

# Procedures re: Moving and Positioning of People in the Community – Adult Social Care

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## Document Control

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Authors:	Lauren Wheeler/Marion Angas	Sign & Date:	
Service Director:	Paul Coe	Sign & Date:	
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## Change History

Version	Date	Description	Change ID
1.1	Jan 2013	First approved version dated 2013	AL
1.2	July 2021	Review and update of document and appendices	LW
1.3	Aug 2021	Minor amendments, applicable also to Reablement Coordinators	MA/SS

## Related Documents

Reference	Title	Tier
	Risk assessment framework and guidance – Adult Social Care	



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## 1. Purpose

- 1.1. The procedures provide guidance for all Adult Social Care (ASC) managers and practitioners who are responsible for / involved in assessing service users re: moving and positioning or who are providing direct care and support in the community or who are supervising those staff.
- 1.2. The procedures provide guidance to the Care Quality Team who have responsibility for ensuring that external care agencies comply with contractual arrangements and for monitoring practice.
- 1.3. The procedures also provide guidance to external care agencies.

## 2. Applicability

- 2.1. The procedures apply to all Occupational Therapists responsible for undertaking moving and positioning assessments of people in the community.
- 2.2. The procedures apply to all staff in West Berkshire Council's Reablement Service, Maximising Independence and Locality Teams who are involved in moving and positioning of people.
- 2.3. The procedures apply to members of the Care Quality Board responsible for monitoring the practice of external care agencies
- 2.4. These procedures **do not** apply to care homes or resource centres (internal or external).

## 3. Roles and Responsibilities

- 3.1. The **Service Managers within Adult Social Care** are responsible for reviewing and updating the procedures in consultation with Occupational Therapists and the Team/Registered Manager – Promoting Independence who manages the Reablement Service. The review should be carried out in accordance with the published timescale and ensuring that an up to date version of the procedures and accompanying forms are available on the Social Care Online Policy System.
- 3.2. The relevant **Team Managers and Reablement Coordinators** are responsible for ensuring procedures are followed and implemented into practice and for ensuring that staff follow them.
- 3.3. The **Allocated Worker** is responsible for bringing concerns/issues of poor moving and positioning practice to the attention of the care provider and Care Quality Team to ensure the appropriate moving and positioning procedures are being implemented.
- 3.4. **Occupational Therapists** are responsible for assessing moving and positioning. Where equipment/technique has been recommended, a moving and positioning risk assessment must be completed (see Appendix A). They are also responsible for sharing this information with the care provider/informal carer and service users and for demonstrating techniques specific to the service user / environmental/ situation.
- 3.5. **All staff** involved in moving and positioning of people in the community are responsible for familiarising themselves with the procedures and ensuring that they

comply with them. This includes the completion and implementation of relevant sections of the 'Client Moving and Positioning Assessment' and following them in practice.

- 3.6. They are also responsible for ensuring that relevant information is shared with colleagues / managers to ensure that safe practice is carried out.

#### **4. Principles and Standards**

- 4.1. For all service users requiring staff to assist them with moving and positioning, a risk assessment must be carried out using the 'Client Moving and Positioning Assessment' form (see Appendices for Document reference) and a copy must be provided for all staff involved to follow.
- 4.2. The paperwork must be completed such that it is easy to read, understand and follow especially where care workers first language may not be English. It must also be readily accessible in the care plan for staff providing care and support.
- 4.3. Wherever possible, instructions for using equipment should be provided in both written and pictorial format, with the permission of the service user, where their image is included. This is to minimise the risks of equipment either not being used or being used incorrectly. The form to gain permissions for this purpose can be found at (see Appendices for Document reference).
- 4.4. Wherever possible external care agencies to use a risk assessment methodology and process that meets the same standards applied within Adult Social Care.
- 4.5. External care agencies should follow the client moving and positioning assessment produced by the OT as they have the professional expertise regarding safe and legal practice. Where an agency is found not to be following the OT instructions this should be raised with them without delay via the Care Quality CQ1 process.
- 4.6. Any concerns regarding the safeguarding / well-being of a service user or carer should be raised using the relevant procedures e.g. safeguarding/whistleblowing.
- 4.7. This also includes incidents where the client moving and positioning assessment identifies that only one member of staff is required but the agency insists that they will only carry out the instructions with two members of staff.
- 4.8. Concerns about either Reablement staff or external care agency staff not following the client moving and positioning assessment can be raised by anyone who visits the home and witnesses poor / inappropriate / unsafe practice. Concerns can be raised by contacting the Care Quality team, the Complaints Manager or the Reablement Team Manager, whichever is appropriate to the staff member concerned.
- 4.9. Any concerns that external care agency staff are found not to be following the 'Client Moving and Positioning Assessment' in practice should be raised with the Care Quality team by completing and submitting a CQ1 form via Care Director.
- 4.10. Any concerns that West Berkshire Council staff are found not to be following the 'Client Moving and Positioning Assessment' in practice should be raised with the relevant supervisor and appropriate action taken including action under the council's Disciplinary Procedures.

## 5. Legislation

- 5.1. This Policy is underpinned by Regulations 9 and 14 : The Health & Social Care act 2008 (Regulated Activities) Regulations 2014 but should be read in conjunction with the following:
- [The Care Act 2014](#)
  - [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)
  - [The Health and Social Care Act 2008 \(Regulated Activities\) \(Amendment\) Regulations 2015](#)
  - Mental Capacity Act 2007
- 5.2. The following legislation may be relevant in relation to moving and positioning:
- The Health and Safety etc at Work Act 1974 (HSWA)
  - Manual Handling Operations Regulations 1992 (MHOR) (as amended 2002)
  - Management of Health and Safety at Work Regulations 1999 (Amended 2006)
  - Provision and Use of Work Equipment Regulations 1998 (PUWER)
  - Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)
  - RIDDOR 2013
- 5.3. All relevant legislation and updates are listed on the Health and Safety Executive (HSE) website <http://www.hse.gov.uk/healthservices/moving-handling.htm>
- 5.4. Information on the HSE website also covers the requirements relating to risk assessment.

## 6. Risk Assessment

**NB – the wording in 6.1 and 6.2 have been quoted directly from the HSE website and may not reflect the wording currently in use in practice**

- 6.1. The HSE states the following in relation to assessing risks:

**Employers must reduce the risk of injury to staff and people using care services by:**

- 6.1.1. avoiding those manual handling tasks that could result in injury, where reasonably practicable
- 6.1.2. assessing the risks from moving and handling that cannot be avoided
- 6.1.3. putting measures in place to reduce the risk, where reasonably practicable

**Employees must:**

- follow appropriate systems of work and use the equipment provided
- co-operate with their employer and let them know of any problems
- take reasonable care to ensure that their actions do not put themselves or others at risk

6.2. Two types of risk assessment are usually needed and the HSE describes these as:

**Generic** assessments to consider the overall needs of the setting, looking at:

- the type and frequency of moving and handling tasks
- overall equipment needs
- staffing
- the environment
- what moving and handling would be required in emergencies such as fire evacuations or residents' falls

*NB: the final bullet point relates to care homes and is not covered in these procedures.*

**Individual** assessments which consider the specific moving and handling needs of care service users and form part of the care planning process.

- 6.3. All workers who are involved in assessing risks must use the 'Client Moving and Positioning Assessment' form at (Appendix A) which also includes a safer system of work.
- 6.4. Care providers (internal and external) are responsible for ensuring that there are adequate generic and individual risk assessments in place in the service user's care plan that take account of the risks assessed by trained and competent staff.
- 6.5. The risk assessment needs to contain sufficient information regarding the circumstances / equipment needed / staff needed / environment etc such that it provides clear instructions to staff regarding practice.
- 6.6. There should be an 'enabling' approach to assessing risk which identifies what the client 'can do' to support the process as well as what they 'can't do'.

## **7. Procedures**

### **Reablement Service**

- 7.1. Reablement Officers and Reablement Coordinators complete the relevant sections of the 'Client Moving and Positioning Assessment'.
- 7.2. The document is carbonised and must be available in the service user's home within 48 hours.
- 7.3. The forms are compiled, taking into account the needs over a 48 – 72 hour period and may require two staff to complete them.
- 7.4. Once the visits have been completed the carbonised document is returned to the office. A care plan is produced and put onto DomCare, with a typed copy held on the I:Drive. Two copies are printed using yellow paper and one copy is given to the service user and the other is held on file in the office.
- 7.5. The risk assessment is held as a hand written document on file in the office and as a typed copy on the I:Drive. A copy of which, including the Safer Work Plan are given to the service user.

- 7.6. Reablement Officer continually reviews the client moving and positioning assessment. If an OT assessment is required the Reablement staff must refer to the relevant ASC Team.
- 7.7. All Reablement staff must follow the instructions on the 'Client Moving and Positioning Assessment' to ensure that appropriate care and support is provided to the service user.

### **Occupational Therapists**

- 7.8. Where an OT assessment is required, the care agency is informed by the OT and invited to attend. If the care agency is not able to attend then the OT will complete the assessment and inform the agency via telephone or secure email.
- 7.9. OTs will demonstrate techniques to care agency staff and informal carers to ensure that they are providing care and support in accordance with the moving and positioning assessment. This includes the safe use of equipment, the correct moving and positioning manoeuvres and the number of staff needed. An informal carer competency checklist can be used where appropriate (Appendix D).
- 7.10. A copy of the client moving and positioning assessment is sent to both the care agency and the service user and the expectation is that this is placed in the care plan by the agency and communicated to care workers.

### **Care Quality Team**

- 7.11. The Care Quality Team will collate all service deficiencies and report to the Care Quality Board who will decide whether action needs to be taken with the provider to improve practice.
- 7.12. The Care Quality Officer should seek advice where necessary from the OT who carried out and completed the 'Client Moving and Positioning Assessment' before contacting the agency or to discuss actions proposed by them.

## **8. Record Keeping**

- 8.1. Reablement and staff in ASC teams use different electronic client record systems – DomCare in Reablement and CareDirector for ASC teams. These are not compatible and staff may have access to one or both systems but information cannot be shared across the systems currently.
- 8.2. This means that all documents need to be recorded in both DomCare, on the I:Drive and Care Director. Service Deficiency forms are recorded on Care Director.
- 8.3. Reablement will save all documents to the shared folder: I:\Adult Social Care\Customers\Home Care\Risk Assess Forms\Forms. The care plan is also held on DomCare.
- 8.4. Blank copies of the forms can also be found in the folder (see Appendices for Document reference).
- 8.5. All records must be completed accurately and in sufficient detail to inform other workers of the requirements / issues.

## **9. Training and Assessing Competency**

- 9.1. All staff, whether working for West Berkshire Council or an external care agency, should be adequately trained in moving and positioning. This will be at different levels according to job role and responsibilities, in accordance with the Training Matrix for all West Berkshire Council staff.
- 9.2. All West Berkshire Council ASC staff who carry out moving and positioning must also have their practice observed and be deemed competent to practice by a member of staff who holds a certificate in moving and positioning training.

### **Training**

- 9.3. All OTs and Reablement staff who carry out the client moving and positioning assessments must first have undertaken the training provided by EDGE, or equivalent, which must be kept up to date in accordance with the refresher requirements. This is in addition to the training that OTs receive as part of their professional qualification.
- 9.4. All new OTs and Reablement Officers who are not EDGE trained must undertake the 1 day ASC course 'Moving and Positioning of People including Hoists Foundation'.

### **The competence of all OTs/Reablement staff should be confirmed by:**

- 9.5. Being observed in practice by an EDGE trained OT/Reablement Officer or Coordinator who will complete section three of the Observation and Competency Assessment form, see Appendices for Document reference before they conduct moving and positioning assessments on their own.
- 9.6. This should also be undertaken for new OTs and Reablement Officers in the event that there is a delay in the 'Moving and Positioning of People including Hoists Foundation' training being available.
- 9.7. External agencies can access moving and positioning training provided by West Berkshire Council. If they provide their own training we would expect the content and quality to be equivalent to West Berkshire Council's training.
- 9.8. Any concerns regarding the quality of the training if agencies are not accessing that offered by West Berkshire Council should be referred to the Care Quality team.

### **Assessing Competency**

- 9.9. The 'Observation and Competency Assessment' form (Appendix C) must be used to assess competency. This is in 3 Sections:
  - To be signed at beginning of training session re: ability to undertake physical handling techniques
  - Confirmation that training has taken place
  - Observation in practice by moving and positioning assessor
- 9.10. A copy of the form should be held on the staff member's supervision file and they should be re-assessed on an annual basis: evidence of which should be recorded and held on file.



- 9.11. All Reablement Officers must be observed on an annual basis providing training to other staff to ensure that they are competent to provide the training. This must be carried out by staff who have a valid 'People handling and risk assessment key trainers certificate' provided by Edge training or who have received training in observing training practice and who is qualified in the subject.
- 9.12. All those staff who have been trained by EDGE Services are required to be assessed by EDGE every two years (as the certificate is only valid for two years) to ensure that they are competent. EDGE training is competency based training for people / carers in moving and positioning techniques and is a 'train the trainer' course – completion of the course qualifies the person to train their teams/colleagues in M&P. It does not, however, qualify the person to train others to be trainers. e.g. An OT can train a carer in a moving and positioning manoeuvre but they cannot train a care agency supervisor to subsequently train their carers.

## **10. Customer Consent for use of images**

- 10.1. In the event that a member of staff undertaking the client moving and positioning assessment feels that a photograph of the equipment being used with a service user would assist care staff to use it correctly / safely, they must complete a consent form at Appendix B.

## **11. Health and Safety supporting Information**

- 11.1. **The Health and Safety Executive** provide a range of information and guidance documents in relation to moving and positioning on their website:  
<http://www.hse.gov.uk/healthservices/moving-handling.htm>



**Representative**

**Hazards**

**Physical Risks and Action Plan**

	Y/N	Risk	Description and action plan
<b>Could client's height cause a problem?</b>			
<b>Could the client's weight cause a problem?</b>			
<b>Does the client have functional limitations of upper/lower limbs?</b>			
<b>Are there any orthopaedic considerations?</b>			
<b>Does the client experience pain?</b>			
<b>Are there any concerns with the condition of the client's skin? e.g. tissue viability</b>			
<b>Does the client have any sensory impairments?</b>			
<b>Does the client have communication issues?</b>			
<b>Does the client</b>			

<b>experience seizures/involuntary movements? (Epilepsy/Parkinsons)</b>			
<b>Are there "attachments" to consider e.g. IV/catheters/oxygen cylinders/PEG?</b>			
<b>Does the client wear appropriate clothing and footwear?</b>			
<b>Does the client have poor head control / sitting balance?</b>			
<b>Does the client have any continence issues?</b>			
<b>Other</b>			

## Psychological Risks and Action Plan

	<b>Yes/No</b>	<b>Risk</b>	<b>Description and action plan</b>
<b>Is the client cooperative/compliant?</b>			
<b>Does the client have difficulty following and retaining instructions?</b>			
<b>Is the client anxious/nervous?</b>			
<b>Does the client display</b>			

<b>challenging behavior? (verbal / physical)</b>			
<b>Does the client have issues with drugs or alcohol?</b>			
<b>Other</b>			

## Environmental Risks and Action Plan

	<b>Yes/ No</b>	<b>Risk</b>	<b>Description and action plan</b>
<b>Is the space restricted?</b>			
<b>Is the lighting adequate?</b>			
<b>Is the temperature comfortable?</b>			
<b>Is the ventilation adequate?</b>			
<b>Is the bed/chair/toilet/commode an appropriate height?</b>			
<b>Is there a risk of slips/trips/falls? i.e. stairs/steps/rugs/wires.</b>			
<b>Are there uneven surfaces/torn carpet/loose rugs etc?</b>			
<b>Are there any pets</b>			

<b>present in the premises?</b>			
<b>General condition (hygiene / infestation) - comments</b>			
<b>Other</b>			

## Fire Risks and Action Plan

	<b>Yes/ No</b>	<b>Risk</b>	<b>Description and action plan</b>
<b>Has the client had a Fire Safety Check?</b>			

## Client Moving and Positioning Plan

List Methods used and precautions taken, number of staff involved, frequency of task, equipment used and any further precautions taken. If using a hoist detail hoist type and sling type and size.

### Client Moving and Positioning Plan

--

	<b>Who could be harmed by the assessed risk?</b>
<b>WBC Worker</b>	
<b>Service Users</b>	

**Please detail supporting documents provided**

e.g. diagrams and instructions, sling care guidelines

<b>Carers</b>	
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**Passed To**

**Date**

DD	MM	YYYY
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**Please Contact**

NRS for mechanical equipment breakdowns on 0344 893 6960 West Berkshire Adult Social Care on 01635 503050 for any other issues arising

 Please now manually change the status of this form to 'Closed' on the form screen





## Appendix C Observation and Competency Assessment

### **Moving and Positioning of People in the Community Observation and Competency Assessment**

**Section 1** To be signed at beginning of session.

I understand that during the competency observation I may participate in physical handling techniques. I confirm that I do not have any condition that may affect my ability to engage in such physical activity, without risk of injury.

Trainees name (print).....Signature.....  
Date.....

Trainers name (print).....Signature.....  
Date.....

**Section 2.**

I confirm that I have attended the following session & taken part in the simulated practical exercises.

Training session	Trainers initials	Trainees initials
1. Sit to stand transfer		
2. Step transfer		
3. Slide board transfer		
4. Return/Étac transfer		
5. Standing hoist (mini lift/Sabina)		
6. Bed mobility – slide sheets/wendylett sheets/wedge/vendelet		
7. Sling application		
8. Use of mobile full body hoist and related slings		
9. Use of gantry hoist and related slings		
10. Use of ceiling track hoist and related slings.		
11. Assisted handling/unconventional techniques		

### **Section 3**

Observation and competency assessment in the workplace to be completed post training, with locum/agency OTs and for annual checks.

Name of service user:

Assessment date:

	<b>Competency</b>	<b>Competent</b>	<b>Not competent</b>
1	Before the start of any assistance with moving and positioning procedure, were the needs of the service user established?		
2	Was equipment checked as safe and ready for use?		
3	Was consent sought from the individual?		
4	Was the environment prepared and any hazards removed?		
5	If there was a risk they were not able to deal with, did they seek assistance before moving and handling?		
6	Did they move the individual according to the Care Plan / Risk Assessment?		
7	Did they communicate with the individual and any other carer and encourage the individual to contribute to the move as far as they were able?		
8	Did they position the individual avoiding undue pain and discomfort, enable maximum independence, ensure self respect and dignity?		
9	Did they observe the individual throughout the move and stop the activity if needed?		
10	Did they use appropriate equipment and technique?		
11	Did they return equipment and materials to its designated location and leave the area clean and tidy?		
12	Was mechanical equipment put back on charge?		
13	If there was a risk they were not able to deal with, did they seek assistance before commencing?		
	<b>Action Plan</b>	<b>By when</b>	<b>By whom</b>
	Staff name		
	Signature		
	Assessor's name		
	Signature		
	Date agreed for re-assessment (where deficits identified)		

## Appendix D Informal Carer competency checklist

### Informal carer moving and positioning competency checklist.

Name of client	
Name of informal carer	
Age of informal carer	
Relevant health conditions/diagnoses of informal carer	
Relevant experience of moving and positioning	
Equipment provided for use with client	List all equipment provided for moving and positioning below:
Is the informal carer the sole carer or in addition to formal care package?	
Has a copy of the moving and positioning assessment been provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can the informal carer check equipment is in safe working order? <ul style="list-style-type: none"> <li>• Equipment within service date.</li> <li>• Breaks in working order.</li> <li>• Slings are intact (no holes/frayed material/illegible labels)</li> <li>• Who to contact in case of equipment breakdown.</li> </ul>	
Observation of informal carer moving and positioning client <ul style="list-style-type: none"> <li>• Repositioning in the bed (use of bed levers/sliding sheets/using functions of the bed)</li> <li>• Lying to sitting in the bed</li> </ul>	Date of observation:

<ul style="list-style-type: none"> <li>• Inserting/removing slings</li> <li>• Sit to stand</li> <li>• Transfer from bed to commode/chair/shower chair/wheelchair.</li> <li>• Hoisting from bed to commode/chair/shower chair/wheelchair.</li> </ul>	
<p>Has the informal carer been offered Moving and Positioning training through West Berkshire Council?</p>	<p>Yes <input type="checkbox"/> Date of attendance:</p> <p>No <input type="checkbox"/></p>
<p>Discussion re carers positioning and back care</p>	<p>Comments:</p>
<p>Does the informal carer feel confident/competent in moving and positioning the client using the appropriate equipment?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

I certify that at this present time, I feel competent and confident with moving and positioning tasks detailed above. I understand that if circumstances change I will inform Adult Social Care on 01635 503050.

Name: .....

Signature: .....

Date:.....