HEALTH AND SAFETY POLICY AND PROCEDURE

PRIMUS PLUS HEALTHCARE

CONTACT DETAILS

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REGISTERED MANAGER/ PERSON IN CHARGE

Jonas Ayitevie

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Signed By: Jonas Ayitevie

1.0 PURPOSE

The Health and Safety Policy for Primus PLUS Healthcare provides a framework to ensure the health, safety, and welfare of all individuals impacted by our services, including staff, Service Users, contractors, and visitors. The policy's primary goal is to manage health and safety risks proactively, ensuring a safe and supportive environment.

1.1 Health, Safety, and Welfare of Stakeholders

Our policy aims to protect everyone involved in our service by preventing health and safety risks and maintaining a safe environment in our Supported Living without Personal Care service. This includes ensuring that staff, contractors, and visitors are kept safe and understand their roles in maintaining safety standards. Our policy aligns with the Health and Safety at Work Act 1974, CQC regulations, and other relevant laws, and includes monitoring mechanisms for regular review and compliance.

1.2 Compliance with Legislation and Best Practices

We ensure that Primus PLUS Healthcare adheres to relevant laws, such as the Health and Safety at Work Act 1974, COSHH, RIDDOR, CQC standards, and Manual Handling Operations Regulations 1992. Our policy ensures these regulations are integrated into daily operational processes, guaranteeing safety in all care and treatment activities.

1.3 Supporting a Health and Safety Culture

The policy promotes a proactive health and safety culture where all levels of staff, from management to frontline employees, are responsible for upholding safety standards. Key components include:

- Training and Awareness: Continuous education to ensure all staff understand and follow health and safety protocols.
- Participation and Feedback: Encouraging staff to engage in safety initiatives and provide feedback to improve safety practices.

1.4 Preventing Accidents and Injuries

Our policy aims to prevent accidents, injuries, and illnesses by identifying risks early through regular risk assessments. We apply control measures to mitigate risks and ensure staff and Service Users are protected. The policy includes:

- Incident Reporting and Investigation: Procedures for reporting incidents, investigating causes, and implementing corrective actions to prevent recurrence.

1.5 Continuous Monitoring and Improvement

The policy includes ongoing monitoring and improvement procedures to ensure the safety measures remain effective and responsive to emerging risks or legislative changes. This includes regular audits and the incorporation of new safety technologies and methodologies.

1.6 Key Question and Quality Statements

These quality statements align with the CQC's Key Lines of Enquiry (KLOE) and outline how our health and safety policy supports the SAFE and WELL-LED quality standards.

SAFE:

Involving People to Manage Risks:

- Statement: We engage staff, Service Users, and stakeholders in managing risks by training staff to recognize hazards and participate in risk assessments.
- Objective: Ensure health and safety is a shared responsibility, with everyone involved in managing risks.

Safe Environments:

- Statement: We ensure all environments are safe for everyone involved, implementing regular safety reviews and risk controls to reduce accidents.
- Objective: Maintain environments free from physical and health risks.

Learning Culture:

- Statement: Primus PLUS Healthcare fosters a learning culture where staff are encouraged to report hazards and participate in safety training.
- Objective: Promote open communication to improve safety practices and learn from incidents.

WELL-LED:

Governance, Management, and Sustainability:

- Statement: Health and safety governance is integrated into all organizational processes, ensuring leadership provides the necessary resources and policies to uphold safety standards.
- Objective: Ensure strong leadership and effective management with adequate resources to support health and safety.

Sustainability:

- Objective: Health and safety practices evolve with legislative changes and new safety technologies, with regular reviews to ensure long-term effectiveness.

Learning, Improvement, and Innovation:

- Statement: We use data from incidents, audits, and feedback to drive continuous improvement in safety practices.
- Objective: Incorporate new technologies and methodologies to prevent incidents and improve safety for both staff and Service Users.

2.0 SCOPE

The Health and Safety Policy for Primus PLUS Healthcare applies to all aspects of our Supported Living without Personal Care service. It ensures that health and safety standards are consistently maintained across various service settings, environments, and activities, covering all personnel, Service Users, contractors, and visitors involved in the service.

2.1 Individuals Covered

The policy applies to:

- Employees (Staff)**:** All staff, including clinical, administrative, managerial, and support staff.
- Contractors**:** External contractors working on-site must comply with the policy.
- Visitors**:** Family, healthcare professionals, suppliers, or inspectors must adhere to safety protocols.

- Students and Interns**:** Trainees must follow the same safety practices as employees.
- Volunteers**:** Volunteers must comply with the same health and safety standards as staff and contractors.

2.2 Service Users Covered

The policy ensures the safety of all Service Users receiving care from Primus PLUS Healthcare. Service Users are categorized into:

- Adults Over 65 Years: Elderly individuals who may need support with daily activities.
- Adults Under 65 Years: Adults with physical disabilities, sensory impairments, mental health needs, etc.
- Dementia**:** Service Users with cognitive impairments requiring specialized care.
- Mental Health**:** Individuals requiring care for mental health conditions.
- Physical Disabilities: Service Users with mobility issues needing assistance.
- Sensory Impairments**:** Those with hearing or vision impairments.
- Eating Disorders**:** Service Users requiring specialized care for eating disorders.
- Substance Misuse**:** People affected by drug or alcohol misuse.
- Autism and Learning Disabilities: Individuals requiring support for communication and daily living.

2.3 Settings Covered

The policy covers all settings where Primus PLUS Healthcare operates Supported Living without Personal Care services:

- Supported Living Homes**:** Safe, independent living environments with support for Service Users who may need assistance with daily activities.
- Shared Accommodation**:** Shared living spaces where safety protocols ensure a secure environment for all residents.
- Day Services/Community-Based Support: Activities designed to promote independence and social interaction, with safety protocols for community activities and transportation.
- Homecare Support**:** Support for Service Users in their homes, ensuring safety while maintaining independence.
- Mobile/Outreach Support: Services for Service Users needing assistance outside the home, with safety measures for travel and emergencies.
- Temporary Accommodation**:** Short-term living arrangements with comprehensive safety measures.
- Office Environments**:** Administrative settings supporting service delivery, ensuring safe workstations and emergency protocols for office staff.

2.4 Activities Covered

The policy applies to a range of activities, including:

- Clinical Care**:** Medical treatments, assessments, and surgeries, with safety protocols to prevent injuries and infections.

- Personal Care**:** Assistance with daily tasks such as mobility, bathing, dressing, and toileting, with attention to safety and infection control.
- Medication Administration: Safe handling and administration of medications.
- Risk Assessments and Audits**:** Regular checks on environments, equipment, and care practices.
- Staff Training**:** Ongoing health and safety training, including fire safety, infection control, and manual handling.
- Emergency Procedures: First aid, CPR, and evacuation plans for emergencies.
- Handling Hazardous Materials: Safe handling and disposal of hazardous materials like medical waste and cleaning chemicals.
- Service User Transportation: Safe transportation within healthcare settings.
- Visitor Management: Ensuring visitors follow safety protocols while on the premises.

2.5 Legislative and Regulatory Frameworks

The policy is aligned with UK health and safety laws, including:

- Health and Safety at Work Act 1974**:** Requires employers to ensure a safe working environment.
- COSHH Regulations 2002**:** Mandates control of hazardous substances.
- RIDDOR 2013**:** Requires reporting of work-related injuries and illnesses.
- CQC Regulation 12 (Safe Care and Treatment)**:** Ensures safe care for Service Users.
- Manual Handling Operations Regulations 1992**:** Covers safe manual handling practices.
- Regulatory Reform (Fire Safety) Order 2005**:** Mandates fire safety and evacuation plans.
- The Electricity at Work Regulations 1989**:** Ensures safety of electrical systems.

2.6 Staff Expectations

Staff are expected to:

- Comply with health and safety legislation, including Health and Safety at Work Act 1974**,** COSHH**,** RIDDOR**,** and CQC Health and Safety Standards**.**
- Attend required training and follow safety procedures.
- Ensure care practices align with CQC regulations and ISO 45001 standards.
- Follow best practices and national guidance from HSE and RoSPA.

3.0 POLICY STATEMENT

The Health and Safety Policy for Primus PLUS Healthcare demonstrates our commitment to creating and maintaining a safe and healthy environment for all individuals, including staff, Service Users, visitors, and contractors. This statement outlines our dedication to safeguarding well-being through rigorous health and safety practices, fostering a proactive safety culture across our Supported Living without Personal Care services.

Commitment

At Primus PLUS Healthcare, we are committed to:

- Ensuring Health, Safety, and Welfare: We will provide a safe environment for everyone who interacts with our services, minimizing risks through appropriate safety measures.
- Adhering to Legislation: We comply with relevant laws, including the Health and Safety at Work Act 1974, CQC regulations, RIDDOR, COSHH, and other relevant health and safety regulations to meet legal requirements for safety, infection control, equipment maintenance, and emergency preparedness.
- Providing Necessary Resources: We will allocate sufficient resources, including training, staff, and equipment, to ensure effective implementation and success of this policy.
- Establishing a Proactive Safety Culture: Health and safety will be embedded in daily operations, with leadership fostering a culture of responsibility at all levels. Staff are encouraged to participate in identifying and managing health and safety risks.
- Continuous Monitoring and Improvement: Regular reviews and continuous improvements will be made to safety practices, training, and risk management, keeping up with evolving standards and legislation.

Objectives

Our objectives are to integrate health and safety into every aspect of our operations, ensuring that proactive measures are taken to prevent harm, comply with legal standards, and improve safety practices over time.

3.1 Prevent Accidents, Injuries, and Ill Health

- Objective: Minimize risks of accidents, injuries, and ill health for all individuals in our Supported Living without Personal Care services.
- Preventative Measures: Implement risk assessments, safety inspections, and tailored safety protocols to reduce physical harm, infection risks, and mental health concerns.
- Staff Training: Provide necessary training in first aid, manual handling, fire safety, infection control, and the use of Personal Protective Equipment (PPE).
- Incident Reporting and Investigation: Report all incidents, investigate thoroughly, and implement corrective actions to prevent recurrence.

3.2 Ensure Compliance with Health and Safety Laws and CQC Standards

- Objective: Ensure compliance with health and safety laws and CQC Regulation 12 (Safe Care and Treatment), ensuring safe environments for Service Users.
- Legislative Compliance: Adhere to the Health and Safety at Work Act 1974, RIDDOR, COSHH, Manual Handling Regulations, and Fire Safety Order.
- Regulatory Audits: Conduct regular audits and inspections to ensure compliance. Any non-compliance will be addressed with corrective actions.

3.3 Promote a Culture of Continuous Improvement in Safety Practices

- Objective: Foster continuous improvement in health and safety practices.
- Learning from Incidents: Investigate all incidents, determine root causes, and implement corrective actions to improve safety.

- Staff Engagement: Encourage active staff participation in improving health and safety practices through feedback and ideas.
- Regular Review of Policies: Continuously review and update our health and safety policy to align with the latest best practices and legislative changes.

4.0 OBJECTIVES

The Health and Safety Policy of Primus PLUS Healthcare outlines clear goals to safeguard the health, safety, and well-being of all individuals involved in our Supported Living without Personal Care services. The primary objectives focus on ensuring safety, complying with regulations, fostering safety awareness, and continuously improving practices.

4.1 Ensure a Safe and Healthy Environment

- Objective: Create and maintain a safe environment for staff, Service Users, contractors, and visitors.
- Measures: Identify and mitigate potential hazards, including physical safety risks, infection transmission, and environmental factors (e.g., air quality).
- Service User Safety: Ensure clinical environments meet regulatory standards, and staff follow safe care protocols.

4.2 Provide a Safe Working Environment

- Objective: Ensure a safe environment for all individuals, including staff, Service Users, visitors, and contractors.
- Measures: Regular safety assessments in all service areas (e.g., homecare, care homes, administrative offices). Ensure contractors and visitors are informed of risks and have proper PPE.
- Injury Prevention: Minimize risks with ergonomic training, safe lifting practices, and fire safety drills.

4.3 Maintain Safety Across All Areas

- Objective: Uphold health and safety across clinical, administrative, and communal areas.
- Measures: Develop safety protocols for each area, from treatment rooms to office spaces, with regular monitoring for environmental hazards (e.g., slip risks, fire safety).

4.4 Comply with Legal and Regulatory Requirements

- Objective: Ensure full compliance with relevant laws and CQC regulations.
- Legislation: Adhere to Health and Safety at Work Act 1974, COSHH, RIDDOR, Manual Handling Regulations, and Fire Safety Order.
- CQC Compliance: Ensure safe care and treatment, particularly in meeting CQC Regulation 12 (Safe Care and Treatment).

4.5 Prevent Accidents and Incidents

- Objective: Proactively reduce the risk of accidents and injuries through regular risk assessments.

- Measures: Implement control measures for identified risks (e.g., PPE use, manual handling training). Ensure incidents are reported, investigated, and corrective actions are taken.

4.6 Promote Health and Safety Awareness

- Objective: Foster a culture where health and safety are prioritized by everyone.
- Measures: Provide ongoing training and engage staff, Service Users, contractors, and visitors in safety practices. Ensure communication channels are in place for updates on safety procedures.

4.7 Implement and Maintain Effective Risk Management

- Objective: Ensure a comprehensive risk management strategy is implemented across all settings.
- Measures: Conduct regular risk assessments, and maintain a live Risk Register tracking all identified risks and mitigation strategies.

4.8 Provide Adequate Training and Development

- Objective: Ensure all employees receive appropriate health and safety training.
- Measures: Induction training for new employees and ongoing specialized training, including manual handling, fire safety, and infection control.

4.9 Ensure Timely Incident Reporting and Investigation

- Objective: Ensure all incidents are reported promptly and investigated thoroughly.
- Measures: Implement accessible incident reporting systems and conduct root cause analyses to prevent future incidents.

4.10 Develop and Review Emergency Procedures

- Objective: Ensure well-documented emergency procedures are in place and regularly tested.
- Measures: Regularly conduct drills and review emergency procedures to maintain readiness for medical emergencies, fire evacuations, and other incidents.

4.11 Ensure Proper Use of Personal Protective Equipment (PPE)

- Objective: Ensure appropriate PPE is provided and used effectively.
- Measures: Ensure the availability of PPE, proper training on its use, and regular audits to maintain standards.

4.12 Encourage Continuous Improvement

- Objective: Promote continuous improvement in health and safety practices.
- Measures: Regularly review and update the policy based on feedback, lessons learned from incidents, and changes in legislation.

5.0 DEFINITIONS

This section defines key terms to ensure clarity on the procedures, practices, and responsibilities related to health and safety in Primus PLUS Healthcare's Supported Living without Personal Care service.

5.1 Accident

- Definition: Any unplanned event that causes harm, injury, or damage to people, property, or the environment.
- Examples: A slip or fall, medication errors, or equipment malfunction leading to injury or damage.

5.2 Control Measures

- Definition: Actions or procedures implemented to minimize or eliminate health and safety risks.
- Examples: Using Personal Protective Equipment (PPE) like gloves and masks, safe work procedures, and physical modifications like safety barriers or ventilation systems.

5.3 Hazard

- Definition: A source or situation that has the potential to cause harm, injury, illness, or damage.
- Examples: Infectious agents (e.g., COVID-19), hazardous substances (e.g., cleaning agents), and physical dangers (e.g., slippery floors).

5.4 Health and Safety

- Definition: Practices and procedures to protect individuals from harm during work or care activities.
- Examples: Manual handling techniques, infection control measures, and fire safety drills.

5.5 Incident

- Definition: Any unplanned event that could lead to harm, including accidents, near misses, or unsafe acts.
- Examples: A near miss with medication administration, staff failing to wear PPE, or a minor fall.

5.6 Infection Control

- Definition: Procedures to prevent the spread of infectious diseases and maintain a safe, hygienic environment.
- Examples: Hand hygiene, PPE use, and proper cleaning of medical equipment.

5.7 Manual Handling

- Definition: Tasks involving moving, lifting, carrying, pushing, or pulling a Service User or load using physical force.
- Examples: Lifting a Service User without proper technique or carrying heavy medical supplies improperly.

5.8 PPE (Personal Protective Equipment)

- Definition: Specialized clothing or equipment worn to protect against health and safety risks.
- Examples: Gloves, gowns, masks, and eye protection to prevent contamination or injury.

5.9 Risk Assessment

- Definition: The process of identifying hazards, evaluating associated risks, and implementing measures to reduce or eliminate those risks.
- Examples: Assessing infection risks in a hospital ward, evaluating manual handling risks, or conducting fire safety assessments.

5.10 Risk Register

- Definition: A document tracking identified risks, control measures, and incident details to monitor and mitigate risks.
- Examples: Tracking risks related to manual handling, infection, or medical procedures, and the controls in place (e.g., PPE, hoists).

5.11 Safe Working Practices

- Definition: Standardized procedures ensuring tasks are performed safely to minimize risks.
- Examples: Infection control protocols, safe lifting techniques, and proper use of hoists for transferring Service Users.

5.12 Slips, Trips, and Falls

- Definition: Accidents that occur when individuals lose their balance due to hazardous conditions, resulting in injuries.
- Examples: Slipping on wet floors, tripping over cables, or falling from unstable furniture.

5.13 Workplace

- Definition: Any location where employees perform work-related tasks, including clinical settings, administrative offices, and homecare visits.
- Examples: Service User care areas, administrative offices, and off-site locations like homecare environments.

6.0 LEADERSHIP AND MANAGEMENT RESPONSIBILITY

Effective leadership and management are essential to maintaining a safe environment in Primus PLUS Healthcare's Supported Living without Personal Care services. We recognize the importance of a structured leadership system to ensure that health and safety objectives are met across all settings. Below are the key leadership responsibilities:

6.1 Chief Executive Officer (CEO)/Managing Director

- Overall Accountability: The CEO is responsible for ensuring a safe environment for staff, Service Users, contractors, and visitors across the organization, including compliance with health and safety laws and organizational policies.
- Resource Allocation: Ensures sufficient resources, including staff, training, and equipment, are dedicated to health and safety initiatives.
- Strategic Direction: Sets the overall safety goals and ensures alignment with organizational objectives.
- Leadership and Support: Promotes a safety culture by leading by example and encouraging staff to prioritize health and safety.

- Health and Safety Committee Engagement: Involved in decision-making, ensuring the committee has the necessary authority and resources.

6.2 Health and Safety Officer

- Policy Implementation: Ensures the health and safety policies are carried out and integrated into daily operations.
- Monitoring and Reporting: Conducts audits, inspections, and risk assessments, providing reports to senior management.
- Training and Awareness: Coordinates staff training on health and safety procedures, ensuring all staff are adequately trained.
- Incident Investigation: Investigates incidents, identifies root causes, and recommends corrective actions.
- Legal Compliance: Ensures compliance with relevant legislation (e.g., Health and Safety at Work Act 1974, CQC regulations).

6.3 Health and Safety Committee

- Policy Review and Implementation: Reviews health and safety policies and makes improvement recommendations.
- Risk Management: Collaborates with the Health and Safety Officer to review and address risk assessments, developing strategies to mitigate hazards.
- Safety Audits and Inspections: Coordinates regular safety audits and inspections across all service areas.
- Employee Engagement: Actively involves staff in safety initiatives and feedback processes.
- Continuous Improvement: Drives ongoing improvements in health and safety practices and assesses the effectiveness of current safety protocols.

6.4 Line Managers

- Enforcement of Protocols: Ensures their teams follow health and safety policies, including manual handling, infection control, and PPE use.
- Safety Inspections: Conducts regular safety inspections within their areas, identifying hazards and ensuring corrective actions.
- Staff Training and Competency: Ensures staff receive appropriate health and safety training and refresher courses.
- Reporting Hazards and Incidents: Ensures timely reporting of incidents, near misses, and safety concerns, investigating incidents within their teams.
- Collaboration with Health and Safety Officer: Works closely with the Health and Safety Officer to implement safety measures and provide feedback.

6.5 Registered Manager (Jonas Ayitevie)

- Compliance with CQC Regulations: As the Registered Manager, Jonas Ayitevie ensures that all regulatory requirements under CQC Regulation 12 (Safe Care and Treatment) are met, providing safe and effective care for Service Users.
- Supervision of Clinical Staff: Oversees clinical staff, ensuring adherence to health and safety protocols specific to Service User care.

- Staff Training and Development: Ensures that all staff are trained in health and safety areas such as infection control, medication safety, and emergency procedures.
- Incident Management and Reporting: Manages the investigation of incidents, ensuring proper reporting to the CQC and implementation of corrective actions.
    - Contact Information for Registered Manager:
        - Name: Jonas Ayitevie
        - Email: care@primusplus.co.uk
        - Mobile: 01702 963009

6.6 Nominated Individual

- Regulatory Oversight: Ensures compliance with health and safety regulations and maintains a strategic oversight of all safety procedures, ensuring alignment with legislative requirements.
- Liaison Role: Acts as the point of contact between the organization and CQC or other regulatory bodies, addressing health and safety concerns promptly.
- Quality and Safety Assurance: Monitors the implementation of health and safety policies to ensure they meet quality standards and resolves any non-compliance issues.
- Continuous Improvement: Promotes continuous improvement by staying updated on regulatory changes and ensuring that health and safety practices evolve accordingly.

7.0 RISK ASSESSMENT AND MANAGEMENT

Effective risk assessment and management are essential for maintaining a safe and healthy environment in Primus PLUS Healthcare's Supported Living without Personal Care services. This section outlines how risks are identified, assessed, and controlled, ensuring hazards are minimized to protect staff, Service Users, visitors, and contractors. Risk management is a continuous and dynamic process that reflects changing risks and evolving healthcare practices.

7.1 Identification of Hazards

Identifying potential hazards is the first critical step in ensuring safety. Hazards are identified in various environments, including Supported Living homes, homecare settings, and administrative areas.

Hazard Categories:

- Biological Hazards:
    - Infectious Diseases: Exposure to viruses, bacteria, fungi (e.g., COVID-19, MRSA) that can spread in communal living settings or homecare environments.
    - Medical Waste: Handling sharps, contaminated materials, and bodily fluids, especially in settings where Service Users may require medical care.
    - Contaminated Surfaces: Surfaces in communal spaces or homecare environments that could carry infectious agents.
- Physical Hazards:
    - Slips, Trips, and Falls: Wet floors or obstacles in Supported Living homes, or homecare visits.

    - Manual Handling: Lifting or transferring Service Users in homecare settings or supported living environments without proper techniques or equipment.
    - Electrical Hazards: Faulty wiring or malfunctioning electrical equipment in both communal living areas and homecare settings.
- Chemical Hazards:
    - Hazardous Substances: Chemicals used for cleaning or medication that could cause respiratory issues or skin irritation in homecare or clinical settings.
    - Hazardous Drugs: Exposure to medications, like chemotherapy agents, requiring special handling and disposal procedures.
    - Gases and Vapours: Inhalation risks from cleaning agents or medical gases used in clinical areas.
- Psychological Hazards:
    - Stress: Care staff in Supported Living settings may experience stress due to Service User demands, workload, and emotional strain from working with vulnerable individuals.
    - Workplace Violence: Aggressive behavior from Service Users, visitors, or other staff, particularly in Supported Living settings or during homecare visits.
    - Harassment and Bullying: Inappropriate behavior that creates a toxic environment, especially in staff interactions.

7.2 Risk Assessment Process

Risk assessments are essential to identify hazards and determine their impact. The process ensures that appropriate control measures are implemented to minimize or eliminate risks.

Steps in the Risk Assessment Process:

1. Hazard Identification:
    - Identify potential hazards across settings, including Supported Living homes, homecare, and administrative areas.
    - Involve staff in the process, especially those in direct Service User care, as they can spot risks that may not be obvious.
2. Risk Evaluation:
    - Likelihood: Determine the probability of a hazard occurring (e.g., a fall or medication error).
    - Severity: Assess the potential outcomes (e.g., minor injury, major incident).
    - Prioritize hazards using a risk matrix based on their severity and likelihood.
3. Implementing Control Measures:
    - Control measures include the hierarchy of controls: elimination, substitution, engineering controls, administrative controls, and PPE.
    - Example: Ensuring safe lifting equipment is available to reduce manual handling risks.
4. Employee Involvement:

- Engage staff in identifying and reporting hazards and seeking feedback to improve safety practices.
- Ensure all staff feel empowered to contribute to safety discussions.

5. Review and Update:
    - Regularly review and update risk assessments to account for operational changes, new risks, or incidents.
    - Trigger reviews after significant changes, incidents, or near misses.

7.3 Control Measures

Control measures reduce or eliminate health and safety risks. These strategies are based on the risks identified during assessments.

Types of Control Measures:

1. Personal Protective Equipment (PPE):
    - Use of PPE such as gloves, masks, and gowns to protect staff and Service Users from biological or chemical hazards in Supported Living homes and homecare settings.
2. Engineering Controls:
    - Modifications to the environment (e.g., safety barriers in shared living spaces, ventilation in homecare environments, and sharps containers for safe disposal).
3. Administrative Controls:
    - Changing work procedures to manage risks (e.g., implementing infection control policies, reducing stress with shift patterns, and job rotation to minimize fatigue).
4. Safe Work Procedures:
    - Protocols for tasks like manual handling, medication administration, and using medical equipment.
    - Regular training on safe work practices for staff to ensure proper application.

7.4 Risk Register

A Risk Register is a live document that tracks identified risks, control measures, and their effectiveness. It ensures risks are actively managed and monitored.

Key Elements of the Risk Register:

1. Risk Identification: Each identified risk is documented, including its location and relevant service areas (e.g., Supported Living homes or homecare).
2. Risk Evaluation: The likelihood and severity of each risk are assessed, and risks are categorized to prioritize attention.
3. Control Measures: Details of the control measures in place (e.g., PPE, training, equipment).
4. Review Dates and Responsible Parties: A review date is set for each risk, with responsible parties assigned to ensure action is taken.
5. Incident Tracking: Tracks incidents or near misses to monitor the effectiveness of control measures and identify trends.

8.0 HEALTH AND SAFETY TRAINING AND COMPETENCY

Our Health and safety training is crucial to ensuring that all employees at Primus PLUS Healthcare's Supported Living without Personal Care service are equipped with the knowledge and skills necessary to maintain a safe and healthy environment for both staff and Service Users. This section outlines the types of training, including induction, ongoing training, specialist training, and competency checks, all of which are essential to fostering a culture of health and safety across our service.

8.1 Induction and Ongoing Training

Objective: Ensure that all new employees are effectively inducted into the organization's health and safety practices and that all staff members receive ongoing training to stay updated on safety protocols, legal requirements, and best practices.

Induction Training:

- New Employee Health and Safety Induction: Every new employee must undergo a comprehensive health and safety induction as part of their onboarding, focusing on the Supported Living without Personal Care service environment.

Key Components:

  - Health and Safety Policies: Introduction to Primus PLUS Healthcare's health and safety policies, emphasizing the role each staff member plays in maintaining a safe living and working environment for Service Users in supported living settings.
  - Fire Safety and Evacuation Procedures: Basic fire safety training specific to Supported Living environments, including fire exit locations and evacuation routes.
  - Personal Protective Equipment (PPE): Guidance on when and how to use PPE, such as gloves, masks, gowns, and face shields, particularly in environments where Service Users have specific needs (e.g., sensory impairments or medical conditions).
  - Manual Handling: Training on safe lifting and transferring techniques, particularly for Service Users who may require mobility assistance in their homes or communal spaces.
  - Infection Control: Basic infection control practices, including hand hygiene and proper disinfection procedures to ensure the safety of Service Users and staff in supported living settings.
  - Emergency Procedures: Training on responding to emergency situations, including first aid protocols and how to report incidents within Supported Living without Personal Care.

- Safety Orientation: Employees will also receive an orientation specific to the risks and hazards present in their assigned areas of work (e.g., homecare visits, supported living accommodation, administrative support).

Ongoing Training:

- Continuing Education: Health and safety training will continue throughout employment to ensure that staff are aware of the latest safety protocols and legislative changes.

Key Elements of Ongoing Training:

- Regulatory Updates: Employees will be updated on any changes to health and safety legislation, such as changes in the Health and Safety at Work Act 1974, COSHH, RIDDOR, or CQC standards relevant to Supported Living without Personal Care.
- Refresher Courses: Regular refresher training on key topics such as manual handling, fire safety, infection control, and PPE use, with specific attention to the risks associated with supported living environments.
- Department-Specific Training: Ongoing training tailored to specific roles within Supported Living without Personal Care, such as safe medication administration or updates on assistive technologies for Service Users.
- Safety Drills: Conducting regular safety drills (e.g., fire drills, evacuation drills) in supported living settings to reinforce safety awareness and readiness.

8.2 Specialist Training

Objective: Ensure that staff working in high-risk areas or handling specific hazards within Supported Living without Personal Care receive the necessary training to manage those risks safely.

Specialist Training for Healthcare Hazards:

- Infection Control:
  - Objective: To equip staff with the skills and knowledge to prevent and manage infections in Supported Living without Personal Care settings.
  - Key Components:
    - Hand Hygiene: Proper handwashing techniques to reduce the spread of infections in Supported Living homes or during homecare visits.
    - Use of PPE: Correct application of PPE, such as gloves and masks, to protect against the spread of infectious diseases.
    - Sterilization and Disinfection: Procedures for ensuring that living environments and equipment are thoroughly cleaned to prevent cross-contamination.
- Manual Handling:
  - Objective: Ensure staff are trained in safe lifting and transfer techniques to prevent injuries, particularly in Supported Living homes where mobility assistance may be required.
  - Key Components:
    - Lifting Techniques: Safe lifting methods using proper posture, body mechanics, and assistive equipment like hoists.
    - Use of Hoists and Lifting Aids: Training on the safe use of lifting aids when assisting Service Users with mobility challenges.
- Fire Safety:
  - Objective: To train staff to effectively respond to fire emergencies within Supported Living homes and communal areas.
  - Key Components:

        - Fire Prevention: Identifying fire hazards specific to supported living environments and taking steps to prevent them.
        - Evacuation Procedures: Understanding evacuation protocols in case of fire, including designated escape routes and assembly points.
        - Fire Extinguisher Training: Training on the proper use of fire extinguishers in case of small fires in Supported Living homes.
- Mental Health Awareness:
    - Objective: To provide staff with the tools and techniques to care for Service Users with mental health conditions in Supported Living settings.
    - Key Components:
        - De-escalation Techniques: Teaching staff to manage potentially aggressive behavior from Service Users with mental health conditions.
        - Recognizing Symptoms: Identifying signs of mental health issues and providing appropriate care or referring to specialists when necessary.
        - Supporting Service Users: Promoting a supportive environment while maintaining safety in mental health crises.

8.3 Competency Checks

Objective: To ensure our employees consistently apply health and safety procedures and that their competency is regularly assessed and maintained.

Regular Competency Assessments: Competency checks ensure staff are capable of applying health and safety procedures effectively in our Supported Living without Personal Care settings.

Methods of Assessing Competency:

- Testing: Written exams or online assessments to evaluate knowledge of health and safety policies, such as infection control, manual handling, and PPE use.
- Observations: Supervisors observe staff performing tasks like moving Service Users or using equipment to ensure safety protocols are followed.
- Audits: Regular health and safety audits to review staff performance against established safety standards and protocols.
- Feedback: Gathering feedback from staff, Service Users, and visitors regarding adherence to safety protocols.

Ongoing Evaluation: Competency checks are an ongoing part of staff development to ensure that training is consistently applied, and staff adapt to any changes in procedures or risks.

- Skills Refresher Programs: If gaps are identified, targeted refresher training will be provided to ensure all staff maintain proficiency in their health and safety responsibilities.
- Documenting Competency: All competency checks will be documented and kept in each employee's training file for accountability and traceability.

9.0 INCIDENT REPORTING, INVESTIGATION, AND CORRECTIVE ACTIONS

At Primus PLUS Healthcare, ensuring the safety of our staff, Service Users, and visitors is our top priority. This section outlines how we report, investigate, and correct incidents in our Supported Living without Personal Care settings. By quickly addressing incidents, identifying their root causes, and implementing corrective actions, we continuously improve our health and safety standards.

9.1 Incident Reporting

Objective: To create an effective and transparent system for reporting incidents, including accidents, near misses, injuries, and other events that may affect our staff, Service Users, visitors, or contractors. Timely and accurate reporting helps us identify hazards and prevent future incidents.

Key Components of Incident Reporting:

- Clear Reporting Procedures: We have established clear procedures for reporting all types of incidents. All employees in our Supported Living settings are trained on how to report accidents, near misses, or unsafe acts.
- Accessible Reporting Systems: We provide multiple channels for reporting, including an online system, paper forms, and mobile apps, so that staff can report incidents quickly and easily, whether in our Supported Living homes or during homecare visits.
- Incident Categories: We categorize incidents for clarity and effective action:
    - Accidents: Unplanned events resulting in injury or damage.
    - Near Misses: Incidents that could have caused harm but didn't.
    - Injuries: Harm caused to anyone involved.
    - Unsafe Acts: Actions that violate health and safety protocols, even if they didn't cause immediate harm.
    - Environmental Hazards: Situations like wet floors or poor lighting that could pose risks.
- Timely Reporting: We require all incidents to be reported promptly, ideally within 24 hours. Delays may prevent effective investigation and corrective action.
- Confidentiality and Anonymity: To encourage openness, our system allows staff to report incidents anonymously, without fear of retaliation, while still encouraging detailed information for effective investigation.
- Feedback to Staff: After an incident is reported, staff are informed about the investigation's outcome and any corrective actions. This ensures trust and encourages ongoing participation in reporting incidents.

9.2 Investigation Process

Objective: Every incident, regardless of severity, will be thoroughly investigated to determine its root cause and implement corrective actions. We aim to identify systemic issues to prevent future occurrences.

Key Components of the Investigation Process:

- Incident Notification and Immediate Response: After an incident, we take immediate steps to prevent further harm, such as providing first aid or securing the area. We also notify the Health and Safety Officer and relevant line managers promptly.

- Assigning Responsibility for Investigations: The Health and Safety Officer will lead the investigation, supported by department heads or line managers. For complex incidents, we may involve external experts or create a cross-functional team for a thorough investigation.
- **Investigation Methodology**:
    - Root Cause Analysis (RCA): We use RCA to determine the underlying causes of incidents, utilizing techniques like the 5 Whys and Fishbone Diagram to explore contributing factors across different categories.
    - Gathering Evidence: Investigators collect all relevant information, including reports from involved parties, witness statements, physical evidence, and records like maintenance logs.
- Timeline of Events: We establish a timeline of events leading up to the incident, using staff interviews and other data to understand the sequence of actions or failures that contributed to the incident.
- Conclusions and Recommendations: After gathering evidence, the investigation team will provide conclusions about the cause(s) of the incident, along with actionable recommendations for corrective measures. This could include process changes, equipment improvements, or additional staff training.

9.3 Corrective and Preventive Actions

Objective: To implement corrective and preventive actions that address the root causes of incidents and prevent recurrence. These actions will be tracked and monitored to ensure effectiveness.

Key Components of Corrective and Preventive Actions:

- Corrective Actions:
    - Immediate Actions: We take immediate steps to resolve the issues identified in an incident, such as retraining staff or repairing faulty equipment.
    - Long-Term Actions: For root causes identified, such as poor ergonomics or inadequate equipment, we implement long-term solutions, such as redesigning workspaces or introducing new safety equipment.
- Preventive Actions:
    - Procedural Changes: We revise procedures if gaps are identified, ensuring they are more comprehensive and effective.
    - Training and Education: Where human error contributed, we enhance training to improve staff understanding of health and safety protocols.
    - Safety Equipment and Resources: If lack of safety resources contributed to an incident, we invest in necessary equipment, such as hoists or additional PPE.
- Tracking and Monitoring:
    - Action Plans: Corrective and preventive actions are documented in clear action plans, with responsibilities and deadlines assigned to ensure proper implementation.
    - Follow-Up: A follow-up review is conducted to verify that corrective actions have been successfully implemented, often involving audits or spot checks.

    - Effectiveness Review: After corrective actions are taken, we monitor incident data, gather staff feedback, and evaluate the success of the implemented changes.

9.4 Monitoring and Review

Objective: To track incidents, identify trends, and use findings to improve our health and safety practices.

Key Components of Monitoring and Review:

- Incident Tracking and Reporting: We maintain an incident database to track all reported incidents, near misses, and accidents, including corrective actions taken. We regularly review this database to identify recurring patterns or trends, such as frequent slips, trips, or falls in specific areas, and take proactive steps to address these.
- Regular Audits: Regular health and safety audits are conducted to ensure that safety protocols are followed consistently. These audits help identify areas for improvement in areas like manual handling, fire safety, and infection control.
- Continuous Improvement:
    - Feedback Mechanisms: We actively gather feedback from staff to assess the effectiveness of our health and safety practices and identify areas for improvement.
    - Safety Reviews: Our safety protocols and incident reporting systems are reviewed regularly to ensure they remain effective and relevant.
- Management Review: Senior management reviews incident reports, trends, audit results, and the effectiveness of corrective actions to ensure that health and safety remains a top priority and that appropriate resources are allocated to address any issues.

10.0 PERSONAL PROTECTIVE EQUIPMENT (PPE) AND SAFE WORKING PRACTICES

Ensuring the safety of staff, Service Users, and visitors in our Supported Living without Personal Care settings is paramount. This section outlines the importance of Personal Protective Equipment (PPE) and safe working practices in maintaining a safe and healthy environment. By following these practices, we protect individuals from health and safety risks while delivering high-quality care.

10.1 PPE Policy

Objective: To specify the types of PPE required for different tasks in our Supported Living without Personal Care settings, ensuring the correct use, cleaning, and disposal of PPE to protect staff, Service Users, and visitors from health and safety hazards.

Key Components of the PPE Policy:

- **Types of PPE Required for Different Tasks**:
    - Gloves: Used when handling medical waste, providing personal care tasks, or dealing with potentially infectious materials, ensuring that staff are protected from bodily fluids and contaminated surfaces.

- Masks and Respirators: Required in high-risk situations, such as when interacting with Service Users showing symptoms of respiratory infections or other contagious conditions. This includes surgical masks and N95 respirators.
- Gowns and Aprons: Worn in scenarios where exposure to bodily fluids or contaminated materials is possible, such as during personal care or handling soiled linens.
- Face Shields and Goggles: Used to protect the eyes and face from potential splashes or airborne particles, especially when dealing with bodily fluids or potentially contaminated equipment.
- Head and Foot Protection: Hairnets or head covers are worn when entering sterile or potentially contaminated areas, and slip-resistant footwear is mandatory to prevent falls.

- **Correct Use of PPE**:
  - Training: Staff must be trained on how to correctly wear, adjust, and remove PPE to avoid contamination and ensure its effectiveness.
  - Donning and Doffing Procedures: Specific procedures for putting on (donning) and removing (doffing) PPE must be followed to prevent cross-contamination.
  - Inspection of PPE: PPE should be regularly inspected for wear and tear, and any damaged equipment must be replaced immediately.
  - Fit Testing: For equipment such as respirators, fit testing will be conducted to ensure an adequate seal and proper protection.
- **Cleaning and Disposal of PPE**:
  - Cleaning Protocols: Reusable PPE, such as gowns and face shields, should be cleaned and disinfected as per the manufacturer's guidelines after each use.
  - Disposal: Single-use PPE, such as gloves, masks, and gowns, must be disposed of in designated biohazard waste bins to prevent contamination and follow the COSHH and HSE guidelines.
- **Compliance with Relevant Legislation**:
  - Our PPE policy adheres to The Health and Safety at Work Act 1974, Regulatory Reform (Fire Safety) Order 2005, Control of Substances Hazardous to Health (COSHH) Regulations 2002, and CQC regulations, ensuring compliance with national health and safety standards.

10.2 Safe Working Practices

Objective: To establish Standard Operating Procedures (SOPs) and guidelines for working safely in our Supported Living without Personal Care settings, particularly in areas involving high risks, ensuring the safety of staff and Service Users.

Key Components of Safe Working Practices:

- **Standard Operating Procedures (SOPs)**:
  - Manual Handling: SOPs for the safe lifting and transferring of Service Users in our settings to minimize risk of injury. This includes using lifting aids like hoists and ensuring staff are trained in safe manual handling techniques.

- Handling Hazardous Substances: Procedures for handling chemicals, cleaning agents, or any substances used in the setting that could pose a risk to staff or Service Users. SOPs include the use of appropriate PPE and emergency responses to exposure.
- Waste Disposal: Guidelines for the proper disposal of medical waste and sharps (e.g., needles). Waste should be segregated into correct containers, and procedures followed for safe disposal.
- Fire Safety: Clear emergency procedures for fire prevention and evacuation, including identifying fire exits, assembly points, and participating in regular fire drills.
- Service User Safety: SOPs for safe Service User care, ensuring that tasks such as medication administration, hygiene maintenance, and mobility assistance are conducted safely and respectfully.

- **Workplace Risk Management**:
  - Environmental Controls: Managing environmental factors like lighting, ventilation, and temperature within our Supported Living settings to create a safe working and living environment.
  - Infection Control: Implementing practices such as hand hygiene, sterilization, and decontamination to prevent the spread of infections. This includes cleaning surfaces, Service User equipment, and following protocols like contact and airborne precautions.
- **Training on Safe Working Practices**:
  - All staff will receive continuous training on SOPs, tailored to their specific role. This includes specialized training for high-risk areas (e.g., handling infectious materials in our Supported Living homes).
  - Emergency Preparedness: Staff are trained to respond to emergencies such as chemical spills, fires, or Service User health crises, ensuring the safety of both staff and Service Users.

10.3 Infection Control

Objective: To provide comprehensive guidelines for preventing the spread of infections within our Supported Living environments, ensuring safe care and protection for both staff and Service Users.

Key Components of Infection Control:

- **Hand Hygiene**:
  - Handwashing: All staff are trained in proper handwashing techniques, particularly after interacting with Service Users or handling potentially contaminated materials.
  - Hand Sanitizers: When soap and water aren't available, alcohol-based hand sanitizers will be used to reduce the spread of infections.
  - Hand Hygiene Audits: Regular audits are conducted to ensure adherence to hand hygiene protocols.
- **Infection Control Practices**:

- Isolation Precautions: Service Users exhibiting contagious symptoms should be isolated according to protocols, with staff and visitors using the appropriate PPE.
- Cough Etiquette: Both staff and Service Users are educated on proper cough etiquette, including using tissues or elbows to cover coughs and sneezes and disposing of tissues promptly.
- Surface Cleaning and Disinfection: Surfaces and equipment, especially those in direct contact with Service Users, are cleaned regularly to prevent cross-contamination.

- **Decontamination and Sterilization of Equipment**:
  - Medical Equipment Cleaning: Non-disposable equipment such as thermometers and stethoscopes must be sterilized or disinfected after each use, according to national guidelines.
  - Autoclaving: Items requiring sterilization, such as surgical instruments and reusable medical devices, must be sterilized in an autoclave to eliminate pathogens.
  - Safe Handling of Contaminated Materials: Staff are trained to handle soiled linens or contaminated materials with care to prevent exposure to harmful substances.
- **Preventing Healthcare-Associated Infections (HAIs)**:
  - Monitoring Infections: Regular monitoring and surveillance for infections like MRSA or Clostridium difficile, with clear protocols in place for managing outbreaks.
  - Vaccination: We encourage staff to receive vaccinations such as the flu vaccine and Hepatitis B vaccine to reduce the risk of infection transmission.
- **Compliance with Relevant Legislation and Standards**:
  - HSE Guidelines: We adhere to HSE guidelines on infection control, ensuring all employees understand their responsibilities in reducing the risk of infections.
  - CQC Regulation 12: Infection control measures comply with CQC regulations, ensuring safety in care delivery.

11.0 MONITORING, REVIEW, AND CONTINUOUS IMPROVEMENT

At Primus PLUS Healthcare, we are committed to continuously evaluating and improving health and safety practices in our Supported Living without Personal Care settings. This section ensures that our safety measures are effectively monitored, reviewed, and updated, with a focus on minimizing risks, enhancing safety culture, and complying with relevant regulations.

11.1 Monitoring and Auditing

Objective: Ensure ongoing compliance with health and safety protocols, identify areas for improvement, and make necessary adjustments for continuous safety enhancement.

Key Components:

- Routine Health and Safety Audits: Regular audits by the Health and Safety Officer assess compliance with safety protocols, focusing on areas such as:
    - Risk assessments: Regularly updated and relevant to current practices.
    - Incident trends: Reviewing incident reports to improve responses.
    - Training: Ensuring all staff receive required health and safety training.
    - PPE use: Verifying PPE availability and proper use.
    - Fire safety checks and equipment maintenance.
- Action Plan and Follow-Up: Post-audit corrective actions are documented in an action plan with specific steps, timelines, and responsibilities. Follow-ups ensure actions are implemented successfully.
- Incident Review: Periodic reviews of incidents and near misses help track patterns and determine improvements for risk management.

11.2 Internal and External Inspections

Objective: Ensure compliance and identify areas of improvement through both internal inspections and external audits.

- Internal Inspections: Regular, scheduled, or unannounced inspections ensure compliance with health and safety protocols in areas like:
    - Workplace environment: Ensuring safe, hazard-free spaces.
    - Staff adherence: Observing PPE use, safe manual handling, and proper hygiene protocols.
    - Service User safety: Ensuring clean and safe care environments.
- External Inspections: Inspections from CQC and HSE focus on Service User safety and overall workplace safety, ensuring compliance with regulations like CQC Regulation 12 (Safe care and treatment). Corrective actions are implemented based on findings.

11.3 Feedback Mechanisms

Objective: Create continuous channels for feedback from staff, Service Users, and visitors to ensure ongoing health and safety improvements.

- Employee Feedback: Staff can provide feedback through surveys, suggestion boxes, or direct reporting to management. Regular safety meetings will be held to discuss concerns and improve practices.
- Service User and Visitor Feedback: After care or visits, Service Users and visitors are encouraged to provide feedback on their experience regarding safety, cleanliness, and care.
- Regular Follow-Up: The Health and Safety Officer ensures that concerns raised are addressed, reinforcing the commitment to continuous improvement and a culture of safety.

12.0 DOCUMENTATION AND RECORD KEEPING

At Primus PLUS Healthcare, effective documentation and record-keeping are essential to ensure compliance with health and safety regulations, track safety performance, and provide

transparency during audits. Proper records support continuous improvement, offering data for safety analysis and decision-making in our Supported Living without Personal Care settings.

12.2 Health and Safety Records

Objective: To maintain accurate, up-to-date records of all health and safety activities, ensuring compliance and enabling audits.

Key Components:

1. **Risk Assessments**:
    - Record Keeping: Detailed records of all risk assessments, including identified hazards, control measures, and responsible parties.
    - Risk Register: Continuously updated to track all identified risks and their management, including Service User care and administrative tasks.
2. **Training Certificates**:
    - Maintain comprehensive records of staff training, including certifications for induction, ongoing training, and refresher courses.
3. **Incident Reports**:
    - Incident Log: Documenting all incidents (accidents, near misses, injuries), including immediate corrective actions and follow-up details.
    - Follow-Up Actions: Track corrective and preventive measures taken after each incident.
4. **Audits and Inspections**:
    - Document internal audits and safety inspections, including findings, corrective actions, and deadlines for implementation.
5. **Corrective Actions and Improvements**:
    - Track corrective actions taken and continuous improvements in health and safety protocols, based on incidents or feedback.
6. **Regulatory Inspection Reports**:
    - Document inspections from external regulatory bodies (CQC, HSE), including findings and actions taken in response.

12.3 Policy and Procedure Review

Objective: To ensure the health and safety policy remains up-to-date with legislative changes and operational needs.

Key Components:

1. **Scheduled Reviews**:
    - Annual Review: The health and safety policy is reviewed yearly to stay aligned with legislation and operational needs.
    - Post-Incident Review: Significant incidents prompt a review of the policy to ensure better mitigation of future risks.
2. **Legislative Changes**:

- Adapt the policy to incorporate new legislation and best practices, ensuring compliance with evolving standards.

3. **Stakeholder Involvement**:
    - Engage relevant stakeholders (line managers, staff reps) in the review process to ensure the policy aligns with practical realities and concerns.
4. **Documentation of Changes**:
    - Any policy updates are documented, communicated to staff, and made accessible for transparency.

12.4 Data Retention

Objective: To comply with data retention laws, ensuring that health and safety records are securely managed and easily accessible for inspections.

Key Components:

1. **Retention Periods**:
    - Legal Requirements: Health and safety records are retained according to legal guidelines (e.g., CQC, HSE).
    - Retention Timeframes: Incident reports (3-7 years), risk assessments (until the next review), training records (3 years post-training), and audit reports (5 years).
2. **Secure Storage**:
    - Electronic Records: Stored in password-protected systems, ensuring confidentiality and controlled access.
    - Physical Records: Kept in secure, locked locations to prevent unauthorized access.
3. **Accessibility and Inspection**:
    - Health and safety records must be easily accessible for staff use during internal reviews, incident investigations, and regulatory inspections.
4. **Disposal of Records**:
    - Secure Disposal: Records are securely disposed of after the retention period via shredding or permanent digital deletion, maintaining compliance with data protection standards.

13.0 COMPLIANCE WITH CQC REGULATIONS

Ensuring compliance with CQC (Care Quality Commission) regulations is critical for Primus PLUS Healthcare, ensuring the safety of both our Service Users and staff. The CQC is the independent health and social care regulator in England, ensuring high standards of care and safety. This section outlines how we align our health and safety policy with CQC Regulation 12 (Safe Care and Treatment) to meet their expectations and keep our care environments safe.

13.1 CQC Health and Safety Standards

Objective: Ensure our policies are fully aligned with CQC Regulation 12, which requires that care is safe, effective, and person-centered.

- Risk Assessment and Care: We conduct comprehensive risk assessments for all areas (clinical settings, homecare, and care homes) to identify and address any potential risks to Service User safety, including medication safety, infection control, and manual handling.
- Staff Competency and Training: We ensure that all staff are adequately trained in Service User safety protocols, handling hazardous materials, and using medical equipment safely. We regularly assess staff competencies to make sure we meet CQC standards.
- Health and Safety Audits: We carry out regular internal audits to monitor our health and safety practices, ensuring compliance with CQC regulations. Any non-compliance is immediately addressed and corrective actions are implemented.

13.2 Safety and Well-being

Objective: Prioritize both Service User safety and staff well-being, minimizing risks through proactive health and safety measures.

- Service User Safety: We ensure all Service User areas are free from hazards like wet floors and poor lighting, and that infection control practices are in place to prevent healthcare-associated infections (HAIs). Additionally, we adhere to strict medication safety protocols.
- Staff Welfare: We provide ergonomic workstations and ensure proper PPE is available, alongside training in manual handling to prevent injuries. We also support mental health with stress management programs and create a safe working environment.
- Training and Awareness: Ongoing training ensures that staff are continually educated on identifying and managing risks. We emphasize the importance of a positive safety culture, encouraging staff to take personal responsibility for safety.

13.3 Monitoring and Reporting to CQC

Objective: Establish clear procedures for monitoring and reporting health and safety to CQC, ensuring compliance and transparency during inspections.

- Incident Reporting: All incidents are promptly reported to CQC, with follow-up actions documented to show the corrective measures we've taken.
- Self-Assessments: We conduct self-assessments regularly to evaluate our compliance with CQC standards, ensuring continuous improvements in safety and care.
- Ongoing Monitoring: Our internal team tracks compliance with health and safety practices and ensures results are shared with the CQC. We make sure to follow up on audit results and apply necessary changes to maintain high standards.

13.4 Regular Health and Safety Audits

Objective: Conduct routine audits to ensure we meet CQC Regulation 12 requirements, focusing on Service User safety, staff training, risk assessments, incident reports, and infection control practices.

- Audit Process: Regular audits assess compliance with health and safety protocols. These audits focus on Service User care, staff competency, risk management, and infection control.

- Audit Results: Findings are reviewed by senior management and corrective actions are taken where necessary. Results are documented and made available for CQC inspections and external audits to demonstrate compliance.

13.4 Incident Reporting to CQC

Objective: Ensure timely and accurate reporting of all incidents, following CQC and regulatory guidelines to maintain transparency and improve safety practices.

- CQC Reporting Requirements: We follow the CQC guidelines to report serious incidents, such as Service User harm, medication errors, and breaches of confidentiality. These incidents are reported promptly, as per RIDDOR (2013) and other relevant regulations.
- Timely Reporting: All incidents are documented and reported within required timeframes, and corrective actions are taken immediately to prevent future occurrences.
- Follow-Up: We address any findings or recommendations from CQC inspections. These are tracked and documented to ensure continuous improvement in health and safety practices.

13.4 Self-Assessments and Continuous Improvement

Objective: Regularly evaluate our adherence to CQC standards through self-assessments and feedback, ensuring we continuously improve.

- Regular Self-Assessments: We conduct periodic self-assessments to evaluate compliance with CQC standards, focusing on Service User care, infection control, staff training, and risk management.
- Feedback and Reporting: Staff feedback is encouraged to identify concerns and potential improvements. Reports on health and safety practices are submitted to the Health and Safety Officer and senior management to ensure vigilance in maintaining compliance with CQC regulations.

13.5 Transparency with CQC

Objective: Maintain open communication with CQC to ensure transparency and foster a positive relationship.

- Open Communication: We actively communicate with CQC and regulatory bodies, providing timely and accurate information on our health and safety practices, incident reports, and corrective actions.
- Demonstrating Compliance: During CQC inspections, we present evidence of risk assessments, training programs, audit results, and incident reports that align with CQC Regulation 12, demonstrating our commitment to safe care and treatment.

RISK ASSESSMENT FORM

This Risk Assessment Form is used to identify, assess, and mitigate potential health and safety risks in the workplace. It helps to ensure the safety of staff, patients, visitors, and contractors by outlining the nature of hazards, associated risks, and control measures to reduce or eliminate risks.

1. Risk Assessment Details

Risk Assessment Title: _____

Location/Area: _____

Date of Assessment: _____

Assessment Conducted By: _____

2. Identified Hazards

List all identified hazards in the workplace or task:

_____

_____

_____

3. Risk Evaluation

Likelihood of Hazard Occurring (Circle one):

Low / Medium / High

Severity of Harm (Circle one):

Minor / Serious / Major

4. Control Measures

Describe existing control measures (e.g., PPE, work procedures, equipment):

_____

_____

Describe additional or recommended control measures if applicable:

_____

_____

5. Responsible Person

Name of Responsible Person: _____

Job Title: _____

Contact Information: _____

6. Review Date

Review Date: _____

Notes or Updates from Review: _____

7. Signature

Assessor's Signature: _____

Date: _____

INCIDENT REPORT FORM

This Incident Report Form is used to document accidents, near misses, injuries, and other incidents that occur in the workplace. It captures key details for investigation, corrective actions, and tracking.

1. Incident Details

Incident Title: _____

Location/Area: _____

Date and Time of Incident: _____

Reported By: _____

Job Title: _____

Contact Information: _____

2. Incident Description

Describe what happened during the incident (include actions leading up to the incident, events during the incident, and outcomes):

_____

_____

_____

3. People Involved

List the names of individuals involved in the incident (staff, patients, visitors):

1. Name: _____ Role: _____

2. Name: _____ Role: _____

3. Name: _____ Role: _____

4. Injury or Outcome

If there was any injury or harm caused, describe it below:

Injury/Outcome: _____

Action Taken (e.g., first aid, medical treatment): _____

5. Immediate Actions Taken

Describe any immediate actions taken to address the incident or prevent further harm:

_____

_____

6. Witnesses

List any witnesses to the incident (if applicable):

1. Name: _____ Contact Info: _____

2. Name: _____ Contact Info: _____

7. Reported To

Who was the incident reported to (e.g., manager, supervisor, health and safety officer)?

Name: _____

Position: _____

Date Reported: _____

8. Corrective Actions and Follow-up

What corrective actions will be implemented to prevent recurrence of this incident?

_____

_____

Who is responsible for implementing corrective actions? _____

Follow-up Date: _____

9. Signature

Assessor's Signature: _____

Date: _____

ACCIDENT INVESTIGATION FORM

The Accident Investigation Form is used after an incident has occurred. It helps to identify the root cause and determine appropriate corrective actions to prevent similar incidents in the future.

1. Incident Details

Incident Title: _____

Location/Area: _____

Date and Time of Incident: _____

Reported By: _____

Job Title: _____

Contact Information: _____

2. Incident Description

Describe the incident in detail (including what happened, how it happened, and the outcome):

_____

_____

_____

3. Immediate Causes

List the direct causes of the incident (e.g., actions, equipment, environment):

_____

_____

4. Root Cause Analysis

Conduct a root cause analysis to identify the underlying factors contributing to the incident:

_____

_____

_____

5. Corrective Actions

Describe the actions to be taken to prevent recurrence of the incident:

_____

_____

Responsible Person for Action: _____

Timeline for Completion: _____

6. Preventive Measures

Outline any preventive measures that will be put in place to address systemic issues or risks identified during the investigation:

_____

_____

Timeline for Implementation: _____

7. Follow-Up Actions

Specify any follow-up actions to ensure the corrective and preventive measures are implemented effectively:

_____

_____

Follow-Up Review Date: _____

8. Signature

Investigator's Name: _____

Investigator's Position: _____

Signature: _____

Date: _____

PPE USAGE RECORD FORM

The PPE Usage Record Form is used to track the distribution and use of personal protective equipment (PPE) among staff. This form helps ensure that PPE is used correctly and consistently to protect staff, patients, and visitors.

PPE Record Details

Employee Name: _____

Department/Area: _____

Job Title: _____

Date Issued: _____

PPE Type Issued: _____

Quantity Issued: _____

PPE Usage Information

Describe the type of PPE issued (e.g., gloves, face shield, gown, mask):

_____

How frequently is the PPE used? (e.g., daily, as needed, during specific procedures):

_____

Training Provided

Confirm whether training has been provided on the correct use of PPE:

Training Date: _____

Trainer Name: _____

Training Confirmation: Yes / No

Condition of PPE

Is the PPE in good condition (check for damage or wear and tear)?

Condition: _____

Any damages or issues noted: _____

Replacement or Maintenance

Has the PPE been replaced or maintained? If yes, specify the replacement/maintenance date:

Replacement/Maintenance Date: _____

Reason for Replacement/Maintenance: _____

Responsible Person

Who is responsible for ensuring that PPE is used and maintained properly?

Name: _____

Job Title: _____

Contact Information: _____

Review Date

Review Date: _____

Review Notes or Updates from Review: _____

Signature

Employee Signature: _____

Date: _____

TRAINING RECORD FORM

The Training Record Form is used to track the completion of health and safety training for all employees. This document ensures that employees receive the necessary training and are compliant with health and safety regulations.

Training Record Details

Employee Name: _____

Job Title: _____

Department: _____

Training Course Name: _____

Training Date: _____

Trainer Information

Trainer Name: _____

Trainer's Position: _____

Trainer's Contact Information: _____

Training Outcomes

Outline the main points or objectives of the training course:

_____

_____

Certification/Qualification

Was a certificate or qualification issued? Yes / No

If yes, please provide details of the certificate or qualification:

_____

Next Review Date

Next Review Date for Refresher Training: _____

Additional Notes

Any additional information or notes regarding the training session:

_____

_____

Signature

Employee Signature: _____

Trainer Signature: _____

Date: _____

CORRECTIVE ACTION PLAN FORM

The Corrective Action Plan Form is used to document and track corrective actions taken after an audit, incident, or risk assessment. It helps to ensure that issues are resolved and preventive measures are effectively implemented.

Corrective Action Plan Details

Action Plan Title: _____

Incident or Risk Description: _____

Date Identified: _____

Reported By: _____

Job Title: _____

Root Cause

Describe the root cause of the issue or non-compliance:

_____

_____

Corrective Actions

List the corrective actions to be taken to resolve the issue:

_____

_____

Responsible Person: _____

Target Completion Date: _____

Preventive Measures

Outline any preventive actions that will be implemented to address systemic issues or risks identified:

_____

_____

Responsible Person: _____

Timeline for Implementation: _____

Follow-up Actions

Specify any follow-up actions required to ensure the corrective and preventive measures are implemented effectively:

_____

_____

Follow-Up Review Date: _____

Signature

Assessor's Name: _____

Assessor's Position: _____

Signature: _____

Date: _____

FIRE SAFETY LOG

The Fire Safety Log is used to document fire safety activities, such as fire drills, equipment inspections, and maintenance of fire safety equipment. This ensures that the organization complies with fire safety regulations.

Fire Safety Activity Log

Date of Activity: _____

Activity Type: (e.g., fire drill, fire extinguisher check, fire exit inspection): _____

Location/Area: _____

Persons Involved (e.g., staff, trainees): _____

Findings/Issues

Any issues identified during the activity (e.g., blocked fire exits, faulty fire equipment):

_____

_____

Corrective Actions

Steps taken to address any issues found during the fire safety activity:

_____

_____

Responsible Person

Name of the responsible person for corrective actions: _____

Position/Title: _____

Contact Information: _____

Follow-up Date

Date for follow-up review to verify corrective actions: _____

Signature

Activity Assessor's Name: _____

Signature: _____

Date: _____

HEALTH AND SAFETY AUDIT CHECKLIST

The Health and Safety Audit Checklist is used during internal audits to ensure that health and safety standards are being met across the organization. It serves as a structured guide for inspectors to assess compliance with various health and safety protocols.

Health and Safety Audit Checklist

Area/Department Audited: _____

Date of Audit: _____

Auditor(s) Name: _____

Audit Criteria

Please check if the following health and safety protocols are being met:

☐ Fire exits are clearly marked and accessible

☐ Fire extinguishers are in place and regularly inspected

☐ First aid kits are available and fully stocked

☐ PPE (Personal Protective Equipment) is available and in good condition

☐ Manual handling protocols are being followed

☐ Risk assessments have been completed for all tasks and reviewed regularly

☐ Health and safety training records are up to date for all staff

☐ The workplace is free of slip, trip, and fall hazards

☐ Electrical equipment is regularly inspected and tested for safety

☐ Infection control procedures are followed (e.g., hand hygiene, PPE use)

☐ Hazardous materials are handled and disposed of correctly

☐ Emergency procedures are displayed and regularly practiced

☐ Staff are aware of emergency exits and evacuation procedures

Audit Findings

List any findings from the audit (e.g., areas of non-compliance, hazards, improvements needed):

_____

_____

Corrective Actions Needed

For any non-compliance or hazards identified, outline the corrective actions required:

_____

_____

Responsible Person

Who is responsible for implementing the corrective actions? _____

Position/Title: _____

Contact Information: _____

Follow-Up Date

Date for follow-up review to verify corrective actions: _____

Signature

Auditor's Name: _____

Signature: _____

Date: _____

EMERGENCY RESPONSE PLAN FORM

The Emergency Response Plan Form is used to outline steps to take in the event of an emergency, ensuring a swift and coordinated response. This form should be available to all employees and provide clear instructions for various emergency scenarios.

Emergency Plan Details

Type of Emergency: _____ (e.g., fire, chemical spill, medical emergency)

Date Created: _____

Plan Reviewed By: _____

Date of Review: _____

Initial Response

List the first actions to be taken in response to this emergency:

_____

_____

Key Personnel

Designated personnel responsible for managing the emergency:

1. Name: _____ Position: _____

2. Name: _____ Position: _____

3. Name: _____ Position: _____

Evacuation Procedures

Provide details of evacuation routes, exits, and assembly points:

_____

_____

Communication Plan

How should communication be handled during the emergency? (e.g., notifying authorities, communicating with staff, informing families)

_____

_____

Post-Emergency Review

After the emergency, the following steps should be taken to assess the response and improve future preparedness:

_____

_____

Follow-Up Actions

Specify any follow-up actions required to ensure that corrective measures are implemented effectively:

_____

_____

Signature

Plan Developed By: _____

Signature: _____

Date: _____

REFERENCE

Health and Safety Executive (HSE) https://www.hse.gov.uk

Care Quality Commission (CQC)
CQC Health and Safety Regulations, including Regulation 12 (Safe care and treatment):
https://www.cqc.org.uk

Health and Safety at Work Act 1974
https://www.legislation.gov.uk/ukpga/1974/37/contents/enacted

Control of Substances Hazardous to Health (COSHH) Regulations 2002
https://www.hse.gov.uk/coshh/index.htm

RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013)
https://www.hse.gov.uk/riddor/index.htm

Manual Handling Operations Regulations 1992 (as amended 2002)
https://www.hse.gov.uk/msd/manualhandling.htm

The Regulatory Reform (Fire Safety) Order 2005
https://www.gov.uk/government/publications/fire-safety-advice-for-employers

Health and Safety (First Aid) Regulations 1981
https://www.hse.gov.uk/firstaid/index.htm

Health and Safety (Miscellaneous Amendments) Regulations 2002
https://www.legislation.gov.uk/uksi/2002/2072/contents/made

The Workplace (Health, Safety and Welfare) Regulations 1992
https://www.hse.gov.uk/simple-health-safety/workplace/index.htm

The Hazardous Waste (England and Wales) Regulations 2005
Hazardous waste regulations:
https://www.legislation.gov.uk/uksi/2005/894/contents/made

The Electricity at Work Regulations 1989
Regulations regarding electrical safety in the workplace:
https://www.hse.gov.uk/electricity/

Food Safety and Hygiene (England) Regulations 2013
Regulations related to food safety and hygiene:
https://www.gov.uk/government/publications/food-hygiene-and-safety

The Gas Safety (Installation and Use) Regulations 1998
Regulations regarding gas safety in the workplace:
https://www.hse.gov.uk/gas/index.htm

The Care Act 2014
Legal framework for the care and support of individuals in England:
https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted

Civil Contingencies Act 2004
Legislation for civil emergency planning and preparedness:
https://www.legislation.gov.uk/ukpga/2004/36/contents/enacted

The Chartered Institute of Environmental Health (CIEH)
Professional body for health, safety, and environmental health:
https://www.cieh.org

The Royal Society for the Prevention of Accidents (RoSPA)
Charity focused on accident prevention and safety standards:
https://www.rospa.com

Public Health England (PHE)
Agency that supports public health efforts, including occupational health and safety risks:
https://www.gov.uk/government/organisations/public-health-england