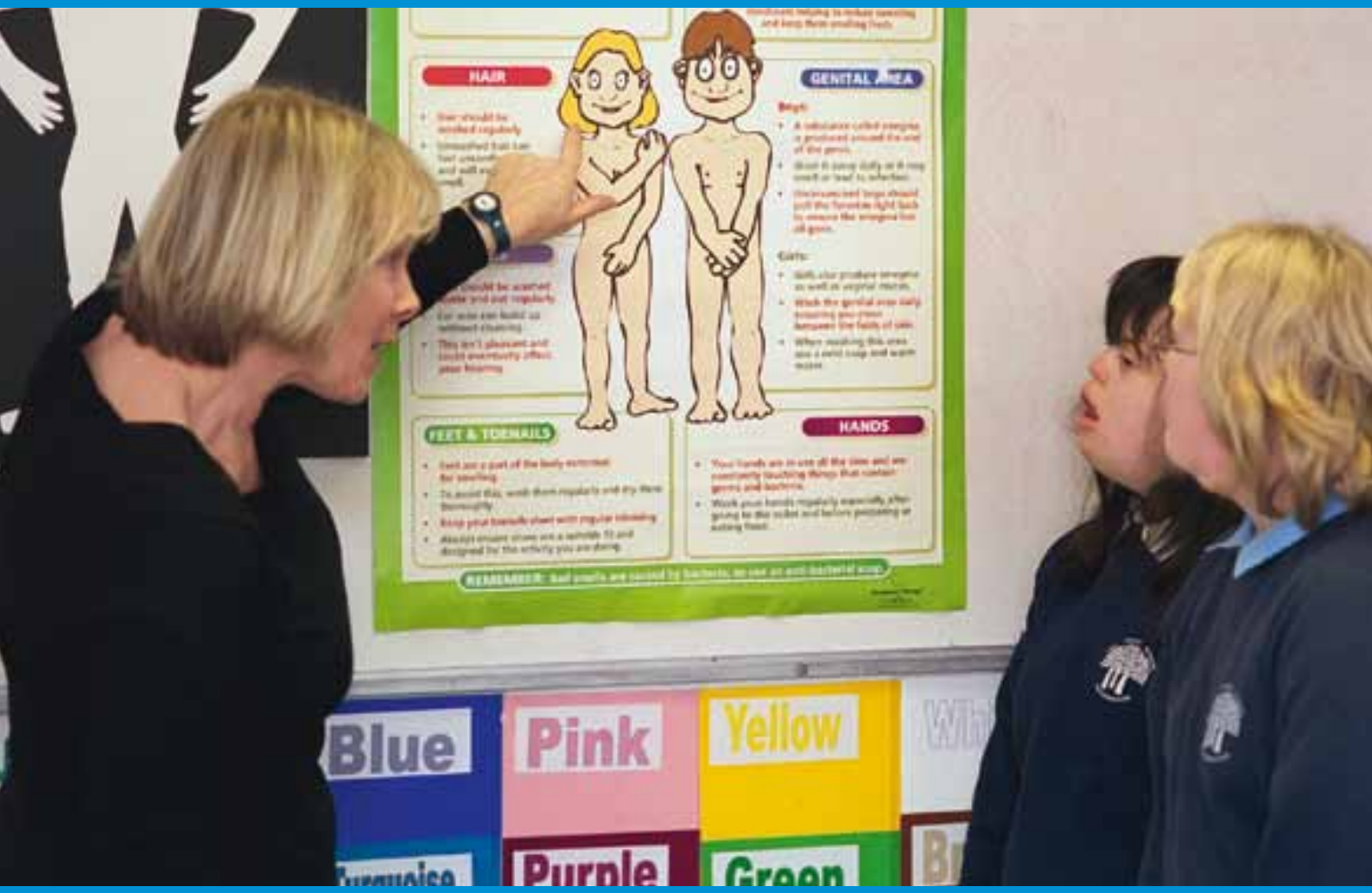
NHS

Essence of Care 2010

Benchmarks for Personal Hygiene



DH Department of Health

Document Purpose	Best Practice Guidance	
ROCR Ref:		**Gateway Ref:** 14641
Title	ESSENCE OF CARE 2010	
Author	DEPARTMENT OF HEALTH	
Publication Date	1ST OCTOBER 2010	
Target Audience	PCT CEs, NHS Trust CEs, Care Trust CEs, Foundation Trust CEs , Directors of Nursing, Local Authority CEs, Directors of Adult SSs, PCT PEC Chairs, Special HA CEs, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads, Directors of Children's SSs, Universities UK, RCN, RCM, AHPF, SHA Lead Nurses, SHA AHP Leads, Patient Organisations	
Circulation List	PCT CEs, NHS Trust CEs, Care Trust CEs, Foundation Trust CEs , Directors of Nursing, Local Authority CEs, Directors of Adult SSs, PCT PEC Chairs, Special HA CEs, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads, Directors of Children's SSs, Voluntary Organisations/NDPBs, Universities UK, RCN, RCM, AHPF, SHA Lead Nurses, SHA AHP Leads, Patient Organisations	
Description	Essence of Care 2010 includes all the benchmarks developed since it was first launched in 2001, including the latest on the Prevention and Management of Pain. All the benchmarks have been reviewed to reflect the current views of people requiring care, carers and staff	
Cross Ref	Essence of Care 2001, Communication, Promoting Health and Care Environment	
Superseded Docs	Essence of Care 2001 Gateway No. 4656 and 8489	
Action Required	N/A	
Timing	**N/A**	
Contact Details	Gerry Bolger CNO Directorarte - PLT 5E58, Quarry House Quarry Hill, Leeds LS2 7UE 01132546056 www.dh.gov.uk	
For Recipient's Use		

Essence of Care 2010

BENCHMARKS FOR THE FUNDAMENTAL ASPECTS OF CARE

Benchmarks for Personal Hygiene

Published by TSO (The Stationery Office) and available from:

Online
www.tsoshop.co.uk

Mail, Telephone, Fax & E-mail
TSO
PO Box 29, Norwich, NR3 1GN
Telephone orders/General enquiries: 0870 600 5522
Fax orders: 0870 600 5533
E-mail: customer.services@tso.co.uk
Textphone 0870 240 3701

TSO@Blackwell and other Accredited Agents

Customers can also order publications from:
TSO Ireland
16 Arthur Street, Belfast BT1 4GD
Tel 028 9023 8451 Fax 028 9023 5401

Published with the permission of the Department of Health on behalf of the Controller of Her Majesty's Stationery Office.

First published 2010

ISBN 978 0 11 322878 2

Printed in the United Kingdom for The Stationery Office.

J002352914 cXX 09/10

Contents

Best Practice – General Indicators

The factors and indicators for each set of benchmarks focus on the specific needs, wants and preferences of *people* and carers. However, there are a number of general issues[1] that must be considered with every factor. These are:

People's experience

- *People* feel that care is delivered at all times with compassion and empathy in a respectful and non-judgemental way
- The best interests of *people* are maintained throughout the assessment, planning, implementation, evaluation and revision of care and development of services
- A system for continuous improvement of quality of care is in place

Diversity and individual needs

- Ethnicity, religion, belief, culture, language, age, gender, physical, sensory, sexual orientation, developmental, mental health, social and environmental needs are taken into account when diagnosing a health or social condition, assessing, planning, implementing, evaluating and revising care and providing equality of access to services

Effectiveness

- The effectiveness of practice and care is continuously monitored and improved as appropriate
- Practice and care are evidence-based, underpinned by research and supported by practice development

Consent and confidentiality

- Explicit or expressed valid consent is obtained and recorded prior to sharing information or providing treatment or care

1 Also see Department of Health (2010) NHS Constitution The NHS belongs to us all. Department of Health: London accessed 07 May 2010 at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113645.pdf

- *People*'s best interests are maintained where they lack the capacity to make particular decisions.[2]
- Confidentiality is maintained by all staff members

People, carer and community members' participation

- *People*, carers' and community members' views and choices underpin the development, planning implementation, evaluation and revision of personalised care and services and their input is acted upon
- Strategies are used to involve *people* and carers from isolated or hard to reach communities

Leadership

- Effective leadership is in place throughout the organisation

Education and training

- Staff are competent to assess, plan, implement, evaluate and revise care according to all *people*'s and carers' individual needs
- Education and training are available and accessed to develop the required competencies of all those delivering care
- *People* and carers are provided with the knowledge, skills and support to best manage care

Documentation

- Care records are clear, maintained according to relevant guidance and subject to appropriate scrutiny
- Evidence-based policies, procedures, protocols and guidelines for care are up-to-date, clear and utilised

Service delivery

- Co-ordinated, consistent and accessible services exist between health and social care organisations that work in partnership with other relevant agencies

2 Mental Capacity Act 2005 accessed 25 November 2008 at http://www.legislation.gov.uk/ukpga/2005/9/contents

- Care is integrated with clear and effective communication between organisations, agencies, staff, *people* and carers
- Resources required to deliver care are available

Safety

- Safety and security of *people*, carers and staff is maintained at all times

Safeguarding

- Robust, integrated systems are in place to identify and respond to abuse, harm and neglect[3]
- All agencies working with babies, children and young *people* and their families take all reasonable measures to ensure that the risks of harm to babies, children's and young *people*'s welfare are minimised.[4]

3 Department of Health (2010) Clinical Governance and Adult Safeguarding – An Integrated Approach Department of Health: London accessed 30 May 2010 at http://www.dh.gov.uk/prod_consum_dh/groups/dh.digitalassets/@dh/@en/@ps/documents/digitalasset/dh_112341.pdf

4 Department of Health (2006) Safeguarding Children. A Summary of the Joint Chief Inspector's Report on Arrangements to Safeguard Children Department of Health: London accessed 30 May 2010 at http//www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103428

Benchmarks for Personal Hygiene

Agreed person-focused outcome

People's personal hygiene needs and preferences are met according to their individual and clinical needs

Definitions

For the purpose of these benchmarks, **personal hygiene care** is:

> *the physical act of cleansing the body to ensure that the hair, nails, ears, eyes, nose and skin are maintained in an optimum condition. It also includes mouth hygiene which is the effective removal of plaque and debris to ensure the structures and tissues of the mouth are kept in a healthy condition. In addition, personal hygiene includes ensuring the appropriate length of nails and hair.*

For simplicity, ***people requiring care*** is shortened to people or omitted from most of the body of the text. ***People*** includes babies, children, young people under the age of 18 years and adults. ***Carers*** (for example, members of families and friends) are included as appropriate.

The term ***carers*** refers to those who 'look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid' (adapted from Carers UK, 2008). Please note, within these benchmarks it is acknowledged that the term 'carer' can include children and young people aged under 18 years.

The term ***staff*** refers to any employee, or paid and unpaid worker (for example, a volunteer), who has an agreement to work in that setting and is involved in promoting well-being.

The ***care environment*** is defined as an area where care takes place. For example, this could be a building or a vehicle.

The ***personal environment*** is defined as the immediate area in which a person receives care. For example, this can be in a person's home, a consulting room, hospital bed space, prison, or any treatment/clinic area.

Agreed person-focused outcome

People's personal hygiene needs and preferences are met according to their individual and clinical needs

Factor	Best practice
1. Assessment	*People* are assessed to identify the advice and/or care required to maintain and promote their personal hygiene
2. Planning, implementation, evaluation and revision of care	*People's* care is planned, implemented, continuously evaluated and revised to meet needs and preferences
3. Environment	All personal hygiene care and advice is given in an environment that is safe and appropriate to *People*'s needs and preferences
4. Toiletries	*People* have toiletries to meet their needs and preferences
5. Assistance	*People* receive the care and assistance they require to meet personal hygiene needs and preferences
6. Knowledge and skills	*People* and carers are provided with the knowledge and skills to meet personal hygiene needs and preferences

Factor 1
Assessment

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 1

The following indicators support best practice for personal hygiene:

a. *general indicators (see page 4) are considered in relation to this factor*

b. there are documented rationale for undertaking an assessment of the need for hair, nails, mouth, ears, eyes, nose and skin personal hygiene advice and care

c. the assessment undertaken incorporates identification of individual needs and preferences, and identification of those at risk of not being able to maintain their personal hygiene

d. the assessment and reassessment is performed in a timely manner in partnership with *people* and carers (as appropriate)

e. the assessment tool used is evidence-based

f. assessed needs are communicated to the multi-professional team, for example, the dentist, dental hygienist, podiatrist, dietician, infection control team and the occupational therapist (where appropriate)

g. education and training in assessment of personal hygiene is provided for *people*, carers and staff

h. *add your local indicators here*

Factor 2

Planning, implementation, evaluation and revision of care

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 2

The following indicators support best practice for personal hygiene:

a. *general indicators (see page 4) are considered in relation to this factor*

b. the evidence base that underpins advice and care is apparent, reviewed and kept up-to-date

c. the care provided and the delivery of care is agreed with *people* and carers

d. condition and cleanliness of hair, nails, mouth, ears, eyes, nose and skin are monitored and care provided as required and (where possible) as preferred

e. care is evaluated and revised as required

f. the length of hair and nails is monitored and care provided as required

g. care is delivered in a manner that is compassionate and respectful. *People* are moved gently as appropriate

h. *people's* responses to an offer of (assistance with) personal hygiene care is taken into account when care is negotiated and facilitated

i. staff competencies in planning, implementing, evaluating and revising advice and care are maintained and monitored

j. documentation and tools used in planning, implementing, evaluating and revising care are appropriate and evidence-based

k. *add your local indicators here*

Factor 3
Environment

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 3

The following indicators support best practice for personal hygiene:

a. *general indicators (see page 4) are considered in relation to this factor*

b. adaptations have been made to the environment to maintain privacy and dignity

c. the environment meets *people's* individual requirements, for example, there is sufficient space for moving a wheelchair in a toilet with the door closed

d. all risk factors are taken into account to ensure a safe environment, for example, avoiding a too high water temperature and wet floors

e. information is provided on the location of facilities

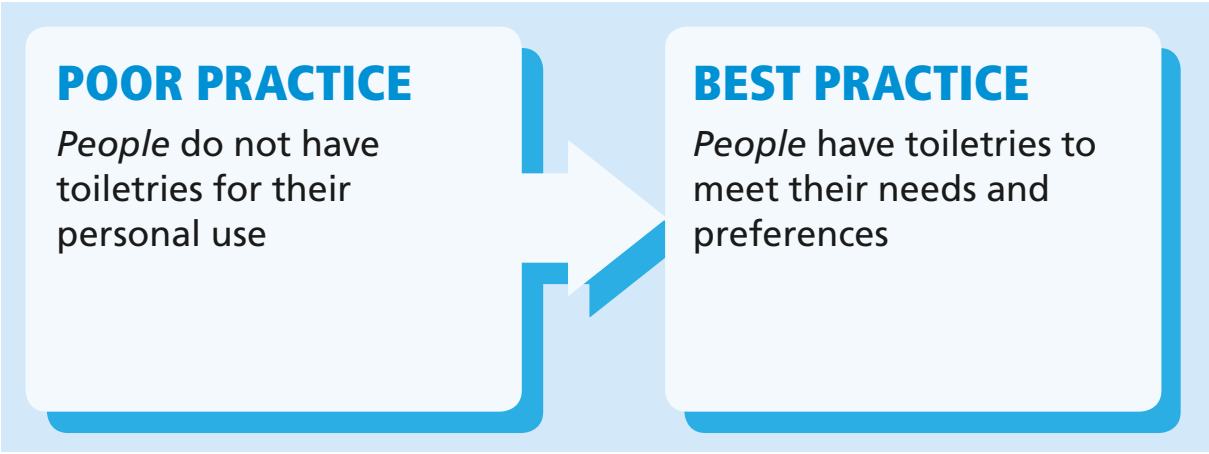
f. privacy and dignity is assured

g. infection control arrangements ensure the safety of *people*, carers and staff

h. *add your local indicators here*

Factor 4
Toiletries

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document



Indicators of best practice for factor 4

The following indicators support best practice for personal hygiene:

a. *general indicators (see page 4) are considered in relation to this factor*
b. toiletries are made available to *people* if they do not have their own
c. *people* are encouraged to provide their own toiletries
d. personal use of toiletries is assured and items are not shared
e. *people* and carers are made aware of which toiletries are required
f. *add your local indicators here*

Factor 5
Assistance

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

POOR PRACTICE

People are not offered assistance to meet personal hygiene needs

BEST PRACTICE

People receive the care and assistance they require to meet personal hygiene needs and preferences

Indicators of best practice for factor 5

The following indicators support best practice for personal hygiene:

a. *general indicators (see page 4) are considered in relation to this factor*

b. a trained and/or experienced member of staff is available to provide care and assistance to meet hair, nails, mouth, ears, nose and skin personal hygiene needs

c. supervision of unregistered and/or inexperienced staff is undertaken at an appropriate level

d. care and assistance with personal hygiene is provided according to *people's* needs

e. the level of assistance to be provided by staff is discussed with *people* and carers

f. *add your local indicators here*

Factor 6
Knowledge and skills

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 6

The following indicators support best practice for personal hygiene:

a. *general indicators (see page 4) are considered in relation to this factor*

b. the range, evidence base and format of information used is accessible and understandable to *people* and carers

c. information is available to ensure *people* and carers are aware of special hygiene needs that may occur as a result of specific treatments, for example, chemotherapy or surgery

d. *people's* and carers' understanding of assessment, planning, implementing and revising care for personal hygiene is evaluated

e. promotion of hair, nails, mouth, ears, nose and skin personal hygiene is supported by staff working in partnership with *people* and carers

f. add your local indicators here

Notes

Notes

Notes

TSO
information & publishing solutions

www.tso.co.uk

ISBN 978-0-11-322878-2

9 780113 228782