Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Guidance for Designated Centres

Intimate Care

October 2014

Version 1: November 2013	First draft published
Version 2: October 2014	References to Regulations updated in line with legislation change.

Contents

Subject	**Intimate Care**
Audience	Service Providers

Standards and Regulations relevant to this guidance include			
Standard	**No.**	**Regulation**	**No.**
National Quality Standards for Residential Care Settings for Older People in Ireland	4	Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013	9
National Standards for Residential Services for Children and Adults with Disabilities	3.1	Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013	8(6)

This guidance contains explanations of concepts, specific examples and templates that may assist in meeting regulations and implementing standards. There may be other requirements relevant to a particular service that are not addressed in this guidance. It is for service providers to identify the regulations, standards and best available evidence relevant to their service. This guidance is current at the time of printing. Please check www.hiqa.ie for the latest version of this guidance.

1. Why is this important?

It is important that service providers in designated centres ensure that all individuals using services, their families and friends feel that they are treated with respect and that their right to privacy and dignity is upheld and actively promoted. Service providers must implement and support systems and practices in their centres which uphold privacy and dignity to: embed a culture of person-centred care, maintain standards, develop a supportive professional environment and promote positive attitudes, behaviours and dialogue between staff, those who use services and their families. Many individuals residing in centres will require intimate care.

Intimate care[1] is defined as "care tasks associated with bodily functions, body products and personal hygiene which demand direct or indirect contact with or exposure of the sexual parts of the body". In addition to this, intimate care may also include tasks such as: help with feeding, oral care and hair care.

There are a number of tasks involved in intimate care. Table 1, below highlights intimate care tasks which people with disabilities and older people may receive assistance with or be totally dependent on others for. Registered providers should ensure that all policies and procedures protect the rights, privacy and dignity of residents.

Table 1: Examples of intimate care tasks

	Intimate Care Task
1	Help with eating
2	Oral care (brushing teeth)
3	Shaving
4	Skin care or applying external medication
5	Hair care
6	Dressing and undressing (underwear and clothing)
7	Helping someone to use the toilet
8	Changing soiled continence pads
9	Bathing or showering
10	Washing intimate parts of the body i.e. genitalia
11	Menstrual care
12	Administering enemas
13	Administering rectal medication
14	Catheter or stoma care

[1] Cambridge and Carnaby (2000) *Making it Personal: Providing Intimate and personal care for people with learning disabilities.* Pavilion Publishing. Brighton.

15	Prompting to go to the toilet or bathroom
16	Supervision of an individual involved in intimate self care

Intimate care can occupy a large amount of the day and the way in which it is delivered can significantly affect an individual's quality of life.

2. Basic principles for providing intimate care

It is essential that every person with a disability and older person is treated as an individual when intimate care is being provided and that appropriate time is taken for intimate care. It should enhance the quality of life of the individual receiving care and should be provided as gently and sensitively as possible, while respecting their privacy and dignity at all times.

The individual receiving intimate care should be encouraged to express choice and to have a positive image of his/her body.

There are some basic principles to be borne in mind when providing intimate care:

1. Individuals should give their consent prior to the provision of intimate care.
2. Individuals have a right to feel safe and secure.
3. All individuals have the right to personal privacy.
4. All individuals receiving intimate care should be respected and valued as individuals. Individuals should be listened to and their views taken into account. They should be treated courteously at all times and know who is looking after them.
5. Individuals have a right to be treated with dignity and respect and a professional approach from staff when meeting their needs.
6. Individuals have the right to information and support to enable them to make appropriate choices.
7. All individuals have the right to be involved and consulted in their own intimate care to the best of their abilities.
8. Individuals have the right to be accepted for who they are, without regard to age, gender, ability, race, culture or beliefs.
9. All individuals have the right to express their views on their own intimate care and to have such views taken into account.
10. Individuals have the right to know how to complain and have their complaint dealt with.
11. An individual's personal care plan should be designed to lead to independence.

3. Vulnerability to abuse

People with disabilities and older people can be particularly vulnerable to abuse. The protection of people with disabilities and older people is paramount. It is essential that all staff are familiar with intimate care policies and procedures and national guidance including:

- *Children First: National Guidance for the Protection and Welfare of Children* (2011)
- *Protecting Our Future – Report of the Working Group on Elder Abuse* (2002)
- *Trust in Care. Policy for Health Service Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse against Staff Members*. (2005)

The following are factors that increase the vulnerability of a person with a disability or an older person:

- they may have less control over their lives than is normal
- they may often not recognise abuse
- they may have multiple carers
- differences in appearance may be attributed to an individual's disability or medical condition rather than to abuse
- they may not always be able to communicate what is happening to them.

Intimate care may involve touching intimate parts of an individual's body and may leave staff vulnerable to accusations of abuse. It is unrealistic to eliminate all risk but this vulnerability places an important responsibility on staff to act in accordance with agreed policies and procedures.

4. Working with families, parents and carers

Establishing effective working relationships with families, parents and carers is a key task for all residential services and is particularly necessary for those who are dependent on others for intimate care. Families, parents and carers should be encouraged and empowered to work with professionals to ensure each individual's needs are properly identified, understood and met.

They should be closely involved in the preparation of personal care plans, where appropriate; arrangements for intimate care should be informed by families', parents' and carer's experiences of how this process can be made comfortable and appropriate for the individual.

Plans for the provision of intimate care must be clearly recorded to ensure clarity of expectations, roles and responsibilities. Records should also reflect arrangements for ongoing monitoring and review of intimate care plans. It is also important that the procedure for dealing with concerns arising from the intimate care processes is clearly stated and understood by all those involved. Monitoring of plans should take place at least annually or at times of significant change.

5. Good practice guidance

5.1 Good practice in intimate care

In residential services, staff are involved on a daily basis in providing intimate care to people who use services arising from learning difficulties, sensory impairments, medical needs and physical impairments. This places staff in a position of great trust and responsibility. They are required to attend to the safety and comfort of those using the service and to ensure that they are treated with dignity and respect.

Wherever possible, staff should work with individuals of the same sex in providing intimate care. When setting up a personal care plan, it may be acceptable to all parties for a carer to be of the opposite sex. Religious and cultural values must always be taken into account.

Staff should demonstrate their respect for the dignity, modesty and privacy of all individuals through their general demeanour, through the manner in which they address and communicate with each individual, through their appearance and dress, by avoiding ageist, racist, sexist or other inappropriate comments or jokes and through discretion when discussing the individual's medical condition or treatment needs. It is important for staff to understand that lapses are unacceptable, even when they are working under pressure.

5.2 Confidentiality

Residents have the right to expect that information about themselves is only shared to enable care. This should be with their agreement. Where the resident is unable to give permission, the provider must act in their best interest.

5.3 Examples of positive approaches

Some examples of positive approaches to intimate care which ensure a safe and comfortable experience for people with disabilities and older people are listed below.

1. Assess individuals to determine how much care can be carried out independently and how support can be given to improve self-care skills.
2. Plan intimate care using child/person-centred approaches at all times.
3. Address each individual by their given or preferred name.
4. Address each individual in an age-appropriate way.
5. Provide explanations of what is happening or will happen in a straightforward and reassuring way so that individuals are aware of the focus of the activity and know what is happening or what will happen.
6. Agree terminology for parts of the body and bodily functions that will be used by staff and encourage them to use these terms consistently and appropriately.
7. Where appropriate, give strong clues that enable the individual to anticipate and prepare for events, for example, show the clean continence pad to indicate the intention to change, or the sponge/flannel for washing.
8. Encourage the individual to undertake as much of the procedure for themselves as possible, including washing intimate areas and dressing/undressing.
9. Respect an individual's preference for a particular sequence of care.
10. Be aware of, and respect, any cultural or religious sensitivities related to aspects of intimate care.
11. Seek the individual's permission before undressing if he/she is unable to do this unaided.
12. Provide facilities that afford privacy and modesty.
13. Keep records noting responses to intimate care and any changes in behaviour.
14. Get to know the individual using the service beforehand in other contexts to gain an appreciation of his/her mood and systems of communication (for example, body language, special communication aids etc).
15. Be mindful of the psychological effect that a person might experience due to relying on others for support with intimate tasks.

5.4 Practical considerations

Some practical considerations for managers to ensure health and safety of staff and those receiving intimate care are listed below.

1. Internal policies and procedures for intimate care should be in place (see Appendix 1 for an example of a policy and procedure template).

2. All practices are safe and appropriate risk assessments are carried out. Areas of risk assessment that are important include prevention of abuse, infection control and manual handling.
3. All staff assisting with intimate care should be employees of the residential service. This aspect of their work should be reflected in their job description.
4. Staff should receive training in good working practices which comply with Health and Safety regulations such as dealing with body fluids, wearing protective clothing, manual handling, child protection and protection of vulnerable adults.
5. Staff should also receive training in intimate care and for very specific intimate care procedures (for example, stoma care) where relevant.
6. The importance and the value of work that staff do in the area of intimate care should be recognised by managers and incorporated into supervision and appraisal.
7. Intimate care plans should be recorded in an individual's personal care plan. The intimate care plan must be reviewed on a regular basis at least annually.
8. Staffing levels need to be carefully considered. Time is needed to carry out intimate care and this should be recognised when allocating staffing resources. Residential services need to ensure there are sufficient members of staff trained to cover absence, changes of personnel and emergencies. There is a balance to be struck between maintaining privacy and dignity for individuals who use residential services alongside protection for them and staff. It is important for each residential service to decide on practical ways of dealing with staffing levels. Some procedures may require two members of staff for health and safety reasons, for example, manual handling. This should be clearly stated in the personal plan.
9. There should be sufficient space, heating and ventilation to ensure the safety and comfort of individuals receiving intimate care.
10. There should be hot and cold running water available in all facilities. Anti-bacterial hand wash facilities should be available. Hand hygiene should be carried out in accordance with national guidelines.
11. Items of protective clothing, such as disposable gloves and aprons should be provided. There should be no re-use of disposable gloves.
12. Wet and/or soiled continence pads should be disposed of in line with national guidelines.
13. The arrangements for the disposal of any contaminated waste/clinical materials should be carried out in accordance with national guidelines.
14. Supplies of suitable cleaning materials should be available. Anti-bacterial spray should be used to clean surfaces. The latest infection control advice should be followed, for example, for clearing blood spills or for cleaning specialist equipment such as urine bottles and bed pans.
15. The correct storage and fitting of continence products should be adhered to.

6. Training

The requirement for staff training in the area of intimate care will vary greatly between services and will be largely influenced by the needs of people living in the service whom staff have responsibility. Consideration should be given, however, to the need for training on a whole service basis and for individual staff who may be required to provide specific care for an individual or a small number of individuals. Formal training should be based on evidenced-based practice.

7. References

Cambridge P, Carnaby S. 2000 *Making it Personal: Providing Intimate and personal care for people with learning disabilities.* Pavilion Publishing. Brighton 2000.

Clark J, 2006. *Intimate Care: Theory, research and practice*. Learning Disability Practice Vol 9 No. 10 2006

Clark J, 2009. *Providing intimate continence care for people with learning disabilities*. Nursing Times Vol 105 No.6 www.nursingtimes.net

Department of Children and Youth Affairs 2011. *Children First: National Guidance for the Protection and Welfare of Children*. Dublin Stationery Office. Dublin.

Department of Health and Children, 2002. *Protecting Our Future – Report of the Working Group on Elder Abuse.* Dublin Stationery Office. Dublin.

Health Act 2007 (as amended). Dublin Stationery Office. Dublin.

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Dublin Stationery Office. Dublin.

Health Act 2007 (Care and Welfare of Residents in Designated Centres for Children and Adults with Disabilities) Draft Regulations 2013. Dublin Stationery Office. Dublin.

Health Information and Quality Authority. National Quality Standards for Residential Care Settings for older People in Ireland. Dublin, 2009

Health Information and Quality Authority. National Standards for the Prevention and Control of Healthcare Associated Infection. 2009.

Health Information and Quality Authority. National Standards for Residential Services for Children and Adults with Disabilities. 2013

Health Service Executive – Employers Agency (HSE-EA) (2005) Trust in Care. Policy for Health Service Employers on Upholding the Dignity and Welfare of Patient/Clients and the Procedure for Managing Allegations of Abuse against Staff Members. www.hse.ie

Appendix 1: Template for policy on intimate care

The headings below are provided to assist service providers to create robust policies on intimate care:

1. Introduction
   Statement as to why intimate care is important
   Statement of aims and intent of policy
   Links with other policies and procedures including; risk management, infection control etc

2. Definitions and context
   Define intimate care
   Clarify the range of care options and the different considerations for delivery

3. Key Principles
   Outline key principles which can be promoted during intimate care
   Choice, respect, dignity, privacy, confidentiality, independence and culturally appropriate support.

4. Key Issues
   Identification and review of key management and practice issues
   Care planning, same gender care, sexuality, child and adult protection and the law.

5. Operational Issues
   Rules for use of agency staff and newly recruited staff
   Support through supervision and line management
   Key working and management responsibilities

6. Decision making and Responsibilities
   Use of guidelines and autonomy in decision making
   Where to get advice and support when needed
   Information sharing

7. Procedures
   Outline procedures for different intimate care tasks

Published by the Health Information and Quality Authority.

For further information please contact:

Health Information and Quality Authority
Dublin Regional Office
George's Court
George's Lane
Smithfield
Dublin 7

Phone: +353 (0) 1 814 7400
URL: www.hiqa.ie