

# MANAGING HEALTH AND SAFETY



## WHEN WORKING IN **CARE HOMES**

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## OUR INTRODUCTION

**Care homes differ from other workplaces** because they are not only places of work but are also homes for their residents. It is therefore important that they are pleasant places where the freedom and dignity of residents is respected, and where everyone's health and safety is sensibly and effectively managed.

“

**I am extremely proud of the Atkinson & James Interiors Health and Safety record and am keen to ensure that we continue our good work.**

It would be a terrible burden knowing we had contributed to somebody's misfortune without prior thought and due diligence.

In order for us to comply with legislation and to ensure continuous improvement, I am firmly committed to providing the time and resources needed to improve our safety culture, and I will always be ready to listen to any thoughts and ideas which will help achieve this.

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REVIEWED BY: **DARREN MORRIS** | DATE: **JAN 2015**

They are owned and managed by a wide range of organisations, including local authorities, the NHS, and those from the private and voluntary sectors. This guidance is aimed at every person who enters the Care Home setting to carry out work. It will also help safety representatives carry out their roles and responsibilities and may be of interest to staff/employees of the care home itself.

It describes the main health and safety risks found in care homes, and what should be done to protect both workers and those receiving care. Each chapter can be read in isolation as a Tool Box Talk and has a LIST OF CONTROLS.

This is not an exhaustive list, but is intended to help prompt our thinking about whether we are complying with the law and what more we might need to do.

For ease of reading, the term 'resident' is used throughout to refer to users of a service in a care home (eg patients, older people, and people with learning disabilities or mental health problems).

The Safety Culture adopted in a care home will dictate the various standards of work and care that are required. Under any normal construction activity it might not be necessary to clean up the work area until the shift has ended. In a Care Home even something minor such as a single screw lying loose on a floor or a battery drill left on a chair can become a "Bear trap".

Similarly, a security/fire door left open to make for easier transport of goods and materials can become a "Bear trap" too and could result in a resident walking out of that door un-noticed.

There are several ways to ensure that standards are driven by workers and contractors rather than put the entire onus on the Care Home team.

A co-ordinated plan between Care Home managers and contractors which is documented and followed can often be the difference between a safe and incident free project or one with varying degree of safety and security issues.



**This edition does not cover the following issues:**

- **Standards relating to quality of care.** These are regulated by the CQC (in England), the Care Inspectorate (in Scotland) and the Care and Social Services Inspectorate Wales;
- **The conduct and performance of registered health and social care professionals.** These are regulated by various professional councils;
- **Safeguarding arrangements to protect vulnerable people from abuse or neglect.** Local authorities take the lead role for safeguarding.

Social care is about people – a large, diverse workforce looking after a predominantly vulnerable population. Employees have the right to work in a healthy and safe workplace, while residents should receive care that is safe, and takes their needs, freedoms and dignity into account.

Managing these different needs will sometimes present unique and complex situations which can, when not effectively managed, result in serious harm to employees or residents. We must be aware of the different risks and control them effectively.

Key legislation Health and Safety at Work etc Act 1974 -Management of Health and Safety at Work Regulations 1999.





## WHAT WE NEED TO DO

Good management of health and safety does not happen on its own. We already have management processes to deal with Construction activities. Managing for health and safety in Care Homes is no different and should be an integral part of the everyday Safety Culture and of the behaviours and attitudes displayed by all.

**The core elements that are required to help us manage for health and safety are:**

- good leadership and management;
- a trained and skilled (competent) workforce;
- an environment where people are consulted and feel involved.

**At the planning stage for Contractual work in a Care Home we must include information on:**

- How does the home demonstrate its commitment to health and safety?
- Are our arrangements to control the real risks people are facing working?
- How well do you know what is happening in the home – are there effective checks in place?
- Have we learned from situations where things have gone wrong in the past?
- Is health and safety an integral part of our day-to-day process for working in the Care home?

**Managing for health and safety requires a sustained and systematic approach which follows the steps Plan, Do, Check and Act:**

**Plan:** say what needs to happen and say how we will achieve it.

**Do:** profile the risks we identify, organise our activities to deliver our plan, decide on the preventive measures, and ensure there are systems and equipment in place to do the job safely.

**Check:** monitor the work to see if it's being done safely and investigate the causes of accidents, incidents or near misses.

**Act:** review our performance and take action on lessons learned, including from audit and inspection reports.

**We need to consider different elements of risk, including:**

- the common risks to everyone on the premises, eg risks from legionella, asbestos, electrical equipment, challenging behaviour and moving vehicles;
- common risks to residents, eg risks from falls from height or scalding, and general precautions capable of preventing harm to the most vulnerable;
- risks to residents arising from the tasks that we undertake, eg noise, use of tools & equipment, security to site, Fire, responding to challenging behaviour, using hazardous substances, maintenance activities etc;
- risks brought about by having new workers on site or young workers
- risks to particular residents, eg the risk of frightening them or causing unnecessary stress through our presence on site.

### MAKING SENSIBLE RISK ASSESSMENT DECISIONS

When considering the impact that our everyday activities will have on residents we know that refurbishing their setting will benefit their lives, but also put them at some level of risk. This requires a balanced decision to be made between the needs, freedom and dignity of the individual and their safety – with the aim of enabling residents to stay settled with as much unnecessary disturbance as possible.



A person-centred approach, working with the Care Home team and professionals involved, will help achieve the outcomes that matter to the resident. This enables everyone involved to explore the issues, make informed choices and accept responsibilities. Arrangements can then be provided which go as far as possible towards ensuring that projects are incident free.

**Key points to consider when balancing risk include:**

- concentrating on real risks that could actually cause harm;
- close liaison with the care home team when carrying out risk assessments, which is essential to achieve outcomes that matter to them and to residents.
- how the risks can best be reduced, so far as reasonably practicable, by putting sensible controls in place, eg when working in corridors and thinking how the most vulnerable can be protected without unnecessarily restricting their freedom.

### PROVIDE INFORMATION AND TRAINING

One way to help minimise any risk is to provide the right level of clear instructions, information and adequate training for all involved. Everyone who works on this type of project needs to know how to work safely and without causing unnecessary hazards due to lack of thought and lack of planning. Pay particular attention to:

- The induction and training of new employees (permanent and temporary), young workers, and people working out of normal hours. This will almost certainly involve utilising the Care Home standards including Permitry to ensure that everybody is aware of site wide conditions.
- The need to review training, if tasks/equipment change or staff are changing jobs or taking on extra responsibilities.



# CONSTRUCTION PHASE PLANNING

## SITE INDUCTION

The site induction for each Care Home will invariably cover a variety of different topics. These topics are generally well considered during most Construction Projects but are especially important in a Care Home. The items for discussion and requiring agreement between all parties include:

- Welfare
- Communication
- Asbestos
- Parking
- Deliveries
- Project Timescales
- Resources Sub Contract Work Element
- Personnel & Training Supervision
- First Aid Provision
- Plant and Equipment
- Place of work
- Manual Handling
- Others at Risk
- Noise
- Vibration
- Environmental Risk
- Permits
- Security
- Training Requirements
- PPE
- Emergency Procedures
- Traffic Routes
- Fire Procedures
- Notices to display
- Electricity
- Lighting Neighboring properties and restrictions

**This is not an exhaustive list but is a typical programme. There are other considerations including:**

### Smoking

Care homes are allowed to have designated rooms that are only used for residents' smoking, but there is no legal obligation for them to offer such designated smoking rooms if they do not wish to do so.

Therefore we need to properly consult with staff and the care home team to establish an overall policy on smoking.

If designated rooms are provided, this will mean that non-smokers could be in close contact with people who smoke, so you must reduce employees' and non-smokers' risk from second-hand smoke to as low a level as reasonably practicable.

### Legionella

Legionnaires' disease is a potentially fatal form of pneumonia. It is normally contracted by inhaling tiny, airborne droplets containing viable legionella bacteria. Although everyone is susceptible to infection, the risk increases with age and some people are at a higher risk, such as people over 45, smokers, heavy drinkers, people suffering from chronic respiratory or kidney disease, diabetes, lung and heart disease and anyone with an impaired immune system.

Water systems in care homes, with residents likely to be particularly vulnerable, need particular consideration and we must ensure our work activities do not cause an unnecessary risk. Information on changes to Water systems must be recorded in a Health & Safety file or O&M manual.

### Outside areas and vehicle movements

It may be necessary to establish whether garden and outdoor areas, such as ponds, steps/paths, greenhouses, swimming pools or balconies, can pose a significant risk to vulnerable residents and visitors especially if we are working on these areas or using them for storage.

We must consider ways of managing the risks to vulnerable people so they can still enjoy the outdoor environment and their participation in activities is not unduly restricted.

The movement of vehicles around the care home can be a risk to residents, visitors and employees and our work project must take account of this during the planning of the project.

We must assess the safety of vehicle routes and speeds, parking, lighting, location and unloading of deliveries, visibility and signage, driving surfaces and segregating people and vehicles?

### Training

In order for us to become better equipped to work in a Care Home environment we must provide adequate information, instruction, training and supervision to ensure the health and safety of employees and others. Our assessments should identify what training and instruction is needed to ensure employees are competent from the moment they arrive on site, through various activities including moving, handling and safe use of equipment, security, housekeeping and respect for the residents.

The nature of some of the tasks and equipment mean the training will need to include practical instructions, demonstrations and practice.

Monitoring should include checks that staff are using safe practices and should identify whether further instruction, training and/or supervision are required.

### Key points to consider:

- Have we assessed all hazardous activities including moving and handling tasks carried out in the care home?
- Do we know who to report concerns to?
- Are plans specific about different handling tasks and the equipment to be used and their location?
- Are plans reviewed periodically, and when the areas to be worked in change.
- Are staff competent to carry out tasks safely?
- Is sufficient and appropriate moving and handling equipment available? Walking around a care home carrying large items can be a nuisance to residents.
- Do our monitoring arrangements check that safe techniques and equipment are used, eg do we have a sensible strategy for locking doors and use of signage.







**ASBESTOS**

**The Law states that if you own, manage or have responsibilities for a care home or an associated building that may contain asbestos, you need to think about the risks of asbestos exposure to employees and others who may use the building.**

It is normally the Care Home responsibility to manage that risk, and provide information on where

any asbestos is and what condition it is in. If they have no or limited information on the building, an asbestos survey is a good way of identifying its location and condition. Alternatively, if you need to disturb the material, you can just assume it does contain asbestos and take the appropriate precautions for the highest-risk situation. Asbestos is likely to be present if

the building was constructed or refurbished between 1950 and 2000, particularly if it also has a steel frame and/or boilers with thermal insulation. However if we (as Competent Contractors) do not have access to the right information we must act responsibly and ensure that the information is included in the planning stage.



THE RISK ASSESSMENT  
**FORMAT**

The format is as follows and mostly applies to the type of work we do in Care Homes.

What is the hazard?	Who may be harmed	What are the current controls
Slips, trips and falls	Staff Care Home Residents	<ul style="list-style-type: none"><li>• Ensure work is organised and managed, eg to avoid rushing, overcrowding, trailing cables etc.</li><li>• Consult with the Care Home team on measures to control risks, eg when choosing the most appropriate area for storage.</li><li>• Ensure a clean as you go policy. Decide how, when and how often floors should be cleaned and how spillages can be quickly and effectively dealt with. Decide on the most effective cleaning method and avoid introducing more slip or trip risks.</li><li>• Spillages or localised contamination should be spot cleaned to reduce the risk of widening the contaminated area.</li><li>• Use signage and barriers where appropriate.</li><li>• Floors should be kept free from trip hazards and obstructions avoiding trailing wires and ensure equipment is stored away when not in use, rather than left in walkways.</li><li>• Ensure the project team have a positive attitude towards health and safety – a ‘see it, sort it’ mentality can reduce the risk of slips and trips accidents.</li><li>• Use daily toolbox talks to re-iterate the message.</li></ul>





# 01.

## TOOLBOX TALK FOR WORK IN CARE HOMES

# TOOLBOX TALK

### 01. SITE SECURITY

**No matter what type of security system you employ, whether shared with the Care Home or whether introduced separately as part of a project it cannot be overstressed how important this topic is.**

Site security includes ensuring residents cannot wander aimlessly into the street because we have left a door open or failed to lock up or barrier off a restricted area.

Site security also includes making sure people who arrive on site are in receipt of a proper induction that is co-ordinated between our activities and those of the Care Home.

Access Control in Care homes comes in many forms. From single stand-alone doors with a simple signing in procedure to the very latest technology utilising Internet Architecture. Make sure everybody understands the procedure as set out in the Construction Phase plan or Method Statement.

The Care Home may operate "Wander Mats" or "Motion Detectors". Make sure everybody is aware of the systems in place including who to report any concerns to.

Parking vehicles in Care Homes can also be a security breach. Please consider the affect you may have on the Care Home activities if you are guilty of indiscriminate parking.

Site storage and deliveries also fall under the heading of site security. These must be planned well in advance and co-ordinated with the Care Home team.

Work-related violence and aggression. It should not happen, but it might and we all need to know what to do and who to report to.

#### **What you need to do**

We do not accept incidents of violent or aggressive behaviour as a normal part of the job and it is important to work in tandem with the Care Home team and (where feasible) residents to manage the risks.

Please speak to your Manager if you have any concerns.

#### **Work activities and communication**

Consider the activities we are about to undertake do and how they are done. For example, can we prevent members of our project team from coming into contact with residents that present challenging behaviour?

While we do not plan to work closely with residents we must afford them the respect that they deserve. We will provide clear instructions and ensure suitable systems are in place for recording and exchanging information about residents who may pose a threat. This will be included on Induction.





# 02.

## TOOLBOX TALK FOR WORK IN CARE HOMES

### 02. EQUIPMENT SAFETY

Provision and Use of Work Equipment Regulations 1998 (PUWER)

**Generally, any equipment used by an employee at work comes under the requirements of PUWER. This places duties on us and equipment providers, who own, operate or have control over work equipment.**



In a care home, this not only includes their equipment but also anything we bring to site. This is especially important for any live Care Home and includes.

- proper installation of items whether built or bought in;
- only using tools and equipment for intended purposes;
- ensuring the work equipment is properly maintained
- ensuring that people using, supervising or managing the equipment are provided with appropriate health and safety information (eg written instructions, or equipment markings) and receive adequate training;
- taking account of the working conditions and health and safety risks when selecting work equipment (eg flooring conditions, stairs, and space).
- Correct storage and adequate recording of tools & equipment brought to site.

Even something like a kettle, when brought into the Care Home by a member of our team acts as work equipment. It requires the same degree of care as would a drill or a screw driver.

It is a requirement for any worker using tools and equipment on site to carry those tools in a toolbox. The toolbox is then carried from room to room. Tools left lying around on the floor or on desks and tables is unacceptable.

Trailing cables are unacceptable.

Unlocked doors or slack security measures are unacceptable.

# 03.

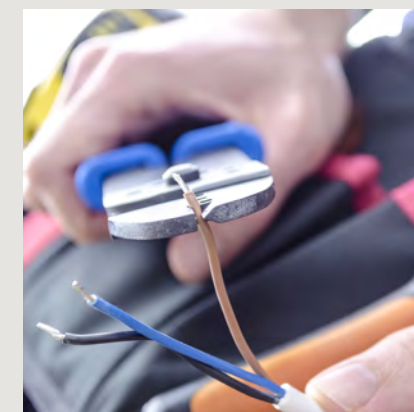


### 03. ELECTRICAL SAFETY

**Electrical equipment and installations must be maintained to prevent danger. Poorly maintained electrical systems can cause electric shocks and fires.**

#### • Fixed electrical installations

The fixed electrical installation includes the incoming supply cables, switchgear, distribution boards, socket outlets etc. To reduce risks from the electrical installation, it is essential that it is properly installed and maintained.



The most widely used standard in the UK covering installation and maintenance is BS 7671:2008 (2013) Requirements for electrical installations (also known as the 17th Edition of the IET Wiring Regulations). BS 7671 is a code of practice that is widely recognised and accepted in the UK and compliance with it is likely to satisfy relevant requirements of the Electricity at Work Regulations 1989.

The Electricity at Work Regulations 1989 (EAWR) do not specify a frequency for maintenance. The legal requirement is simply to maintain the installation in a safe condition. Decisions on the frequency should be based on a risk assessment. However, the guidance notes supporting BS 7671 suggest that the fixed electrical installations in residential premises (including care homes) should be inspected and tested by a competent person every five years – although the interval can be varied on the advice of a competent person and the results of your risk assessment.

If visual checks are carried out, staff should be trained in what to look for (eg broken socket covers) but should be instructed not to dismantle or attempt to repair equipment unless they are competent to do so.

#### Portable electrical equipment

Portable equipment that can cause danger (including equipment owned by a resident) must be maintained. However, it is not a legal requirement to test all portable electrical appliances every year. You should decide the level and frequency of maintenance needed according to the risk of the item becoming faulty. The more often a piece of equipment is moved, the more likely it is to become damaged.

#### In deciding how often to maintain portable equipment you should consider:

- whether it is earthed or double insulated;
- if it is hand-held;
- its age;
- how often it is used;
- where it will be used.

In many cases a simple visual inspection by a member of staff who knows what to look for is enough (eg checking for loose cables, bare wires or signs of fire damage). However, in some cases, a portable appliance test may be required, eg in Class 1 earthed equipment such as floor cleaners. Information on maintaining portable equipment can be found in HSE guidance.

# 04.

## TOOLBOX TALK FOR WORK IN CARE HOMES

### 04. SLIPS TRIPS & FALLS

Slips, trips and falls are bad enough when applicable to an able bodied or young strong person. They can have a serious impact on the lives of everybody and they can particularly impact on those being cared for. People who live in care homes can be particularly vulnerable to injuries from falls.



According to a CDC report titled Falls in Nursing Homes, a typical nursing home reports 100 to 200 falls yearly. Nursing home falls cause 1,800 deaths each year. In 10 percent to 20 percent of nursing home falls, serious injury occurs and 2 percent to 6 percent of these falls result in fractures. Falls occur more often in nursing homes than in older adults living in the community. Muscle weakness and walking problems account for about 24 percent of the falls. Environmental hazards contribute another 16 percent to 27 percent toward falls in nursing homes.

Many factors can cause slips and trips. The practical measures needed will vary in different situations. Some of the main causes of slips and trips accidents include:

- slippery or wet surfaces caused by water and/or other fluids;
- slippery surfaces caused by dry or dusty floor contamination
- obstructions, both temporary and permanent;
- trip hazards, uneven surfaces and changes of level, eg unmarked ramps;
- poor levels of lighting.
- tools & equipment left unattended.

#### CONTROLS

**Look at how work is organised and managed, eg to avoid rushing, overcrowding, trailing cables;**

Consult with the Care Home team on measures to control risks, eg when choosing the most appropriate area for storage.

Look at a clean as you go policy. Decide how, when and how often floors should be cleaned and how spillages can be quickly and effectively dealt with. We need to decide on the most effective cleaning method and avoid introducing more slip or trip risks. For example, smooth floors left damp by a mop are likely to be extremely slippery and access to these areas should be restricted until they are dry. Spillages or localised contamination should be spot cleaned to reduce the risk of widening the contaminated area.

Use signage and barriers where appropriate.

Floors should be kept free from trip hazards and obstructions, eg avoid trailing wires and ensure equipment is stored away when not in use, rather than left in walkways.

Have a positive attitude towards health and safety – a ‘see it, sort it’ mentality can reduce the risk of slips and trips accidents, eg dealing with a spillage, instead of waiting for someone else to do it.

# 05.



### 05. FALLS FROM HEIGHT

**Imagine a situation where a complete lack of thought or planning on a Care Home resulted in a fall from height. Resident falls from windows, balconies or stairs can result in serious or fatal injuries and continue to be a serious issue. There are three broad categories of falls:**

- **Accidental falls**
- **Falls arising out of confused mental state**
- **Deliberate self-harm**

Falls may occur when we as contractors carry out a number of maintenance activities, including window and gutter cleaning, minor roof repairs, and internal decorating and we do not consider that our activities may result in a fall. Please think “headlines”. It can happen and if we are thoughtless it almost certainly will.



#### WHAT WE NEED TO DO

##### Controlling the risks to residents

To adequately manage the risk of falls to residents, we need to assess the risks arising from the work activities taking place and the nature of the premises. We must also look at any additional risks for individual residents. Where residents are at risk, further measures may be needed to prevent them falling from height such as when we are working on or near:

- **Windows**
- **Balconies**
- **Stairs**

It may be appropriate to restrict access to some stairs, eg steep cellar stairs or upper floor levels where residents are at risk of falls. Discuss this with a fire safety officer if it impacts on fire evacuation. You may also need to seek advice on how to prevent access through external fire doors so they can be released and quickly accessed in the event of a fire.

#### Controlling the risks

- Before working at height you must work through these simple steps:
- avoid work at height where it is reasonably practicable to do so;
- where work at height cannot be avoided, prevent falls using either an existing place of work that is already safe or the right type of equipment;
- minimise the distance and consequences of a fall, by using the right type of equipment where the risk cannot be eliminated.

We must also consider the risk from falling objects particularly if working at high level and there is a possibility that residents may wander into an area where tools and equipment can fall from height and cause harm.

As a competent contractor working at height we must ensure we are doing the work safely and are not putting others at risk,



# 06.

## TOOLBOX TALK FOR WORK IN CARE HOMES

### 06. HAZARDOUS SUBSTANCES

**Hazardous substances found in care homes include drugs and medicines, cleaning materials, disinfectants and maintenance products containing chemicals (eg pesticides). Infections and diseases can be caused by micro-organisms (eg those associated with soiled laundry or exposure to body fluids).**

#### Key legislation

Control of Substances Hazardous to Health Regulations 2002 (COSHH)

Health and Safety (Sharps Instruments in Healthcare) Regulations 2013

#### What we need to do

It is absolutely vital that we assess the health risk to our staff, residents and visitors, and decide on the action we need to take to prevent or control exposure to hazardous substances, infections and diseases.

COSHH assessments should be relatively simple in a care home although there is always the potential for us as contractors to become complacent and bring substances to site which under normal circumstances would not pose a problem but which almost certainly cause harm to vulnerable people.

We must establish what substances (eg paint) and biological hazards (eg hazardous waste) are present and how they can cause harm;

We must at all times prevent exposure to hazardous substances by elimination where reasonably practicable. If this cannot be done; we must decide whether we can substitute it for something safer, eg swap an irritant cleaning product for something milder.

If substitution is not possible and we know what products are coming to site we must at all times store them safely and securely. Product hazard warnings may be found on labels, which for hazardous substances may include risk phrases such as 'avoid contact with skin' but this information is highly unlikely to be effective in a Care home where there are vulnerable people

All operatives to site must be given information, instruction and training on how to use and store the product safely, how to clear up spillages, and how to check and wear protective equipment correctly.

To help manage the risks to residents it is very important to inform the Care Home team what we are bringing into the Care home.

Spillage kits are recommended. These should contain disposable aprons, single-use gloves, clinical waste bags and tags, paper towels, sodium hypochlorite and instructions to help ensure employees take the correct action.



# 07.



### 07. BEAR TRAPS

**Bear Traps are all around us. In a Care Home they can be particularly hazardous because vulnerable people will not have the capacity to understand or assess any given situation. Typical examples are:**



#### Hot water and Hot surfaces

Care homes often provide care for residents who may be vulnerable to risks from hot water or hot surfaces. Those at risk include people with reduced mental capacity or temperature sensitivity, and people who cannot react appropriately, or quickly enough, to prevent injury.

If hot water used for showering or bathing is above 44 °C, there is increased risk of serious injury or fatality. Where large areas of the body are exposed to high temperatures, scalds can be very serious and have led to fatalities.

Contact with surfaces above 43 °C can also lead to serious injury. This often occurs when residents fall and cannot move due to their condition or mobility, or are trapped by furniture. Incidents often occur in areas where there are low levels of supervision, eg in bedrooms, bathrooms and some communal areas.







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**ALL PERSONNEL**

## 08. FIRE SAFETY

Although serious fires in care homes are fairly rare, when they do occur they can be catastrophic. Therefore, those responsible for the premises (eg employers and/or building owners or occupiers) must take precautions to prevent fire.

For our activities we are invariably linked into the Fire Strategy at the Care Home. This may involve simple measures such as a short safety briefing on the emergency procedures or might involve use of a Permit for Hot Works or other work that might cause a Fire.

It is not acceptable to carry out Hot Work without a suitable Fire Risk Assessment individual to that specific task.

[illegible]



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### ATKINSON & JAMES INTERIORS

TECHNOLOGIES HOUSE,  
UNIT 13, CROWN INDUSTRIAL ESTATE,  
CANAL ROAD, TIMPERLEY, WA14 1TF

T: 0845 659 5920

F: 0845 659 5921

INFO@A-JINTERIORS.COM

A-JINTERIORS.COM

