Somerset Partnership NHS
NHS Foundation Trust

Personal Care of Patients Policy

Version:	3
Ratified by:	Senior Managers Operational Group
Date ratified:	March 2016
Title of originator/author:	Clinical Skills Facilitator
Title of responsible committee/group:	Clinical Governance Group
Date issued:	**March 2016**
Review date:	**February 2019**
Relevant Staff Group/s:	All clinical staff who provide or advise on personal care

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DOCUMENT CONTROL

Reference Number JD/Dec12/PCCHDIP	**Version** 3	**Status** Final	**Author** Clinical Skills Facilitator
Amendments	Overall review and update to streamline the policy, and to ensure it covers all staff and areas where personal care takes place in the Trust.		
Document objectives: Ensure set standards for personal care are met throughout the Trust			
Intended recipients: All Somerset Partnership NHS Foundation Trust clinical staff who provide or advise on personal care for patients			
Committee/Group Consulted:			
Monitoring arrangements and indicators: 3 yearly review or sooner if required			
Training/resource implications: None			
Approving body and date	Clinical Governance Group	Date: February 2016	
Formal Impact Assessment	Impact Part 1	Date: TBA	
Clinical Audit Standards	Yes	Date: TBA	
Ratification Body and date	Senior Operational Managers Group	Date: March 2016	
Date of issue	**March 2016**		
Review date	**February 2019**		
Contact for review	Clinical Skills Facilitator		
Lead Director	Director of Nursing and Patient Safety		

CONSULTATION LIST Key individuals involved in developing **the document**

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All	Matrons
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CONTENTS

1. INTRODUCTION

Essence of Care (DoH 2010) benchmark for personal hygiene defines this care as: "*the physical act of cleansing the body to ensure that the hair, nails, ears, eyes, nose and skin are maintained in an optimum condition. It also includes mouth hygiene which is the effective removal of plaque and debris to ensure the structures and tissues of the mouth are kept in a healthy condition. In addition, personal hygiene includes ensuring the appropriate length of nails and hair."*

As people grow and develop, some are unable to attend to their own personal care needs because of impairment, disability, age or understanding due to communication difficulties or ill-health.

Personal care is an important area of a patient's care, influencing self-image, respect and recovery. It is a key indicator of the level of care the Trust provides to its patients. The apparent nature of many care interventions, if not practised in a sensitive and respectful manner, can lead to misinterpretation and occasionally allegations of abuse. Not understanding an individual's specific needs can lead to confusion and misunderstanding.

Good personal care standards can reduce the risk of deterioration in patients' health status and can also enable early detection of ill health. It is also important to ensure patients are provided with an appropriate environment, one which promotes privacy and dignity and is fit for purpose.

2. PURPOSE & SCOPE

2.1 The purpose of this policy is to set out the standards, which must be adhered to when providing basic personal care to patients within Somerset Partnership NHS Foundation Trust.

2.2 Through this policy staff will be able to offer a co-ordinated approach to personal care which acknowledges their responsibilities and individualised needs and preference of the patient.

2.3 This policy will enable the Trust to comply with; Care Quality Commission (CQC) Essential standard of quality and safety (2010), Essence of Care (DoH 2010), Care campaign (2011) and Human Rights Act (2000). This policy provides specific guidance regarding measuring the quality of personal care given and adherence to this policy, through audit.

2.4 This policy applies to all staff directly employed by the trust, and also includes students, Temporary, Locum, Bank, Agency and Contracted staff.

3. DUTIES AND RESPONSIBLITIES

3.1 The **Trust Board** has a duty of care for patients receiving care and treatment from the Trust and has overall responsibility for procedural documents and delegate's responsibility as appropriate.

3.2 The **Executive Lead** is the Director of Nursing and Patient Safety with delegated responsibility to ensure this policy is reviewed at least once every three years or sooner if national or local procedures change.

3.3 Each **registered practitioner** is accountable for his/her own practice and will be aware of their legal and professional responsibilities relating to their competence and work within the Code of Practice of their professional body. They are also accountable for appropriate delegation of clinical tasks to other staff.

3.4 Each non registered practitioner is accountable for their actions and to work within their scope of practice, and to report any changes in and concerns about their patient's condition to the registered nurse/lead practitioner.

3.5 **All staff** working with patients where they are providing personal care to patients should be familiar with the procedures detailed in this document and other related policies.

3.6 **Line Managers** are responsible for ensuring all relevant staff are conversant with this policy and related policies.

4. EXPLANATIONS OF TERMS USED

Personal care

4.1 Personal care relates to the basic personal hygiene needs of patients. It includes:

- bathing and showering
- oral hygiene/mouth care
- toileting, cleansing and care in the genital and anal areas.
- continence care
- cleansing and care of skin to maintain integrity
- placement, removal and changing of incontinence pads.
- menstrual hygiene
- dressing and undressing
- washing of hair
- hand, foot and nail care, including finger and toe nails
- care of sensory aids such as hearing aids and spectacles
- advice on achieving self care potential

Chaperone

4.2 An individual who acts as an advocate for the patient during examination or procedure, providing explanation and reassuring the patient whilst safeguarding against unnecessary discomfort, pain, humiliation or intimidation (Royal College of Nursing, 2002).

5. STATEMENT OF POLICY AND GUIDANCE

Individualised Personal Care

5.1 Heath care staff must ensure that patients receive personal care that is individualised to them and specific to their needs. The assessment of all patients' personal care needs and choices must be established from the start. Ensuring that the patient is involved at all times during the planning process and any risks identified, managed and reviewed.

5.1.1 Somerset Partnership values the principles of rehabilitation and encourages patients to become as independent as possible in all their personal care needs. Staff must ensure patients are provided with enough time, equipment/supplies and support to be able to perform all or some aspects of their personal care

themselves.

5.1.2 Patients should be offered consistency with their personal care needs where possible. The patient's care plan should clearly identify all aspects of their personal care needs including their level of independence and support required.

5.1.3 The following areas of personal care have been indentified and standards set using the Structure – Process – Outcome – framework (Donabendians, 1980). This framework enables the Trust to measure patient satisfaction of the personal care they receive and adherence to this policy. As personal care is "personal" to the patient, the framework provides components where standards can be set that are observable to the patient and shows how healthcare staff manage their patients' physical environment. It allows for standards to be set that include how patients perceive 'nurse/patient' interactions, including their technical skills and empathy. This framework provides specific patient outcomes that give an overall impression of the nursing care patients should expect to receive and the resulting impact of the future.

5.1.4 The following standards of personal care have been set and detailed in the Appendix A as indicated below:

- Individualised Personal Care
- Infection, Prevention and Control
- Mouth Care/Oral Hygiene
- Personal Care Equipment
- The Environment
- Personal appearance
- Sensory aids
- Personal Hygiene
- Toileting and continence aids, including sanitary wear
- Hand, Feet and Nail care
- Privacy and Dignity
- Consent and Documentation
- Delegation, knowledge and skill

Consent

5.2 Patients must give verbal consent before any of the detailed tasks in the care plan, including all aspects of personal care are undertaken as they may include very intimate, personal tasks. Written consent is obtained as part of the assessment process and documented in the Multidisciplinary Assessment Record (MDAR) within the electronic patient record.

5.2.1 Staff must explain what they are doing and involve the patient in their personal care planning process, offering patient choice at all times where appropriate. This will ensure consent is 'informed'. Wherever possible verbal or non-verbal consent should be obtained each time aspects of personal care are carried out.

5.2.2 Where a person may lack capacity in relation to a particular procedure, the decision-maker should carry out an assessment of mental capacity & make a best interests decision, in accordance with the Trust policy for Consent and Capacity to Consent to Examination and Treatment.

5.2.3 If a patient refuses the intervention of a health care worker, this must be recorded in the patient's evaluation record and the matter brought to the attention of the

nurse in charge of the patient's care, since it may be necessary to change the plan of care. Discussions need to take place with the patient and family/carer where necessary, as to the reasons for their decision and the possible consequences of the failure to meet aspects of their personal care needs. All multidisciplinary health care professionals involved must be informed of the situation.

Privacy and Dignity

5.3 Staff must ensure that patients are treated with privacy and dignity at all times, in accordance with the Privacy, Dignity and Respect policy, especially when supporting patients with any aspect of their personal care needs. Staff will always communicate with compassion and endeavor to respond to patients' preferred personal care needs in a timely manner.

5.3.1 Wherever possible, both male and female health care staff should be available, allowing patient choice regarding the gender of their health care staff, when attending to their personal care needs.

Chaperone

5.3.2 Health care staff must be culturally sensitive and aware of patients' individual concepts of privacy and dignity and in/appropriate touch. It is neither practical nor possible to eliminate the fact that intimate care may be provided by a member of staff of the opposite gender. However, in order to safeguard patients, staff must practice in accordance with the following statements:

"If any personal care support is to be given by a member of the opposite sex, the individual must be offered the option of a chaperone. The chaperone must be wherever possible, the same sex as the individual receiving the care" (RCN, 2002; GMC, 2006).

5.3.3 The name of any chaperone must be documented in the individuals evaluation record (NMC, 2005). If a chaperone is not available and care is not urgent, this must be explained to the patient to ascertain if they would prefer to proceed without a chaperone, or offer to delay the care, until such time as a chaperone is available (RCN, 2002).

5.3.4 All health care staff should also consider being accompanied by a chaperone, when undertaking intimate procedures, to avoid misunderstanding and, in rare cases, false accusations of abuse. If the patient prefers to undergo an episode of intimate personal care without the presence of a chaperone, this should be respected (RCN, 2002). A risk assessment must be completed for patients where there is a documented history of false allegations of abuse by staff, and who need intimate personal care. The risk assessment must also consider any history of physical/sexual abuse and the effect that intimate personal care may have on the patient's psychological and emotional wellbeing.

5.3.5 Wherever possible, a chaperone should be a healthcare worker, but it is recognised that in some areas or situations an additional healthcare worker may not be available. If this occurs, then the patient must be offered to invite a relative, carer or friend to be present. If this is not possible, then a non-clinical member of staff from the healthcare team may be asked to undertake the role of chaperone.

5.3.6 The patient must be made aware of the fact that the chaperone is a non-clinical member of staff and again given the opportunity to refuse or delay the procedure. All non-clinical members of staff undertaking this responsibility such as administration and clerical staff, will have undergone chaperone training and are aware of the role expected of them, how to raise concerns and also their contractual obligations regarding issues of confidentiality. Staff must record discussions and outcomes of any of the above in the individuals care plan (GMC, 2001; NMC, 2005).

5.3.7 In areas where intimate personal care may be given on a regular basis by members of the opposite sex, information must be given and where possible discussion and agreement should take place with the individual, parent/carer, their family or where appropriate legally appointed representative. This information must be recorded in the individual's care plan and nursing evaluation record (NMC, 2005).

Family and Carers Involvement

5.4 The Trust encourages and supports the involvement, where appropriate, of patients' relatives, carers and friends during episodes of delivering or planning their personal care.

5.4.1 Religious views of families must be taken into account. It may be the case that male patients can only have intimate personal care provided by another male, therefore involvement of the family in the care of the individual is important.

Foot Care

5.5 Please see the Foot Care Guidelines for Inpatients in Appendix B for inpatients. For domiciliary patients who are unable to manage their own foot care, please visit the Podiatry Service page on the Trust intranet for details of how to refer.

Documentation

5.6. All aspects of patients' personal care needs must be documented in accordance with the Record Keeping and Records Management Policy. Care plans must reflect individualised personal care planning and patient preference where appropriate. Care plans must be reviewed and updated on a daily/regular basis reflecting the patient's current level of progress.

5.6.1 Personal care planning from staff, must also be in collaboration and reflect the goals set by Allied Health Professionals, also involved in the patients' care, which have been identified on initial assessment In the MDAR.

5.6.2 All aspects of personal care delivered or not carried out for specific reasons, must be recorded in the patient's record.

6. DELEGATION AND TRAINING REQUIREMENTS

6.1 All aspects of personal care are duties, which when appropriate, can be delegated to non-registered health care staff, such as Health Care Assistants and Assistant Practitioners. However the person delegating the duty remains accountable for the appropriate delegation of these aspects of patients' personal care needs.

6.2 Health care staff must ensure they have received appropriate training and are competent to provide support to patients with their personal care. Although this policy does not advocate the need for health care staff to receive formal training or competency assessment, individuals and line managers must ensure staff are provided with the knowledge and support, to develop their skills, in order to carry out evidence based, effective and safe basic personal care to patients in line with this policy.

7. EQUALITY IMPACT ASSESSMENT

7.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

8. MONITORING COMPLIANCE AND EFFECTIVENESS

All incidents, complaints and feedback relating to personal care of patients will be monitored locally by team leaders/ward managers and matrons. Good practice, any shortfalls, action points and lessons learnt will be discussed at the relevant Best Practice Groups, who will be responsible for ensuring improvements, where necessary, are implemented. The results and action plans resulting from any audits related to this policy will be disseminated through the Trusts newsletter – 'What's On'.

9. COUNTER FRAUD

9.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

10. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

10.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), the fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 9:	Person-centred care
Regulation 10:	Dignity and respect
Regulation 11:	Need for consent
Regulation 12:	Safe care and treatment
Regulation 14:	Meeting nutritional and hydration needs
Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour

10.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18: Notification of other incidents

10.3 Detailed guidance on meeting the requirements can be found at http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf

11. RELEVANT NATIONAL REQUIREMENTS

- *Department of Health Essence of Care (2010)*
- *Care Quality Commission Essential standards of quality and safety (2010)*
- *Care Campaign, (2011)*

12. REFERENCES, ACKNOWLEDGEMENS AND ASSOCIATED DOCUMENTS

12.1 References

Department of Health (2010) Essence of Care

Donabedian, A (1980) Exploration in Quality Assessment and Monitoring. Michigan: Health Administration. Vol 18, 5-6,

General Medical Council (2013) Intimate Examinations and Chaperones

Medical Health Regulating Authority (MHRA) (2012) Medical Device Alert “oral swabs with foam head” Ref: MDA/2012/020 Issues: 13 April 2012 at 12:00

Nursing and Midwifery Council (2015) The Code for Nurses and Midwives

Nursing Standard and Patients Association (2011) Care campaign

Royal College of Nursing (2002) Chaperoning: The role of the nurse and the rights of patients; (Reprinted 2006)

The Home Office (2000) Human Rights Act

12.2 Cross reference to other procedural documents

Record Keeping and Records Management Policy
Consent and Capacity to Consent to Treatment and Examination Policy
Privacy, Dignity and Respect Policy
Intentional rounding tool
Untoward Events Reporting Policy

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on ‘Policies and Procedures’). Trust Guidance is accessible to staff on the Trust Intranet.

13. APPENDICES

13.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A	Foot Care Guidelines for inpatients
Appendix B	Personal Care Standards
Appendix C	Guidelines for Good Oral Health Care for Patients in Hospital

Somerset Partnership NHS
NHS Foundation Trust

FOOT CARE GUIDELINES FOR INPATIENTS

1. INTRODUCTION

1.1 Patients' foot health is important; all patients should have their feet checked by the Nursing team on being admitted to hospital and throughout their stay. This is to ensure that their holistic care needs are met and to ensure that rehabilitation can be fully achieved.

1.2 The National Institute of Health and Clinical Excellence (NICE) guideline NG19 gives advice on assessing diabetic foot problems and it is good practice to follow the assessment criteria for all patients' feet on admission to hospital.

2. ASSESSMENT PROCESS

2.1 On admission to hospital, all patients' feet should be examined and assessed.

2.2 The patient's shoes, socks, bandages and any dressings should be removed and the feet assessed for evidence of neuropathy (touch test), ischaemia, ulceration, inflammation and/or infection, deformity and Charcot arthropathy.

2.3 The assessment should be fully documented within the patient's notes.

2.4 If a patient is identified as having systemic sepsis, or a deep seated infection, contact should be instigated with a secondary care provider for advice and an onward referral should be made.

3. REFERRAL CRITERIA TO PODIATRY SERVICE

3.1 Any patient that has underlying medical needs can be referred to the Community Podiatry team on the Somerset Podiatry Service Ward Referral Form. Foot conditions covered by this service include:-

- Foot ulceration
- Area of sepsis/inflammation/gangrene
- Heavy callus
- Deep painful corns
- Pathologically deformed nails
- Acute swollen red/bleeding ingrown toenail

3.2 Patients must also have one of the following medical conditions or be currently prescribed one of the medication types below:-

- Peripheral neuropathy
- Peripheral vascular disease

- Long term oral steroid treatment
- Anticoagulant treatment
- Medicated diabetes
- Stage four kidney disease
- Liver disease
- Previous lower limb or digital amputation

4. TRAINING

4.1 Nursing staff should only undertake patient nail care when they have attended a training course run by the Podiatry Service of Somerset Partnership Foundation Trust.

5. INPATIENT FOOT CARE

5.1 Patients that require nail care should be treated within the hospital setting by the nursing team, and it is recommended that nails be filed regularly with disposable nail files that can be used as patient specific instruments and should be disposed of at the end of the patient's stay.

5.2 Nail cutting is not recommended, and any non- disposable nail cutting equipment needs to be fully sterilised through a Central Sterilisation Service if it is non patient specific.

5.3 Filing should be carried out when the feet are fully dry and not after a bath or shower as this softens the nails, which means additional pressure needs to be applied.

5.4 The feet should be cleansed before filing and each nail should be filed squarely until it is just proud of the distal apex of the toe.

5.5 For patient comfort, the toe should be firmly held between the medial and distal phalanx and the nail should be filed at 90 degrees to the distal edge, with pressure being applied to the nail with a movement of the file from the dorsal to the plantar aspect (from the top of the nail downwards) only. This ensures that the nail does not split and by applying pressure only in the downwards direction any possible discomfort is minimised.

6 RECOMMENDED EQUIPMENT

6.1 Disposable nail files can be purchased though INTEGRA code: FIC24289 in packs of 200 at a cost of £23.50 per pack.

Somerset Community Podiatry Service Referral Form

Please complete all sections and send to Somerset Podiatry Service, Priory House, Priory Health Park, Wells, Somerset, BA5 1XL. Tel: 0303 033 3003 Fax: 01749 836513
Email: podiatric@sompar.nhs.uk

Name of referrer / designation……..
Referrer telephone number……..…….
Date of referral…….……

Full Name		Title	
Tel No.		D.O.B.	
Full address		G.P.	
		G.P. Practice	
Post Code		Ethnicity	
Community Hospital		Ward	
Housebound	Yes No	NHS No:	

Diabetes	Yes No
Podiatric Risk Classification	Low Increased High Ulcerated
Pedal Pulses	Right Foot …… Left Foot ……
Neurological Assessment (10g monofilament)	Right Foot ……/ 10 Left Foot ……/ 10
Description of Problem / Reason for Referral	
Please attach Patient Clinical Summary or complete the two boxes below	
Current Medication	

Current Medical Conditions	

NB. If the patient has a new or deteriorating foot ulcer and requires an urgent appointment please also telephone the Podiatry Booking Office.

Office Use Only	
Urgent	24 hours
Priority	1 week
Routine	6 weeks
Education	First available session
Nail Surgery	Urgent / non-urgent
Musculoskeletal	Urgent / non-urgent

PERSONAL CARE STANDARDS

APPENDIX B

PERSONAL CARE STANDARD 1

Staff will ensure privacy, dignity and respect during all aspects of personal care		
STRUCTURE CRITERIA	**PROCESS CRITERIA**	**OUTCOME CRITERIA**
Staff ensure that the environment is fit for purpose and promotes privacy and dignity.	Staff ensure that all areas where personal care needs are met provide appropriate privacy. **For inpatients**: • Staff ensure that male and female patients have separate facilities to attend to their personal care needs. • Staff ensure that, on occasions where personal care needs are met in a multiple bedded area, appropriate information is displayed indicating to other members of staff that care needs are currently being carried out.	Patients feel at ease and less anxious during personal care.
Staff must communicate with patients appropriately before, during and after episodes of personal care.	Staff to ensure they introduce themselves to the patient and ask how they would like to be addressed? Staff to gain consent from patients to support their personal care needs. Where appropriate, nursing staff should ask permission from the patient to access their personal hygiene products.	Patients feel respected, involved in their own care
Give patient choice to use personal toiletries and/or provide appropriate washing and dressing resources including hygiene products and bath and shower facilities.	Staff assess patients' choice on a daily basis, regarding appropriate need and use of personal hygiene products. Staff ensure patients are offered their preferred choice of how they would like their personal care needs met i.e. wash at a sink, a bath or a shower, hair washed and what clothing they would like to wear. Staff ensure that patients have a supply of personal hygiene products and appropriate day and night time clothing in collaboration with patients' relatives/carers. **For inpatients**: • Where relatives/carer are unable to provide sufficient and appropriate items, staff must ensure an appropriate alternative is supplied.	Patients are able to have their personal care needs met in an appropriate environment.

	• Patients are to be offered visiting hairdressing service.	
Patients receive a holistic approach to assessing, planning, implementing and evaluating their personal care needs.	Staff establish what the patient's usual daily routines are and recognise patient preference. Personal care needs are evaluated daily and documented in a timely fashion, allowing continuity of care across the multidisciplinary team.	Patients' potential for independence and rehabilitation is promoted where possible whilst maintaining patient choice.
Staff must consider and respect individual patients' religious and cultural beliefs.	Staff should discuss with the patient their preferences towards receiving care from a health care worker of the opposite sex Staff to ensure that patients are wearing clothing that is considered appropriate. Clothing should, where able, reflect individual choice and garments such as dressing gowns made available where needed. Staff must make provisions for patients' own relatives/carers to participate in agreed aspects of patients' personal care.	Patients feel their religious and cultural beliefs are respected and acted upon where appropriate.

` Compiled by: Sally Beasley, Health Care Assistant, Crewkerne Community Hospital, Katherine Batchelor, Health Care Assistant South Petherton Community Hospital. Updated 2016

PERSONAL CARE STANDARD 2

Staff effectively deliver evidence based personal hygiene whilst maintaining privacy and dignity		
STRUCTURE CRITERIA	**PROCESS CRITERIA**	**OUTCOME CRITERIA**
Staff ensure adequate basic personal hygiene products are available when needed by the patient and the standard is reflected across the Trust.	Staff ensure hygiene needs and preference are assessed on admission to the individual service, recognising patient preference and level of support required.	Having adequate basic personal hygiene products promotes patient independence, confidence, trust and comfort though out the Trust.
Staff ensure support with personal hygiene needs are provided at appropriate times of the day, reflecting patient preference where able.	Staff use the nursing process to assess, plan, implement and evaluate patients' personal hygiene needs and ability to maintain independence level to their	Patients feel that their personal hygiene needs preferences are respected and supported, contributing to their emotional and physical wellbeing.

	preference. **For Inpatients**: • Staff offer hand washing facilities before meal times. • Patient care plans and evaluation records are completed in a timely manner alongside the patient. • Staff ensure adequate staffing levels, reflecting the right skill mix to support patients' hygiene needs.	

Complied by: Angela Carter, Health Care Assistant, West Mendip Community Hospital. Updated 2016

PERSONAL CARE STANDARD 3

Staff understand and apply evidence-based measures to prevent and control transmission of micro-organisms that are likely to cause infection during episodes of personal care		
STRUCTURE CRITERIA	**PROCESS CRITERIA**	**OUTCOME CRITERIA**
Provide an environment which promotes the highest possible standards of Infection Prevention and Control.	Staff follow hand hygiene guidelines in accordance with policy. Personal protective equipment is worn by staff when appropriate. Effective communication with patient, promoting best practice with personal hygiene needs.	The patient receives effective care minimising the risk of cross-contamination in the clinical environment.
Staff provide personal hygiene care needs according to individual patient need.	Risk assessment and care plan documented and evaluated daily, to reflect patient's individual needs, ensuring continuity of care.	Patients are satisfied care given is appropriate to their individual needs/capabilities/culture. Assured potential cross-contamination of infection is risk assessed.
Appropriate resources are available to promote prevention and control of infection.	Clean water and receptacle provided to maintain personal hygiene needs. For Inpatients: • When using a single patient use wash bowl, dirty water must be disposed of in a designated area such as in the sluice, in order to reduce risk of exposure to infection from possible contaminated water splash back. Wash	Promotes patients wellbeing and cleanliness, reducing the risk of cross-contamination, whilst maintaining patient comfort and dignity and enhancing patient preference during personal care procedures.

	bowls are cleaned after each use with detergent, dried and stored in an inverted position in patient's locker/bathroom. They do not require decontamination cleaning if patients are infectious. • Disposable, single use/single patient use items are used where ever recommended. • Single use washcloths are used to reduce colonisation of fabric wash cloths, or the patient's own wash cloth if preferred. • Appropriate waste bags to dispose of waste in accordance with policy (Orange clinical waste). • Clean linen and laundry bag/skip are available at all times. • Soiled and/or infected linen are disposed of as per policy. Patients own soiled clothing are placed in white domestic use alginate bags and must be laundered by their relatives/carers. • Individual patients own toiletries and toiletries supplied by the Trust are single patient use only.	

Compiled by: Ruth Diligent, Infection, Prevention and Control Nurse. Updated 2016

PERSONAL CARE STANDARD 4

All Inpatients have immediate access to facilities, equipment and supplies to meet their individual personal care needs that reflect patient choice and maintains privacy and dignity		
STRUCTURE CRITERIA	**PROCESS CRITERIA**	**OUTCOME CRITERIA**
Wards have readily available stocks of agreed personal care items/products that are fit for purpose and evidence based and as a minimum are in accordance with the Personal Care Standard Equipment list.	Ward staff have a systematic and productive approach to ordering. Staff ensure that appropriate resources are sought and restocked in a timely manner.	Patients experience reduced anxiety by feeling less embarrassed in not having their own personal care resources. There is improved ward budget management and stock organisation.
Staff ensure appropriate use of supplies.	Staff assess each patient's personal care needs using evidence based health care and document in the MDAR and care plan. Staff encourage the appropriate use of patients' own toiletries and ensure these	Patents experience improved comfort and health outcomes and personal use of toiletries is assured and items are not shared.

	are not shared with other patients. Staff receive sufficient training to assess, plan, implement and evaluate individual patient appropriateness for use of personal care products. Staff gain consent, where able, from patients when considering using personal care items belonging to the patient or from stock.	
Personal care supplies are offered but not inflicted on the patient when unable to provide their own.	Consent is gained from the patient or carer/relative when considering using stock items with the view to mirror patient choice where able to. Staff empower the patient to make decisions which could improve their rehabilitation outcome by providing information on recommended products	Patients' preferences and choice are respected in a dignified and professional way.

Compiled by: Harriet Midwinter, Staff Nurse and Carolyne Starr, Health Care Assistant Frome Community Hospital. Updated 2016

PERSONAL CARE STANDARD 5

Staff encourage independence and choice, enabling patients to express themselves through their own personal presentation		
STRUCTURE CRITERIA	**PROCESS CRITERIA**	**OUTCOME CRITERIA**
Staff promote a culture of patient independence within their environment, becoming aware of the layout and support available.	Staff assess patients' personal care preferences in collaboration with the patient and/or relatives/carers.	To create as normal a routine as possible to encourage independence and a feeling of worth.
Staff ensure a safe environment and provide a basic supply of personal care items to support patient choice.	Staff encourage patients to make personal choice in areas such as: Day and night time clothing Hair washing and hairdressing service where available Shaving preferences Make up products	Patient's individuality is maintained.

	Religious and cultural beliefs that reflect their personal presentation. Staff ensure patients and relatives/carers are informed of patient clothing laundering procedures and adhere to Trust policy for Patients Laundry.	
Staff allow appropriate amounts of time for personal care and patient choice to take place.	Staff ensure patients are given enough support and time to achieve their personal presentation choices. Provision of basic personal care products and clothing are available, as a minimum in accordance with the Personal Care Standard Equipment list and where needed in a timely manner.	Patients' rehabilitation experience is enhanced through empowerment, sensitivity and motivation.

Compiled by: Mary Lee, Health Care Assistant, Minehead Community Hospital. Updated 2016

PERSONAL CARE STANDARD 6

Where necessary patients are supported to maintain the cleanliness of their sensory aids during personal care		
STRUCTURE CRITERIA	**PROCESS CRITERIA**	**OUTCOME CRITERIA**
All staff are aware of what aids are required and used by the patient	Staff ensure that initial assessment includes the use of sensory aids and documented in the Multidisciplinary Assessment Record.	Patients maintain their individual identify and dignity
Staff are aware of appropriate use of sensory aids individual to each patient	Staff ensure the use of sensory aids are included in the patient's plan of care where required including correct use. Staff ensure that patient's sensory aids are stored correctly when not in use and are readily available when required. Staff ensure that the plan of care includes the level of support the patient requires in using their sensory aids.	Patients feel supported at all times, contributing to their overall physical and emotional well being
Staff ensure patients are able to maintain their sensory aids	**For Inpatients**: • Where patients are unable to	Patients are able to experience a level of independence and reduced vulnerability.

	maintain their own aids, staff must ensure they are kept clean at all times and referrals made to specialist technicians/departments when necessary.	

Compiled by: Shirley Clements Staff Nurse, Val Collard Health Care Assistant, Ann Hawkes Health Care Assistant, Bridgwater Community Hospital. Updated 2016

PERSONAL CARE STANDARD 7

Patients mouth care and oral hygiene needs are assessed, planned, implemented and evaluated from admission to discharge		
STRUCTURE CRITERIA	**PROCESS CRITERIA**	**OUTCOME CRITERIA**
Staff ensure an appropriate environment is provided which promotes privacy and dignity and is suitable to attend to mouth care needs.	Staff ensure that facilities and support are available for patients to attend to their mouth care needs as required. Staff ensure the nursing process is followed, incorporating the Mouth Care Guidelines at all times. Staff ensure patient consent, preference and choice where appropriate, is reflected in the care planning process. Staff empower and educate the patient/carers in their mouth care needs.	To ensure the patient's anxiety is reduced during episodes of mouth care and is assured that their mouth care needs are integral to their care.
Staff ensure patients have access to adequate facilities and products to attend to their mouth care needs.	Through the nursing process, staff ensure patients' have appropriate and adequate supplies of mouth care products suitable for their needs. Staff ensure the only equipment used to deliver mouth care is evidence based and recommended in the Mouth Care Guidelines. Staff document all mouth care activities in the care plan and evaluation record on a daily basis. Staff ensure patients receive the correct level of mouth care and appropriate referrals are made to the Dental Service if more extensive advice or help is required. Contact details can be found on the Trust intranet	Patients have a clean, moist mouth which promotes patient comfort , nutritional and fluid intake and overall recovery
Staff ensure they provide evidence based mouth care appropriate to the patient	Staff develop the knowledge and skills required to carry out all aspects of mouth care. Staff to use the mouth care guidelines to deliver evidence based mouth care. Staff to understand how to refer for further professional help from the	Patients receive appropriate mouth care from appropriately trained and competent staff.

	Dental Service if the patient has pain or infection in the mouth that does not respond to local measures. As per MHRA guidance oral swabs with a foam head are a choking hazard therefore they **must not** be used. Staff must ensure that petroleum based lip balms **are not** used if the patient is receiving oxygen therapy due to increased safety risk.	

Compiled by: Laura Wine Health Care Assistant, Karen Sellick Health Care Assistant, Karen Reeves Health Care Assistant, Samantha Down Health Care Assistant, Williton Community Hospital. Updated 2016

PERSONAL CARE STANDARD 8

Patients hygiene and sanitary needs are maintained following elimination		
STRUCTURE CRITERIA	**PROCESS CRITERIA**	**OUTCOME CRITERIA**
Patients are provided with appropriate toileting facilities which promote privacy and dignity both day and night.	Staff utilise the nursing process to ensure patients' elimination needs are met appropriately and included in the care plan, reflecting patient choice throughout, where able. Staff allow sufficient time for patients' to attend to their elimination needs. **For Inpatients**: • Staff ensure patients do not have to pass opposite sex facilities when requiring the toilet. • Staff ensure patients who are unable to attend the toilet facility, are provided with bedside curtains that close around the entire bed space and signs are used to alert other members of staff and patients that care is in progress. • Staff ensure patients are appropriately dressed to maintain privacy and dignity when being taken or walking to the toilet facility.	Patients experience less anxiety during episodes of elimination and increase their potential for rehabilitation and independence.
Toileting facilities are fit for purpose, providing a safe and clean environment.	Elimination needs are documented in the patients care plan and communicated with other members of the multidisciplinary team **For Inpatients**: • Staff ensure toilets are kept clean after each use	Patients are kept safe at all times and free from infection.

	and faults are reported according to Trust policy. • Staff ensure disposable bed pans and urinals are covered following use, with appropriate materials as recommended in the Personal Care Standard Equipment list. • Staff assess the patient's ability to maintain their safety whilst in the toilet facility and take appropriate action where required i.e. ensuring call bell is within reach, side rails are utilised. • .Staff ensure that hygiene products associated with elimination are disposed of appropriately.	
Toileting facilities provide male and female privacy, allowing staff and other patients to be aware when occupied or vacant.	**For Inpatients**: • Staff ensure male and female facilities are used appropriately. • Staff ensure vacant and engaged signs are used at all times	Patients privacy and dignity is respected and maintained at all times
Patients are provided with personal care products suitable for toilet or sanitary needs, such as toilet roll, sanitary wear, continence products.	Staff ensure patients are provided with appropriate continence products that have been individually assessed for the patient and which promote independence and skin integrity. Staff ensure they gain the appropriate knowledge and competence to assess patients' elimination needs. Staff ensure patients' personal hygiene needs are met during elimination/sanitary needs and skin integrity is maintained. Staff encourage patients to wash their hands following these episodes.	Patients are confident that staff have the knowledge and skills to assess their elimination needs holistically whilst respecting patient choice where able. Patients are reassured that appropriate hygiene products are readily available during episode of elimination.

Compiled by: Laura Wine Health Care Assistant, Karen Sellick Health Care Assistant, Karen Reeves Health Care Assistant, Samantha Down Health Care Assistant, Williton Community Hospital. Updated 2016.

PERSONAL CARE STANDARD 9

Staff work in partnership with patients ensuring hand and feet care needs are met (Also see the Foot Care Guidelines for Inpatients in Appendix B)		
STRUCTURE CRITERIA	**PROCESS CRITERIA**	**OUTCOME CRITERIA**
Staff receive training and competency assessment in assessing, implementing and evaluating foot care needs of inpatients.	Only staff who have received appropriate training and competency assessment from a registered podiatric practitioner can undertake foot assessment and care.	Patient experience safe and effective foot care, in particular toe nail care, from appropriately trained and competent staff.
Staff adhere to Trust policies, protocols and guidelines when undertaking any aspect of hand and foot care.	Staff to obtain informed consent from the patient at all times and ensure this is documented. Staff to follow Trust guidelines regarding foot care assessment, care planning, treatment and evaluation	Patients experience care that is evidenced based, regularly monitored to reflect its effectiveness and reflects their individual needs.
Staff ensure foot care is delivered in an environment which provides privacy and dignity at all times.	Staff remain aware of the importance of good foot care. Patient needs and preferences are assessed on admission to the individual service and continues until discharge.	Patients feel all aspects of their personal care needs are met to a standard that reflects each individual's needs and preferences.
Appropriate equipment is readily available to deliver hand and foot care.	Staff only use assessment tools and equipment as recommended by local guidelines/podiatry service. Infection control procedures are adhered to at all times. Disposable single use/single patient use items are used at all times when providing hand and foot care needs. Nail brushes must be used with caution in order to protect skin integrity to surrounding areas and disposed of after each use.	Patients and nursing staff have access to equipment that is fit for purpose and safe at all times.

Staff ensure a multidisciplinary and holistic approach when carrying out any aspect of hand and foot care.	Staff ensure guidelines are followed and contraindicated patients appropriately referred to podiatry service. Staff ensure foot care is assessed and evaluated to ensure improved rehabilitation and reduce the risk of falls, including appropriate foot wear. Staff ensure foot care is incorporated in the discharge planning process focusing on patient education and self-care measures with the patients' family/carers.	Patients are empowered and confident to carry out foot care independently or in conjunction with the podiatry service. Patients experience safer and enhanced potential for rehabilitation and peace of mind following discharge.

Compiled by: Kim Cooper, Matron Wellington Community Hospital, Updated 2016

APPENDIX C

Somerset Partnership NHS
NHS Foundation Trust

GUIDELINES FOR GOOD ORAL HEALTH CARE FOR PATIENTS IN HOSPITAL

1. PURPOSE

1.1 These guidelines give an outline of the rationale and practice in the provision of good basic oral care for patients in hospital. The assessment tool and care plan should be used as a baseline measure for all patients, to determine the level of support and degree of oral care each individual requires.

1.2 All care staff should be trained in the provision of mouth care. For information on training provision see below.

2. INTRODUCTION

2.1 Somerset Partnership NHS Foundation Trust is committed to providing high quality, evidence based care including the management of oral hygiene.

2.2 Staff are required to:

- assess patients oral hygiene status on admission and review throughout their inpatient stay
- plan and document appropriate oral care during their stay
- implement the care plan to ensure compliance with agreed guidelines and provide oral care to all patients

3. BACKGROUND PRINCIPLES

3.1 People in hospital have the same right to good oral care as people living in the community. Mouth care is an essential part of overall patient care and an appropriate oral care plan should be developed for each patient.

3.2 Poor oral health can:

- result in pain from the teeth and/or soft tissues
- reduce the ability to chew and swallow leading to compromised nutrition and dehydration
- contribute to poor general health including oral and chest infections
- reduce self-esteem due to poor body image
- reduce the ability to speak due to a dry painful mouth
- cause distress and discomfort particularly for people nearing the end of life

3.3 Oral care is especially important for people who are reliant on nursing staff or carers to help with their oral hygiene; such patients may also be especially

vulnerable to oral disease and discomfort, and are frequently at risk of aspiration pneumonia.

3.4 People with dysphagia (difficulty with chewing and swallowing) are at a particular risk from poor oral hygiene and health (see Oral Care for People with Dysphagia factsheet).

3.5 A dry mouth can compromise oral health and cause discomfort and problems with swallowing. For patients with a dry mouth the frequency of oral care will need to be increased (see mouth care assessment tool and care plan). Dry mouth may be caused by:

- medication, including its side effects.
- intubation.
- mouth breathing.
- reduced or restricted oral food/liquid intake.
- oxygen therapy.

3.6 Nursing and care staff should be trained in the knowledge and skills necessary to provide and maintain oral care, with further training updates as required.

3.7 Oral care should reflect principles embedded in Essence of Care 2010 (Department of Health), some of which are outlined below:

Benchmarks for Personal Hygiene (ESSENCE OF CARE 2010)

- a trained and/or experienced member of staff is available to provide care and assistance to meet hair, nails, mouth, ears, nose and skin personal hygiene needs;
- care and assistance with personal hygiene is provided according to people's needs;
- toiletries are made available to people if they do not have their own;
- condition and cleanliness of hair, nails, mouth, ears, eyes, nose and skin are monitored and care provided as required and (where possible) as preferred.

4. ORAL ASSESSMENT

4.1 An oral assessment must be carried out as part of standard hospital admission procedures within the first 24 hours.

4.2 This should include an assessment of soft tissues and natural teeth, presence of dentures, visible deposits, nutritional/fluid intake, and the ability of a patient to maintain oral hygiene independently or the level of assistance required.

4.3 It is recommended that the suggested mouth care assessment tool and care plan below is used for all patients admitted to hospital.

5. MATERIALS FOR BASIC ORAL HYGIENE

5.1 Essential: for all patients:

- small-headed medium or soft toothbrush
- toothpaste containing at least 1450ppm (parts per million) fluoride

5.2 Additional for some patients:

- denture container (labelled)
- gauze squares
- low-foaming toothpaste can be useful for dysphagic patients
- Corsodyl mouthwash or gel

5.3 Pink foam headed swabs **must not** be used to clean the mouth as they are not designed for cleaning teeth and are ineffective in removing plaque. They can also become a choking hazard if the head becomes detached.

5.4 Use a small (pea-sized) amount of fluoride toothpaste on a dry toothbrush. Do not wet the brush.

5.5 All surfaces of all teeth, and the tongue, should be cleaned twice daily with a medium textured small-headed toothbrush and fluoride toothpaste (at least 1450parts per million fluoride). Care should be taken to ensure the gums and the necks of the teeth are also thoroughly brushed.

5.6 Oral care may be required before and after meals for dysphagic patient to minimise their risk of aspirating harmful bacteria into the lung and to remove any food debris from the teeth and mouth after eating that could pose a choking risk.

5.7 Excess toothpaste should be spat out or the mouth wiped using a gauze square, but the mouth should not be rinsed after brushing.

5.8 Oral suctioning from a competent practitioner may be helpful for patients with dysphagia who have excess secretions in the oral cavity or who are unable to spit excess toothpaste from the mouth.

5.9 Dentures must be removed a minimum of twice daily, and cleaned using a brush with soap and water or toothpaste then rinsed prior to putting back into the patient's mouth. Dentures should be removed at night, cleaned as above, and soaked in water overnight in a labelled container.

5.10 Corsodyl mouthwash (preferably alcohol-free) or gel can be used for patients with severely inflamed gums but this should be used at different times of day to using fluoride toothpaste.

5.11 Lip Balm or KY Jelly should be applied to dry or cracked lips.

5.12 Artificial saliva gels and sprays may be considered for patients with dry mouths not relieved by sips of water.

5.13 For patients unable to sip water, mouths can be moistened using a small-headed soft toothbrush dipped in water.

6. TRAINING

6.1 Training in oral care is provided as part of the Dysphagia Awareness Training workshops coordinated by the Adult Speech and Language Therapy service.

6.2 The responsibility for ensuring that staff are adequately trained in mouth care lies with the line manager.

7. MONITORING AND REVIEW

7.1 Incident reports should be completed for any patient whose mouth care needs are not met while under the care of the Trust. All complaints, feedback and DATIX incidents related to mouth care will be monitored by the appropriate Best Practice Group. Any shortfalls, action points, lessons learnt, and feedback will be shared with the relevant teams and disseminated through the Trust newsletter – 'What's on @ Sompar'.

Rachel Pinder August 2012
Reviewed and updated by Liz Berry, February 2016

Mouth care assessment tool: add totals from each column to give correct care plan								
Mouth: condition of teeth and intraoral soft tissues		**Oral intake (food and liquid)**		**Ability to maintain independent oral hygiene**		**MOUTH CARE PLAN**	**Presence of broken/ decayed teeth**	**Presence of dentures**
Healthy, pink, clean mouth	**1**	Well-balanced diet, good fluid intake	**1**	Independent care with access to adequate facilities	**1**	**Score 3-4** Clean teeth and oral soft tissues 12 hourly (supervised or encouraged by staff)	If no pain or infection, see GDP on discharge	If dentures are a comfortable fit: clean regularly during the day; clean and remove at night
Visible oral deposits	**2**	Poor appetite, poor fluid intake, dietary supplements required	**2**	Bed/chair bound; unable to access personal hygiene facilities	**2**	**Score 5-6** Ensure oral cavity clean and moist before meals Clean teeth and oral soft tissues after meals (at least 3 x daily by patient or staff) Encourage regular sips of water	If pain or infection are present, consider seeking professional advice.	If dentures are broken, poor fit, or giving pain, consider removing them
Red inflamed gums/oral tissues	**3**	Reduced fluid intake	**3**	Bed/chair bound; unable to access personal hygiene facilities. Needs help with personal care	**3**	**Score 7-8** Teeth and oral soft tissues cleaned by staff 4 hourly including before and after meals Moisten mouth regularly with water Apply lip balm/KY Jelly		
Infected oral tissues	**4**	Unable to tolerate oral fluids or unconscious	**4**	Totally dependent	**4**	**Score 9-12** Teeth and oral soft tissues cleaned at least 2 hourly by staff. Moisten mouth regularly with water Apply lip balm/KY Jelly		Remove dentures
Add one point each for: dyspnoea, dysphagia, oxygen therapy, radiotherapy, dry mouth, immunosuppressant medication **Add two points each for:** intubated patient, patients receiving End of Life Care								