you whilst on any assignment for Universal Healthcare Services, and you should always prove your identity when visiting Service Users for your own safety and for their peace of mind.

If you lose your ID badge, inform the office immediately. Your lost badge could be fraudulently used by another person to gain access to vulnerable Service Users premises and so the loss of an ID badge is a very serious occurrence and needs prompt action on your part. You will be required to sign a declaration that you have lost your ID badge, and provide new passport photographs. When your ID badge expires, it will be replaced.

Should you wish to be removed from the register, you must surrender your ID badge in person. Your ID badge remains the property of Universal Healthcare Services.

OUT OF HOURS PROCEDURE

Universal Healthcare Services' intention as a care provider is to be able to deliver a flexible and efficient service at all times.

Our friendly and experienced staff can therefore be contacted seven days a week on the Emergency Care Mobile Number between the hours of 7am to 11pm (outside the normal office hours of 9 am to 5.30 pm Monday to Friday).

All calls are responded to in a speedy and efficient manner. If however, you are unable to get in touch, a message can be left. All messages are checked as soon as possible.

ALLOCATION OF WORK

Following your induction, assignments will be allocated according to your competency, experience, training and availability. We will endeavour to give you regular assignments with the same Service User, week to week. Always give advance notification of the dates and times that you are available. If you are going out during the day, and it is likely that the office will try to contact you, either ring the office or let them know where you can be contacted and when you will be back.

The office staff or 'On Call' person may contact you at short notice should they receive a cancellation from another Care Worker.

TIME SHEETS

It is essential that you complete Time Sheets promptly and accurately. Use a black ballpoint pen and write in block letters. Make sure you fill in the Service User's name and address, date, arrival and departure times and hours worked each day.

At the end of each Service User's visit, ask the Service User to sign the Time Sheet. If the Service User refuses to sign the Time Sheet or is unable to sign, then clearly state this on your Time Sheet and make a note of this in the Service User's report book. Advise the office of the refusal or inability to sign. At the end of each week, complete your time sheet by signing it and ensure it is in the office by 12 noon on Tuesday of the following week.

If time sheets are received after the Tuesday deadline, your payment may be delayed until the next pay run. Failure to adhere to these requirements may result in our inability to invoice the Service User or Local Authority and could therefore result in loss of pay.

It is your responsibility to ensure that you have sufficient Time Sheets. If you need more, you can obtain them from the office.

PUNCTUALITY/TIMEKEEPING/RELIABILITY

Punctuality and timekeeping when attending assignments are of prime importance. Your Service Users expect you to arrive on time. They could be put at risk if you are late. Should unforeseen circumstances occur which may result in the possibility that you may be late, then you must contact the Care Department or the 'On Call' person immediately, who will take the responsibility of keeping the Service User informed.

If you are unable to fulfil any obligation to a Service User due to sickness, or other causes beyond your reasonable control, you must inform the Care Department (or the 'On Call' person) as soon as possible to enable alternative arrangement to be made.

CHANGES IN CIRCUMSTANCES/AVAILABILITY

It is essential that you immediately notify the Care Department of changes in your personal circumstances, in particular, your name, address, telephone, bank details and availability. Similarly, any relevant changes in your personal health or any other factor, which could impair your ability to continue as a Care Worker must be reported as soon as possible.

GRIEVANCES

We seek to maintain a high level of morale and to settle individual grievances quickly and fairly. Should you have a grievance, discuss it with your Care Manager as soon as possible, either by visiting, writing or telephoning during normal business hours. In the event that your grievance is not readily resolved you may request a meeting with the Managing Director. You are assured that any grievance will be treated fairly and confidentially.

DISCIPLINARY RULES

The following list of disciplinary rules is given for general purposes, but is not exhaustive. Disciplinary rules are necessary, flexible and when contravened, each case is considered on its own merit before any disciplinary action is taken.

Exodus Inc. Ltd. does not intend to impose unreasonable rules of conduct on its Care Workers, but certain standards of behaviour are necessary to maintain order and discipline in the interest of all Care Workers. We prefer that discipline be voluntary and self-imposed and in the great majority of situations, this is the case. However, from time to time, it may be necessary to take action against individuals whose behaviour or performance is unacceptable.

Minor faults will be dealt with informally. The following may be regarded as reason for disciplinary action in that they deviate from accepted standards and constitute general misconduct;

1. Poor job performance
2. Poor timekeeping
3. Failure to comply with any other conditions in this agreement
4. Unseemly or disruptive conduct
5. Minor faults where there has been no improvement after informal discussions.

At all stages the Care Worker will be given the chance to state their case and will have the right to be accompanied to the interview by a fellow Care Worker of their choice. It should be noted, however, that a Care Worker's behaviour is not looked at in isolation but each incident of misconduct is regarded cumulatively, with previous occurrences.

State 1

The Care Worker will be given a formal verbal warning by their immediate supervisor. They will be advised of the reason for the warning and the first stage of Disciplinary Procedure. A note of the verbal warning will be recorded on the individual's file but will be nullified after a

maximum of one year subject to satisfactory conduct and only if there are no further instances of Disciplinary Action for whatever reason.

Stage 2

If the Care Worker's conduct does not improve, the Care Manager may give a first written warning. This will give details of the complaint and the likely consequences if the terms of the warning are not complied with (after a suitable time limit for improvement has been set). This warning will also be noted on the individual's file but again be nullified after a maximum of one year subject to satisfactory conduct, only if there are no further instances for whatever reason.

Stage 3

Failure to improve in response to the procedure so far, a repeat of misconduct for which a warning or warnings have been previously issued, or in a first instance of serious misconduct, will result in a final written warning by the Care Manager. This will give details of the complaint, the length of any probationary period and notification that dismissal may result if the terms of the warning are not complied with. This warning will be noted on the individual's personal record and will only be nullified at the Car Manager's discretion.

Stage 4

Failure to meet the requirements set out in the written final warning normally leads to dismissal (with appropriate notice for employees). A decision of this kind will be made after the fullest possible investigation.

GROSS MISCONDUCT

Summary Dismissal (dismissal without notice or pay in lieu of notice) may be necessary in case of Gross Misconduct. For guidance, the following are examples offences, which will normally result into a case for summary dismissal. However, it is emphasised that this list is not exhaustive;

- a) Unauthorised use or disclosure of confidential information or business matters relating to the agency and its Service Users.
- b) Acts of violence, including physical assault, sexual or racial harassment; drunkenness, taking of non-prescribed drugs in such a way as to impair the ability to effectively carry out one's tasks.
- c) A criminal offence committed at work other than a minor road traffic offence committed in the course of one's duties or an offence committed outside work but incompatible with one's duties if s/he remained in employment.
- d) Falsification of information or references on appointment.
- e) Acceptance of any bribe or monies which may be deemed by the company board of directors as likely to compromise one's integrity at work.
- f) Any conduct tending to bring the agency or the employee into disrepute or which results in the loss of custom of a Service User or business.
- g) Refusal to obey a lawful instruction in connection with the agency work.
- h) Theft and/or unauthorised possession of either company property or Service User's property, or any act of dishonesty.

- i) Performing an action that is liable to cause injury to other people or damage to property
- j) Breach of safety instructions.

If the agency becomes entitled to terminate the employment pursuant to the foregoing paragraph the agency reserves the right to suspend the employee with or without pay without prejudice to its rights subsequently to terminate the employment on the same or any other ground.

Suspension

In the event of an accusation of serious misconduct, the Care Worker may be suspended while the matter is investigated. Such suspension, which does not imply guilt or blame, will be for the investigative period.

Appeals

A Care Worker may appeal against dismissal in accordance with the Grievance Procedure. Appeals should be in writing. At the appeal, the Care Worker will be given the chance to state their case and will have the right to be accompanied by a fellow Care Worker of their choice.

SUPPORT AND SUPERVISION

Regular support and supervision of staff is an essential element of any professional service and even though the styles may vary from one individual to another, a basic framework is necessary for consistency.

All staff members are expected to attend supervision sessions as a condition to their employment. The basic purpose of supervision is to ensure that all staff are clear about their responsibilities and that they are able to carry out their tasks to the best of their ability. It is also a time when any training needs are identified and targets set.

Support and supervision will be carried out in three main ways:-

Spot-checking - Through spot checks, observation of staff, giving instructions, information and assistance; ensuring that day working arrangements are conducive to good professional performance; and by being available for consultation. Spot-checking will occur during the first two weeks of employment and approximately quarterly thereafter, unless circumstances give rise to additional checks being required.

Pre-planning - Through regular one-to-one supervision sessions, which are planned in advance, and which have a set format.

In-group Supervision - Sessions/Team meetings, which are held at, arranged times and allows a variety of topics to be covered.

These supervision sessions will form an integral part of the organisation's appraisal procedure, which each employee will undertake annually. Records of supervision sessions

are signed by the supervisor and the person attending, and once agreed, are held on the Care Worker's file.

TRAINING AND DEVELOPMENT

Exodus Inc. Ltd. is committed to offering a quality service to its Service Users, and in order to achieve this aim, it ensures that all registered Care Workers and office staff receive ongoing training.

All staff attend an in-depth Induction Programme, which includes Manual Handling, prior to registration and commencing the provision of services for the company. The Induction Session includes training on all areas relevant to the care services it provides. Candidates who fail to achieve the required standard will not be included on the company register.

The Induction Programme is updated annually and all staff are required to attend an annual update, which includes any changes to policies and procedures or to legislation and care practice.

Ongoing Training

All staff members are required to attend ongoing training sessions as a condition for their employment.

There will be a programme of ongoing training designed to keep up to date with the latest developments and techniques, and to respond to training needs identified through supervision and appraisal. Although not exhaustive, it will include the following subjects:-

- a) Health and Safety issues, including details on Health and Safety at work, Accident/incident reporting, *etc*
- b) Equal Opportunities, including providing a non-discriminatory service
- c) Details of the organisations policies and procedures
- d) Details of the Code of Conduct for staff
- e) Details of the Service User's rights, including choice, privacy, respect, independence and fulfilment
- f) Security, including the use of Identity Cards, passwords and Service User's keys
- g) Contacts of employment
- h) Status of staff and insurance arrangements
- i) Disciplinary and grievance procedures
- j) Confidentiality
- k) Abuse of vulnerable adults
- l) Emergencies
- m) What to do in the event of an accident whilst at work
- n) Out-of hours procedure
- o) Medication
- p) Handling Service User's money, including receiving gifts and Will making
- q) Care practices
- r) Aims and Objectives

- s) Managerial and reporting structure
- t) Weekly reporting on the welfare of the Client and completing daily timesheets
- u) Supervision and appraisal
- v) Dealing with complaints

Details of all training attended will be held on each staff member's file detailing progress, competencies and ongoing/updated training. Each training session is accompanied by a short questionnaire, which the trainee completes and assessed by the trainer to identify any areas that have been clearly understood. Staff signs to say that they have received the training. All training delivered is relevant to NVQ 2 in care.

EQUIPMENT

Always carry a pen, paper and watch with you on all assignments. You are provided with personal protective equipment (PPE) - gloves and plastic aprons, and should use them as directed.

Your Care Department will make sure that you are told of any equipment in place that is to be used while providing care for your Service User, *e.g.* incontinence pads, Zimmer frames, wheelchairs or hoists. They will check that you are both experienced and confident with the use of such equipment and arrange for instruction in case you are not.

Should you feel that any additional equipment would improve the comfort of your Service User, then discuss this with your Care Manager at the first instance. They will examine your comments and discuss them with others concerned. It is your responsibility to report any faulty electrical appliances and equipment.

The health and safety of your Service User and yourself is utmost importance to us.

COMMUNICATING CHANGES IN A SERVICE USER'S NEEDS

To enable us provide a high quality personal service, communication between yourselves and the office needs to be frequent and positive.

Please keep the office informed at all times of any concerns about your Service Users, any changes in your circumstances and your availability. The office can then offer you maximum support and will endeavour to keep you informed at all times.

In order for you to provide meaningful care and to maintain effective support, the Care Manager needs to know up-to-date condition and needs of your Service User, as well as ensuring that you have no problems with the assignments. The Care Manager will rely on you to inform them of changes in needs/or duties to be performed. Please record such details in the Service User's report book and relate this information to your Care Manager as soon as possible.

Diaries

You will find a diary in each Service User's home. On arrival, always read the latest entries in the diary. The diary will contain the Service User's details including full name, identity of GP, next of kin, relevant addresses and telephone numbers, medication and the duties which are required. It gives an ongoing report of the Service User's condition, record of medication, monies spent on behalf of the Service User, and report sheets on which actions performed by the Care Worker are recorded. Do please bear in mind that the Service User's family or GP may read the report book. Your entries should always be professional and relevant.

Familiarise yourself with the diary at the start of each assignment and check the Service User's condition, *etc.* After you have finished your assignment, it is your duty to write an entry in the diary so that the next Care Worker is familiar with the current situation. Ensure that you date and sign your entry and put your start and finish time.

Once the diary is complete, you should advise the Care Department, who will issue a replacement for your Service User.

Care Plans

Following a detailed assessment of each Service User's needs and discussion with the Service User and other relevant people, a Care Plan is prepared.

A copy of this should be found within each Service User's diary, in which details of agreed duties will be documented. Before commencing your service, at each visit, read the Care Plan to check the service that is required of you. The Care Plan may be changed at any time so do not assume that you know the duties you must carry out. The office will have the original Care Plan and assessment on file.

Prior to providing care, you will be given relevant details of the Care Plan and instructions of what is expected of you. Please ensure that you have a full understanding of what is required of you. Remember to keep the office informed of any changes in your Service User's needs and/or duties performed. It is your responsibility to check with the Care Department if you are unsure.

CONFIDENTIALITY

Registration with Exodus Inc. Ltd. means acceptance of our Code of Confidentiality.

In the course of your duties, you may see or read confidential information about your Service User. On no account must information relating to identifiable Service Users be divulged to anyone other than your Care Manager. You should not disclose any information you have obtained to your family, friends, neighbours or other Care Workers.

Also, any information passed to a Care Worker about their Service User by a third party, *i.e.* relative, neighbour, district nurse, *etc.* must not be passed on even to the Service User without the permission of the other party. The only exception to this would be in an

emergency where not to divulge such confidence could result in harm to the Service User or those involved with the care package.

If you are worried by any information you have obtained and consider that you should talk to someone else about it, make an appointment to speak in private to your Care Manager.

Failure to observe these rules will be regarded as serious misconduct, which could result in your removal from the company register.

ACCESS TO INFORMATION

As an agency, we hold on file information concerning your application, training record and disciplinary record. You are entitled to view the information we hold. Should you wish to do so, please telephone or come to the office between 9 am and 5 pm, Monday to Friday. Arrangements will be made at convenient time to view your records.

PERSONAL SAFETY TO AND FROM ASSIGNMENTS

As a Care Worker, you may be required to visit Service Users at unsocial hours, in difficult areas. Please take the following precautions:-

- Try to keep to well lit paths
- Do not take short cuts
- If possible, carry a personal alarm, whistle or mobile phone.
- If driving, park your car within sight of your Service User's Home
- Always tell someone where you are going and what time you can be expected home.
- Inform your home or office if you are likely to delay.

CARE STANDARDS ON ASSIGNMENTS – BEHAVIOUR IN A SERVICE USER'S HOME

Developing a trust relationship with a Service User is mainly dependent upon your skills and attitude. Always be courteous, professional and helpful to Service Users, their families and friends. Pay attention to your Service User's wishes and feelings. Never judge another person's lifestyle simply because it may not fit in your own beliefs. Remember, you are a guest in their home.

Always obtain permission before using the Service User's phone in connection with their care. Never use a Service User's telephone to make a personal call.

Care Workers must not consume alcohol before starting an assignment or whilst on duty, even if Service Users offer them a drink nor must unlawful drugs be taken. You must not smoke in a Service User's home.

Usually, food must not be consumed in a Service User's home. However, on occasions, Service Users are happy for a Care Worker to have a cup of tea/coffee with them, but it must not be assumed that this is always the case.

When you are on assignment, you are not permitted to take family, friends, children or pets with you to a Service User's home.

SERVICE USER'S SAFETY

Ensuring safety in a Service User's home can be difficult because the home is generally not designed for care activities - it is a place for living. It is important to ensure that any adaptations to ensure safety are agreed upon with the Service User and that a homely environment is maintained. A health and safety risk assessment will have been carried out prior to services commencing with each Service User to identify any risk to the Service User and Care Worker.

In maintaining the safety of the Service User, you are responsible for ensuring that any hazards in the home are brought to the attention of the Service User or their family and the Care Manager.

In particular, be alert to all electrical appliances or faulty wiring and connections. If an electrical appliance or socket appears unsafe or shows signs of overheating or sparking do not attempt to use it. Make the Service User aware immediately and contact the office for further instructions. Check for the smell of gas and report any concerns that you may have with gas appliances immediately. Do not attempt to use a faulty gas appliance. Open fires should have a fireguard and Service Users must not be positioned too near to any fire. Clothes should not be dried on gas or electric heaters, or in front of an open fire. Encourage Service Users who smoke to have a bowl of water to extinguish cigarettes close by when smoking and discourage them from smoking in bed. When you leave a Service User in bed, as far as is reasonably possible, make sure certain electric blankets are safe and switched off if necessary.

The Service User may require a drink, food, tablets, torch and telephone to be easily accessible. Check to make sure that the telephone is in working order.

If a commode is in use, make sure it is clean and is easily accessible to the Service User, and that toilet paper is available.

Ensure that windows and doors are made secure, but allow some ventilation, if required. When leaving the Service User's home ensure that all appropriate electrical, gas and water appliances are switched off, and that the home is secure.

EMERGENCIES AND BASIC FIRST AID

We strongly recommend that all Care Workers acquire Basic Emergency and First Aid knowledge and skills.

You are not competent to deliver first aid until you have received formal instruction. An untrained assistance could make a situation worse.

The type of emergency that you may encounter in a Service User's home could vary considerably. You may encounter flooding from burst pipes, smell of gas leaking, and smell of overheating electrics. These emergency situations will need to be reported to the office,

explained to the Service User and appropriate service authorities can then be contacted to repair the situation.

If you suspect that the Service User may have been burgled or victim of an intruder, then contact the office immediately. They will contact the police and all necessary parties. You may be required to remain with the service user until the police arrive.

If you suspect that the Service User may be the victim of abuse, contact the office immediately and the office will take the appropriate steps.

You may encounter a medical emergency when the Service User appears very unwell and in need of medical assistance other than a general visit from the GP. They may have trouble breathing, have poor skin colour and be exceptionally confused. Call the ambulance service and explain your concern. They will talk you through the action to take until help arrives. Advise the office as soon as possible.

Alternatively, you may find the Service User or someone else resident in the home on the floor having collapsed or fallen. Do not attempt to lift them. Remain calm and reassure the person. Ascertain how they came to be on the floor and call for the ambulance service that will attend and check the persons for any injury and will either take them to hospital for further examination or assist them within the home. Advise the office of the emergency situation and they will contact the next of kin, *etc.*

If you find the Service User unconscious, call for the ambulance service immediately. If you have received First Aid Training, explain this to the ambulance service when you ring and they talk to you through any situations. Remain with the person until the ambulance arrives. At the first opportunity, advise the office, who will contact the next of kin, *etc.*

If you encounter the Service User experiencing a serious bleed, remember to wear your rubber gloves before coming into contact with the blood.

ELECTRICITY

All employees have a duty to take care and common-sense precautions when dealing with electricity and electrical appliances. Electricity can kill and it should be treated with care.

The responsibility for assessing the Service User's equipment will initially fall to your Care Department or Local Authority. Before using any equipment, you should carry out a visual inspection. Any equipment found either failing to operate correctly or appearing damaged should be taken out of action. Professional assistance should always be sought for all repairs and wiring.

Faulty electrical equipment, including wiring is the cause of many accidents. The possible dangers of electrical accidents can largely be avoided by following these common-sense safety rules:-

If you have been issued with a circuit breaker, then always use it

- Electrical appliances should carry the BEAB or CE mark, this is proof that samples of the product have been tested for electrical safety.
- Never run flexes or cables under mats or carpets, avoid long trailing leads.
- Before changing a light bulb, make sure the power is off and that you have a safe platform to stand on.
- Check flexes and fittings regularly for worn or damaged parts or loose connections.
- Never use an electrical appliance by connecting it to a lamp holder or lighting circuit.
- Do not handle electrical equipment with wet hands
- Do not overload sockets with adaptors
- Do not withdraw plugs by pulling on the cable or before switching off
- Do not use portable appliances in bathrooms
- Watch out for flickering lights
- Beware of fuses that blow for no apparent reason
- If an extension lead is stored wound onto a drum or spool, unwind it fully before use.
- Watch out for plugs that crackle or become hot, or for brown scorch marks
- Do not fill kettles, irons, *etc* whilst plugged in
- Make sure that access to the main fuse box is kept clear, and that you know where the main supply cut off switch is.
- If in any doubt, do not use an electric appliance, but report any unsafe items both to your Care Department and Service User suggesting they get it repaired.

PERSONAL HYGIENE

- Wash hands often using soap and water, especially before handling food, always after visiting the toilet, emptying the commode or disposing of waste. To maintain good personal hygiene, each individual should have a full body wash daily and where medically acceptable, use an underarm deodorant. Hair should be clean. Good oral hygiene and mouth care results in fewer dental problems and alleviates the possibility of offensive breath. Remember that as a Care Worker you work in very close proximity to the Service Users.
- Remember for your own personal protection to always wear gloves and aprons, especially when dealing with personal care tasks for Service Users.
- Keep nails clean and short. Tie hair back when cooking or working closely with the Service User. Wear clean clothes daily.
- Always cough or sneeze into a tissue or handkerchief. Follow by washing your hands.

DEATH OF A SERVICE USER

If on arrival at, or during an assignment you suspect that the Service User has died, call the emergency services immediately, and then contact the office (the office will ensure that the Service User's GP, next of kin, and social service manager are also advised immediately).

It is important that the emergency services gain access and so you will be asked to remain with the Service User. Should you feel uncomfortable doing so, or be distressed, the office will arrange for someone to accompany you as soon as possible.

Please record in the Service User's record book the time of death. Do not leave the premises until someone else arrives and advises you to leave. The only thing that the relatives will need from you at this time is a quiet, calm and understanding approach.

LIAISON WITH A SERVICE USER'S FAMILY AND FRIENDS

While you are providing care to a Service User, it is probable that you will meet their family and friends. Building up a rapport will assist you to a better understanding of your Service User's physical and emotional needs.

LIAISON WITH OTHER PROFESSIONAL AGENCIES

Planning someone's care often involves working with other professional agencies such as GP, Social Services, District Nurse, Occupational Therapist, *etc.* If other agencies are involved, health and social workers will possibly share the Service User's Care Plan with our Care Workers and regular liaison between the agencies is essential.

We expect you to co-operate with other agencies involved to ensure that the Service User's needs and wishes are met. If directed by anyone other than the company to alter or provide a different service, always check with the office first.

HARASSMENT

Harassment is a form of discrimination. The company's code of practice does not tolerate discrimination against people on the grounds of race, gender, disability, age, sexual preference or social background. It does this by promoting equality for all individuals and by promoting anti-discriminatory practice.

However, the Service User is not bound under the same code of practice, and occasions may arise where the Care Worker is subject to harassment. In such a situation it is essential to handle it with sensitivity and control so that whatever course of action is necessary, an amicable outcome results without recrimination. It is acknowledged that this is not always possible.

If a Care Worker is the subject of harassment, the following action should be taken:-

- Tell the Service User that their behaviour is causing harassment, and ask them to stop.
- Keep written records of the offending behaviour as soon as it starts, detailing dates, time, the nature of harassment and if anybody witnessed it.
- Inform your Care Manager, who will arrange a meeting with you.

VIOLENCE AND ABUSE

Your personal safety and well-being is of paramount concern to us. We are unable to support and help you if we are not made aware of your problems.

Should you experience any physical, verbal or mental abuse whilst on an assignment, you must report this immediately to your Care Manager. Remember, it is essential not to retaliate in any way. If you feel in danger or physical attack, advise the Service User that you are

leaving and take note of any danger that they may be causing to themselves by their actions. Leave the home and contact the office immediately to advise them of the situation.

If you suspect that the Service user is the subject of abuse, contact your Care Manager immediately. Such abuse could take the following forms:-

Physical Harm

Hitting
Pushing
Forcing
Restraining
Misusing medicines

Mental Harm

Insulting the person
Humiliating
Ignoring the person
Frightening the person
Cutting off their contact with other people

Neglect

Depriving a person of food
or heating
or clothing
or washing facilities

Taking Money

Illegally using a pension or bank book
Taking Cash
Taking property or other valuables

Sexual Harm

Forcing a Service User to take part in any sexual activity without their consent.

Who can be harming a Service User?

This person could be anyone who meets or spends time with the older person. It is usually someone well known to the person who is being harmed.

It could be:-

- A husband, wife or partner
- A son or daughter
- Another relative
- A friend or neighbour

It could be someone whose work brings them into regular contact with an older person:-

- A Care Worker
- A Social Worker or Health Worker
- A paid or volunteer Care Worker
- A financial Advisor

Sometimes, the person responsible does not mean to cause harm, but this does not mean the effect is any less serious.

Often, the person being harmed is not able to say what is happening to them. There are warning signs that anyone who comes into contact with older people can look for:-

- Bruises, falls and injuries
- Signs of neglect

- Poor care at home
- Poor care in a residential or nursing home
- Poor care in hospital
- Changes in someone's financial situation
- Major unexplained changes in the lifestyle of the person caring for an older person
- Changes in behaviour

You and your Service User are assured that any concern voiced will be treated in an impartial and confidential manner.

COMPLIMENTS AND COMPLAINTS PROCEDURE

A compliment and complains procedure is sent to all Service Users.

The Service User has the right and is encouraged to make complimentary comments or complain about any unsatisfactory aspects of the service, which they receive to ensure that the service we provide matches your needs and your expectations, we welcome any comments you may care to make.

SUGGESTIONS

Exodus Inc. Ltd. is always seeking to improve its standards and the quality of care provided. Therefore, suggestions from Care Workers are always welcome, and can be made either verbally or in writing.

ADMINISTRATION OF MEDICATION

Exodus Inc. Ltd. has a very rigid policy and procedure in respect of the administration of medication and all Care Workers receive instruction on this policy and sign to say that they have fully understood the training given.

Care Workers are trained to be aware of the difference between the services provided by nursing professionals and those they offer. They receive a task list, which details those tasks permitted, and those, which are forbidden. The administration of medication by any Care Worker is strictly forbidden. The possible risk to the safety of the Service User is made clear to the Care Worker in the event that this procedure is not followed and the seriousness of such a breach of guideline is made known.

Care Workers can be subject to pressure from the Service User, family and friends of the Service User, Social Services and Health Professionals, GPs and District Nurses and it is made clear both at the induction of the Care Worker and in training that only the specific instructions received from Exodus Inc. Ltd. are to be adhered to. Any changes requested by any other person regarding medication must be referred back to the branch office. All changes regarding a Service User's medication must be clarified with the Service User, their family or allocated Social Care Manager and appropriate change should then be made by the person commissioning the care in the care plan.

The Care Plan in the Service User's home should be specific about what action, if any, Care Workers need to take regarding the prompting of medication. Care Workers are instructed to follow the instructions set out in the Service User's care plan. The Care Workers responsibility should rest with prompting the taking of medication, which has been previously dispensed into a Dorset Box by a family member or qualified nurse. The pre-dispensed medication form prompting at that Care Worker's visit must be tipped into the Service User's hands or into a suitable container for the Service User to take the medication from. The Care Worker must not take responsibility for placing the medication directly into the Service User's mouth.

Care Workers must not be involved in the dispensing of medication into Dorset Boxes. Care Workers must not be involved in any procedure, which involves instructions for the Service User to 'take as required'.

When the Care Worker has prompted medication, the assistance given must be recorded in the Service User's report book. Any adverse reactions to the well-being of the Service User, which are noted after the taking of medication, must be immediately reported to the office in order that appropriate authorities are notified.

Refusal by the Service User to take medication must be recorded in the report book and notified to the office in order that action, if necessary can be taken. The Care Worker's responsibility does not extend to insisting that medication must be taken.

Care Workers receive clear instructions that Medication Policy also refers to liquid medication, suppositories, pessaries, enemas and non-prescribed medications such as homeopathic remedies and herbal remedies which are subject to the licensing provisions of the Medicines Act 1968.

The Application of specified external creams may be permitted but must be clearly defined in the care plan as to the areas requiring application, when to be applied and the quantity of cream to be applied *e.g.*, to the legs only, each morning, used sparingly. Care Workers are instructed to always wear rubber gloves and to keep the specified pot or tube of cream solely for the use of the Service User named in the Care Plan.

Medicines must be kept in a safe place, known to all involved in the care of the Service User and any discontinued or unwanted medicines should be taken to a pharmacy or chemist for safe disposal.

Monitoring of the recording of medication prompting should be regularly checked and initialised by the visiting Exodus Inc. Ltd. Manager.

FOOD SAFETY IN A SERVICE USER'S HOME

All Care Workers must be aware of the principles of food safety in a Service User's home and maintain a high standard of hygiene. An understanding of the principle of food safety is

extremely important when the preparation or cooking of food for a Service User is part of your job.

The key to food safety in the home is preventing bacteria from growing through controlling temperatures and adopting high standards of hygiene.

Below are a number of good practice points, which will help to put food safety into practical everyday terms.

Temperature check

The coldest part of a fridge should always be set to operate between 0-5 degrees Celsius to reduce bacterial growth and prevent premature spoilage. If you have any reason to believe that a fridge is not working properly, let the Service User know and contact the Care Department, and make an entry in the diary.

Label check

Always check chilled and frozen food labels for the 'Best Before' date and preparation, cooking and serving instructions. Advise the Service User of any foods that are out of date and for permission to dispose of them. Make an entry in the diary. Follow manufacturer's recommendations. Do not freeze foods that have already been defrosted.

Stacking check

Raw meats, chicken and fish should always be stored at the bottom of the fridge so that juices cannot drip into (and contaminate) fresh foods and cooked foods.

Cleaning

Whilst it may always be feasible to ensure that the Service User's entire kitchen is pristine, you should make sure that all the knives, cutting surfaces, cooking and serving dishes are washed with hot, soapy water and rinsed before and after each use.

Take special care when handling raw meats, chicken, fish and eggs to avoid their juices contaminating cooked foods or clean dishes.

Cooking/Reheating

Raw meat, poultry, fish and eggs are likely to be contaminated with bacteria, which could cause food poisoning. Thorough cooking can generally easily destroy these bacteria. Remember to allow sufficient time for the heat to penetrate to the centre of the dishes.

Unless the manufacturer's instructions say otherwise, always make sure that frozen raw chicken and meat products are fully defrosted before cooking.

Where a commercially produced dish is to be reheated, you should follow the manufacturer's instructions.

When saving leftovers for later use, cover such foods straight away and refrigerate once cool to prevent bacterial growth.

When using a microwave, ensure that adequate allowance is made for the specific power of the oven as several different power strength available. Where food manufacturers recommend stirring foods halfway through the cooking period or leaving a 'resting' time at the end of cooking, it is important that those requirements are observed.

HYGIENE IN THE KITCHEN

It is important that you thoroughly wash your hands before starting to prepare food for a Service User because many perfectly healthy people carry bacteria on their skin, which can cause food poisoning. Always wash your hands thoroughly after handling raw meat, poultry, fish or eggs to remove bacteria and avoid contaminating other foods. For the same reason, it is important to avoid touching your hair, nose, eyes, mouth or ears whilst preparing food. Avoid coughing or sneezing near food.

Any infected skin wounds should be treated with antiseptic ointment and covered with a waterproof dressing before handling of food for a Service User.

Keep domestic pets away from food intended for a Service User's consumption.

HANDLING SERVICE USER'S FINANCES

The handling of a Service User's finances is only permissible if it is specifically included in the Care Plan. This is usually for shopping and collection of pension. The following rules should be adhered to;

- a) When a Care Worker obtains goods or services for a Service User, then receipts for those goods or services must be obtained and given to the Service User together with change, if any.
- b) All money transactions must be counted out and signed by both the Service User and Care Worker and recorded in the financial transaction sheets held within the diary.
- c) If a transaction sheet is not available, the back of the timesheet may be used.
- d) Care Workers are not permitted to undertake any of their own shopping or other financial activities at the same time as for a Service User.
- e) Under no circumstances should you retain possession of any money, pension books or shopping for any period longer than required to complete the transaction.
- f) Under no circumstances should you accept knowledge of a Service User's bank account PIN number.

GIFTS, LOANS AND FINANCIAL TRANSACTIONS AND WILLS

Care Workers are not permitted to accept gifts or gratuities from Service Users. Care Workers are not permitted to buy or borrow anything from, or sell or lend anything to a Service User or enter into gambling syndicate with the Service (e.g., lottery).

Under no circumstances should a Care Worker become a beneficiary of a Service User's Will, or agree to be a witness to a Service User's will.

THEFT

Theft by an employee or Care Worker from the company premises, a Service User's home, or whilst on duty, is considered to be a gross misconduct. It will be dealt with under the disciplinary procedure rules and may be reported to the police. The following are the likely steps to be taken in case of a theft or suspected theft;

- a) Any Care Worker discovered to have stolen property must be reported to the Care Manager.
- b) All employees and Care Workers must report any theft, or suspicion of theft to their Care Manager as soon as practicably possible. Suspicion of theft as well as failure to report any theft or such suspicion of theft may also be considered under the terms of the disciplinary procedure.
- c) In case of suspicion or allegation of theft from a Service User's home, the company's disciplinary procedure shall be strictly followed. Our main concern when an allegation is made is to ensure that all parties concerned are given a fair hearing. The person receiving the allegation will take a written record. This information will not initially be shared with the Care Worker implicated.
- d) Every possible check will be made with the assistance of the Service User and the Service User's family or support network and social services (if the Service User is a Social Service User) to validate the allegation. If there is found to be a basis to the allegation then the Service User, their next of kin or the Social Service Care Manager will be advised to contact the police.
- e) The police will then commence an investigation and may wish to speak to the Care Worker. On a request from the police we will make the Care Worker's home address and telephone number known to them.
- f) If contacted by the police, the Care Worker will be asked to give account of their knowledge of events to Universal Healthcare Services, who will give the Care Worker full support throughout the investigation.

We Hope That You Will Find Your Time with Exodus Inc. Ltd. Both A Rewarding & Enjoyable Experience. Welcome To Our Team!

I have received the Staff Handbook outlining the Terms and Conditions of my Employment. I understand the importance of all the rules and guidance. I understand that I should speak to my Care Manager if I have any queries. By my signature below, I acknowledge, understand, accept and agree to comply with the information contained in this handbook. I understand this handbook is not intended to cover every situation which may arise whilst on assignment, but is simply a general guide to the goals, policies, practices, benefits and expectations of Exodus Inc. Ltd. and Service Users to whom I am assigned. I understand that the handbook is not a contract of employment and should not be deemed as such.

Name..... Date.....

Signature.....

Working Time Regulation

The regulations state that you can only work a maximum of 48 hours per week (averaged out over a reference period).

It is the Company's aim to work towards a maximum 48 hour average working week for our Management and Full-time Staff. We know this is not achievable every week and that by virtue of our business, peak business periods will create a need for working time in excess of 48 hours for many.

Whilst we are committed to complying with the legislation, we recognize that a number of our employees will want to work more than 48 hours per week (dependent upon the needs of the business).

If you want to make yourself available to work in excess of 48 hours on a regular basis (dependent on the needs of the business), you **must** complete and sign the Voluntary Opt-Out Notice below and return it to your Line Manager. Should you require clarification on any point, please speak to your Line Manger before signing. Do not forget the decision is entirely yours.

Voluntary Agreement

To Opt-Out Of The Working Time Regulation Of A Maximum Working Week Of 48 Hours

I am aware that the Working Time Regulations state that the average working time (over a reference period) for each seven day period must not exceed 48 hours.

I can confirm that the Working Time Regulations have been fully explained to me by the Company and further, that I agree to work in excess of the 48 hour average over the reference period. I understand that my working hours will be monitored on a weekly basis by my Line Manager.

I understand that this agreement does not affect any other terms and conditions of my employment and will continue to apply indefinitely unless I exercise my right to opt back into the limit on working time by giving 3 months notice, in writing, to end this agreement.

Name: _____ Staff No. _____

Signed: _____ Date: _____
(Employee)

Signed: _____ Date: _____
(Line Manager)

For further info:

http://www.direct.gov.uk/en/Employment/Employees/WorkingHoursAndTimeOff/DG_10029426

✂ This form **MUST** be cut off and retained on the employee's personal file.