



Health and Safety Policy and Procedure

V1.0 November 2025

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SECTION 1

INTRODUCTION TO ELCAP'S HEALTH & SAFETY POLICY

This policy is a guide to ELCAP's Health and Safety Policy and associated Standard Operating Procedures (SOP's).

It begins with the Organisation's Health and Safety Policy Statement and goes on to describe the SOPs required to meet the Policy's aims.

The policy is written to assist staff in complying with Health and Safety Legislation, working within a safe and healthy environment, and supporting service users as safely as possible.

Some sections will be cross-referenced to Operational Policies and Procedures, and these will be highlighted.

Some sections will end with suggested training and/or a useful publication to further inform staff.

Please take the time to familiarise yourself with the contents of this policy as it is everyone's responsibility to work in a safe and appropriate manner.

On the first week of your induction you will be asked to sign to confirm that you have read the contents of this policy and understand that you have a responsibility for Health and Safety.

A copy of this Health and Safety policy and all documents relating to this, including risk assessments, is available at ELCAP's Head Office and website.

HEALTH & SAFETY POLICY STATEMENT

ELCAP recognises it has a statutory duty under the Health and Safety at Work Act 1974 (and other relevant associated Legislation) to provide a safe and healthy working environment for all staff and service users.

You have a legal duty to take reasonable care for the health and safety of yourself and others, e.g., colleagues, individuals we support, and visitors.

The Company will notify and consult with all employees or the appointed representatives on matters of health and safety and changes to work practices or workplace layouts which may affect the health, safety and welfare of all.

ELCAP further recognises the responsibility to protect contractors, visitors, volunteers, etc., from harm arising from the organisation's work, where reasonably practicable.

To achieve these aims ELCAP will ensure – where reasonably practicable the following:

- Ensure all the necessary Procedures required to fulfil the Policy are developed and communicated to staff
- Ensure suitable and sufficient assessments are carried out on all identified risk areas – these will include individual assessments for service users where necessary and appropriate
- Ensure information from risk assessments provides staff with the suitable control measures required to lower or eliminate risk where possible
- Ensure accidents and incidents are recorded, reported and investigated as necessary
- Ensure safe systems of work are implemented and equipment maintained which will contribute to a safe and healthy working environment
- Ensure all staff receive the appropriate information and training required to safely carry out their duties whilst recognising everyone has a responsibility for Health and Safety
- Ensure that Health and Safety will be included on the Board's agenda each quarter
- Ensure that the policy is reviewed annually by senior managers and signed by the Chief Executive of ELCAP

Signed:

Chief Executive

Date:.....

Signed:.....

Chair of the Board

Date:

SECTION 2 – STANDARD OPERATING PROCEDURES

The Board of Directors has overall responsibility for Health and Safety, which is delegated to the Chief Executive.

Day to day responsibility of implementing Health and Safety at Headquarters lies with ELCAP's Business Manager, and within Services lies with ELCAP's Registered Manager.

The Health and Safety Group consists of ELCAP's Chief Executive, Registered Manager, Business Manager, elected Unison shop stewards, and Health and safety representative.

Staff can receive Health and Safety advice from ELCAP's Registered Manager and Business Manager. This policy will be reviewed and revised annually.

SOP 1 – THE MANAGEMENT OF HEALTH & SAFETY

- Under The Health and Safety at Work Act 1974 – the employer must, as far is reasonably practicable, safeguard the health, safety and welfare of employees. This includes:
- Providing a safe system of work – whether you are office-based, work in the community or support a service user in their own home
- Providing necessary information, instruction, training and supervision in order that you can perform your duties safely.
- As an employee you must take reasonable care of your own health and safety and that of other people who may be affected by something you do e.g. do not report an accident or create an unsafe condition or fail to report it or make it safe

The Management of Health and Safety at Work Regulations 1999 requires that suitable and sufficient risk assessments are carried out, recorded and the information provided to staff. Other requirements of these regulations include:

- Making suitable arrangements for Health and Safety means writing a policy, carrying out risk assessments, ensuring safe ways of working are implemented, monitoring and auditing systems, reporting incidents where necessary and making improvements. In other words, Plan, Do, Check and Act (PDCA).
- Provision of job-specific training where necessary—if you need to do your job in a certain way, you may need specific training, e.g., Moving and Handling, Challenging Needs Training, etc.

The Workplace (Health, Safety and Welfare) Regulations 1992 provide the minimum standards for workplace health and safety. Requirements include:

- Adequate temperature, lighting, and ventilation keep the workplace free from slipping and tripping hazards—things that make the work environment safe and comfortable.
- Provision of welfare facilities such as toilets, rest facilities, and somewhere to eat and drink, make a hot drink or get fresh drinking water. If away from a base you may have to go somewhere to access these facilities e.g. café/restaurant

A Health and Safety Law Poster (containing all the relevant information) must be prominently displayed in the workplace. Where this is not appropriate, e.g., in service users' homes, staff should be given a copy of the condensed leaflet.

An Employers Liability Insurance Certificate is displayed at Head Office.

Only some of the requirements from each piece of Legislation have been mentioned. If you have a specific concern, you may wish to access a copy of the Legislation or seek appropriate advice from the Health and Safety Executive.

If you have a Health and Safety concern that could cause harm - you must discuss this with your immediate Line Manager – whether this affects you or a service user

☀ Refer to [Adult Support and Protection: Ensuring Rights and Preventing Harm](#)

Useful website: www.hse.gov.uk HSE Edinburgh: 0131 247 2000

Publication: [Successful Health and Safety Management \(HSG65\) HSE Principles of Health and Safety at Work \(IOSH\) ISBN 0901357219](#)

SOP 2 – RISK ASSESSMENT

ELCAP considers risk assessment to be central to its work and integrated into all activities.

ELCAP bases its service on values and objectives that aim to assist service users in maximising the opportunities available to them. ELCAP recognises that everyone deals with risks in their daily lives and that this is not just about preventing harmful effects but also about pursuing chosen lifestyles.

*Refer to the Health & Social Care Standards.

ELCAP also recognises that staff safety in the workplace is important, and that risks which cannot be eliminated will be reduced to a “safe working level” and controlled.

Risk Assessments will:

- Identify potential hazards and harmful outcomes; assess who is at risk, the scale of potential harm, the probability of occurrence, and staff and service users understanding of the situation.
- Identify operational measures to reduce the risk.
- Identify appropriate monitoring and reviews relevant to the assessment.
- Identify any training requirements or policy/procedural changes that need to be made.
- The Health and Safety Executive recommend a 5 step approach to risk assessment and the level of detail in a risk assessment should be proportionate to the risk identified.
- **Step 1:** Identify the hazard – something with the potential to cause harm

- **Step 2:** Decide who may be harmed and what will happen to them
- **Step 3:** Evaluate the risks - are they high, medium or low – and what is the likelihood of the risk occurring? Are there any existing precautions in place and are they adequate?
- **Step 4:** Record your findings - inform others and refer to the risk assessment form (in standard documents on n drive)
- **Step 5:** Review the assessment as required

A risk assessment form needs to be completed by a manager for any staff member under the age 18.

Publication: [HSE Five Steps to Risk Assessment](#)

Risk Assessment Form is available by emailing enquiries@elcap.org or by permitted access to [SharePoint](#)

ELCAP's senior managers will be responsible for analysing accident and incident trends and will make recommendations for improvements to the Chief Executive. This information will be shared with the Board of Directors.

RIDDOR reportable incidents:

- Any fracture (not fingers, thumbs or toes), any amputation, dislocation of the hip, knee, shoulder or spine
- Loss of sight or consciousness or any injury requiring resuscitation or admission to hospital for over 24 hours
- A "seven day" injury where a member of staff is unable to work for 7 or more days due to a workplace injury

Riddor reporting

Telephone:

Telephone service for reporting fatal and major injuries only. Call the Incident Contact Centre on 0345 300 9923 (opening hours Monday to Friday, 8.30 a.m. to 5.00 p.m.).

Please also inform your manager of the incident.

Reporting out of hours: Out of hours – Phone ELCAP's On-call Manager

The HSE and local authority enforcement officers are not an emergency service.

All other reporting:

The Operational Lead or Line Manager will be responsible for all other RIDDOR reporting. Managers should complete the RIDDOR form online: <https://www.hse.gov.uk/riddor/report.htm>

a copy should be saved in the staff members file on SharePoint and a copy sent to payroll@elcap.org to ensure the correct salary is paid during any work related absence.

Publication: [HSE Everyone's guide to RIDDOR](#)

SOP 3 – ACCIDENT AND INCIDENT RECORDING

All accidents, incidents, near misses and RIDDOR's (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) must be promptly and accurately reported and followed up as necessary.

All staff are responsible for ensuring that all accidents are reported to the Line Manager and recorded, whether the accident affects them, the service user, a visitor, or a contractor.

Accidents, etc., occurring outside of normal working hours must be reported to the appropriate on-call Manager as soon as possible.

In addition, the Care Inspectorate expect to be informed of any incident involving service users.
*Refer to your Manager for Care Inspectorate notification procedure.

Where an accident investigation is required, it must be carried out as soon as possible after the accident has taken place.

Line Managers will be responsible for carrying out accident investigations.

All accident (Incident) forms will be stored confidentially and must be kept permanently to comply with the General Data Protection Regulations 2018.

The Registered Manager will analyse accident and incident trends for the operations and make recommendations for improvement. The Business Manager is responsible for analysing incident and accident trends for the business team and within the Head Office.

SOP 4 – FIRE SAFETY

This procedure is divided into 2 sections office base (Headquarters) and staff who support service users in their own homes.

Section 1: Office Base (Headquarters)

- It is the responsibility of all staff to ensure they are familiar with the sound of the fire alarm, how to raise the alarm, the location of the exits and how to make their way calmly to the assembly point. All office staff will be given this information during day one of induction training.

- An appointed person will co-ordinate the evacuation, call the emergency services and take a roll call. The appointed person will also co-ordinate regular (6 monthly) fire drills and ensure a record is kept. The appointed person will also be responsible for completing the Fire Procedure Checklist. Note that it is only a legal requirement to carry out two fire drills per year.
- No fires will be tackled by staff. It is essential that emergency help is alerted immediately. Do not waste valuable time fighting a fire that may be unmanageable and, therefore, put yourself or others at risk.
- A **Fire Action Notice** will detail the fire arrangements and be displayed in a prominent position.
- Visitors must sign in and be made aware of what to do should the alarm sound.
- All fire exits must be kept free from clutter and smoking must only take place in permitted areas.
- Alarms, exits, and emergency lights (if fitted) must be tested and recorded monthly, and an approved contractor must also carry out an annual maintenance check (including extinguishers). Note that emergency lights only need to be tested annually.
- Portable Appliance (PAT) Testing should be done every two years by a reputable contractor.
- It is the responsibility of the Employer to ensure a fire risk assessment is carried out and reviewed as necessary.

Fire Safety Risk Assessment Form and the Fire Procedure Checklist are available at Head Office.

Section 2: Supporting Service Users in their own homes

- Staff should support the service user to make their home safe and as risk free as possible.
- Staff should periodically carry out a visual fire safety check (any concerns should be recorded in the service user's diary and discussed with their line manager) whilst supporting service users in their own homes. They should be alert to frayed cables, overloaded sockets, faulty electrical equipment and the dangers associated with cooking, smoker's materials, matches, open/electrical and gas fires and the use of candles.
- If the service user's choice puts themselves or others at direct risk of harm an incident form must be completed.
- Staff should know how to contact emergency services and the service user's contingency plan should the house be uninhabitable. If the person does not have 24/7 support, then staff should ensure that the person knows what to do in an emergency, who to contact for help, or how to respond to technology and emergency response.
- New staff receive instructions on emergency arrangements, such as fire evacuation, at the second stage of the interview process when visiting a service user's home before trial shifts take place. Emergency arrangements are then revisited at the second induction meeting.

- Staff should know what to do in the event of smelling smoke/burning or seeing fire:-
 - If it is safe to do so, dial the emergency service immediately from the house. If it is not safe to call, leave the property and call the emergency services on a mobile or from a neighbour's house
 - Warn other people in the house of the fire, if possible
 - Ensure any fire doors are closed to prevent the spread of fire
 - Only tackle the fire after you have raised the alarm and if safe to do so
 - Do not put yourself or others at risk
 - Try to assist the person or people to evacuate the building. If this is not possible or practical in the time available, shut all the fire doors, evacuate yourself and give the fire brigade the location of each person
 - Muster a safe distance from the property and await the emergency services
 - Provide any information to the fire brigade about the location of people, source of fire etc.
 - Contact the on-call manager
- If appropriate, the care plan for a person supported by ELCAP should include: -
 - When the fire checks are done, and where this is recorded
 - How the person is involved
 - How the person responds when the alarm goes off
 - If the emergency service (fire officers) arrives and has to rescue the person, how the person would respond to a stranger
 - A fire risk assessment if the person's behaviour means there is a more substantial risk of fire than normal e.g. smoker, leaves gas cooker untended regularly

SOP 5 – THE USE OF EQUIPMENT IN THE WORKPLACE

Office-based Portable Appliance (PAT) Testing (Headquarters only) are carried out every two years by a qualified contractor. In addition, all staff should:

- Carry out visual checks and ensure any faulty equipment is taken out of use until it is repaired or replaced
- Not overload sockets and where multi-plug adaptors are in use they should have surge protection fitted
- Switch a socket off before removing or inserting a plug

- Ensure repairs are only carried out by qualified and authorised personnel.
- Any other equipment used within the Organisation must be:
 - Used only for what it was designed to do
 - Be regularly inspected and maintained
 - Taken out of use if faulty until it is repaired or replaced

Service Users' Homes:

Staff should support service users to ensure that the equipment in their house is safe.

Service users should be supported to ensure that hoists are inspected and serviced according to manufacturer's instructions and slings should be replaced as they show signs of damage. This must be done by a suitable engineer who will provide a record of the service.

Service Users should be supported in having their gas appliances, including central heating systems and boilers, inspected, serviced, and maintained by a reputable contractor. This is the duty of the house owner (if the service user) or the landlord (if the service user has a tenancy).

If staff suspect a gas leak, they must inform the emergency services (National Grid Gas Emergencies (formally Transco Gas) on 0800 111 999 at any time, day or night and follow the contingency plan because the house is uninhabitable.

SOP 6 – MOVING & HANDLING – PEOPLE AND OBJECTS

This SOP will be separated into two sections – moving and handling people and moving and handling objects.

Section 1: Moving & Handling of People

- A service user who requires moving and handling by a member of staff should have the details of their moving and handling and equipment stated on their personal plan. This will be based on available health or welfare assessments. All new staff will receive specific moving and handling training.
- Service users will have different handling needs depending on their physical health and mobility. Mental health, challenging needs, drugs and alcohol can also affect moving and handling needs.
If a service user's health or welfare needs significantly change, the risk assessment must be reviewed, and specialist input from an occupational therapist or physiotherapist may be required.
- The risk assessment will provide a handling profile specific to the support and equipment (e.g. overhead tracking, hoist, slings, sliding boards etc.) the individual service user may require.
- Staff must always use the techniques and equipment described in the service user's risk assessment and personal plan.

Section 2: Moving & Handling of Objects

- All moving and handling tasks must have a documented risk assessment, whether this involves lifting, pushing, pulling or carrying.
- Where the risk assessment highlights the object is too heavy or manual handling is too awkward to pursue, suitable control measures must be put in place. These are likely to include – splitting heavy loads, different forms of storage, use of trolleys, using a minimum of 2 people to move furniture etc.

Publications: [Getting to Grips with Manual Handling \(HSE\)](#)

SOP 7 – STRESS RISK ASSESSMENT

Staff are expected to practise a reasonable level of care in maintaining their personal safety while at work.

Existing Service Users

Staff must be familiar with managing known risks before they start work. Any risks should be detailed in the service user’s personal plan and risk assessment. Where a new risk at work is identified, it must be dealt with according to the policy before staff carry out their duties.

New Service Users or Changed Risks

Staff will be expected to work in areas where risk assessments have yet to be completed, such as at the first meeting with a new service user or their family or when a person is in distress. In these situations, the staff member should assess both the urgency of the contact and ways to minimise the risks.

If the urgency of the contact means that it cannot be postponed or relocated, you must discuss the situation with your manager. The use of mobile phones, personal alarms, on-call systems, and additional staff or staff from other agencies being present should be considered.

For example, where staff might work alone in offices, the security of the building and the use of alarm systems should be considered to promote personal safety.

Again, when a risk is identified you must take action to reduce the risk. If the risk is minor, you may be able to resolve this, e.g., faulty kettle – replace faulty kettle. If the risk cannot be quickly resolved, then you should talk to your line manager and update the risk assessment.

Stress can affect the Organisation as a whole or can affect an individual.

In either case, if you are experiencing stress related symptoms, you can discuss this with your Line Manager or the Human Resources Manager in order that measures can be taken to help you.

If appropriate, a formal stress risk assessment may be offered.

Publications: [Working together to reduce stress at work – a guide for employees](#)

SOP 8 – LONE WORKING

Lone Workers are those who work alone without close or direct supervision, i.e., alone in an office or mobile or alone in the community. This section should be read alongside our Lone Working Policy.

Where a risk might affect a lone worker a risk assessment should be completed, and control measures put in place to reduce the risk.

- Safe working systems should be put in place and explained to staff, e.g., the use of a call-back system, two staff for higher-risk situations (e.g., where there is a perceived risk of violence), does someone know where the lone worker is, etc.
- There may be risks for staff, e.g., expectant mothers, inexperienced workers, those with ill health, and those responding to emergency calls or delivering services in the first few weeks of new services.
- In an emergency situation, if, for example, the lone worker becomes ill, they should contact the on-call for further support.
- Staff should follow agreed-upon guidelines to keep themselves and service users safe. If guidelines do not exist, staff should remove themselves from the situation.
- Lone working must comply with ELCAP's Accident and Reporting Policy and Procedures.

Publication: [Working Alone in Safety \(HSE\)](#)

SOP 9 – NEW AND EXPECTANT MOTHERS AT WORK

There are some risks in the workplace which may affect both new and expectant mothers.

A new and expectant mother is a worker who is pregnant, who has given birth within the last 6 months or who is breastfeeding.

As a worker, you should inform your Line Manager as soon as possible that you are pregnant so that a suitable assessment of any potential risks can be completed with you.

This risk assessment will be reviewed on a regular basis as your pregnancy advances until you go on Maternity Leave.

Breastfeeding Workers

A person can decide how long they wish to breastfeed, and a risk assessment will continue during that time period.

Under the Workplace (Health, Safety and Welfare) Regulations you must provide suitable facilities for a person to express and store breast milk. If this is in a communal fridge it must be labelled.

In the community or working in service users' homes, this will require a different approach as it may not be appropriate to express or store breast milk whilst supporting a service user either in the community or in their own homes. Alternative suitable facilities for expressing will have to be accessed and the worker should store the breast milk in a cool bag.

IVF Treatment

A person who is receiving IVF treatment may also need temporary adjustments made to her work routines and tasks and this should be discussed with the individual and agreements reached.

Suggested Publication: – [New and Expectant Mothers at Work – a guide for employers \(HSE\)](#)

SOP 10 – FIRST AID

ELCAP staff may, in an emergency, attend to the minor injuries of service users and, other staff they come across in the course of their employment.

Staff will be trained to treat minor injuries and meet the known emergency needs of the service users they are asked to support.

The following principles apply:

- In an emergency, when handling blood, all staff should take reasonable precautions to prevent infection, using gloves if available.
- Where anyone administering first aid has concerns over the health of the person, medical help should be sought immediately
- All accidents must be recorded via the accident/incident procedure

First Aid Kit

Service users are encouraged to keep a first aid kit in their homes. At Headquarters, the kit will contain the items advisable by HSE.

SOP 11 – INFECTION CONTROL

All staff must adopt effective Infection Control practices to protect both themselves and service users and the most effective way of doing this is to ensure that all body substances are dealt with appropriately. This instruction also applies to people carrying out first aid.

What are body substances?

- Blood
- Sputum
- Urine
- Faeces
- Drainage from a wound
- Other moist body materials such as semen and vaginal secretions

What can staff do to protect themselves?

- Apply good basic hand-washing procedures
- Cover all wounds and skin lesions with a waterproof dressing
- Use protective clothing such as aprons and disposable gloves and, where hand washing facilities are not adequate to prevent the spread of infection between staff and service users, alcohol-based hand gels and other products should be used before and after any personal care or food preparation
- Try to protect eyes, nose and mouth from body substance splashes
- Set standards for staff to follow when assisting service users with personal care and catheter management
- Mop up spillages immediately and clean the area with hot water and disinfectant
- Safely dispose of sharps – e.g., needles, razors and broken glass
- Safely dispose of contaminated waste
- Take care when dealing with soiled laundry
- Seek medical advice for any repeated episodes of diarrhoea and vomiting where the cause is not known.

Blood Borne Viruses

If you are giving a service user an injection, and you stab yourself, encourage the wound to bleed by gently squeezing it, do not suck it. Clean the area with warm water and soap and report this to your Line Manager, seek medical advice and record the incident.

SOP 12 – FOOD SAFETY

Hygiene Practices

All staff must comply with effective hygiene practices when **preparing, cooking,** and serving food, especially when they may be supporting a service user's eating and drinking. If staff are

aware that they may have an infection that may be transmitted to service users, they should contact their line manager.

- Wash hands before and after preparing and cooking food, after a visit to the toilet and after touching pets
- Wash hands before and after assisting a service user with personal care
- Wash hands before and after assisting a service user with eating and drinking
- Wash hands before eating own meal
- Ensure all cuts are covered with a clean dressing
- Do not cough, sneeze or blow nose over food
- Avoid touching nose, mouth, inner ear or other orifices whilst preparing and cooking food
- Tie back long hair

Cooking and Serving

Thorough cooking is important to destroy harmful bacteria. After cooking, food should be eaten as soon as possible, if food is to be re-heated for immediate consumption this must be heated to a temperature of at least 82°C – this is a legal requirement in Scotland.

- Do not use your fingers when dealing with cooked food.
- Microwave cooking is a safe method of cooking provided the cooking instructions are followed, therefore it is essential to know the wattage of the microwave ovens and any instructions e.g., stir after 2 mins or leave to stand for 2 mins then heat again for 2 mins.
- Be aware microwave food can often be very hot.
- All serving utensils, crockery and cutlery must be clean and dry before use.
- Food which has been cooked and is to be stored in the fridge or freezer must be allowed to cool properly before being covered and placed in either the fridge or freezer

Suggested Publication: – [The Food Hygiene Handbook – The Royal Environmental Institute for Scotland \(REHIS\)](#)

SOP 13 – DISPLAY SCREEN EQUIPMENT

A DSE user is anyone who uses a computer continuously (desktop or laptop) for an hour or more and on a daily basis. Each user and their workstation must be assessed to ensure the user's comfort.

Users should have a regular eye test. This is a free service. Where the Optician recommends spectacles are to be provided for the **sole use** of working at the computer, then the Organisation

will meet the cost of this. This will be the cost of a basic pair of spectacles and not designer frames.

Where the user's self-assessment highlights the need for additional equipment, e.g., document holder, footrest, etc., this will be provided.

Basic information for all users

- Adjust your chair until you are comfortable with your feet on the floor and your eyes horizontal with the top of the computer screen
- Make sure you have enough space to work on – both on top of your desk and underneath. Try not to have to reach across the desk for anything e.g., telephone
- Try to place your computer where there is no glare from sunlight or where blinds can be closed. Adjust the brightness on the screen if necessary.
- Apply a soft touch on the keyboard, keep your wrists straight and try not to overstretch your fingers
- Schedule in small breaks to adjust your posture and give your eyes a rest – such as change of activity (photocopying, making a phone call etc.), move eyes from screen every few minutes (micro breaks)
- Assessment will be completed if any aches, pains, headaches/blurred vision are reported to your Line Manager

SOP 14 – WORKING SAFELY IN THE COMMUNITY

See SOP 8 – Lone Working policy

SOP 15 – MONITORING, INSPECTION AND AUDITING

It is the responsibility of all managers to monitor, inspect and audit health and safety in ELCAP.

The **Planning, Doing, Checking and Acting** (PDCA) cycle provides a framework for ensuring that all the relevant systems and procedures are in place, monitored and updated as necessary.

- **P – Plan** – establish where we are and plan our health and safety strategy – what is relevant to our Organisation?
- **D – Do** – write our manual, procedures, standards etc. – communicate all the relevant information to staff and gain commitment to work to the identified standards
- **C – Check** – monitor how effective the manual and procedures are and what effect are they having on working practices, and/or severity of incidents increasing/reducing? This can be a regular health and safety inspection on buildings and equipment or an audit of systems.
- **A – Act** – once we have completed an audit or inspection, we should implement any corrective actions required – and initiate a cycle of continuous improvement

Monitoring

ELCAP will monitor health and safety in the following ways:

- On the job monitoring, new staff may be buddied up with a more experienced member of staff; mentoring systems where experienced staff are coached to take on additional responsibilities; quality monitoring where staff are observed carrying out safe practices; reflective monitoring whereby a member of staff or teams may be asked how they dealt with a situation or incident.
- Scheduled monitoring, such as analysing incident forms; checking risk assessments and personal plans; checking that there has been regular maintenance e.g., fire alarms, hoists, PAT Tests etc.; carrying out fire drills.
- Monitoring can be planned and scheduled, or it can be unplanned, use the Practice Development through Observation forms.

Inspections - Office

Regular inspections of workplace (ELCAP's Headquarters) can give information on compliance with Regulations. The Business Manager will carry out an annual risk assessment of the office and this will include consideration of the following:

A checklist may contain the following:

- Fire - escapes free from clutter, alarms tested and maintained, recent fire drill, staff training etc.
- Heating and Ventilation – is it too hot or too cold? Can the heating be adjusted in winter/summer? Can the windows be opened? Are there draughts, and are there blinds to keep out direct sunlight?
- Chemicals – are they stored safely?
- Electrical Safety – are staff carrying out visual checks, has Pat Testing been done, are there any overloaded sockets?
- Housekeeping – is there a good standard of cleanliness? Is there hot water and soap in the bathrooms? Is the kitchen area clean, free from rodents and generally hygienic, and are surfaces free from slipping and/or tripping hazards?
- First aid – is the box being regularly checked and used items replaced?
- External – does someone grit the paths in inclement weather, are pedestrians separated from vehicles, is the building secure/alarms tested and maintained?

Inspection – Service Users' Homes

Any inspection done in a service user's home will be a visual one by staff and not using the above suggested checklist. However, staff should notify managers of any concerns from a visual inspection.

Auditing

Auditing will help to determine whether policies, procedures and standards of working are being adhered to and having the desired effect on working practices.

Audits are usually conducted using set criteria such as a specific policy, personal plans, and risk assessments, the Health & Social Care Standards or SSSC Codes of Practice.

An audit will identify areas of non-compliance where corrective actions are required or potential opportunities for improvement.

ELCAP will review its policy annually. A report will be given to the Board on an annual basis. The Board will also receive quarterly incident and accident data in order to monitor frequency/trends and severity of incidents/accidents.