



Registered Managers' Guide  
to Health and Safety in

# Residential Care Homes for Older People

Mae'r ddogfen yma ar gael yn y Gymraeg  
This document is available in Welsh

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Contents	Page
Introduction	1
Legal duties	2
Asbestos	3
Beds/Bed Rails	4
Boiler Rooms	5
Clinical Waste	6
Communication	6
Control of Contractors	7
Control of Substances Hazardous to Health (COSHH)	8
Driving on Council Business	9
Electricity	10
Fire Safety	11
First Aid	12
General Working Environment	13
Incidents/Accidents	18
Infection Control	19
Legionella	20
Medication	21
Medicines and Healthcare Products Regulatory Agency (MHRA)	21
Moving and Handling	22
Oxygen	23
Passenger Lifts and Lifting Equipment	24
Site Security	25
Slips, Trips and Falls	26
Smoking	27
Traffic Management	29
Training	29
Violence and Aggression	30
Visitors	31
Water Temperatures and Hot Surfaces	32
Work Equipment	33
Work at Height	34
Young Workers	35
References	36
Self-Audit/Inspection Checklists	38

## **Introduction**

In this document, 'registered manager' refers to the manager responsible for the day-to-day running of any particular residential care home for older people operated by RCT Council.

This general guide has been developed to assist registered managers understand and fulfil their duties under health and safety legislation. It draws attention to the main hazards found in care homes, and provides information and guidance to safeguard employees, residents and other persons who may visit the care home, e.g. members of the public, contractors, etc.

This guide can be used by registered managers as a continual reference guide, by deputy managers as part of their induction and by employees to increase their awareness and understanding of health and safety within the care home.

This is a general guide aimed at all care homes operated by the Council. It is for each registered manager to determine which aspects are relevant. It is not possible to cover all aspects for each of the different care homes, and registered managers should therefore be aware there may be additional hazards/issues at their particular care home.

It is the responsibility of the relevant group director to appoint registered managers, and deputies if necessary. The group director should contact Corporate Estates Asset Management Team, who will coordinate and maintain an up to date database of registered managers. Registered managers must be provided with relevant information, instruction and training regarding their role and responsibilities.

Care homes differ from other workplaces because they are not only a place of work, but also a home to older people with a variety of support needs. Therefore, as well as meeting legal duties and providing a safe and healthy working environment, the registered manager needs to ensure that the home is a pleasant place for residents to live.

Self-Audit/Inspection Checklists are provided at the end of the guide and should be used by the registered manager to direct their attention to areas that require regular examination.

## **Additional Information/Guidance**

- HSE – HSG220 – Health and safety in care homes

## Legal Duties

As an employer, the Council has duties under the Health and Safety at Work etc. Act 1974 (the Act) to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all their employees, and others who might be affected by its undertaking, e.g. residents. This includes the provision and maintenance of:

- a safe and healthy place of work and working environment;
- safe plant, equipment and working systems;
- safe handling, transport and storage of materials and substances;
- information, instruction, training and supervision to enable employees to recognise and minimise hazards; and,
- adequate welfare facilities.

Employees of the Council also have duties under the Act, the most important of which are to take care of their own health and safety and that of others who might be affected by their work activities, and to cooperate with their employer in all matters of health and safety.

In order to assist in the process of managing health and safety, the Council has developed Health and Safety Policies covering a host of specific topics. The policies can be viewed and downloaded from *Inform* and the *RCT Source*. The registered manager must bring these policies to the attention of all employees.

Within care homes there should be an emphasis on promoting residents' independence, treating them with dignity and respect, and encouraging them to do what they can for themselves where possible. There should be a consideration of the physical and psychological needs of the residents being important to the extent that health and safety does not prevent people from living as normal a life as possible. This may involve some level of risk taking to enable them to develop/maintain the necessary skills associated with ordinary living. A balance has to be struck to ensure the health and safety of the individual is not put at risk, and also that the independence of others is not unnecessarily restricted.

**However, under health and safety legislation, the registered manager will need to do more to protect the most vulnerable residents.**

The Management of Health and Safety at Work Regulations apply to all work activities and require employers to manage health and safety. Together with the associated Approved Code of Practice, the Regulations make some of the general duties of the Act more specific, such as the requirement to undertake suitable and sufficient risk assessments, and to ensure staff are provided with adequate information, training, instruction and supervision.

In order to safeguard residents, it is essential that proper assessments of their competence, vulnerability and needs are undertaken to ensure their placement is appropriate. The assessment must be recorded and reviewed periodically.

Reference must also be made to the National Minimum Standards for Care Homes for Older People (Welsh Government), and to any appropriate industry-specific guidance.

The following pages provide information and guidance concerning the management of the main health and safety hazards likely to be encountered in a care home environment.

Further advice and guidance can be found by contacting the Corporate Health and Safety Team based at Ty Elai, Williamstown and/or Corporate Estates based at Ty Trevithick, Abercynon.

## **Asbestos**

Asbestos is a naturally occurring fibrous material that was a popular building material from the 1950s until a partial ban in 1985, of blue (crocidolite) and brown (amosite) asbestos, and a total ban in 1999, which included white (chrysotile) asbestos. Its use was banned because if asbestos fibres are released into the air and breathed in, it can lead to asbestos-related illnesses, such as cancers of the lungs and chest lining.

It was used as an insulator (to keep in heat and keep out cold), had good fire protection properties and protected against corrosion. Asbestos can be found in many products that were used in buildings, including ceiling tiles, pipe insulation, boilers and sprayed coatings, and because asbestos was often mixed with another material, it is hard to know if you are working with it or not. Some care homes may have asbestos containing materials (ACMs) in some areas of the building but, generally speaking, if the building was built from the year 2000 onwards, then this is unlikely.

The Council has a legal duty to control and manage the presence of asbestos in all properties under its control. To this end, Corporate Maintenance have undertaken surveys of Council premises and have developed a framework for managing ACMs that includes:

- the identification of ACMs in the building;
- the assessment of the condition of the ACMs;
- either removal, or management in situ, which would include the development of an Asbestos Management Plan;
- providing information to employees and contractors;
- training for employees where required; and,
- appropriate record keeping.

The registered manager will follow the Asbestos Management Plan provided by Corporate Maintenance and will:

- ensure they are aware of the emergency arrangements;
- keep the Asbestos Management Plan readily available and use it to manage and control any ACMs that may be present in the building;
- inform anyone who may work in the vicinity of the ACMs of their presence (e.g. maintenance staff);
- report any ACMs that might or have become damaged to Corporate Maintenance for immediate action; and,
- contact Corporate Maintenance when any building works are planned, including refurbishments or demolition, running computer cables, electrical cables, plumbing, etc.

If your premises has not received an asbestos survey, or as the registered manager you have not received training/instruction regarding your responsibilities, please contact Corporate Maintenance.

Two workers installing computer equipment were exposed to dangerous asbestos fibres after drilling into asbestos containing materials. Although an asbestos survey had been carried out, this was not communicated to the contractor, and the contractor had not requested to see the asbestos survey report prior to the work commencing. Both the landlord and the contractor were prosecuted by the Health and Safety Executive (HSE) following the incident.

### **Additional Information/Guidance**

- Council Policy HS24 – Control and Management of Asbestos
- The Site Asbestos Management Plan (contact Corporate Maintenance for a copy)
- Asbestos – HSE Guidance

### **Beds/Bed Rails**

Beds within a care home can provide comfort and postural support for residents, and in some cases can reduce reflux and the risk of choking and aid with night feeds. They can also reduce the risk of staff suffering injury as a result of inappropriate manual handling and poor posture whilst providing care to residents or moving and cleaning beds. It may be difficult to understand, but residents have suffered injury and in some cases death as a result of the inappropriate use of bed rails. There are likely to be various types of beds in use throughout the care homes, from ordinary divan beds to profiling beds. Where profiling beds are provided, the registered manager must ensure that the beds are inspected, used and operated in compliance with manufacturer's requirements, and tested by the appointed contractors for electrical, structural and operational safety.

**Staff must undertake visual inspections of all types of beds and bed rails and report any defects or concerns to the registered manager.**

Before fitting bed rails, a risk assessment by a competent person **must** be carried out to prevent the possibility of resident entrapment or asphyxiation. The possible combinations of bed rails and beds, together with the uniqueness of each individual resident, means that a risk assessment is necessary if serious incidents are to be avoided. A copy of the risk assessment must be available in the resident's care plan and staff made aware of any recommendations.

Third party type bed rails that are not specific to any particular bed model are available, which are intended to fit a wide range of domestic, divan or metal framed beds from different suppliers. **Under no circumstances must these third party bed rails be used in the care home.**

### **Additional Information/Guidance**

- Safe Use of Bed Rails – HSE Guidance

### **Boiler Rooms**

A boiler is capable of exploding if safety controls fail, and blocked flues can cause flue gas to leak into surrounding areas causing damage and risks to life and health through carbon monoxide poisoning, etc.

Registered managers are required to:

- in liaison with Corporate Maintenance, ensure that boiler systems are maintained and inspected on a regular basis (heating systems must be serviced);
- ensure that boiler rooms are free from combustible materials such as wood, paper and document storage, flammable substances;
- ensure boiler rooms are kept locked shut and signposted to that effect, when not in use; and,
- ensure wood pellet stores (where applicable) are only accessed by competent/trained personnel (this will usually be specialist contractors or engineers) and subject to a permit to work system.

### **Additional Information/Guidance**

- Contact Corporate Maintenance



## Clinical Waste

Clinical waste is the collective term used for body fluids and wastes, and items contaminated by these fluids and wastes. Clinical waste is covered by a number of pieces of legislation, including The Control of Substances Hazardous to Health Regulations (COSHH).

Staff must be given clear information, instruction and training on deciding what is clinical waste and what constitutes domestic waste. Sharps should be disposed of in sharps containers. Sharps containers **should not** be left lying around where visitors or children and other vulnerable people could gain access. Staff should be provided with training concerning what to do if they experience a needlestick injury.

Clinical waste containers may need to be stored before removal from the home. They should not be allowed to accumulate in corridors or other places accessible to residents and members of the public. The area where the waste is stored should be enclosed and secure, and designated for clinical waste only.

Safe disposal of clinical waste is the responsibility of the registered manager. Transfer notes or other documentation help to establish that clinical waste has been disposed of correctly. The domestic waste collection service should not be used for clinical waste.

### Additional Information/Guidance

- Council Policy HS3 – Control of Substances Hazardous to Health (COSHH)
- COSHH – HSE Guidance
- Infection Prevention and Control – A Quick Reference Guide for Care Homes in Wales – Public Health Wales

## Communication

It is the registered manager's responsibility to ensure that there are clear and effective channels of communication throughout the care home for information and guidance relating to its health and safety management.

This can be achieved by holding regular meetings with employees to discuss site-based issues, circulating written information to ensure they are kept apprised and ensuring safety signage is appropriate and adequate. Notice and information boards should be kept up to date. Regular supervision of employees must be undertaken.

The registered manager must ensure that the HSE's health and safety law poster is completed appropriately and displayed where employees can easily read it. The poster includes basic health and safety information and lets people know who is responsible for health and safety at the care home.

Current legislation requires the employer to consult with employees on health and safety matters. Consultation involves not only giving employees information, but also listening to and taking account of what they say, particularly when they report problems, and before making any health and safety decisions. The Council's Employee Suggestion Scheme and Hazard Reporting Scheme can assist in this process.

Where building or maintenance issues arise, the registered manager must inform Corporate Maintenance. Communication and/or co-ordination with Corporate Maintenance should ideally be done via an identified 'single point of contact' for the care home. It is the responsibility of the registered manager to inform Corporate Estates Asset Management Team immediately of any changes to contact details in respect of this person, since this team keeps a register of site contact details.

### **Additional Information/Guidance**

- The Council's Employee Suggestion Scheme – ESS1
- The Council's Hazard Reporting Scheme – HRS1

### **Control of Contractors**

The control of contractors within a care home is very important. Contractors in this environment may be involved in long-term major refurbishment work, or everyday maintenance such as servicing of the heating system, repairing damaged guttering, maintaining the emergency lighting system, etc.

The registered manager should always liaise with Corporate Maintenance and also follow the Council's Policy HS23 - Managing Contractors, for the planning, selection, appointment and monitoring of anyone undertaking works. This includes:

- having clearly identified personnel who are points of contact for contractors and visiting workers;
- having all significant and unusual hazards and risks at the care home clearly identified; and,
- exchanging information on hazards and risks.

The registered manager will ensure effective communication is established and maintained through:

- regular workplace meetings with contractors;
- providing contractors with copies of appropriate hazard registers, such as the asbestos register;
- informing employees and visitors about hazards at the care home;
- having effective signing in and out procedures for contractors;
- informing contractors of emergency site procedures e.g. fire evacuation plan;

- sharing findings of risk assessments with contractors;
- asking contractors about the hazards and risks which they are bringing to the site (e.g. creating noise, dust, fumes);
- informing employees, residents and visitors about any possible interference with normal working practices (e.g. re-routing of emergency escape routes); and
- monitoring the work against agreed methods.

Any issues or unsafe practice concerning the work of contractors must be reported to Corporate Maintenance.

### **Additional Information/Guidance**

- Council Policy HS23 – Managing Contractors
- HSE – INDG368 – Using contractors - A brief guide

### **Control of Substances Hazardous to Health (COSHH)**

The Control of Substances Hazardous to Health Regulations (COSHH) require employers to prevent or control exposure to hazardous substances. This would include substances listed as very toxic, toxic, harmful, corrosive, irritant, and microorganisms. Hazardous substances can be in the form of a solid, liquid, gas, vapour or microorganisms, and can endanger life by being inhaled, ingested, or absorbed/injected through the skin or mucous membranes.

In care homes these substances could include general cleaning materials, disinfectants and microorganisms associated with clinical waste or soiled laundry. COSHH assessments must be undertaken to assess the risks to health faced by employees, residents and visitors from these substances, and up to date health and safety data sheets should be available for all substances in use. The undertaking of COSHH Assessments and the development of appropriate control measures is the responsibility of the registered manager.

Employees should be provided with suitable information, instruction and training in respect of the safe storage and use of products, first aid arrangements, how to deal with spillages and any requirements for the use of appropriate personal protective equipment (PPE).

All substances must be stored in their original containers and in accordance with manufacturers' requirements, and kept secured and out of reach of residents and visitors. Cleaners' trolleys must not be left unattended where residents may have access.

An older resident at a care home died after inadvertently drinking a hazardous substance. The liquid had been left unattended in his room for several hours. The resident began vomiting blue liquid and was taken to hospital, where he died just hours later. The liquid was later determined to be toilet cleaner, which had been noticed in his room earlier that day but which had not been removed. The investigation into the incident found that the company running the care home had an inadequate system for the control of such chemicals and for the prevention of access to areas of risk by vulnerable people. Inspectors discovered that trolleys carrying hazardous substances were often left unattended, sometimes for considerable periods, and that there were no proper procedures in place for cleaners to check that trolley contents were intact. The investigation also determined that it was too easy for vulnerable residents to get into such areas as the laundry room and kitchen, which should have controlled access.

### **Additional Information/Guidance**

- Council Policy HS3 – Control of Substances Hazardous to Health
- COSHH – HSE Guidance

### **Driving on Council Business**

Health and Safety law applies to all vehicles driven for work purposes, whether those vehicles are Council or privately owned, leased or hired.

Fleet services are responsible for ensuring that all Council owned, leased and hired vehicles used for Council business conform to law and are safe and properly maintained.

However, registered managers are required to ensure, for example, that:

- vehicles owned, leased and hired by employees that are used for work purposes have current MOT certificates, that employees have valid driving licences and insurance, and that relevant details are entered into the Envoy Expenses System;
- driving activities are risk assessed and any necessary control measures implemented;
- employees are made aware of their responsibilities when driving on Council business; and,
- employees are made aware of relevant Council policies and guidance.

## **Additional Information/Guidance**

- Council Policy – Driving on Council Business – Council Owned, Leased and Hired Vehicles (Managing Work-Related Road Safety)
- Council Document – Driving on Council Business Using Vehicles that are not Council Owned, Leased or Hired
- Council Policy HS17 – Alcohol and Substance Misuse
- Council Policy HS18 – Smoking in the Workplace

## **Electricity**

Electricity can kill. It can also cause shocks and burns and can start fires. The Electricity at Work Regulations cover the use of electricity in care homes. These regulations require employers to maintain electrical systems and electrical equipment within their control.

Electrical systems include the lighting and power circuits, and portable electrical equipment such as vacuum cleaners, power tools, etc. All work carried out on electrical circuits and equipment such as installation work, inspection, testing and maintenance, must be carried out by a competent person. Fixed electrical installations must be inspected and tested at regular intervals.

All portable electrical equipment should be subject to periodic portable appliance testing (PAT). The frequency of the testing varies according to the appliance and its usage, although it is generally undertaken on an annual basis for office type equipment such as printers, computers, etc. You will find stickers or labels on the equipment indicating when it was last inspected and the date when the next inspection is due.

Employees using portable equipment must visually check it prior to use, and report any damage or defects. For example, broken plugs, frayed flex, discoloured or overheated cables. Defective or unsuitable equipment should be immediately withdrawn from service and labelled as not to be used until it is either repaired or destroyed.

Corporate Maintenance have contracts in place for the maintenance of both fixed and portable electrical equipment. If you are unclear as to when the fixed electrical systems or portable equipment was last checked, you should contact Corporate Maintenance.

Residual Current Devices must be used where required.

Electrical equipment belonging to residents will need to be inspected and tested as it could have an impact on safety at the home. Where residents wish to bring electrical equipment into the home, the registered manager should have the equipment inspected and if there are any grounds to question its safety, it must only be used after being tested and certified as safe by a competent person.

In addition, when residents purchase new electrical items and accessories, it should be ensured that they are purchased from a reputable company, are manufacturer approved products and meet relevant British safety standards, and that items and accessories are compatible, for example, the correct and approved manufacturer produced charger and battery is used for a particular mobile phone/tablet, etc. (there have been a number of electrical fires that have been caused by non-branded chargers and batteries being used).

Any residents' mains-operated electrical equipment in the home at the time the PAT testing is carried out should be tested at the same time.

Employees must not bring their own electrical equipment into the care home.

Electrical switch-rooms must be kept free from combustible materials and never used as storage areas.

### **Additional Information/Guidance**

- Council Policy HS10 – Electricity at Work
- Electrical safety at work – HSE Guidance

### **Fire Safety**

The Regulatory Reform (Fire Safety) Order 2005 places a duty on the 'responsible person' to ensure that a Fire Safety Risk Assessment (FSRA) is completed and regularly updated. The Council has appointed a consultant contractor who will undertake the assessments and provide a report highlighting any actions required. The registered manager is responsible for updating the FSRA as and when actions are completed.

The registered manager is responsible for overall management of the day-to-day fire precautions at the care home and will ensure that systems and arrangements are developed to:

- identify any significant findings from the FSRA and implement any actions required;
- check escape routes to ensure they can be used and are not obstructed;
- check the emergency exit devices on doors to ensure they work correctly;
- test fire alarm systems and, where installed, sprinkler systems, i.e. weekly in-house tests;
- in-house tests/inspections of emergency lighting systems, fire extinguishers, hose reels and fire blankets, etc.;
- record the training of relevant people;
- ensure a coordinated care home-based emergency evacuation plan is developed;

- where necessary, ensure personal emergency evacuation plans (PEEPS) are developed for disabled persons, including residents, staff and visitors; and,
- maintain the fire log book.

**The registered manager must also:**

- update the FSRA as required, i.e. the on-line RAMIS system;
- liaise with Corporate Maintenance on building and maintenance issues; and,
- undertake an annual review of the FSRA.

**The current fire related maintenance contracts in place and managed through Corporate Maintenance include:**

- firefighting equipment, e.g. extinguishers – 1 service per year;
- fire detection and alarm systems, e.g. smoke/heat detectors, alarm repeater - 4 visits per year;
- sprinkler systems - 4 visits per year;
- emergency lighting - 4 visits per year;
- gas heating systems - annual service; and,
- gas safety check – annual.

The registered manager must ensure that the maintenance is undertaken in line with the above contracts. Any discrepancies or uncertainties must be reported to Corporate Maintenance.

**Additional Information/Guidance**

- Council Policy HS20 – Fire Safety
- Council Document – Guidance for Writing Personal Emergency Evacuation Plans (PEEPs)
- Fire Safety Risk Assessment Guide – Residential Care Premises – HM Government
- Fire Safety Risk Assessment Guide – Means of Escape for Disabled People – HM Government
- Fire Log Book – South Wales Fire and Rescue Service (copy available from the Corporate Health and Safety Team)

**First-Aid**

Under the Health and Safety (First-Aid) Regulations ‘employers have a legal duty to make arrangements to ensure their employees receive immediate attention if they are injured or taken ill at work. It doesn’t matter whether the injury or illness is caused by the work they do. What is important is that they receive immediate attention and that an ambulance is called in serious cases.’

The extent of first-aid provision will depend on a number of factors, such as the types of hazards present, the number of employees, the history of accidents, the proximity of medical services, etc. This can be determined by carrying out a first-aid needs risk assessment and, when assessing first aid needs, the registered manager must also take into account the likely number of residents at the care home. The HSE's publication L74 provides guidance on the regulations to help employers meet their obligations.

The registered manager must ensure that the required numbers of suitably trained first-aid personnel are available at all necessary times.

The registered manager must ensure that sufficient and adequately stocked first-aid boxes are provided and maintained by authorised personnel. The location of the first-aid boxes and the name(s) of the person(s) responsible for their upkeep must be clearly displayed throughout the care home on suitable notices.

Records should be kept by the first-aid personnel of all treatment administered, and should include the name of the injured person, date, time and circumstances of the accident, and details of the injury sustained (see Appendix F of Council Policy HS9 - First Aid at Work).

Where appropriate, the Council's Incident/Accident and Injury Record form HS5(A) must be completed and forwarded to the Corporate Health and Safety Team in accordance with the Council's Accident Reporting Arrangement Guidelines (see also the section on Incidents/Accidents, following).

### **Additional Information/Guidance**

- Council Policy HS9 – First Aid at Work
- Council Document – Accident Reporting Arrangement Guidelines
- First Aid at Work – HSE Guidance

### **General Working Environment**

The Workplace (Health, Safety and Welfare) Regulations cover a wide range of basic health, safety and welfare standards. These regulations are intended to ensure a healthy and safe working environment, and that adequate welfare facilities are provided for all people at work, including people with disabilities. The Regulations cover such factors as:



- **Health** – ventilation, temperature, lighting, cleanliness, waste materials, room dimensions and space, workstations and seating;
- **Safety** – maintenance, floors and traffic routes, doors, gates, walls and windows;
- **Welfare** – sanitary conveniences, washing facilities, drinking water, accommodation for clothing, changing facilities, facilities to rest and eat meals.

Factors covered by the Regulations that commonly need to be addressed include:

- floors and stairs;
- doors and windows;
- temperature, space, lighting and ventilation; and,
- toilet, washing, changing and rest facilities.

### **Floors and Stairs**

Many accidents are a result of slips, trips and falls, so it is important that, where possible, floor surfaces are non-slip and kept free from obstructions, and holes and defects in floor coverings are repaired promptly, particularly those on staircases. The use of strategically placed handrails offer residents security, especially where there are changes of floor levels.

Stairs should be maintained in a safe condition, well lit and kept free of obstructions.

### **Doors and Gates**

Each year a number of finger trapping incidents are reported to the Corporate Health and Safety Team, the majority of which involve young and/or vulnerable people. Finger trapping incidents can result in serious injury and, as such, a finger trapping risk assessment must be undertaken for all doors and gates and necessary measures implemented to control the risks to such people (guidance is available in the Council's document *Managing the Risks from Finger Trapping in Doors and Gates*). Care should be taken when choosing doors to ensure their design does not inhibit movement by staff and residents.

Glass doors, including patio doors and French windows, must be fitted with toughened or safety glass or covered with a protective film that prevents glass from shattering. They must have a conspicuous mark or feature sufficiently obvious that people will be unlikely to collide with them.

### **Windows and Balconies**

Accident data continues to highlight the serious issue of residents falling from windows or balconies in health and social care premises. These falls often result in fatal or serious injury, and there have been several successful prosecutions by the HSE following accidents to vulnerable people.

There are three broad categories of falls:

- accidental falls;
- falls arising out of a confused mental state;
- deliberate self-harm.

Accidental falls can occur where a person is sitting on a window sill, or where the sill or banister height is low and acts as a pivot, allowing them to fall. These are rare but can affect employees as well as residents.

Many reported accidents involve people in either a temporary or permanent confused mental state, often caused by:

- reduced mental capacity;
- mental disorder;
- alcohol or drugs (both prescribed and illegal).

In some cases, individuals try to escape from an environment they perceive to be hostile, or use a window believing it to be an exit, unaware that they are not at ground level. Other factors may include unfamiliarity with new surroundings (e.g. a recently arrived resident), uncomfortable temperatures, broken sleep and medication effects. Deliberate self-harm is a recognised risk for people with certain mental health conditions.

As such, windows that are above ground level, accessible to people, particularly vulnerable residents, can be opened and are large enough to allow people to fall out, should be assessed and, where necessary, fitted with restrictors, e.g. if the openings are less than 800mm above the inside floor level. Similar for any windows that give access to balconies.

Window restrictors should also be fitted to windows at ground floor level that open outwards over pathways to prevent collision with the windows.

Window restrictors must be checked on a regular basis.

### **Temperature, Space, Lighting and Ventilation**

The temperature within the care home needs to be suitable to ensure all occupants are comfortable, and that residents with limited mobility are kept warm. The registered manager must ensure that lighting and ventilation are suitable and adequate for the activities undertaken, and that employees have sufficient space to work comfortably and safely, particularly when undertaking moving and handling tasks.

## **Toilet, Washing, Changing and Rest Facilities**

Accommodation should be provided for any employee's own clothing that is not worn during working hours, and for any special work clothing that is not taken home.

Appropriate changing and toilet facilities should also be provided for employees, including facilities for washing.

Suitable facilities must be provided for pregnant workers or nursing mothers to rest.

## **Kitchens**

The kitchen should be large enough to accommodate all the necessary equipment and laid out in such a way as to allow staff to carry out their duties safely. It should be well lit and well ventilated.

The registered manager must ensure that contracts/procedures are in place in respect of any specialist equipment, such as for the servicing and maintenance of extraction systems/cleaning of grease traps, etc.

Work surfaces and equipment should be easy to clean, and well maintained and serviced in accordance with manufacturers' instructions and relevant legislation.

Floors should where possible be non-slip and in good condition, and the registered manager should ensure that protocols are in place for cleaning them and dealing with spillages. There should be suitable and sufficient storage that meets food hygiene standards.

Equipment, such as food-slicers and food processors that have dangerous parts, must be fitted with guards to protect the user, and should be checked before each use and maintained in good order. Anyone using such equipment must receive appropriate training.

## **Laundry/Sluice Rooms**

Laundry/sluice rooms should be large enough to accommodate all the required equipment and to enable staff to carry out their duties safely. Also, due to the nature of the rooms, they should be well ventilated to prevent them becoming hot and humid. They should be kept locked at all times when not in use. Chemicals and detergents must be stored appropriately and out of the reach of residents.

Washing machines and tumble dryers are used extensively within care homes. The machine suppliers/manufacturers should provide information on their maintenance, cleaning, electrical safety and prevention of fire hazards, including emergency procedures. Maintenance of the machines must be carried out by a competent person in accordance with the manufacturers' requirements.

Staff must be trained and then designated to carry out periodic checks on the interlocking devices on the machines, and to clean the lint traps (if appropriate) on tumble dryers.

Procedures should be developed for staff to report faults/defects with machines, and for any faulty machine to be taken out of use.

If detergents and other cleaning products are purchased in large containers, consideration should be given to the positioning of the containers so that they do not present a moving and handling hazard. Concentrated liquid detergents are covered by COSHH, so safety data sheets must be obtained and COSHH assessments undertaken. Staff should be provided with relevant training, and appropriate protective equipment, e.g. gloves, goggles, visor, etc.

### **Outdoor Health and Safety**

Steps and paths in the outdoor areas should be kept in good condition and free from obstructions that could lead to tripping hazards. Steps should have a suitable handrail, and paths that are used in the hours of darkness should be provided with lighting.

It may be necessary to establish whether garden ponds, greenhouses, balconies, etc. pose a substantial risk to residents and visitors. A risk assessment should be undertaken which may identify the need to provide some protection against falling into or over these. Garden furniture such as benches and tables must be free from defects.

Petrol-driven equipment should be filled outdoors and not in a confined space such as a shed or garage. Petrol should only be kept in containers that are designed for that purpose, and the containers should be stored securely.

The registered manager should ensure that appropriate personal protective equipment (PPE) is issued to and worn by staff when undertaking outdoor work activities, e.g. grass cutting, hedge trimming, etc. The registered manager should also ensure that appropriate training is provided.

Where the use of pesticides is necessary, only pesticides that are approved for use in the UK should be used. Any person using pesticides should be competent and should have received sufficient instruction, training and guidance to use pesticides safely. Safe systems of work must also be developed for clearing snow and gritting activities, and suitable personal protective equipment made available. Prior to the onset of winter, the registered manager should carry out a pre-winter inspection of pipes, guttering, traffic routes, etc., to identify possible hazardous areas and prioritise routes for gritting.

## Additional Information/Guidance

- Council Policy HS12 – Workplace Health, Safety and Welfare
- Council Policy HS2 – Use of Personal Protective Equipment (PPE)
- Council Document – Managing the Risks from Finger Trapping in Doors and Gates
- Council Document – Guidance on Working with Petrol
- Council Document – Snow and Ice Management – A Guide for Site Managers and Head Teachers
- HSE information sheet – Health Services Information Sheet No. 5 – Falls from windows or balconies in health and social care
- HSE – L24 - Workplace Health, Safety and Welfare – Approved Code of Practice and guidance

## Incidents/Accidents

It is the responsibility of all employees to report incidents and accidents that occur on Council premises or which arise from work carried out on behalf of the Council. Incidents and accidents must be reported to the Corporate Health and Safety Team using the Council's Incident/Accident Investigation and Injury Record form HS5(A) in accordance with the Council's Accident Reporting Arrangement Guidelines.

Certain incidents/accidents are also reportable to the Health and Safety Executive (HSE) under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

The following are reportable if they arise 'out of or in connection with work' (member of the public includes a resident):

- accidents that result in the **fatal injury** of an employee or member of the public;
- accidents that result in an employee suffering a **specified injury** (fracture, dislocation etc.);
- accidents that result in an employee being **absent from work or unable to do their normal duties for more than seven days**;
- accidents that result in a member of the public suffering an injury and being **taken to hospital for treatment directly from the scene of the accident**;
- an employee **diagnosed with one of the specified work-related diseases**; or,
- one of the specified **dangerous occurrences** – these do not necessarily result in injury but have the potential to do significant harm.

## Reporting Arrangements

In the event that a work-related accident occurs on the site, whether it involves an employee, resident, visitor, member of the public or contractor, the registered manager must notify the Corporate Health and Safety Team in line with the timescales set out in the Accident Reporting Arrangement Guidelines.

The registered manager must investigate each incident/accident in order that hazardous areas and trends can be identified and any repairs or remedial work can be organised.

Where it is necessary to report an incident/accident to the HSE under RIDDOR, this duty will generally be undertaken by the Corporate Health and Safety Team in accordance with the Council's Accident Reporting Arrangement Guidelines.

### **Additional Information/Guidance**

- Council Policy HS5 – Reporting of Injuries, Diseases and Dangerous Occurrences
- Council Document – Accident Reporting Arrangement Guidelines
- Council Document – HS5(B) – Guidance to the Completion of the Incident/Accident Investigation and Injury Record Form HS5(A)
- RIDDOR – HSE Guidance

### **Infection Control**

The control of infection is a very important consideration throughout the care home environment because of the potential for exposure to a range of human pathogens and consequent risk of harm and disease to both staff and residents. All care homes should have an infection prevention and control policy that addresses such issues as:

- education and training of employees in infection prevention and control issues, including outbreaks of infection;
- protocols for hand washing;
- resident isolation/placement;
- good sanitation – disinfection and decontamination, including domestic cleaning;
- ill-health reporting and recording;
- prevention of exposure to blood-borne viruses, including prevention of sharps injuries and immunisation policies for at-risk staff;
- use of PPE, including gloves; and,
- creation, collection and disposal of clinical waste.

Procedures must be developed to specify the precautions that staff must take when dealing with the above issues, and staff must receive adequate information, instruction and training in respect of these procedures and precautions.

General precautions staff can take include covering cuts/grazes with waterproof dressings, good personal hygiene, good environmental hygiene, cleaning and disinfecting contaminated equipment, and wearing single-use gloves and disposable aprons for high-risk/messy activities.

Staff must ensure that they follow their training and wear appropriate personal protective equipment.

### **Additional Information/Guidance**

- Council Policy HS25 – Infection Control
- Infection Control – HSE Guidance
- Infection Prevention and Control – A Quick Reference Guide for Care Homes in Wales – Public Health Wales

### **Legionella**

Legionnaires' disease is a potentially fatal type of pneumonia, which is contracted by inhaling tiny airborne droplets or particles containing viable Legionella bacteria. Although healthy individuals may develop Legionnaires' disease, the older, smokers, alcoholics, and those with cancer, diabetes or chronic respiratory or kidney disease would be more at risk. Legionella bacteria are common and can be found in water systems, wet air conditioning plant, whirlpool baths and hydrotherapy baths.

Corporate Maintenance have undertaken Legionella Risk Assessments of the water systems within Council premises and developed site specific Legionella Site Log Books.

The registered manager will follow the Legionella Risk Assessment/Site Log Book and will:

- keep the Log Book updated and readily available and use it to manage and control the water systems in the building;
- carry out the monthly temperature monitoring as instructed in the Log Book;
- carry out weekly flushing of any low-use water outlets as instructed in the Log Book and record actions accordingly; and,
- record the findings and report any failings to the Legionella Team for investigation/rectification.

If your premise has not received a Legionella Risk Assessment/Site Log Book, or you as the registered manager have not received training/instruction regarding your responsibilities, please contact Corporate Maintenance.

## **Additional Information/Guidance**

- Council Policy HS27 – Control of Legionella
- Site Legionella Risk Assessment/Log Book (contact Corporate Maintenance for a copy)
- Council Document – Legionella Prevention – Instructions for routine water testing (contact Corporate Maintenance for a copy)
- HSE – INDG458 – Legionnaires’ disease – A brief guide for dutyholders

## **Medication**

Medication can be dangerous if misused or administered incorrectly, therefore staff must take all care when administering it.

Registered managers must develop their own in-house medication policy/arrangements, and ensure that these are updated on a regular basis and brought to the attention of all relevant staff. Only staff who have received the appropriate training, including any necessary refresher training, may administer medication.

The registered manager must monitor the safe administration of medication and report any error or maladministration to the Care Inspectorate Wales (CSSIW), their manager and the Corporate Health and Safety Team.

## **Additional Information/Guidance**

- Managing medicines in care homes – National Institute for Health and Care Excellence (NICE)
- Managing medicines for adults receiving social care in the community – National Institute for Health and Care Excellence (NICE)
- Council Document – Incident/Accident Investigation and Injury Record form HS5(A)

## **Medicines and Healthcare Products Regulatory Agency (MHRA)**

The MHRA is the government agency responsible for the regulating of medicines and medical devices and equipment used in healthcare and the investigation of related incidents. When there is evidence that a medical device, such as a patient hoist or wheelchair, is defective, the MHRA issues a Medical Device Alert (MDA) containing details of the defect and outlining checks and actions that need to be undertaken to prevent harm to users.



These MDA bulletins, once received by the Corporate Health and Safety Team, are circulated to Heads of Service/Directors so that the bulletin can be cascaded to front-line staff. The registered manager must ensure that, on notification, equipment is checked and the appropriate actions are taken.

### **Additional Information/Guidance**

- MHRA – UK Government

### **Moving and Handling**

There are always occasions when employees working in a care home will need to move equipment, furniture, boxes, etc. In most instances, these will be simple manual handling tasks that only require simple assessments.

However, the vast majority of moving and handling will involve employees moving or assisting residents. Handling of some residents will require specialist advice to prevent them suffering from inappropriate handling techniques, necessitating a more complex and detailed moving and handling assessment. In such instances, the registered manager must seek advice from specialists such as Occupational Therapists and the Moving and Handling Team.

It is essential that before carrying out any manual handling/moving and handling tasks, a risk assessment is undertaken that considers the factors below:

- avoid hazardous manual handling/moving and handling operations where reasonably practicable:
  - is the job necessary?
  - can it be done in a different way?
  - can it be mechanised?
- assess any hazardous manual handling/moving and handling operations that cannot be avoided;
- reduce the risk of injury as far as is reasonably practicable:
  - add specialist sliders or wheels to furniture that has to be moved;
  - use hoists, sliding sheets, etc. for moving and handling people;
  - provide sack trucks or trolleys;
  - spread manual handling/moving and handling tasks throughout the day.
- ensure employees have received suitable and sufficient training in manual handling/moving and handling techniques, and in the safe use of any moving and handling equipment they might be expected to use.

The most useful assessments are set out in a simple format so that it is possible to quickly assimilate what equipment, techniques and numbers of employees are required to carry out the task safely. Simple manual handling tasks only require simple assessments, e.g. dividing large boxes into smaller loads.

More complex moving and handling tasks will require detailed assessments and will need to be recorded. In some instances, generic assessments are acceptable. However, all assessments should consider the task, the load, the working environment and the individual's capabilities.

Clothing, footwear and protective equipment are other factors that have a direct impact on movement and the ability to adopt the correct posture while moving and handling. They should allow employees to perform a full range of unrestricted movements.

### **Additional Information/Guidance**

- Council Policy HS4 – Manual Handling
- Manual handling – HSE Guidance

### **Oxygen**

Medical oxygen is used to support life and ease respiratory problems and can be an important element of medication. However the use of oxygen has some intrinsic risks, and to ensure the safety of the users and others it is essential that people are made aware of these risks and the ways in which they can be controlled. Used sensibly, oxygen should not pose any problems which cannot be adequately controlled with safe systems of work and by always following the supplier's instructions.

Oxygen is supplied in different forms and the supplier's instructions must always be followed for each.

There is well documented evidence that when oxygen is **not used** in accordance with recommended safety precautions, severe injuries, fires and fatalities have occurred. **It is essential that the safety precautions are followed at all times.**

Staff who work with those who use oxygen must receive information, instruction and training in the safe use and storage of oxygen. A risk assessment must be in place for the care home to ensure safe practice and safe storage is in place. Additionally, the care home fire safety risk assessment will need updating if oxygen is brought into use in the care home where previously it was not, and the registered manager must liaise with the Council's appointed fire safety risk assessment consultants on this issue.

### **Additional Information/Guidance**

- Oxygen – HSE Guidance
- BOC healthcare training

## Passenger Lifts and Lifting Equipment

All passenger lifts and lifting equipment used in the workplace are subject to the requirements of the Lifting Operations and Lifting Equipment Regulations (LOLER) and must be thoroughly examined at regular intervals by competent persons. Passenger lifts and other lifting equipment that are used to lift/transport people must be examined at least every six months. As well as the lift, the inspection/maintenance programme should include any release mechanism, alarm and communication device installed.

Corporate Maintenance have contracts in place for the examination and maintenance of passenger lifts, and the registered manager should consult and cooperate with them, the lift manufacturer and/or the lift servicing/maintenance company regarding matters concerning the lift.

However the registered manager is responsible for arranging the inspection/maintenance of any other lifting equipment at the care home, such as hoists, and the registered manager must ensure that these examinations are undertaken and that appropriate records are kept. The registered manager should also ensure that employees undertake a basic visual check of all lifting equipment prior to each use.

For passenger lifts, registered managers are also responsible for ensuring that:

- notices are appropriately displayed instructing that the lift is not to be used in the event of a fire (unless it has been designed as a fire evacuation lift);
- sufficient people are designated and suitably trained to act as 'responsible persons' in the event of a lift breakdown;
- appropriate procedures are in place for responsible persons to follow in the event the lift fails, trapping someone inside it;
- notices are prominently displayed in/on/adjacent to the lift giving:
  - the names and contact details of the responsible persons;
  - clear instructions on how to isolate the electrical supply to the lift;
  - details of where any access panel and emergency manual lift door release keys are located.
- only trained and competent individuals have access to lift machinery, and that unauthorised access to the manual cranking mechanism/lift electronics, etc. is prevented;
- notices are displayed inside the lift explaining what to do in an emergency;
- any emergency telephone, bell or other device, fitted in the lift for summoning help is functioning correctly and can be heard where assistance is available; and,
- emergency operating procedures are periodically tested.

## **Additional Information/Guidance**

- HSE – INDG339 – Thorough examination and testing of lifts – simple guidance for lift owners
- Lifting Equipment – HSE Guidance

## **Site Security**

Crime does sometimes occur in public buildings and usually involves the ‘opportunist’ theft of property from unlocked or unattended offices/rooms, but it can occasionally involve physical or non-physical violence against employees. By ensuring that security, like safety, is non-negotiable, opportunity for crime can be substantially reduced. The registered manager is responsible for ensuring that security for the site is effective and sustained at an appropriate level.

The registered manager should undertake a risk assessment with regards to site security and implement control measures proportionate to the risks identified.

Procedures should be developed for locking and unlocking the building(s) and for receiving and supervising visitors, including employees from other Council premises and contractors etc., and, where assessed as necessary, CCTV and magnetic swipe/proximity card access systems installed. All procedures and systems should be periodically reviewed to assess their efficiency.

All site-based employees should be made aware of security procedures and informed of their responsibility to follow them. Steps should be taken to monitor employee compliance with those procedures.

In addition, the registered manager is responsible for ensuring that:

- all areas such as offices, staff rest rooms, etc. are secured against access by unauthorised persons;
- plant rooms are kept securely locked at all times when not in use and are only accessed by authorised persons; and,
- equipment stores are secured against unauthorised access.

## **Additional Information/Guidance**

- Council Policy HS13 – Violence at Work
- Council Document – HS(V1) – Violence at Work – Incident Report Form

## Slips, Trips and Falls

Most slips occur when the flooring or ground is wet or contaminated. Most trips are due to poor housekeeping. These types of accidents are seen by many as inevitable and many people do not take them seriously. However, the statistics prove that slip, trip and fall accidents cost employers and the NHS millions of pounds each year, notwithstanding the pain and suffering of those injured.

The solutions are often simple and cost effective. A suitable assessment of the risks should identify the necessary control measures. For example:

### Internal Areas

- floor surfaces should be kept free from obstructions and holes, and defects repaired promptly, particularly those on staircases;
- handrails should be fitted to staircases;
- staircases should be maintained in a safe condition, kept free of obstructions and well lit; and
- spillages should be cleaned up immediately.

### External Areas

- steps and paths in outdoor areas should be kept in good condition and free from obstructions that could lead to slips or trips;
- changes in surface levels, such as on ramps and steps, should be clearly marked and lighting should be suitable and sufficient; and,
- steps should have a suitable handrail, and paths that are used during the hours of darkness should be provided with outdoor lighting.

During the winter months it is likely that the risk of slips, trips and falls will increase. Arrangements should be developed to ensure that the increased risk is managed appropriately. For example:

- undertake a pre-winter risk assessment/inspection of pipes, guttering, drainage channels, traffic routes, etc. to ensure leaks are identified and repaired before the onset of winter;
- order supplies of salt/grit, and develop procedures to ensure adequate stocks are maintained;
- prioritise pedestrian and vehicle routes for gritting; and,
- agree the timing and frequency of gritting.

## **Additional Information/Guidance**

- Council Policy HS12 – Workplace Health, Safety and Welfare
- Council Policy HS2 – Use of Personal Protective Equipment (PPE)
- Council Document – A Health and Safety Guide to Preventing Slips and Trips
- Council Document – Snow and Ice Management – A Guide for Site Managers and Head Teachers
- HSE – L4 – Workplace Health, Safety and Welfare – Approved Code of Practice and guidance
- HSE – INDG225 – Preventing slips and trips at work – A brief guide

## **Smoking**

The Smoke-free Premises and Vehicles (Wales) Regulations prohibit smoking in enclosed or substantially enclosed public places, including workplaces. Residential care homes are one of the few exceptions since they are also residents' homes.

There is no obligation to provide designated areas where employees can smoke. However, if designated smoking areas are provided, they should be located outside the building and away from doorways, windows and pedestrian routes.

There is also no obligation to provide designated rooms in which residents can smoke, but if they are provided, they must be designated in writing, be enclosed, have signage posted identifying them as smoking rooms, and be well ventilated, but not into other parts of the premises. Designated rooms where smoking is permitted are for the use of residents only, not employees or visitors.

In some instances it may not be practicable for such a designated smoking room to be provided, since any such room should not then be used by non-smokers. For example, the care home may not have a 'spare' room to be set aside for smokers only, and if a common room is designated a smoking room, then there must also be a non-smoking common room for the use of residents who don't smoke.

Before allowing any resident to smoke, the registered manager must ensure that an assessment is carried out of that resident's mental and physical capabilities to do so without creating undue risk – for example, would a resident with dementia retain the awareness to only stub out a cigarette in an ashtray and not, say, a litter bin, or would a resident who has suffered a stroke retain the mobility in their hands to grip a cigarette tightly enough so that it wouldn't be dropped?

In addition, where designated smoking rooms are provided, control measures should be implemented to reduce the risk of a fire starting as a result of residents smoking and to give early warning and provide a means of putting it out in the event that a fire does occur, and also to reduce the risk of employees being exposed to second hand smoke.

Such control measures could include:

- ensuring an adequate number of suitable ashtrays are provided;
- removing litter bins, excess combustible material;
- ensuring furniture and fittings are non-combustible/flame retardant, as appropriate;
- ensuring that there is a heat detector (as opposed to a smoke detector) installed in the room that forms part of an automatic fire and detection alarm system;
- providing a water fire extinguisher and a fire blanket;
- allowing supervision of smokers by employees from outside the room, such as vision panels in doors;
- providing mechanical extract ventilation to remove the smoke from the room as quickly as possible;
- instructing employees not to enter the room until an hour has passed since the last cigarette was smoked (unless there is an emergency); and,
- ensuring that employees with health conditions that could be exacerbated by exposure to second hand smoke, such as asthma, do not have to enter the room.

Where a smoking room is newly designated, the fire safety consultants who undertook the fire safety risk assessment for the home should be informed of this change.

A 'Residents Smoking Policy' that sets out clear guidance and responsibilities in respect of smoking, including clarification on the use of e-cigarettes, should be developed and implemented by the registered manager for each individual care home.

Where smoking is permitted, arrangements must be made to remove all smoking debris.

'No smoking' signs must be placed in prominent positions at or near each entrance, so that people entering can see them.

Please note that the Council's 'Smoking in the Workplace' Policy imposes restrictions on smoking over and above those required by the aforementioned legislation. For example:

- employees can only smoke in their own time;
- the restrictions on smoking apply equally to both tobacco products and e-cigarettes; and,
- employees or visitors are not permitted to charge e-cigarettes in the workplace and/or in vehicles owned, leased, hired or rented by the Council.

### **Additional Information/Guidance**

- Council Policy HS18 – Smoking in the Workplace
- Smoking – Welsh Government Guidance

## Traffic Management

Every year about 70 people are killed and 2500 seriously injured in accidents involving vehicles in the workplace. Being struck or run over by moving vehicles are the most common causes of these accidents. Although the likelihood of being struck by a vehicle on a care home site is low, the potential still exists. Vehicles likely to be encountered on a care home site include cars, vans, refuse/recycling vehicles, delivery vehicles, etc. Additionally, there may be occasions where building or refurbishment works may impact on the regular traffic management arrangements on site.

It is therefore essential that a risk assessment is undertaken to identify the potential hazards and to ensure that appropriate control measures are adopted.

The risk assessment should take into account issues such as the type of vehicles accessing the grounds, reversing vehicles, access for emergency vehicles, parking, pedestrian routes, vulnerable visitors, unsecured gates, etc. Control measures could include speed limits, adequate lighting, separate access/egress for pedestrians and vehicles, clearly marked and/or designated parking bays, assistance for reversing vehicles, close supervision of visitors, one-way systems, restricting times of access for vehicles, etc.

### Additional Information/Guidance

- Council Document – Managing Traffic Safety on Council Premises – Guidance for Managers
- HSE – INDG199 – Workplace Transport Safety – A brief guide

## Training

Training is an important way of achieving health and safety compliance by helping to convert information into safe working practices.

Registered managers are responsible for ensuring that all employees, including management, receive training appropriate to the work they undertake, including refresher training as necessary, and that suitable records are kept.

In a care home environment, training could include, for example:

- site-specific induction;
- fire safety procedures;
- use of display screen equipment (DSE) and relevant software programmes;
- infection control;
- safe use of equipment;
- moving and handling;



- first aid, including any additional training determined as necessary in the first aid needs assessment;
- incident/accident reporting procedures;
- safe handling/use of substances (COSHH);
- violence and aggression;
- safe use and storage of oxygen; and,
- correct use of personal protective equipment (PPE).

### **Additional Information/Guidance**

- Health and Safety Training – HSE Guidance

### **Violence and Aggression**

The Council recognises that violence/aggression towards employees at work can be a source of injury and distress. The term violence/aggression covers a wide range of incidents, not all of which result in physical injury, for example, verbal abuse.

Section 2 of the Health and Safety at Work etc. Act 1974 places a general duty on employers to ensure the health, safety and welfare of its employees, and this duty extends to protecting its employees from violence/aggression.

In response to this duty, the Council has developed Health and Safety Policy HS13 – Violence at Work to assist managers to implement appropriate controls in order to protect employees against violence/aggression whilst at work.

The registered manager should develop procedures detailing the actions employees must take in the event they are confronted by a violent/aggressive person during the course of their duties.

As part of the resident's care plan, the propensity to exhibit violence and aggression should be included. Risk assessments will be required and employees should receive information, instruction and training on how to manage such situations.

A flow of information about potentially violent situations within the organisation will help employees assess the likelihood of aggression or assaults. This is particularly important where:

- new members of staff are involved;
- new residents are housed; and,
- there has been a change in the resident's mental or physical state and/or medication and/or behaviour.

In addition, training in the prevention and management of violence/aggression can provide employees with techniques to reduce or diffuse violence/aggression. The training should cover:

- causes of violence;
- recognition of warning signs;
- relevant interpersonal skills;
- details of working practices and control measures; and,
- incident reporting procedures.

Following an incident, the registered manager should meet with the employee involved to discuss what happened and to offer counselling according to the individual's needs. This process of debriefing may have two functions: to establish details of the event and to provide emotional help. It is sometimes appropriate to supplement debriefing by confidential counselling.

Employee morale and confidence may be improved to see that there is a genuine commitment from employers to pursue prosecution in cases of serious assault.

Violence/aggression must not be accepted as an unavoidable occupational hazard, and employees should be encouraged to record/report all occurrences of aggressive and violent behaviour.

### **Additional Information/Guidance**

- Council Policy HS13 – Violence at Work
- Council Document – HS(V1) – Violence at Work – Incident Report Form
- Violence at Work – HSE Guidance

### **Visitors**

Visitors to a care home could include contractors, residents' families and other visiting Council employees. To protect visitors from harm, it will be necessary to know that they are on site.

The simplest way of recording visitors' presence is by using a register and/or issuing a visitor's badge. Where practical, visitors must sign in and out indicating who they are visiting, the time they arrived and the time they leave.

Where necessary/practical, visitors must be informed of the risks to which they may be exposed whilst at the care home and of any emergency arrangements, including the location of assembly points. Where an emergency arises, measures must be taken by the responsible person to ensure the visitor is accompanied to a place of safety. The responsible person may not necessarily be the registered manager, but is likely to be the person who the visitor is meeting. Adequate supervision must be maintained whilst the visitor is on site.

Where disabled persons access the site, the responsible person must ensure, where necessary, that personal emergency evacuation plans (PEEPs) are developed for these individuals (See Fire Safety).

### **Additional Information/Guidance**

- Council Policy HS15 – Visitors in the Workplace
- Council Document – Health & Safety Guidance Sheet – Writing Personal Emergency Evacuation Plans (PEEPs)

### **Water Temperatures and Hot Surfaces**

Hot water can be a real danger to residents in care homes, because they may not be able to react appropriately or quickly enough to prevent injury, so consequently the risk of burns and scalds is high. Incidents resulting in serious injuries and even fatalities can occur, particularly involving bathing/showering facilities, and therefore all such facilities in the care home, together with wash hand basins in residents' bedrooms, must be fitted with thermostatic mixing valves (TMVs).

TMVs should be set to limit the temperature at the outlet to 43°C for baths and 41°C for showers and wash hand basins. It is essential that during 'whole-body' immersion, water temperatures do not exceed 43°C and 41°C respectively. The registered manager must ensure that regular checks of water temperatures are undertaken by suitably trained staff to ensure the TMVs are working correctly.

Injuries can also occur from contact with hot pipes or radiators due to the high temperatures of circulating water in heating and hot water systems. There is a risk of someone sustaining a burn from such a hot surface if the surface temperature should exceed 43°C.

It is likely that radiators and associated pipework in high risk areas in care homes have already been fitted with TMVs and/or guards to prevent such incidents occurring. However, there may still be areas, such as areas accessed by staff only, which have exposed radiators and pipework. These areas should be identified and risk assessed and measures implemented if determined necessary. Additionally, when refurbishment/maintenance work takes place and there is a need to remove any TMV and/or guard, the registered manager must ensure that appropriate measures are adopted for the duration of the work and that the TMV/guard is replaced on completion.

### **Additional Information/Guidance**

- Council Document – Monitoring of Hot Water Temperatures (The prevention of scalds and burns to vulnerable service users)
- Managing the risks from hot water and surfaces in health and social care – HSE Guidance
- Recommended Code of Practice for Safe Water Temperatures – Thermostatic Mixing Valve Manufacturers Association (TMVA)

### **Work Equipment**

The Provision and Use of Work Equipment Regulations (PUWER) require the risk to people's health and safety from equipment that is used at work be prevented or controlled. Generally, any equipment which is used at work is covered by PUWER. Work equipment in a care home environment includes items such as hoists, stepladders, wheelchairs, trolleys and vacuum cleaners.

Work equipment provided must meet the requirements of PUWER, and in doing so it must be:

- suitable for use, and for the purpose and conditions in which it is used;
- maintained in a safe condition; and,
- in certain circumstances, inspected to ensure that it is, and continues to be, safe for use.

Any inspection/maintenance must be carried out by a competent person and records kept. Where appropriate, employees will be expected to undertake visual inspections of equipment before use, and report to the registered manager any defects noted.

Risks created by the use of the equipment must be assessed, and eliminated where possible or controlled.

Employees using work equipment must receive adequate training, instruction and information for the equipment they are using.

Equipment must be stored in a lockable store room that is not accessible to residents or members of the public. Stored items should be arranged in such a way so as to be easily retrievable and to not tip over or fall onto anyone removing or adding items.

### **Additional Information/Guidance**

- Council Policy HS21 – Work Equipment
- Work Equipment – HSE Guidance

### **Work at Height**

Every year there are a number of deaths and thousands of injuries due to falls from height in the workplace.

Most major injuries are caused by 'low' falls i.e. below two metres, and involve stairs, falls from desks/chairs (while putting up displays etc.), from stools while closing windows/storing items, etc. However, falls also occur from greater heights, such as from ladders, platforms, roofs, etc., and from ladders/stepladders whilst carrying out repair and maintenance work and where the risk of serious injury and/or fatalities is increased.

The Work at Height Regulations require that:

- where possible, work at height should be eliminated, e.g. carrying out the work from ground level, or using long-handled poles to clean windows, for example;
- all work at height is properly planned and organised;
- all work at height takes account of weather conditions that could endanger health and safety;
- those involved in work at height are trained and competent;
- the place where work at height is done is safe;
- equipment for work at height is appropriately inspected, with records kept;
- the risks from fragile surfaces are properly controlled; and,
- the risks from falling objects are properly controlled.

Any work at height that is necessary needs to be properly planned and organised:

- undertake a detailed risk assessment where significant factors are present, such as appreciable height, bulky loads, lone working, inclement weather, fragile surfaces, etc.;
- ensure you have the right access equipment for the job – consideration should be given to hiring suitable equipment for specific jobs, e.g. mobile scaffold towers;
- ensure access equipment, such as a ladder, tower, etc. is visually inspected before each use, and more formally on a monthly basis with details recorded;
- ensure the place of work is safe;

- ensure employees are fully trained and competent to use any work at height equipment;
- ensure the risks from falling objects are considered and controlled; and,
- for low-level access, kick step type stools and properly designed low steps with handrails should be considered.

### **Additional Information/Guidance**

- Council Document – Health & Safety – Employee Information Sheet No 1 – Safe Use of Ladders and Stepladders
- Work at Height – HSE Guidance

### **Young Workers**

The Management of Health and Safety at Work Regulations require that young persons (those under 18 years of age) should not be employed unless there has been a specific risk assessment undertaken for them, taking into account:

- the inexperience, immaturity and lack of awareness of risks of young people;
- the workplace and equipment;
- the nature and degree of exposure to harm;
- organisation of processes and activities; and,
- training.

The registered manager is responsible for ensuring that if any young people are employed, such risk assessments are undertaken and any necessary control measures are identified and implemented.

### **Additional Information/Guidance**

- Council Policy HS6 – Management of Health and Safety at Work
- Young People at Work – HSE Guidance

## References

Various references have been made in this document under '**Additional Information/Guidance**'.

Where references have been made to HSE guidance and/or documents, these can be found by searching the HSE website:

<https://www.hse.gov.uk/>

Where reference has been made to a document produced by HM Government or guidance provided by the UK Government, this can be found by searching the UK Government website:

<https://www.gov.uk/>

Where references have been made to Welsh Government guidance, this can be found by searching the Welsh Government website:

<https://gov.wales/>

Where reference has been made to the document 'Infection Prevention and Control – A Quick Reference Guide for Care Homes in Wales' by Public Health Wales, this can be accessed via the following link:

<https://phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/guidance/accordians/docs/infection-control-guidelines-for-care-homes/>

Where references have been made to National Institute for Health and Care Excellence (NICE) guidance, these can be found by searching the NICE website:

<https://www.nice.org.uk/>

Where references have been made to contacting Corporate Estates/Maintenance, this can be done via telephone number 01443 281155

Where reference has made to Council documents (other than when it is referred to contacting Corporate Estates for a copy), including schemes and policies, these can be found on *Inform* and/or the *RCT Source* and/or by contacting the Corporate Health and Safety Team via telephone number 01443 425531 or by emailing:

[HealthandSafetyTeam@rctcbc.gov.uk](mailto:HealthandSafetyTeam@rctcbc.gov.uk)

Where reference has been made to BOC healthcare training, this can be found by searching the website:

<https://www.bochealthcare.co.uk/en/products-and-services/products-and-services-by-category/services/education-and-training/education-and-training.html>

Where reference has been made to the Recommended Code of Practice for Safe Water Temperatures, this can be found by searching for this document on the google website:

[https://www.google.co.uk/?gws\\_rd=ssl#spf=1610548695625](https://www.google.co.uk/?gws_rd=ssl#spf=1610548695625)

Mae croeso i chi gyfathrebu â ni yn y Gymraeg /  
You are welcome to communicate with us in Welsh



## **Self-Audit/Inspection Checklists**

(To be completed by the registered manager to direct their attention to areas that require regular examination. A 'No' answer will require action to be taken.

Should any issue not apply at a particular care home,

'N/A' can be entered in the 'Comments/Action Required' column.

The checklists should be completed at least annually, but on a more frequent basis if Service Area requirements/management necessitate it)

Topic	Yes	No	Comments/Action Required
<b>Policies and Procedures</b>			
Have you access to all the current Corporate H&S Policies?			
Have you access to all current H&S Guidance (available on Inform / the RCT Source / from the Corporate H&S Team)?			
Have you on display the completed Health and Safety Law Poster?			
Do you ensure that your procedures follow the guidance / requirements set out in the HSE's 'HSG220 – Health and safety in care homes' and the Welsh Government's 'National Minimum Standards for Care Homes for Older People'?			
Do you ensure that your procedures mean that the care home is a pleasant place for residents to live, and that their independence is respected allowing them to live as normal a life as possible?			
<b>Asbestos</b>			
Have you a current Asbestos Register and Management Plan for your premises?			
Have you received training / instruction in its use, including the emergency arrangements?			
Do you inform all contractors / maintenance staff / surveyors of the requirement to read and sign the register?			
Do you inform everyone who may work near asbestos of its presence?			

Topic	Yes	No	Comments/Action Required
<b>Asbestos (continued)</b>			
Have you arrangements in place that when you are not available a competent member of staff manages this process?			
<b>Beds/Bed Rails</b>			
Has the use of bed rails been risk assessed?			
Have the beds been maintained?			
Have the beds been electrically tested?			
Are staff undertaking visual inspections?			
<b>Boiler Rooms</b>			
Do you liaise with Corporate Maintenance to ensure boilers are serviced when due?			
Do you contact Corporate Maintenance over any operating problems with boilers?			
Do you ensure boiler rooms are kept free from the storage of combustible materials / flammable substances?			
Do you ensure that, when not in use, boiler rooms are kept locked shut and are signposted to that effect?			
Do you ensure that, where applicable, wood pellet stores are only accessed by competent / trained personnel (usually specialist contractors or engineers) and are subject to a permit to work system?			

Topic	Yes	No	Comments/Action Required
<b>Clinical Waste</b>			
Have staff been given clear information, instruction and training on deciding what is clinical waste and what constitutes domestic waste?			
Is it ensured that the domestic waste collection service is not used for the disposal of clinical waste?			
Are sharps disposed of in sharps containers?			
Is it ensured that sharps containers are not placed in bags prior to disposal and are not left lying around where residents, visitors or children and other vulnerable people could gain access?			
Are staff provided with training concerning what to do if they experience a needlestick injury?			
Is it ensured that clinical waste containers are not allowed to accumulate in corridors or other places accessible to residents and members of the public, and that the area where the waste is stored is enclosed and secure and designated for clinical waste only?			
Are records kept of transfer notes or similar documentation to establish that clinical waste has been disposed of correctly?			
<b>Communication</b>			
Are all site-based employees made aware of site safety arrangements?			
Are notice / information boards kept up to date?			
Are all staff made aware of new guidance documents?			

Topic	Yes	No	Comments/Action Required
<b>Communication (continued)</b>			
Do staff sign to acknowledge that they have read and understood any newly issued guidance and procedures?			
Are team meetings regularly held?			
Are team meetings used to discuss new, and review existing, guidance and procedures?			
Are there mechanisms in place to ensure staff fully understand new and existing guidance, etc.?			
Are there mechanisms in place for the manager to monitor staff compliance with guidance and procedures?			
Do you consult with staff when developing new practices and procedures?			
Are staff supervisions held at regular intervals?			
Has Corporate Estates been provided with current site contact information?			
<b>Control of Contractors</b>			
Have you arrangements in place to risk-assess how building / maintenance / refurbishment works will affect the safety at the premises?			
Are Corporate Maintenance consulted and involved before and during construction / maintenance / refurbishment works?			
Have you identified in-house personnel who are points of contact for contractors and visiting workers?			

Topic	Yes	No	Comments/Action Required
<b>Control of Contractors (continued)</b>			
Do you have arrangements in place to exchange information regarding hazards and risks with the contractors?			
Do you have arrangements in place to regularly communicate and meet with contractors?			
Are arrangements in place to ensure all site-based employees and visitors are made aware of hazards and risks associated with the contractor's work?			
<b>Control of Substances Hazardous to Health (COSHH) (Chemicals)</b>			
Is there an inventory of all hazardous substances used / stored on site?			
Have appropriate COSHH assessments been undertaken?			
Are hazardous substances stored safely away from vulnerable people / visitors?			
Are arrangements in place for liaising with cleaner's / caretaker's line managers?			
Are arrangements in place to liaise with contractors regarding hazardous substances?			
Have all relevant employees been suitably trained concerning safe methods of work?			
Has suitable personal protective equipment been issued, and employees trained in its correct use?			
Are procedures for dealing with spillages of hazardous substances in place?			
Are new employees trained before using hazardous substances?			

Topic	Yes	No	Comments/Action Required
<b>Control of Substances Hazardous to Health (COSHH) (Blood Borne Diseases)</b>			
Have assessments been made, including of contaminated / soiled laundry?			
Are staff trained in safe working practices?			
Are staff procedures implemented and followed?			
Are staff provided with appropriate personal protective equipment, and is it used?			
Is it ensured that cuts / grazes are always covered with waterproof dressings?			
Is it ensured that basic hygiene measures are followed, including handwashing?			
Are there procedures for cleaning up spillages?			
Do staff know what to do in an accident?			
<b>Driving on Council Business</b>			
Do you ensure that vehicles owned, leased and hired by employees that are used for work purposes have current MOT certificates, that employees have valid driving licences and insurance, and that relevant details are entered into the Envoy Expenses System?			
Do you ensure that driving activities are risk assessed and any necessary control measures implemented?			

Topic	Yes	No	Comments/Action Required
<b>Driving on Council Business (continued)</b>			
Do you ensure that employees are made aware of their responsibilities when driving on Council business?			
Do you ensure that employees are made aware of relevant Council Policies and guidance?			
<b>Electricity</b>			
Have the electrical systems been checked by competent persons?			
Are appliances in good condition?			
Are plugs, sockets and leads in good condition?			
Are electrical leads prevented from trailing across floors?			
Are there enough sockets (i.e. sockets not overloaded)?			
Are RCDs used where required?			
Are regular visual checks of equipment carried out?			
Do only competent people check and maintain equipment?			
Are employees trained in the safe use of equipment?			
Are there mechanisms in place to safely deal with faulty equipment?			



Topic	Yes	No	Comments/Action Required
<b>Fire Safety</b>			
Refer to the rear of the <i>Riskmonitor</i> fire safety risk assessment folder for annual fire safety self-audit			
<b>First Aid</b>			
Has a first aid needs risk assessment been carried out to determine the number of first aiders and appointed persons and the level of first aid equipment required?			
Where required, are all shifts covered by suitable numbers of first aiders and appointed persons?			
Are notices displayed detailing the location of the first aid provision on site, including the identity and location of the first aider(s) and / or appointed person(s)?			
Are all first aid kits clearly marked?			
Are all first aid kits fully stocked, and regularly checked and replenished when necessary?			
<b>General Working Environment</b>			
Are floor surfaces suitable, flat, free from trip hazards and properly maintained?			
Have you arrangements for cleaning up spillages?			
Are carpets in good condition?			
Are stairs well lit?			
Is the stair covering in good condition and clean?			

Topic	Yes	No	Comments/Action Required
<b>General Working Environment (continued)</b>			
Are stairs free from obstructions?			
Are lighting levels sufficient, including those in kitchen and laundry / sluice rooms and in corridors and stairs?			
Is there sufficient ventilation, including in kitchen and laundry / sluice rooms?			
Is kitchen equipment well maintained and serviced in accordance with manufacturers' instructions and relevant legislation?			
Is there suitable and sufficient storage in the kitchen that meets food hygiene standards?			
Is kitchen equipment that have dangerous parts, such as food-slicers and food processors, fitted with guards to protect the user, and is it checked before each use and maintained in good order?			
Are chemicals and detergents stored appropriately in laundry / sluice rooms and are they kept locked at all times when not in use?			
Is maintenance of machines in laundry / sluice rooms carried out by a competent person in accordance with the manufacturers' requirements?			
Have staff been designated and trained to carry out periodic checks on the interlocking devices on laundry / sluice rooms machines, and to clean the lint traps (if appropriate) on tumble dryers?			

Topic	Yes	No	Comments/Action Required
<b>General Working Environment (continued)</b>			
Have procedures been developed for staff to report faults / defects with machines, and for any faulty machine to be taken out of use?			
Is consideration given to the positioning of any large containers so that they do not present a moving and handling hazard?			
Is glazing in good condition?			
Are window restrictors in place, where required?			
Are steps and paths in the outdoor areas kept in good condition and free from obstructions that could lead to tripping hazards?			
Do any steps have a suitable handrail(s)?			
Are steps, paths used in the hours of darkness provided with lighting?			
Have the risks posed by garden ponds, greenhouses, balconies, etc. been assessed and control measures implemented where necessary?			
Is garden furniture regularly checked to ensure it is free from defects?			
Is it ensured that any petrol-fuelled equipment is used safely and that petrol is stored safely?			
Is it ensured that any pesticides used are UK approved?			
Have safe systems of work been developed for snow clearance and gritting activities?			

Topic	Yes	No	Comments/Action Required
<b>General Working Environment (continued)</b>			
Do you carry out a pre-winter inspection of pipes, guttering, traffic routes, etc., to identify possible hazardous areas and prioritise routes for gritting?			
Is it ensured that staff are provided with and use any PPE necessary when carrying out activities?			
<b>Incidents/Accidents</b>			
Are all incidents and accidents investigated and reported appropriately within set timescales and in accordance with the Council's Accident Reporting Arrangement Guidelines?			
Are records kept at the premise of all incidents and accidents?			
Are incidents / accidents reviewed to identify trends?			
<b>Infection Control</b>			
Have risk assessments been carried out to determine where staff / residents could be exposed to infection and control measures identified and implemented?			
Have you developed an infection prevention and control policy to address relevant issues?			
Have you developed procedures to specify the precautions staff must take?			
Have staff received adequate information, instruction and training in respect of the procedures and precautions?			
Are staff aware of and do they follow general precautions that can be taken to prevent and control infection?			

Topic	Yes	No	Comments/Action Required
<b>Infection Control (continued)</b>			
Is it ensured that staff are aware of the need to follow their training and wear any necessary PPE to reduce the risk of transmission of infections to both themselves and residents?			
<b>Legionella</b>			
Have you a Legionella Risk Assessment / Site Log Book?			
Have you received training / instruction regarding your responsibilities?			
Do you undertake weekly flushing of low-use water outlets as instructed in the Legionella Risk Assessment / Site Log Book?			
Do you carry out monthly water temperature checks as instructed in the Legionella Risk Assessment / Site Log Book?			
<b>Medication</b>			
Have you developed a site-specific medication policy and arrangements?			
Is medication appropriately stored?			
Are records kept of medication received, administered and returned?			
Have staff received appropriate training regarding the medication procedures?			
Are all incidents / accidents relating to medication appropriately reported and investigated?			

Topic	Yes	No	Comments/Action Required
<b>Medicines and Healthcare Products Regulatory Agency (MHRA)</b>			
Do you ensure that any Medical Device Alert (MDA) bulletins issued by the MHRA are acted on upon receipt?			
Is there a procedure in place for ensuring staff are made aware of MDA bulletins?			
Are appropriate records kept of any actions taken?			
<b>Moving and Handling</b>			
Is manual handling / moving and handling avoided where possible?			
Have all hazardous manual handling / moving and handling tasks been assessed and preventative measures implemented?			
Do assessments cover the load, work method, workplace, working environment and individual capability?			
Are appropriate lifting and handling aids available and used?			
Are employees trained in use of equipment and handling techniques, as appropriate?			
Where appropriate, is advice sought from specialists such as Occupational Therapists and the Moving and Handling Team?			
Are there sufficient numbers of staff to carry out the work?			

Topic	Yes	No	Comments/Action Required
<b>Oxygen</b>			
Have any staff who work with those who use oxygen received receive information, instruction and training in the safe use and storage of oxygen?			
Has a risk assessment been undertaken for the use of oxygen at the care home and safe systems of work developed to ensure safe practice and safe storage is in place?			
Is it ensured that suppliers' instructions on the use and storage of oxygen are always followed?			
If oxygen has been brought into use in the care home where previously it was not, have you informed the Council's appointed fire safety risk assessment consultants of this?			
<b>Passenger Lifts and Lifting Equipment</b>			
Are all passenger lifts maintained and inspected in accordance with set contract (contact Corporate Maintenance)?			
Is there signage outside the lift indicating that it must not be used in the event of a fire?			
Are there emergency procedures in place if the lift fails and people are trapped?			
Are there notices inside the lift stating what to do in the event of an emergency?			
If fitted, are checks made on the emergency telephone, bell or other device to call for assistance?			
Are drills carried out periodically to test the efficiency of the emergency operating procedures?			

Topic	Yes	No	Comments/Action Required
<b>Passenger Lifts and Lifting Equipment (continued)</b>			
Are all hoists and slings and any other lifting equipment thoroughly examined at appropriate intervals and suitable records kept in accordance with LOLER?			
Do employees undertake a basic visual check of all lifting equipment prior to each use?			
<b>Site Security</b>			
Has a suitable risk assessment of security needs been undertaken, and are periodic reviews carried out?			
Are there procedures in place for locking / unlocking the premises?			
Are there procedures in place for receiving and supervising visitors?			
Have all site-based employees been informed of these procedures, and is compliance with them monitored?			
Are areas such as offices, staff rest rooms, etc. secured against access by unauthorised persons?			
Are plant rooms kept securely locked at all times when not in use and is it ensured that they are only accessed by authorised persons?			
Are equipment stores secured against unauthorised access?			
<b>Slips, Trips and Falls</b>			
<b>Internal Areas</b>			
Are floors in good condition?			
Are pedestrian routes free from obstruction and trip hazards?			



Topic	Yes	No	Comments/Action Required
<b>Slips, Trips and Falls (continued)</b>			
<b>Internal Areas (continued)</b>			
Are changes to surface levels clearly marked?			
Are work areas kept clear of trailing cables and other trip hazards?			
Are pedestrian routes appropriately and adequately lit?			
<b>External Areas</b>			
Are all steps and pathways in good condition and free from obstructions?			
Are suitable handrails in place for steps?			
Is there lighting for paths used after dark?			
Are procedures in place for clearing snow and gritting pedestrian / traffic routes?			
Have pedestrian / traffic routes been prioritised for clearing / gritting?			
Have sufficient supplies of salt / grit been ordered?			
Has suitable training and instruction been provided to relevant staff?			
<b>Smoking</b>			
Are appropriate 'No Smoking' signs suitably displayed?			
If provided for employees, are designated smoking areas located externally and away from doors and windows?			

Topic	Yes	No	Comments/Action Required
<b>Smoking (continued)</b>			
If applicable, are any rooms designated as smoking rooms for residents suitable for that use, with signage displayed identifying it as a smoking room?			
Is it ensured that any designated smoking room is for the use of residents only, and not employees or visitors?			
Before allowing any resident to smoke, is an assessment carried out of that resident's mental and physical capabilities to do so without creating undue risk?			
Where a designated smoking room is provided, are control measures implemented to reduce the risk of a fire starting as a result of residents smoking, and to give early warning and provide a means of putting it out in the event that a fire does occur?			
Where a designated smoking room is provided, are control measures implemented to reduce the risk of employees being exposed to second hand smoke?			
Where a designated smoking room is provided, is it ensured that employees with health conditions that could be exacerbated by exposure to second hand smoke, such as asthma, do not have to enter the room?			
Where a smoking room has been newly designated, have the consultants who undertook the fire safety risk assessment for the home been informed of the change?			

Topic	Yes	No	Comments/Action Required
<b>Smoking (continued)</b>			
Has a 'Residents Smoking Policy' that sets out clear guidance and responsibilities in respect of smoking, including clarification on the use of e-cigarettes, been developed and implemented for the care home.			
Have arrangements been made to remove all smoking debris?			
Have all site-based employees and others been informed of the restrictions on the use of both tobacco products and e-cigarettes?			
Are procedures in place to monitor compliance?			
<b>Traffic Management</b>			
Has a Traffic Management Risk Assessment been undertaken and control measures implemented?			
Are there procedures in place to monitor compliance with site traffic controls?			
Where possible, is the need for vehicle reversing manoeuvres eliminated or, where not possible, suitably controlled?			
Where possible, are pedestrians segregated from vehicles?			
Is the car park adequately lit?			
Is all relevant signage clear and visible?			

Topic	Yes	No	Comments/Action Required
<b>Training</b>			
Have you and all care home employees received training appropriate to the work you / they undertake, including any approved qualifications for specific activities?			
Are suitable records kept of employee training?			
<b>Violence and Aggression</b>			
Have you developed procedures detailing the actions employees must take in the event they are confronted by a violent / aggressive person during the course of their duties?			
Have you made employees aware of the procedures?			
Has the propensity to exhibit violence and aggression been included in residents' care plans?			
Have suitable risk assessments been undertaken and necessary control measures implemented?			
Have staff received suitable information, instruction and training on how to manage violent / aggressive situations?			
Is a flow of information about potentially violent situations maintained within the organisation?			
Following an incident, does the registered manager meet with the employee involved to discuss what happened and to offer counselling according to the individual's needs?			

Topic	Yes	No	Comments/Action Required
<b>Visitors</b>			
Have you arrangements in place to account for all visitors?			
Are steps taken to inform visitors of any known risk?			
Do you inform visitors of the fire evacuation procedures?			
Have you 'Personal Emergency Evacuation Plans' (PEEPs) in place for disabled visitors?			
<b>Water Temperatures and Hot Surfaces</b>			
Have bathing / showering facilities been fitted with thermostatic mixing valves (TMVs) to limit the temperatures at outlets to 43°C for baths and 41°C for showers and wash hand basins?			
Do you ensure that that regular checks of water temperatures are undertaken by suitably trained staff to ensure the TMVs are working correctly?			
Have all areas where there is a risk of someone sustaining a burn from a hot surface, such as a pipe or a radiator, been identified and, where necessary, TMVs and / or guards fitted to prevent such an incident occurring?			
Is it ensured that if any TMV / guard is removed during refurbishment / maintenance work, appropriate measures are adopted for the duration of the work and the TMV / guard is replaced on completion?			

Topic	Yes	No	Comments/Action Required
<b>Work Equipment</b>			
Is the equipment in good condition?			
Is the equipment inspected in accordance with the relevant legislation?			
Are appropriate service / inspection records maintained?			
Have suitable and sufficient risk assessments been carried out?			
Have employees received appropriate training?			
Are records kept of employee training?			
Is equipment stored in a lockable store room that is not accessible to residents or members of the public?			
Is stored equipment arranged in such a way so as to be easily retrievable and to not tip over or fall onto anyone removing or adding items?			
<b>Work at Height</b>			
When appropriate, do you carry out a detailed risk assessment of the proposed work?			
Are weather conditions that could endanger health and safety taken into consideration?			
Is work at height eliminated where possible by using other means?			
Is all work at height properly planned and organised?			

Topic	Yes	No	Comments/Action Required
<b>Work at Height (continued)</b>			
Is anyone involved with work at height trained and competent in the use of any equipment to be utilised?			
Is the place where work at height is to be carried out safe?			
Do you have the right access equipment for the work?			
Is work at height equipment appropriately inspected and records kept?			
Are risks from any fragile surfaces properly controlled?			
Are the risks from falling objects properly controlled?			
<b>Young Workers</b>			
Is it ensured that a specific risk assessment is undertaken for any young workers before employing them?			
Is it ensured that any necessary control measures identified in the young persons risk assessment are implemented?			
Are any young persons provided with appropriate information, instruction, training and supervision?			