



ST. PATRICK'S CENTRE
KELLS ROAD KILKENNY

Policy Document

POLICY TITLE:

Policy on Supporting People with Personal & Intimate Care

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Mission Statement

To enable people to live a good life, in their own home, with supports and opportunities to become active, valued and inclusive members of their local communities.

To enable a supported self-directed living (SSDL) model of provision which is underpinned by our beliefs, values and vision.

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1 Policy Statement

- 1.1. St. Patrick's Centre (Kilkenny) (SPC) acknowledges that intimate and personal care is a basic fundamental human need which is usually carried out in private by individuals.
- 1.2. SPC attaches the highest importance to ensuring a culture that values the privacy and dignity of all the people we support in the service.
- 1.3. Intimate and personal care is an important area of a person's self-image and respect. A relationship of trust is fundamental to ensure that all people supported receive the same high standards of care.
- 1.4. This policy will give direction to employees who support people living in SPC in personal and intimate care based on a person centered approach and in line with the Trust in Care guidelines.

2 Purpose of the Policy

- 2.1. This policy sets out the standards and approach when providing intimate care to the people supported in SPC to uphold the person's right to dignity and privacy at all times.
- 2.2. The policy is to safeguard the people supported in SPC and the employee providing support during personal and intimate care.

3 Scope

- 3.1. This guideline applies to all SPC employees providing intimate care support for the people who use SPC services.

4 Definitions

- 4.1. Intimate care covers tasks associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the sexual parts of the body (Cambridge and Carnaby, 2000).
- 4.2. Intimate care involves washing, touching or carrying out an invasive procedure that most adults carry out for themselves.

4.2.1. Examples of intimate care may include:

- Dressing and undressing.
- Assisting someone to use the toilet.
- Changing continence aids.
- Providing catheter care.
- Bathing/showering.
- Washing intimate parts of the body.
- Menstrual care.
- Changing sanitary wear.

4.2.2. Some areas of intimate care may include the administration of medical/nursing procedures, such as:

- Physical examination for medical purposes.
- Administering enemas and suppositories.
- Breast check.
- Applying/renewing dressings to intimate parts of the body.
- Administering per rectum treatments.
- Administration of injections/ intravenous/subcutaneous fluids.

5 Personal care

5.1. The term refers to tasks which do not involve contact or exposure of sexual parts of the body and are often associated with personal presentation such as brushing hair and shaving. Though personal care often involves a level of touch, this contact is with non-intimate parts of the body (Cambridge and Carnaby, 2000).

5.2. Examples of Personal care may include:

- Shaving
- Skin care or applying external medication
- Hair care
- Mealtime support
- Brushing teeth
- Applying deodorant
- Dressing/undressing
- Prompting to go to the toilet or bathroom

6 Principles of Intimate Care

6.1. **Relationship of trust** - A relationship of trust can be described as one in which one party is in a position of power or influence over the other by virtue of their

work or the nature of their activity. Relationships developed by professions such as Nursing, Social Care and Allied Health Professionals are all founded on trust.

Employees need to ensure that intimate care is a positive experience for the person supported. It is essential that support is provided in a gentle and sensitive a manner and that every person is treated as an individual. While providing Intimate care, employees are in a position of great trust and responsibility. Employees are required to attend to the safety and comfort but also to the dignity and respect of the person supported.

- 6.2. Choice - This policy is founded on the principle that every person has the right to make their own choices in relation to all aspects of their life including decisions around their personal and intimate care needs. Therefore employees will provide all necessary support to enable individuals to make choices in this area and so maximize the amount of control people have over their own intimate care.

When the person's capacity to exercise choice is compromised, the support team will gather information regarding the person's preferences by documenting non-verbal responses to a range of choices offered over a period of time. Personal preferences will be documented within the person's Intimate Care Plan **(Appendix 1)**

- 6.3. **Independence** - Intimate care should also offer opportunities for the person's personal development and extend their personal skills and communication. Please read further detail in 7.2 Procedures

7 Safeguarding and Prevention of Abuse

- 6.4. One of the principle functions of this policy is to safeguard the person supported against the risk of abuse during personal and intimate care.
- 6.5. The term 'abuse' can be subject to wide interpretation. For the purpose of this policy, abuse is considered to be any form of behaviour that violates the dignity of the people we support. Abuse may consist of a single act or repeated acts and may be physical, sexual or psychological/emotional. It may constitute neglect and poor professional practice. It may take the form of isolated incidents of poor or unsatisfactory professional practice, at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. Repeated instances of poor care may be an indication of more serious problems within the organisation for which the individual employee cannot be held accountable (Trust In Care, 2005).
- 6.6. It is a requirement that all employees offer intimate and personal care in a manner that is consistent with the guidelines in this policy. It is also an essential requirement that all employees have completed SPC Safeguarding training and

read signed that they understand the 'Safeguarding Vulnerable Persons at Risk of Abuse' National Policy and Procedures and provide support in a manner that is consistent with the guidance contained in this policy.

8 Roles and Responsibilities

8.1. Responsibilities of the Director of Service:

- To ensure that employees are introduced and orientated to intimate care principles and practices as laid out in this policy.
- To ensure this Policy is monitored regularly and reviewed every two years.
- To ensure that, at all times, the dignity and privacy of the people we support will be paramount in addressing intimate care needs.
- To ensure and oversee that the process of supporting and enabling each supported person in meeting their intimate care needs is documented as part of a care plan and regularly reviewed and evaluated.
- To ensure that the Health and Safety regulations are adhered to by all employees providing intimate care.
- To ensure that procedures for management and the reporting of protection and welfare concerns of all people we support are in place and that employees are aware of these guidelines (Trust In Care, 2005).

8.2. Responsibilities of the CSM/Team Leader:

- To introduce and orientate employees to intimate care principles and practices as laid out in this policy.
- To ensure that employees, at all times, uphold the dignity and privacy of the people we support when addressing intimate care needs.
- To ensure that keyworkers and all employees support and enable each supported person in meeting their intimate care needs as per their Personal Plan and Intimate Care Plan, which is regularly reviewed and evaluated.
- To ensure that the Health and safety regulations are adhered to by all employees providing intimate care.
- To ensure that procedures for management and the reporting of protection and welfare concerns of all people we support are in place and that employees are aware of these guidelines (Trust In Care, 2005).

8.3. Responsibilities of Employees:

- To be familiar with and adhere to this policy.
- To be aware of and carry out intimate physical care according to the supported person's wishes and/or as documented in their individual personal plan.
- To uphold the dignity and privacy of the people we support when addressing intimate care needs.
- To enable each supported person in meeting their intimate care needs as per their

- Personal and Intimate Care Plans, which are regularly reviewed and evaluated.
- To ensure a completed reviewed and updated Personal and Intimate Care Plan is in place for each supported person.
 - To report any major issues or concerns as soon as possible to their Line Manager who can advise on an appropriate response. This may include if the supported person:
 - Is accidentally hurt by an employee.
 - Seems unusually sore, tender or bruised.
 - Appears to misunderstand or misinterpret what is said or done.
 - Has a very emotional reaction without a known cause.

8.4. Agency and Newly Recruited Employees

It is acknowledged that SPC ensures newly recruited employees and agency staff require supports during a period of induction. Employees will receive an induction into SPC's Intimate Care Policy, Intimate Care Plans and where possible, provided with shadow shifts when providing intimate and personal care to people supported.

9 Points to Remember When Providing Intimate Care to Supported Persons

9.1. Hand-washing

Hands should be washed:

- Before starting work.
- Before personal care/intimate care activities with each supported person.
- Before handling any medical devices (e.g. urinary catheters) and before wound care.
- After handling contaminated items such as dressings, used incontinence wear, etc.
- After removing protective clothing e.g. gloves.
- After using the toilet, blowing nose, covering a sneeze, or assisting a supported person with these activities.
- After personal care/intimate care activities with each supported person.
- After finishing work.
- Whenever hands become visibly soiled.

9.2. Do's and Don'ts

Do:

- Restrict jewelry to one flat/wedding ring.
- Keep nails short, clean and free of nail varnish and artificial nails.
- Care for your hands by moisturizing regularly to protect your skin.

- Use warm water and pat hands dry rather than rubbing them to minimize chapping.
- Cover any cuts or abrasions with a plaster/band aid and change as necessary.

Don't:

- Use nailbrushes as germs multiply on wet nailbrushes.
- Carry out direct care if you have skin conditions on your hands, i.e. weeping dermatitis (seek medical/occupational health advice for this).

10 Procedure

10.1. The areas outlined in this section will be considered as areas of special importance during the process of providing intimate care and a positive approach will assist in promoting good practice in intimate and personal care.

10.1.1. Communication

- The level of assistance required with intimate care will be identified by the person supported or is identified within their Intimate Care Plan.
- The level of assistance required with intimate medical/nursing procedure will be re-assessed as required.
- All employees should be familiar with the person's Intimate Care Plan regarding communication needs and the communication methods used by each supported person.
- The supported person should be familiar with the employee providing the intimate care in so far as is reasonably possible.
- The employee will always knock on the door and announce yourself and ask permission to enter any area where a person supported is having intimate time or care.
- Prior to assisting the person, explain what is happening in a straightforward and reassuring way. Initially, approach the supported person from the front, make eye contact and address him/her by their preferred name.
- The supported person's explicit or implied consent to having assistance provided for his or her intimate care needs should be sought on each occasion of providing intimate care.
- When working with people who are not using verbal language and have sensory impairments (hearing/ vision), employees should use clearly understood methods of communication (e.g. Lámh, PECS, sensory cues and signaling intention) with regard to each supported person's communication needs.
- It is important to address the supported person by name throughout so that he/she is the focus of the support given.
- With intimate care, the touch should be affirmative and supportive, not rough and insensitive, and at a level appropriate to the task.

- At all times provide facilities which afford privacy and modesty whilst ensuring that there is adequate lighting, heating and ventilation for the comfort of the supported person.
- Ensure that all necessary supplies are at hand so that the supported person is not left exposed and unattended while items are located.
- Use discreet observation for bruising, cuts and any abnormalities. If any of the aforementioned is observed, report and record this in the supported person's individual personal plan, complete an incident/near miss form and report to your line manager.
- Check in advance, where possible, that suitable facilities exist for intimate care procedures when out in the community, on holidays, etc.
- Record relevant information in the supported person's personal plan.

10.1.2. Independence

- Each supported person's intimate care skills are assessed and addressed as per Personal Plan.
- Employees should encourage the person supported to be involved as far as possible in carrying out their own intimate care.
- Employees should enable person supported to access a chiropodist of their choice in the community or have one visit them in their home for foot care
- Following assessment, a skills teaching programme should be devised, implemented and evaluated by the lead keyworker and employee team.
- Employees should adopt an enabling and empowering approach to skills training when providing intimate care for the supported person with the aim to reduce their dependency on supports needed.
- Where a supported person is fully dependent on support, the employee should explain their actions and give him/her choices where possible.

10.1.3. Safety

- Employees should avoid manual handling as much as possible to avoid injury. Risk Assessment forms are available for use and should be completed for each supported person. At all times, hoists and other equipment provided must be used to avoid injury. If a person's needs change, alert a line manager as soon as possible.
- Employees should use protective gloves and follow the hand hygiene guidelines for both the supported person and themselves where appropriate.
- Employees must ensure that the environment in which they are providing the intimate care is safe and suitable for the purpose.
- It is important that the employee providing intimate care informs other employees of their whereabouts and the nature of the intimate care being provided.
- It may be appropriate for two employees to be present with intimate/toileting needs. The supported person's Intimate Care Plan outlines the needs.
- Employees must inform their line manager if any unusual observations or incidents occur during assisting a person with intimate care, e.g. tenderness/soreness of

intimate body parts or unexplained bruising and complete incident notifications as per SPC policy via DMS.

- If the supported person expresses a feeling of unease or vulnerability during intimate care, this must be brought to the attention of the employee's line manager.
- Every effort will be made to adhere to best practice as agreed in this policy; nonetheless, in the event of an injury of a supported person, the accident will be immediately reported to the relevant line manager and incident form to be completed via DMS.
- Utilize protective clothing where necessary and adhere to infection control guidelines when disposing of soiled material or sharps.

10.1.4. Physical contact

- While physical contact may be required to comfort, reassure or assist the people we support, factors in determining its appropriateness must include how comfortable the supported person is with a touch of this nature. All of this information must be included in the person's Intimate Care Plan.
- When assisting the people we support with washing and showering always use their own flannel /other and, where possible, encourage the person to attempt to wash their own genitals.
- Massage can have many therapeutic benefits for people with intellectual disabilities in developing body and sensory awareness. Massage should be confined to parts of the body such as hands, feet and face in order to safeguard the privacy and dignity of the supported person. A care plan directing how a massage will be given to the supported person service must be devised.

10.1.5. Privacy and Dignity

- The environment in which intimate care is provided should be conducive to upholding the rights, dignity and wishes of each supported person.
- The area should be private, warm and free from intrusion of other supported persons or employees. Where possible, the use of a door sign, indicating that intimate care needs are being carried out should be used.
- Doors to areas where intimate care is being carried out should be closed but not locked. If another person wishes to enter the area while care is being carried out, they must knock on the door before entry. All interruptions must be kept to an absolute minimum.
- All individual requirements such as toiletries should be readily available and accessible to hand in carrying out the intimate care needs of the supported person.
- Each of the people we support will have a dressing gown and slippers to be worn when moving from bedrooms to bathrooms and in all communal areas.
- Intimate care issues should remain confidential and not be discussed openly to ensure the supported person's dignity is not compromised.
- If toileting accidents occur, the supported person should be immediately given

- clean clothes and assisted to shower/bath to avoid any undue upset to him/her.
- All medical and nursing procedures and exams are carried out in private in order to uphold the dignity of the individual.
 - When supporting and enabling a person we support with intimate care needs, any part of the body not being attended to should be covered. Employees should be vigilant in not over exposing the person.

10.1.6. Self-image

- At all times employees must encourage, reassure and promote a positive body image when assisting the people we support with intimate care needs.
- At all times employees should encourage supported persons to have a positive image of his or her body. There are no punitive consequences or derogatory comments made to an individual who may have intimate care needs, i.e. incontinence, weight gain, menstrual hygiene etc.
- Each supported person has a right to information and support to enable them to make appropriate choices re personal grooming.
- Gentlemen should be enabled to attend their preferred Barbers for a haircut/shave, purchase aftershave if they wish.
- Ladies should be enabled to visit the Hairdressers/Beautician of their choice to have their Hair/Makeup done, nails painted, waxing, purchase some skin care creams, perfume etc:

10.1.7. Intimate Care when in Community settings

- When being out in the community, the supported person's Personal and Intimate Care plan should be adhered to.
- Check in advance, where possible, that suitable facilities exist for intimate care procedures when out in the community, on holidays etc.
- The environment in which the intimate care occurs should be conducive to upholding the rights, dignity and wishes of each person.
- Staff should ensure that they use an appropriately private changing facility as per Intimate Care Plan and/or risk assessment when assisting a supported person with intimate care in a community setting.
- When swimming, staff should ensure that appropriate swimwear of the supported person's choice is used at all times.

11 References

HIQA Guidance for designated Centres for Intimate Care, 2014

Health Information and Quality Authority. (2013). National Quality Standards: Residential Services for people with Disabilities.

Health Service Executive. (2005). 'Trust in Care' - Policy for Health Service employees on upholding dignity and welfare of service users. Dublin.

An Bord Altranais. (2000). Scope of Nursing and Midwifery Practice Framework
Health Information and Quality Authority (2009) National Quality Standards: Residential Services for People with Disabilities.

Carnaby, S. & Cambridge, P. (2000). *Intimate and personal care for people with learning disabilities*. London: Jessica Kingsley Publishers.

Scottish Executive. (1999). Helping hands - guidelines for staff who provides intimate care for children and young people with disabilities.

12 APPENDIX 1 – Intimate Care Plan

Intimate & Personal Care Plan

<i>Person Supported</i>		
<i>House</i>		
<i>Key Worker</i>		
<i>Team Leader</i>		
<i>Date Plan Completed</i>		
<i>Review Date:</i>	<i>Signature:</i>	<i>Comment:</i>

Intimate care plan reviewed annually or sooner if circumstances change.

<i>Identify the Person Supported's choice, abilities and needs in each area in relation to Intimate & Personal Care i.e. preferences for bath/shower or both.</i>	<i>Identify staff support / actions in each area</i>
<i>1. Level of ability to Self-Care</i>	
<i>Identify the Person Supported's choice, abilities and needs in each area in relation to Intimate & Personal Care i.e. preferences for bath/shower or both.</i>	<i>Identify staff support / actions in each area</i>
<i>2. Physical Abilities</i>	
<i>Identify the Person Supported's choice, abilities and needs in each area in relation to Intimate & Personal Care i.e. preferences for bath/shower or both.</i>	<i>Identify staff support / actions in each area</i>

3. Communication [method of communication, interaction responses etc.]	
4. Bathing Preferences: bath/shower preferred products used	
5. Medical Needs	
6. Behaviour	
7. Equipment / Assistive Devices required	
8. Sexualised Behaviour (identify high risk behaviours)	
9. Social & Environmental Issues	
10. Risk Management Issues	

I. Number of staff to be present during delivery of Intimate & Personal Care	
II. Area in which care is to be delivered	
III. Specific care conduct to be observed by staff	
11. Other	
<p>12. If any of the following Health Screen early warning signs are identified during intimate care please inform your PIC immediately.</p> <p>1. Breast care</p> <ul style="list-style-type: none"> • Any lumps or thickening in your breast. • Skin – dimpling, puckering, or redness. • Nipple – pulled in or flattened. • Around the nipple – rash, flaky or crusted skin. • A change in the shape or size of your breast. • Swelling in your armpit or around your collarbone. • Constant pain in one part of your breast or armpit. <p>2. Cervical Health</p> <ul style="list-style-type: none"> • Blood spots or light bleeding between or following periods. • Menstrual bleeding that is longer and heavier than usual. • Bleeding after washing, or a pelvic examination. • Increased vaginal discharge. • Bleeding after menopause. • Unexplained, persistent pelvic and/or back pain. <p>3. Bowel Health</p> <ul style="list-style-type: none"> • A change in your bowel habits, including diarrhoea or constipation or a change in the consistency of your stool, that lasts longer than four weeks. • Rectal bleeding or blood in your stool • Persistent abdominal discomfort, such as cramps, gas or pain 	

<ul style="list-style-type: none"> • A feeling that your bowel doesn't empty completely • Weakness or fatigue • Unexplained weight loss <p>4. Diabetic Retina</p> <ul style="list-style-type: none"> • Urinating often. • Feeling very thirsty. • Feeling very hungry - even though you are eating. • Extreme fatigue. • Blurry vision. • Cuts/bruises that are slow to heal. • Weight loss - even though you are eating more (type 1) • Tingling, pain, or numbness in the hands/feet (type 2) 	
Completed By:	
Date Completed:	Review Date:
Signature:	