



**Listowel Family
Resource Centre**



Listowel Family Resource Centre Ltd

Care and Dignity of the Older Person Handbook



Listowel Family Resource Centre



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Listowel Family Resource Centre



1 INTRODUCTION

1.1 Welcome

On behalf of Listowel Family Resource Ltd, we welcome you, the client and family/carer to our team and wish you every success here. At the Alzheimer's Respite Day Care Centre we believe that each staff, student and volunteer contributes directly to the success of the organisation, and we hope that you will take pride in being a member of our team.

All staff, students and volunteers must familiarise themselves with this Handbook. Handbooks relating to Employees and Health & Safety have also been developed and must be referred to.

We hope that your experience with this Organisation will be enjoyable and rewarding

We would like to make you aware that the Alzheimer's Respite Day Care Centre is supported by 95% fundraising. We appreciate the involvement of our clients and families in supporting this service both in a caring and in a voluntary and fundraising capacity.

Listowel Family Resource Centre Ltd

Chairperson/Director



Listowel Family Resource Centre



1.2 Purpose of this Handbook

This Handbook was developed to outline the policies on Care and Dignity of Older People in our care. The aim of the Handbook is to provide clear information to staff on the policies and procedures of this Organisation.

This Handbook is designed to inform you about Listowel Family Resource Centre and provide you with information about the policies and procedures affecting your involvement as staff, students and volunteers. You should read, understand and comply with all provision of this handbook.

No Handbook can anticipate every circumstance or question about policy. As Listowel Family Resource Centre and the Alzheimer's Respite Day Care Centre continue to grow, the need may arise to add or change information in this Handbook.

1.3 Organisation Background and Mission Statement

▪ Organisation Background

Listowel Family Resource Centre Ltd is a not-for-profit Non-Governmental Organisation that is committed to developing an Alzheimer's Respite Day Care Service for Older People in the North Kerry area. The Board of Directors comprises committed volunteers who work together to achieve this aim. The company is a registered limited company by guarantee and is also a registered charity.

The Organisation runs a two-day service in Seomra an Clochar, Listowel Family Resource Centre. The service operates on Tuesdays and Thursdays from 10am – 2pm. The Organisation employs a part-time Alzheimer's Liaison Nurse (March 2012). As of May 2014 a Saturday Respite Service operates from 11.00am – 3.00pm.



Listowel Family Resource Centre



Mission Statement

Listowel Family Resource Centre is a community-based resource facility that provides a welcoming, inclusive resource supporting the social, educational, information and family support needs of the community.

We are committed to enhancing the quality of life of our clients by delivering respite day care with dignity, compassion, respect, quality and advocacy in a professional, homely, safe and stimulating environment.

We endeavour to create a homely environment where clients participate in social and recreational activities.

Aims and Objectives

1. To provide excellent care for clients with dementia and their family who will use the Respite Day Care Centre.
2. To provide respite to the carer of clients with dementia.
3. To liaise and develop working partnerships with the HSE South and other relevant organisations in the development of the services in the Respite Day Care Centre.



Listowel Family Resource Centre



Admissions and Discharge Policy

This document sets out the general Admissions and Discharge Policy of Listowel Family Resource Centre Ltd Alzheimer's Respite Day Care Centre. The aim of the policy is to provide guidelines for the admissions and discharge procedure of the day centre.

2 Referrals

Referrals are accepted from within the geographical boundaries of Public Health Nursing in the North Kerry area.

Referrals may be made by individuals themselves, by family members, or professionally – any primary care team member medical team member to any of the following;

- Listowel Family Resource Centre Alzheimer's Liaison Nurse
- Listowel Family Resource Centre Community Development Co-Ordinator.

ASSESSMENTS

- ❖ All referrals shall go to the Alzheimer's Liaison Nurse for assessment. Based on this assessment a place at the centre may be offered.
- ❖ Client/Family/Carer may be invited for trial days at the Respite Day Care Centre.
- ❖ All referrals are accompanied by a medical history from the client's GP.
- ❖ All information will be treated with the strictest of confidence and only medical personnel, at the request of the Alzheimer's Liaison Nurse, Gbnait O'Mahony and Bridie Mulvihill Community Development Co-Ordinator & Jackie Landers Manager shall have access to same.

ATTENDANCE

Hours of Day Care Service are Tuesdays and Thursdays, 10.00am to 2.00pm. Clients or their families must inform the Alzheimer's Liaison Nurse if they are unable to attend on their designated day.



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2.1 Programmes

Once a place has been offered at the centre a programme shall be implemented. A review will take place after twelve weeks, then at least annually as client/carer needs change.

2.2 Service Fees

The current charge for the Respite Day Care Service is €10.00 per person per day. This charge includes the provision of a hot meal. Additional charges include: Chiropody, Hairdressing and Reflexology.

2.3 Transport

All clients are encouraged to avail of Kerry Community Transport. A nominal charge may apply. However the service is presently free to clients who are in receipt of contributory and non-contributory pensions.

2.4 Refusal

The Board of Directors reserves the right of refusal of admission.

The Alzheimer's Liaison Nurse, in consultation with appropriate senior management staff, may refuse admission if Listowel Family Resource Centre is unable to meet the medical needs of prospective clients.

2.5 Discharge

The Alzheimer's Liaison Nurse, in consultation with appropriate senior management staff, may discharge a client if Listowel Family Resource Centre is unable to meet the medical needs of the client.

This Policy has been ratified at a Listowel Family Resource Centre Board of Management meeting dated:

Signed: _____

Position: _____

Date: _____



Listowel Family Resource Centre



Care Plan Policy

An individual care plan is formulated in consultation with the client and carer, the Alzheimer's Liaison Nurse and other relevant medical professionals, as required, in response to their needs. The plan will include the type of service to be provided, the frequency of the service, transport arrangements, other supporting services and any special requirements.

Care plans will be reviewed after twelve weeks from admission, and then at least annually or as client/carer needs change. Reviews will evaluate the present service to ensure that it is meeting the client/carer needs and to identify any gaps in the service. As a client's needs change, it may be necessary for the Alzheimer's Liaison Nurse to assess any corresponding changes to those care needs. The Alzheimer's Liaison Nurse's recommendations are brought to appropriate senior management and staff prior to discussion with client, carer and family. If these needs are not within available resources of the Alzheimer's Respite Day Care Centre alternatives will be discussed with the client/carer/family.

Advocacy

The main role of an advocate is to support the client in making decisions and to ensure that the client's rights are respected. It is the policy of the Alzheimer's Respite Day Care Centre to accept that the client/carer has a right to involve someone who may be a family member, a friend or an advocacy service. The advocate is recognised as representing the best interests of the client. An advocate may be present during assessments, development of care plans, complaints procedure etc.

Client Rights and Responsibilities

Clients have the right to:

- Be treated with respect and dignity.
- Complain or express concern about a service without fear of losing the service or of suffering recrimination.
- Have their complaints dealt with fairly and promptly.
- Be represented by an advocate of their choice: family member or carer.



Listowel Family Resource Centre



- Be informed about the Alzheimer's Respite Day Care Centre and other available services.
- Choose what service they will receive.
- A review of services provided to them.
- Privacy and confidentiality - no personal information about a client will be provided to anyone outside the Alzheimer's Respite Day Care Centre without their prior permission.
- View any personal information, held by the Day Care Centre.

Client Responsibilities:

- Clients and carers should act in a way that respects the rights of other clients, Alzheimer's Respite Day Care Centre team members, and Listowel Family Resource Centre Staff and volunteers.
 - All clients or carers should let the Alzheimer's Respite Day Care Centre know if they are going to be absent for any period, particularly if transport has been arranged.
- Clients and their family/carer are expected to play their part in helping the Alzheimer's Respite Day Care Centre provide them with the service.
- Clients and their families or carers need to let Alzheimer's Respite Day Care Centre staff know if there are any changes in their health or circumstances, which may affect the services they need, or how the services are provided to them.
- If a client has a history of vomiting/diarrhoea they are expected NOT to attend the Centre until they are symptom-free for 48 hours.
- If a client agrees to be photographed by members of staff or press, the photographs will be printed and stored on the computer and may be used by press and on the Listowel Family Resource Centre Website. If a client's family/carers are uncomfortable with photographs being used, they must inform the Alzheimer's Respite Day Care Centre upon admission. **EVERY CLIENT HAS THE RIGHT TO REFUSE BEING PHOTOGRAPHED.**
- If a client collapses or requires medical intervention while attending the centre, they may be transferred to Kerry General Hospital Accident and Emergency or a G.P. may be contacted and next of kin informed. Listowel Family Resource Centre bears no financial implications in this situation.
- Clients need to take responsibility, as appropriate, for the results of any decisions they make.



Listowel Family Resource Centre



This Policy has been ratified at a Listowel Family Resource Centre Board of Management meeting dated:

Signed: _____

Position: _____

Date: _____



Listowel Family Resource Centre



Social, Health, Recreational and Mental Stimulation Policy

Listowel Family Resource Centre Ltd. Alzheimer's Respite Day Care Centre is committed to supporting clients and ensuring that clients enjoy a varied programme, while attending the Alzheimer's Respite Day Care Centre.

The Respite Day Care Centre, its staff and volunteers will ensure that the programme includes: (where possible)

- Mental stimulation through the use of reading, being read to, discussions, games etc
- Music, song and dance
- Chair exercises – gentle stretching and movement
- Walking
- Bingo and Card Games
- Jigsaws and Word Searches
- Arts and crafts
- Current affairs – daily and local newspapers
- Spiritual care
- Reminiscence – stories and DVDs
- Outings and visits by local people
- Different initiatives as developed
- Hairdressing (depending on availability and may be at an additional cost)
- Complimentary therapies (depending on availability and may be at an additional cost)
- Chiropody (depending on availability and may be at an additional cost)

Listowel Family Resource Centre will ensure that all therapists qualifications are verified and recognised have current insurance and Garda clearance.

This Policy has been ratified at a Listowel Family Resource Centre Board of Management meeting dated:

Signed: _____



Listowel Family Resource Centre



Position: _____

Date: _____



Listowel Family Resource Centre



Medication Policy

It is the policy of the Centre that all clients are responsible for storing and administering their own medication. If a client requires assistance with medications whilst at the Centre, the Alzheimer's Liaison Nurse, (**no other staff member other than the Alzheimer's Liaison Nurse**) will only assist the client under the following conditions:

- Prescription copy from G.P.
- Pharmacist dispenses in sealed pack (e.g. blister pack) with corresponding date, time, colour, shape, and amount and medication name.
- Medication will be logged in clients Medication Administration Record.
- Alzheimer's Liaison Nurse prompts and supervises administration.
- Any medications held by the Respite Day Care Centre will be safely and securely stored until required.
- If a client refuses medication, that right is respected. However, the carer and/or GP will be informed, and the refusal will be documented by the Alzheimer's Respite Day Care Centre.

While clients are in the care of the Alzheimer's Respite Day Care Centre, team members will comply with their legal duty of care. No procedure or administration of medication will occur if it is beyond the limitations of staff competency.

This Policy has been ratified at a Listowel Family Resource Centre Board Of Management meeting dated:

Signed: _____

Position: _____



Listowel Family Resource Centre



Date: _____



Listowel Family Resource Centre



Food and Nutrition Policy

This policy strives to ensure each client is provided with an optimum nutritious and varied diet which meets their individual assessed dietary requirements, therapeutic requirements and preferences. The dining experience is comfortable, dignified and takes place in pleasant surroundings. The client is involved in eating and drinking as appropriate and this is incorporated into their individual care planning framework.

This evidence-based policy details the requirements in relation to oral nutrition that applies to Listowel Family Resource Centre Alzheimer's Respite Day Care Centre.

Listowel Family Resource Centre takes consideration of the following Health Act and in particular aims to undertake the following sections as per the Organisations own aims and objectives:

THE HEALTH ACT 2007 (CARE AND WELFARE OF RESIDENTS IN DESIGNATED CENTRES FOR OLDER PEOPLE) REGULATIONS 2009

S.I. No. 236 of 2009; Part 5 THE FOOD PROVIDED FOR PERSONS WHILE RESIDENT IN A DESIGNATED CENTRE

20. (1) Ensure each client has access to a safe supply of fresh drinking water at all times.

(2) Ensure that each client is provided with food and drink in quantities adequate for their need, which is properly prepared, cooked and served; is wholesome and nutritious; offers choice at each meal time; is varied, and takes account of any special dietary requirements, and is consistent with each client's individual needs.

(3) Any dietary restriction on medical or religious grounds shall be facilitated.

(4) Ensure that appropriate assistance is given to residents who, due to infirmity or other causes, require such assistance with eating and drinking.



Listowel Family Resource Centre



Dining Environment (of Care)

- All meal times, as far as possible, are enjoyable sociable occasions and interaction is encouraged.
- Dining is an unhurried experience whereby a relaxed atmosphere is promoted.
- The Alzheimer's Liaison Nurse is accountable overall for ensuring that adequate levels of supervision and support are provided to enhance digestion and general enjoyment of meal time.
- Dining room furniture is adaptable to facilitate wheelchair access. Adapted utensils/cutlery should be available to patients with compromised dexterity.
- Encourage independence by facilitating patients to feed themselves when possible.
- Ensure that signs indicating the schedule of meal times are prominently displayed to eliminate unwanted disturbance. Relatives, carers and or volunteers assisting with meal times will be welcomed.
- Activity should be ceased at meal times such as cleaning, people visiting etc.
- Hand hygiene – wipes and dispenser - is promoted and available for patients prior to meal times.

Assisting Patients with Eating and Drinking

- A record should be made as to whether the client is independent, requires assistance or is fully dependent in relation to feeding. This information should be recorded in the care plan and in the daily flow sheet.
- Oral assessment, as indicated in the oral hygiene policy, should be conducted as part of the admission assessment.
- If the client is unable to feed themselves, ensure that assistance is provided sensitively and discreetly.
- With the client's agreement encourage family/carers/volunteers to assist with eating and drinking with the understanding that they are up-skilled in this task.
- Allow clients sufficient time to eat food during meal time.
- The client's meal times are protected to ensure that maximum staff numbers are available to provide assistance appropriate to individual client's requirements.



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- Position the patient in their appropriate seating. Always ensure that the client is in an upright and well supported position.
- Observe client for critical signs and symptoms:
 - Any evidence of a 'wet' or 'gurgle' voice following intake of fluids or food or a spike in temperature should alert staff to the possibility of silent aspiration.
 - Assess the client's individual food consistency and food volume requirements.
 - Always ensure that the food consistency is correct and use the correct utensil to control volume. Patient-specific information should be documented in the nursing care plan.
 - Do NOT use beakers especially with spouts, and avoid using straws to prevent fluid being delivered to the back of the tongue. This is in the instance of clients with swallowing difficulties.
 - Encourage clients with a swallowing impairment to cough or clear their throat after three/four spoonfuls of food as individually tolerated.
 - Where possible, the client should be encouraged to double swallow.
 - Please refer at all times to a GP and local PCT team. The Alzheimer's Liaison Nurse should inform family members/carers of any concerns.
- When feeding clients, staff should position themselves at an equal or slightly lower level than the patient.
- All clients should be provided with the correct utensils at meal times.
- Clients who wear dentures should have well-fitting dentures.
- Ensure that hand-washing facilities are offered to the client as appropriate.
- Hand washing by staff should be undertaken prior to and in between feeding clients or serving/handling food.
- The wearing of gloves is not necessary /recommended while feeding clients.



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- Remove all difficult wrapping e.g. cling film.
 - Open butter/jam as necessary.
-

Advice for Assisting with Meal Times:

Keep calm – A calm, regular routine is reassuring for a client with dementia. Meals should be relaxed, unhurried occasions. Allow time and make sure that there are no distractions such as television or radio.

Never try to feed a client when they are agitated, or if they are drowsy or lying down, as there is a danger of choking.

Be flexible – As dementia progresses, changes in eating habits are likely to take place. Accept that meal times might become very different to how they used to be, or to how you would like them to be.

Help the client to feel involved – If you have to assist a client with eating and drinking, try putting the food into their hand and guiding it to their mouth, so that you involve them in the process of eating.

Recognize the key components resulting in a loss of appetite associated with dementia such as depression, physical discomfort, lack of exercise, damage to nerve pathways in the brain and constipation.

Difficulties with chewing and swallowing – Chewing and swallowing can become difficult as dementia advances. If this seems to be the case, ask your GP and/or PCT team to put you in touch with a speech and language therapist, who may be able to offer some advice.

All meals provided are cooked in Listowel Family Resource Centre. Clients will be accommodated where possible. Food should be maintained and served at the correct temperature, and will be inspected before serving.

Ordering food/diets: A diet list indicating clients requiring specific / standard diets should be provided to Listowel FRC main kitchen daily by the Alzheimer's Liaison Nurse.



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Ordering specific foods: Clients who do not eat certain meat should have their chosen preference indicated to the kitchen staff so their request can be accommodated **where possible**. This information will need to be relayed to the main kitchen staff by the Alzheimer's Liaison Nurse and care attendants.

Special Dietary Requirements: Diabetic and coeliac diets are available.

Menus: The daily menu should be displayed in a prominent position with large typeface and attractive photographs (if possible) where they can be viewed by the client and his/her representative.

The Alzheimer's Liaison Nurse ensures that all meals distributed under his/her supervision is the correct content and portion size.

Choice is offered to meet a client's individual needs **where possible** including health, religious and cultural requirements.

Providing Drinks: Clients should be given a drink with each meal and offered drinks between meals. Drinks (such as milk) should be refrigerated.

Serving Food:

All food should be served in crockery which is in good condition.

Any crockery in a state of poor repair should be replaced.

Food should be served with the same utensils each day to ensure average portions of foods given to clients.

Food should be served on warm plates when the client is ready to eat.

An individual cover should be placed over the plate if there is a delay.

Ensure that food is presented in an attractive appealing manner.

Clients should have access to clean drinking water or drink of their choice at meal times and between meals.

Food is prepared in a manner that meets food safety requirements.

Monitoring:



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All staff collecting empty dishes after meals are responsible for observing the amount of food consumed by clients. Feedback should be given to the Alzheimer's Liaison nurse as appropriate.

This Policy has been ratified at a Listowel Family Resource Centre Board Of Management meeting dated:

Signed: _____

Position: _____

Date: _____



Listowel Family Resource Centre



Elder Abuse Policy

Listowel Family Resource Centre Ltd. defines abuse in terms of physical, neglect, emotional/psychological, financial or sexual abuse. The Board agrees that if any form of abuse of an older person attending activities in the Centre is suspected, it will be passed on to the relevant and qualified authorities to deal with in an appropriate manner. A copy of implementing 'Protecting our Future' - a programme to raise awareness of elder abuse among healthcare staff is attached to this Handbook.

- If a volunteer or employee has any concerns about a client with dementia attending activities in **Listowel Family Resource Centre**, this should be raised with the designated Elder Abuse Protection Officer - Bridie Mulvihill.
- Following the raising of a concern, the individual client with dementia will be observed and a record of the alleged abuse will be kept and passed on to the designated person. This report will include:
 - **Name, address and age of the client with dementia**
 - **Time and date of the observation**
 - **The exact cause for concern**
 - **A factual description of the client with dementia, behaviour/appearance without comment or interpretation**
 - **If a complaint was made by the client with dementia, the exact words spoken by the person**
 - **Signature of the recorder and date of record**
- An ongoing record of concern should be kept by the volunteer/staff member and passed on to the designated Elder Abuse Protection Officer.



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- Referrals of suspected abuse should be made to:

**Joanne French, Senior Social Worker,
Protection Services for Older People HSE South,
Kerry Community Services, Rathass, Tralee
(Ph: 066-7184563)**

Joanne French is also available for advice, support and direction.

Staff and management in Listowel Family Resource Centre will have access to training and information on Elder Abuse.

Standard Reporting Procedure

- A report should be made to the HSE in person by phone or by writing to Joanne French, Senior Social Worker, Protection Services for Older People, Kerry Community Services, Rathass, Tralee. A concern can also be discussed informally.
 - It is helpful for the designated person to make personal contact with the social worker. This will facilitate the social worker to gather as much information as possible.
 - In an emergency or if the Senior Social Worker is unavailable the designated person should contact the Gardaí at the Garda Station, Listowel
- If it is suspected that abuse has occurred on the premises, the Elder Abuse Protection Officer (Bridie Mulvihill) must inform the Manager, Jackie Landers, giving full details. The Manager and the Elder Abuse Protection Officer will inform the Chairperson giving minimum information, and procedures set out in the Child Protection Policy will be followed for allegations against staff / volunteers / student.

Allegations Policy

Allegations of abuse against an employee / volunteer

Seek a written statement of the allegation



Listowel Family Resource Centre



Follow normal reporting procedures – unless the allegation is against the Manager in which case the Chairperson is responsible for reporting to the Health Service Executive

NB. The Chairperson should always be informed even if the allegation is not reported to the Health Service Executive

Action to be taken by Chairperson

CHAIRPERSON TO LIASE WITH STAFF LIASION PERSON FOR SUPPORT AND PROTECTION

Privately inform the employee:

(A) That an allegation has been made against him/her

(B) Of the nature of the allegation

(C) Whether or not the matter has been reported to the Health Service Executive

- Give the employee a copy of the written allegation
- Request a written response within a specified time
- The employee should be told that his/her explanation will also have to be passed on to the Health Service Executive
- Take any necessary protective measures
- These should be a proportionate to the level of risk and should not unreasonably penalise the employee unless necessary to protect elders

Board of Management Meeting

The Chairperson informs members of the nature of the allegations, the action taken and the outcome of any consultations with either the Health Service Executive and / or An Garda Siochana.

A decision on the position of the employee will be taken having due regard to the advice given to the BOM by either the Health Service Executive or the Garda.



Listowel Family Resource Centre



A decision may be taken that the employee should take an administrative leave of absence, suspension or dismissal.

NB. IMPORTANCE OF STRICT CONFIDENTIALITY

Reporting System for Elder Abuse Concerns

Bridie Mulvihill:	Elder Abuse Protection Officer
Gobnait O'Mahony:	Alzheimer's Liaison Nurse
Jackie Landers:	Manager

The Designated Elder Abuse Protection Officer will report, if necessary, to the HSE Elder Abuse Senior Social Worker



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This Policy has been ratified at a Listowel Family Resource Centre Board of Management meeting dated:

Signed: _____

Position: _____

Date: _____



Listowel Family Resource Centre



Communications Policy

Listowel Family Resource Centre Alzheimer's Respite Day Care Centre supports its clients and families to be active in their own care and to ensure that all staff and volunteers communicate effectively with the client.

General Guidelines for Enhancing Communication

- Treat the person with dignity and respect.
- Focus on feelings, not facts.
- Offer comfort and reassurance through respectful touch.
- Use a gentle tone to convey a calm and pleasant manner.
- Be supportive and encouraging.
- Be patient and understanding.
- Never treat people with dementia as if they're not there.
- Use nonverbal communication, starting with eye contact.
- Be sensitive to the person's body language.
- Limit distracting noises or activities.

Specific Tips for Helping Clients to Express Themselves

- Listen patiently.
- Avoid criticizing or correcting.
- Don't argue.
- Try to redirect the person.
- Encourage the person to continue expressing thoughts.
- Offer a guess.
- Don't quiz in a confrontational way.
- Watch the patient's eyes for nonverbal expression.



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Acknowledge emotions and encourage the person to discuss feelings.

Don't dismiss seemingly nonsensical statements.

Comments, Compliments, Complaints Information for Service Users

Introduction

Listowel Family Resource Alzheimer's Respite Day Care Centre feels that it is very important that all service users should be able to comment freely on the services, which they are receiving from the Organisation.

Comments and Complaints

If you have something you wish to say to the Organisation about the service, staff or volunteers, please feel free to comment either in writing or verbally to any member of staff or a key volunteer. This will help us to improve the services we offer and we are always pleased to receive these comments.

Complaints Procedure

Should you wish to complain about any of the services you receive, the staff are briefed to welcome complaints as being a useful method of feedback.

There are three separate stages to the Complaints Procedure:

a. The Informal Stage - If you are unhappy about any aspect of the service, talk to a member of staff with whom you feel comfortable and explain the problem that you are experiencing. They will take action on this within four working days and tell you what progress they have made in resolving your problem. It may be that you prefer not to talk to someone but to complain in writing. Please feel free to use the tear-off slip on this leaflet or, if you do not wish to use this leaflet, then you may write on a separate piece of paper. In any case, the complaint will be dealt with within four working days and you will be told what decisions have been made.



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b. The Formal Stage - If you feel that the problem has not been dealt with satisfactorily, you may tell the Alzheimer's Liaison Nurse of Listowel Family Resource Centre verbally or in writing or and s/he will look into the matter further on your behalf which will include informing the Community Development Co-Ordinator. S/he will send you a written reply about the action s/he is taking with 28 days.

c. The Review Stage - When you receive the reply from them and if you are still not satisfied, then you have the right to take the matter to the Chairperson of Listowel Family Resource Centre. S/he will then investigate the matter with the Board of Directors. Once this is done, s/he will write to you within 28 days telling you what has happened.

Comments, Compliments and Complaints Procedure

To make a written comment, compliment or complaint, please write the details on the comments/compliments slips and hand to a member of staff. Continue on a separate sheet if necessary.

This Policy has been ratified at a Listowel Family Resource Centre Board of Management meeting dated:



Listowel Family Resource Centre



Signed: _____

Position: _____

Date: _____



Listowel Family Resource Centre



No Smoking Policy

Listowel Family Resource Centre is a public building and as defined by the relevant legislation, smoking is banned in public areas including public offices, meeting rooms, corridors, pre-schools and all rooms in state-owned buildings.

The Manager at Listowel Family Resource Centre has ensured the provision of an external designated smoking area for staff and clients.

This Policy has been ratified at a Listowel Family Resource Centre Board of Management meeting dated:

Signed: _____

Position: _____

Date: _____



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Accident and Incident Policy

Any injury, accident or sign of illness that is reported to staff and/or a committee member will be recorded in the Accident Record Book.

The following information must be included.

- Time, date and place of incident or accident
- A brief but full description of the circumstances including a diagram of injury site on the body
- Staff involved and what they did including any first aid administered
- Details of who/which organisations were also informed
- Signature of staff member who administered first aid and filed the report
- Signature of client

Serious Accidents

One staff member will stay with the injured person at all times while another staff member contacts the emergency services. Unless the casualty is in further danger e.g. from falling objects, s/he must not be moved. Staff should ensure that the casualty is breathing and conscious, and remain calm and talk to the casualty in a positive manner.

Incidents

All incidents will be recorded in the Incidents Folder. The following will be considered important to report.

- Theft: Intruder and security incidents including any attempted break-in.
- Challenging or change in behaviour (concerns book behavioural log also)
- Personal injury: Casualty requiring hospitalisation
- Fire/flood damage
- Mass food poisoning
- Notifiable disease
- Clients/Staff/Volunteer Accidents/Incidents must be recorded using forms in the Health & Safety Statement.
-

This Policy has been ratified at a Listowel Family Resource Centre Board of Management meeting dated:



Listowel Family Resource Centre



Signed: _____

Position: _____

Date: _____



Listowel Family Resource Centre



Day Trips and Social Outings Policy

It is the vision of Listowel Family Resource Alzheimer's Respite Day Care to support and actively encourage clients to stay active, healthy and involved in community activities and events.

We will also encourage our clients to visit other groups and accompany us on organised outings.

The Organisation will ensure the following as part of its policy on social outings:

- That all clients know in good time about upcoming events and outings
- That all clients are aware of the cost and their responsibility to prepare themselves well for going on a trip
- That family members and/or carers have correct information on the outing, times of departure and arrival home
- That there is a contact emergency number for family members and/or carers to reach
- That the group carries a basic first aid kit and emergency contact numbers
- That family members and/or carers must attend the outing with members if they have mobility or other medical needs that require additional care
- That volunteers in the group do not administer medicine on the trip - only a member or family and/or carer may take responsibility for this
- That all volunteers and clients remain safe, and adhere to the health and safety guidelines of the bus company and of the venue to which they are going
- That all volunteers and clients do not put themselves in an unsafe position as regards lifting and taking on additional care needs of clients on the trip
- In the event of an accident/incident, the member/volunteer is to be taken care of immediately and, with permission, a family member contacted
- If a client needs to attend a GP/hospital, at least two volunteers will remain with the client
- A full incident report sheet will be completed by volunteers of the group after returning from the trip

This Policy has been ratified at a Listowel Family Resource Centre Board of Management meeting dated:

Signed: _____



Listowel Family Resource Centre



Position: _____

Date: _____



Listowel Family Resource Centre



General Hygiene Policy

The service is committed to promoting a healthy environment and a high standard of personal hygiene for adults and children. All new staff and volunteers are informed of the hygiene procedures as a part of their induction programme.

- Hand washing – after the toilet, after outdoor activities, before and after handling food.
- In-service training occurs on a regular basis, to stress the importance of good hygiene practice, and the danger to staff and clients of not observing it.
- Cuts and sores must be covered with suitable dressings.

All staff must:

- Observe the highest standards of personal hygiene
- Have a clean, neat and tidy appearance
- Not wear excessive perfume
- Be free from malodours

Read the MRSA policy and relevant information contained in the other policy handbooks.

Food Handlers must:

- Only use designated sinks for hand washing
- Ensure fingernails are kept short and clean
- Not use nail varnish
- Keep facial hair clean
- Not have any skin infections
- Ensure any cuts are covered with a plaster
- Not handle food if suffering from a bad cold
- Wear hair nets in the food production area
- Only wear clean gloves. Wash hands before putting on gloves. Torn gloves are to be discarded. Do not leave gloves on food contact sources while on a break etc



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Staff must report to the Alzheimer's Liaison Nurse/Management if:

- They know or suspect that they are a carrier of a food-borne disease
- They have been in close contact with a person who is suffering from food poisoning
- They have been sick while abroad
- They have any infected sores or skin infections

This Policy has been ratified at a Listowel Family Resource Centre Board of Management meeting dated:

Signed: _____

Position: _____

Date: 23/02/2018
Issued By: Bridie Mulvihill

Revision: 1



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Date: _____



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Toileting and Bathroom Policy

Listowel Family Resource Centre Alzheimer's Respite Day Care will treat every client with dementia with the utmost care, dignity, compassion and respect. Listowel Family Resource Centre has fully accessible toilets available.

This policy is being sourced from resources provided by: the Alzheimer's Disease and Related Disorders Association website (www.alz.org) and Action Series brochure "Steps to Assisting with Personal Care"; the National Capital Area Chapter of the Alzheimer's Association website (www.alz-nca.org); Nancy L. Mace and Peter V. Rabins's book "The 36-Hour Day: A Family Guide to Caring for Persons with Alzheimer Disease, Related Dementing Illnesses, and Memory Loss in Later Life" (1999, Third Edition, Johns Hopkins University Press).

General Toileting:

Toileting after meals should be standard procedure. If cognitively impaired individuals cannot recognize or communicate their natural urges, try taking them to the bathroom at periodic intervals. A good policy is to toilet every two hours to three hours.

The Alzheimer's Liaison Nurse and/or staff will keep a log noting when the person uses the bathroom.

Staff will also provide reminders to clients, specifically cognitively impaired individuals.

Staff will monitor incontinence and discuss with families/carers and refer if necessary to GP and/or local PCT team.

Make sure the bathroom is easily accessible

Leave the bathroom light on and maintain a clear, visible pathway.

Ensure easy signage to the bathroom with a large sign on the door with a picture of a toilet or block letters saying "BATHROOM."

Tips for Helping in the Bathroom



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Staff will be supportive and encourage people to ask for help, if they require it. A reassuring attitude will help lessen feelings of embarrassment. Always bear in mind that even when the person has lost independent control of bodily functions, there is much you can do to reduce embarrassment.

Respect the privacy of the person.

Keep in mind that issues of modesty often play a role in toileting. Be prepared to "look the other way" for a few moments if the person appears to be uncomfortable by your presence.

Staff will ask family and/or carers to keep the person's dress simple and practical. Advise family/carer on choosing easy-to-remove and easy-to-clean garments, such as sweatpants with elastic waistbands instead of clothing with zippers and buttons.

In the bathroom—calmly talk the person through each step.

Give people with dementia cues if they do not know what to do.

Assist the person in going to the bathroom.

As the situation dictates, assist with the removal or adjustment of clothes and with wiping and flushing. Help the person get into the correct position if needed. If people with dementia are hyperactive, allow them to get up and down from the toilet a few times while you tell them and show them with gestures that they are to sit on the toilet. Give them a distraction such as a magazine or a knotted pair of socks to occupy them while sitting. Sometimes urination can be stimulated by giving the person a drink or by running water in the sink.

Praise successful performance in the bathroom

Do not punish failure or inappropriate urination.

Tips for Handling Incontinence

- Use adult briefs and protective pads as needed. Staff must consult with family/carers and local PCT team.
- Encourage the family/carer to choose clothing that is easy to remove and care for.

Tips for Keeping the Person Clean

Listowel Family Resource Centre Alzheimer's Respite Day Care will make family/carer aware if



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additional clothing needs to be kept in the centre for accidents/emergencies.

Staff will never let an individual remain in wet or soiled clothes/pads.

Changing and diapering needs to be done immediately to protect from skin breakdown. A person who remains in wet or soiled clothing can quickly develop skin irritations, sores and painful rashes. It is important to watch for these. Keeping the skin clean and dry is really the best protection against skin problems. Promptly clean the skin after each incontinence occurrence.

Keep sensitive skin areas clean and healthy

Clean the skin with mild soap and water, or skin cleaners specifically designed to cleanse without excessive dryness or irritation; rinse thoroughly and gently pat dry. Consider using a skin sealant or moisture barrier to protect the skin if there is constant exposure to urine or stool. In addition to toilet paper, use adult wipes or baby wipes free of chemicals, perfumes and alcohol. Just be sure to dry the skin afterward to avoid irritation and rashes.

Here are some specific tips to help reduce the risk of rash:

- Change the person's pads frequently to reduce exposure to irritating urine and stool
- Use plain water with a soft cloth to wipe the person. Avoid wipes with chemicals, perfumes or alcohol.
- Apply petroleum jelly or barrier ointment after cleaning with a moist cloth to protect the person's skin
- Avoid talc. If the person breathes it in, this powder irritates the lungs and may cause pneumonia. Cornstarch should also be avoided, since it may increase the growth of yeast
- Alert the family/carer to treat skin problems immediately. Ask them to refer to their GP and/or local PCT Team where necessary

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Manual Handling Policy

The Manual Handling Policy is also referred to in the Health& Safety Statement

All staff must be aware of where this statement is kept:

Ground Floor: In Sluice Room

First Floor: Main Reception Area

The Manual Handling Policy is an integral component of the overall safety management programme within Listowel Family Resource Centre Alzheimer's Respite Day Care.

Risk Assessment

All moving & handling tasks must be based on a risk assessment, which is recorded appropriately. This assessment must cover both routine and exceptional situations. Handling aids must be used whenever they can help reduce risk.

Training

To ensure a consistent standard, it is essential that all staff with a potential of exposure to manual handling risk, have appropriate training. All such staff will be offered the necessary training, in consultation with their line managers.

Client Care

In all activities of manual handling the wishes as well as the needs of the client must be considered. In this respect it is important to establish a rapport with and endeavour to ensure the co-operation of the client throughout the manual handling procedure. Assistance should be sought from the line manager where the task changes and circumstances dictate.



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Staff Care

Staff who believe that they are unable to undertake manual handling/patient moving and handling training due to medical reasons should be referred to Occupational Health for opinion prior to undertaking training or taking up a position in this service.

The legislation applicable to manual handling in the workplace is detailed in:

1. The Safety, Health and Welfare at Work Act 2005.
2. The Safety, Health and Welfare at Work (General Application) Regulations, 1993
3. The Safety, Health and Welfare at Work (General Application) (Amendment S.I.No.188 of 2001) Regulations, 2001
4. The Safety, Health and Welfare at Work (General Application) (Amendment No.2 S.I. No. 53) Regulations, 2003

The legal framework places general duties on both employers and employees to maintain the safety, health and welfare of everyone at work.

Common Law

The principal common law duties of employers regarding the manual handling of loads relate to the provision of the following.

- A safe place of work
- Safe systems of work
- Safe plant and equipment
- Competent co-workers



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Employee Responsibility

Employees have legal responsibilities with respect to their own health, safety and welfare and that of their fellow workers and play a key role in the management of safe manual handling. **An Employee must follow manual instructions of equipment at all times.**

The following responsibilities are most pertinent to this policy.

Employees must be aware that they have an obligation to:

- Undertake manual handling training if appropriate.
- Utilise any equipment provided to reduce manual handling activities.
- Implement safe moving & handling practices.
- Report any defects in equipment, place of work and systems of work to their line manager.
- Be aware and take account of any factors which may have implications on their, and others ability to carry out specific manual handling tasks.
- Ensure they remain up-to-date with best practice techniques and inform their manager of their training needs.
- Report any incidents/near misses to their line manager.

It is imperative that each employee takes responsibility for the implementation of best practice in manual handling and be accountable for their own practice and decisions.

MANUAL HANDLING RISK ASSESSMENT

All line managers in collaboration with their staff must identify manual handling hazards and carry out risk assessments in their work areas and introduce controls. All hazards identified must be assessed in terms of the risk to health, safety and welfare of staff, patients and public who may be exposed to risks.

The most effective approach in dealing with any manual handling operation that involves a risk of injury is to try and avoid or limit the operation.



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For all unavoidable manual-handling tasks, a suitable and sufficient assessment of those tasks must be made. A written assessment is a requirement where a hazard is identified.

The Risk Assessment should identify methods/controls to:

Eliminate the risk of injury by removing the task, e.g. avoiding the need for lifting except in exceptional situations

Reduce the risk of injury by introducing safer systems of work.

When carrying out risk assessments consideration should be given to the following

- (a) Task
- (b) Individual
- (c) Load
- (d) Environment

a) Assessing the Task

A careful assessment is required of situations where the task involves:

- (a) Poor postures
- (b) Long carrying distances
- (c) Strenuous pushing or pulling
- (d) Holding loads away from the individual's trunk
- (e) Unpredictable movement of loads
- (f) Repetitive handling
- (g) Insufficient rest or recovery time
- (h) A work rate imposed by a process
- (i) Team handling
- (j) Handling while seated
- (k) Twisting, stooping or reaching upwards

Assessing the Individuals (Person carrying out the task)



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Consider the following:

- (a) Age/Fitness
- (b) Experience
- (c) Knowledge/training
- (d) Health/pregnancy
- (e) Is personal protective clothing/equipment necessary
- (f) Is special information /training required
- (g) Work posture

Assessing the Loads

Before handling procedures, consideration should be given to the following:

Object:

- (a) Weight
- (b) Bulk/Shape
- (c) Handling method
- (d) Stability of load
- (e) Dangers - heat, sharp edges etc.

Client:

- (a) Level of co-operation
- (b) Level of independence/ability
- (c) Weight
- (d) History of unpredictable movement
- (e) Medical condition /medication /special needs
- (f) Attachments, eg drips, drains and catheters

Assessing the Environment

Consider the following:



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- (a) Space restraints/Furniture/Equipment
- (b) Floor surfaces
- (c) Variation in floor level/work surface level
- (d) Extremes of temperature/humidity
- (e) Poor lighting conditions
- (f) Ventilation problems
- (g) Noise levels

Education and Training

Education and training is concerned with providing the knowledge, practice and skills necessary to change attitudes and behaviour in order to enable staff to work safely.

All employees have a personal responsibility to ensure their skills are current and inform their manager of their training needs. Refresher training is facilitated to reinforce and evaluate skills in line with best practice

Training and provision of information to employees is a shared responsibility between all staff.

Uniforms / Work Clothing Guidelines

Uniforms/Work Clothing influence Manual Handling. Correct clothing will ensure that the range of movement is not compromised and facilitate good working postures, which will assist in minimizing the risk of back injury.

Trousers and tunics allow greater flexibility when involved in manual handling tasks.

Uniforms/work clothing should be evaluated to ensure that:

- The range of movement is not compromised
- Modesty is not compromised
- All staff involved in this service must be dressed appropriately and comfortably

Footwear Guidelines



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Shoes should provide good foot support, be comfortable for the entire day and provide a good base for manual handling activities. Soles should be anti-slip and low heels are essential to provide a stable base.

Personal Protective Clothing/Equipment.

If personal protective clothing/equipment is required to protect against hazards, which are unavoidable, employees have a duty to make proper use of it in accordance with the instructions.

Safer Practice

It is the responsibility of individual workers to assess their own capabilities in line with the task in hand. If they are unsure further assistance may be sought from the line manager according to each individual situation.

It is the duty of all managers to be aware of unsafe practices and continuously audit work environments with a view to supporting staff members in implementing improvements.

Client Handling

All client moving & handling must be based on risk assessment and patients should be encouraged to assist in their own transfers.

The manual lifting of client's s i.e. **lifting all or most of a client's weight** should be eliminated in all but exceptional situations. Managers must identify possible emergency/exceptional situations and create plans for responding to them. Cardiac/respiratory arrest, collapsed patients/staff and evacuation of buildings are foreseeable emergencies and must be responded to by applying the principles of safer lifting.

Inanimate Lifting

Manual handling tasks which present a risk of injury are avoided, so far as is reasonably practicable by eliminating the need for the load to be moved or by introduction of automation or mechanisation.

Carrying involves static muscle loading which can lead to rapid onset of muscular fatigue. In order to minimise the levels of muscular fatigue which result from carrying loads the following are recommended:



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- Use mechanical aids whenever possible
- Minimise carrying distances
- Reduce weight of loads
- Reduce holding time
- Alternate work patterns to allow for muscle recovery

Some examples of unsafe practice are: (non exhaustive list)

- Lifting unnecessarily.
- Lifting of loads to one side of the knees.
- Lifting in unstable postures.
- Lifting at arms length.
- Drag lift; this refers to any lift that involves moving a patient with the carer's arms or hands under the client's axilla..
- Orthodox/Cradle Lift: this is where two carers stand either side of the bed and lift a patient on their clasped wrists under the patient's back and thighs.

Team Lifting

It is imperative that the each manual handling task is effectively co-ordinated so that team members work in unison and do not hinder one another. To achieve this one person should act as "team leader" and direct the work using a predetermined command.

The command in use in Listowel Family Resource Centre is:

"Prepare to Lift, and Lift."

E.g. When pushing a bed/ trolley, the verbal command would be:

"Prepare to Push, and Push"

Equipment



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Selection of equipment

When selecting equipment the needs of both clients and staff must be met, based on sound ergonomic principles.

The selection of any new items of equipment, replacement or modification of an existing item, must take into account how, where and by whom the item will be used.

It is recommended that all new equipment, where appropriate be formally evaluated by staff for a trial period prior to its purchase in conjunction and with advice from experts in the field.

Records of technical specifications and maintenance of equipment must be held by the Nurse Co-Ordinator/Management Committee

Suppliers should provide information and training on use of equipment. Staff must adhere to all manuals.

Equipment Purchased must be:

- Of an approved standard.
- Compatible with surroundings within its intended location.
- Compatible with other equipment it may be used with.
- Easy to manoeuvre and use.

Maintenance of Equipment

1. All equipment must be of good mechanical construction, be properly maintained by qualified personnel and records held.
2. Defective equipment should be reported immediately to managers and removed from use.
3. Hoists and other lifting equipment must be properly serviced in accordance with the manufacturer's recommendations.
4. Records of service of equipment should be held by local responsible person.
5. The maximum working load should be clearly marked on equipment and no greater load should be placed on it.

Sample checklist prior to using a hoist:



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Check:

- The safe working load and date of last inspection.
- For signs of general wear and tear, loose parts, etc.
- The spreader bar is firmly attached to the lifting mechanism, particularly if the hoist has an interchangeable spreader facility.
- The sling retention clips on the spreader are intact and working.
- The wheels/castors move freely.
- The brakes are in working order.
- The emergency lowering and stop systems are functioning.
- There is no leakage of hydraulic fluid (hydraulic hoists).
- The battery is charged (electric hoists).
- The legs/chassis open and close correctly.
- The handlers are trained in its use.
- The manufacturer's instructions are available and being applied.

Review:

This policy will be reviewed in 3 years or sooner should circumstances change.

This Policy has been ratified at a Listowel Family Resource Centre Board Of Management meeting dated:

Signed: _____

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