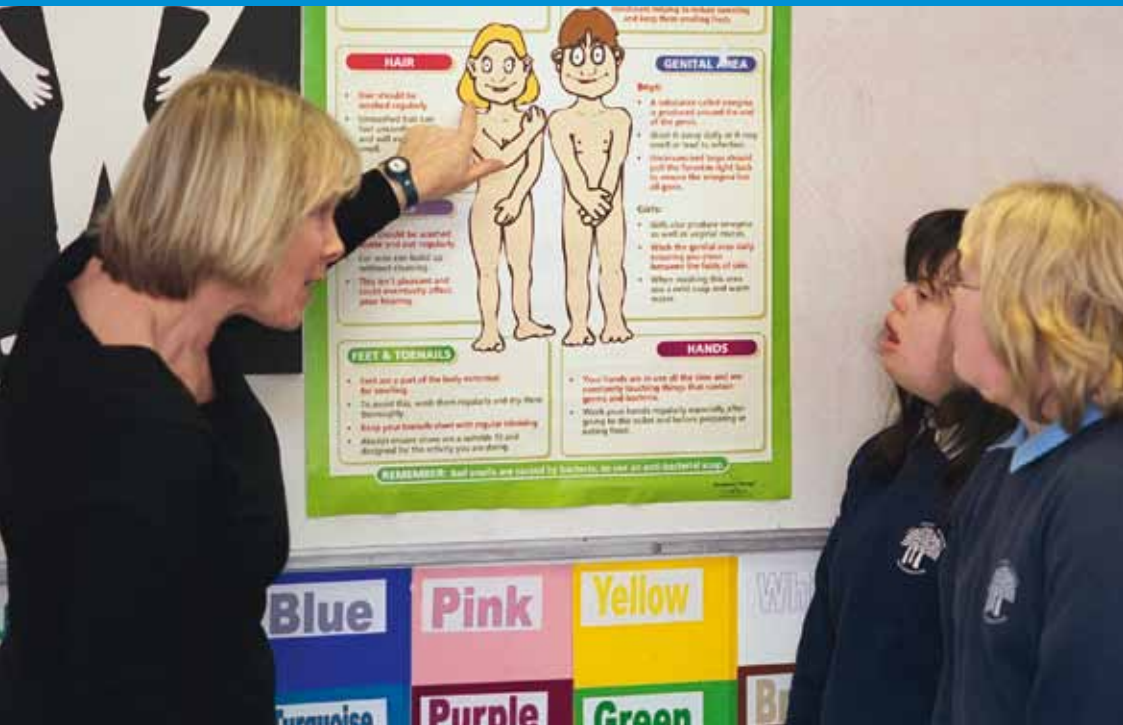


# Essence of Care 2010

## Benchmarks for Personal Hygiene



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<b>Description</b>	Essence of Care 2010 includes all the benchmarks developed since it was first launched in 2001, including the latest on the Prevention and Management of Pain. All the benchmarks have been reviewed to reflect the current views of people requiring care, carers and staff
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# Essence of Care 2010

*BENCHMARKS FOR THE FUNDAMENTAL ASPECTS OF CARE*

**Benchmarks for Personal Hygiene**



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# Best Practice – General Indicators

The factors and indicators for each set of benchmarks focus on the specific needs, wants and preferences of *people* and carers. However, there are a number of general issues<sup>1</sup> that must be considered with every factor. These are:

## People's experience

- *People* feel that care is delivered at all times with compassion and empathy in a respectful and non-judgemental way
- The best interests of *people* are maintained throughout the assessment, planning, implementation, evaluation and revision of care and development of services
- A system for continuous improvement of quality of care is in place

## Diversity and individual needs

- Ethnicity, religion, belief, culture, language, age, gender, physical, sensory, sexual orientation, developmental, mental health, social and environmental needs are taken into account when diagnosing a health or social condition, assessing, planning, implementing, evaluating and revising care and providing equality of access to services

## Effectiveness

- The effectiveness of practice and care is continuously monitored and improved as appropriate
- Practice and care are evidence-based, underpinned by research and supported by practice development

## Consent and confidentiality

- Explicit or expressed valid consent is obtained and recorded prior to sharing information or providing treatment or care

1 Also see Department of Health (2010) NHS Constitution The NHS belongs to us all. Department of Health: London accessed 07 May 2010 at [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_113645.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113645.pdf)

- *People's* best interests are maintained where they lack the capacity to make particular decisions.<sup>2</sup>
- Confidentiality is maintained by all staff members

### **People, carer and community members' participation**

- *People*, carers' and community members' views and choices underpin the development, planning implementation, evaluation and revision of personalised care and services and their input is acted upon
- Strategies are used to involve *people* and carers from isolated or hard to reach communities

### **Leadership**

- Effective leadership is in place throughout the organisation

### **Education and training**

- Staff are competent to assess, plan, implement, evaluate and revise care according to all *people's* and carers' individual needs
- Education and training are available and accessed to develop the required competencies of all those delivering care
- *People* and carers are provided with the knowledge, skills and support to best manage care

### **Documentation**

- Care records are clear, maintained according to relevant guidance and subject to appropriate scrutiny
- Evidence-based policies, procedures, protocols and guidelines for care are up-to-date, clear and utilised

### **Service delivery**

- Co-ordinated, consistent and accessible services exist between health and social care organisations that work in partnership with other relevant agencies

2 Mental Capacity Act 2005 accessed 25 November 2008 at <http://www.legislation.gov.uk/ukpga/2005/9/contents>

- Care is integrated with clear and effective communication between organisations, agencies, staff, *people* and carers
- Resources required to deliver care are available

### **Safety**

- Safety and security of *people*, carers and staff is maintained at all times

### **Safeguarding**

- Robust, integrated systems are in place to identify and respond to abuse, harm and neglect<sup>3</sup>
- All agencies working with babies, children and young *people* and their families take all reasonable measures to ensure that the risks of harm to babies, children's and young *people's* welfare are minimised.<sup>4</sup>

3 Department of Health (2010) Clinical Governance and Adult Safeguarding – An Integrated Approach Department of Health: London accessed 30 May 2010 at [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh.digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_112341.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh.digitalassets/@dh/@en/@ps/documents/digitalasset/dh_112341.pdf)

4 Department of Health (2006) Safeguarding Children. A Summary of the Joint Chief Inspector's Report on Arrangements to Safeguard Children Department of Health: London accessed 30 May 2010 at [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4103428](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103428)



## Benchmarks for Personal Hygiene

### Agreed person-focused outcome

People's personal hygiene needs and preferences are met according to their individual and clinical needs

## Definitions

For the purpose of these benchmarks, **personal hygiene care** is:

*the physical act of cleansing the body to ensure that the hair, nails, ears, eyes, nose and skin are maintained in an optimum condition. It also includes mouth hygiene which is the effective removal of plaque and debris to ensure the structures and tissues of the mouth are kept in a healthy condition. In addition, personal hygiene includes ensuring the appropriate length of nails and hair.*

For simplicity, **people requiring care** is shortened to people or omitted from most of the body of the text. **People** includes babies, children, young people under the age of 18 years and adults. **Carers** (for example, members of families and friends) are included as appropriate.

The term **carers** refers to those who 'look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid' (adapted from Carers UK, 2008). Please note, within these benchmarks it is acknowledged that the term 'carer' can include children and young people aged under 18 years.

The term **staff** refers to any employee, or paid and unpaid worker (for example, a volunteer), who has an agreement to work in that setting and is involved in promoting well-being.

The **care environment** is defined as an area where care takes place. For example, this could be a building or a vehicle.

The **personal environment** is defined as the immediate area in which a person receives care. For example, this can be in a person's home, a consulting room, hospital bed space, prison, or any treatment/clinic area.

### **Agreed person-focused outcome**

*People's* personal hygiene needs and preferences are met according to their individual and clinical needs

<b>Factor</b>	<b>Best practice</b>
1. Assessment	<i>People</i> are assessed to identify the advice and/or care required to maintain and promote their personal hygiene
2. Planning, implementation, evaluation and revision of care	<i>People's</i> care is planned, implemented, continuously evaluated and revised to meet needs and preferences
3. Environment	All personal hygiene care and advice is given in an environment that is safe and appropriate to <i>People's</i> needs and preferences
4. Toiletries	<i>People</i> have toiletries to meet their needs and preferences
5. Assistance	<i>People</i> receive the care and assistance they require to meet personal hygiene needs and preferences
6. Knowledge and skills	<i>People</i> and carers are provided with the knowledge and skills to meet personal hygiene needs and preferences

# Factor 1

## Assessment

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

### POOR PRACTICE

*People's* personal hygiene needs are not assessed

### BEST PRACTICE

*People* are assessed to identify the advice and/or care required to maintain and promote their personal hygiene

## Indicators of best practice for factor 1

The following indicators support best practice for personal hygiene:

- a. *general indicators (see page 4)* are considered in relation to this factor
- b. there are documented rationale for undertaking an assessment of the need for hair, nails, mouth, ears, eyes, nose and skin personal hygiene advice and care
- c. the assessment undertaken incorporates identification of individual needs and preferences, and identification of those at risk of not being able to maintain their personal hygiene
- d. the assessment and reassessment is performed in a timely manner in partnership with *people* and carers (as appropriate)
- e. the assessment tool used is evidence-based

- f. assessed needs are communicated to the multi-professional team, for example, the dentist, dental hygienist, podiatrist, dietician, infection control team and the occupational therapist (where appropriate)
- g. education and training in assessment of personal hygiene is provided for *people*, carers and staff
- h. *add your local indicators here*

# Factor 2

## Planning, implementation, evaluation and revision of care

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

### POOR PRACTICE

People do not have a plan of care

### BEST PRACTICE

People's care is planned, implemented, continuously evaluated and revised to meet needs and preferences

## Indicators of best practice for factor 2

The following indicators support best practice for personal hygiene:

- a. *general indicators* (see page 4) are considered in relation to this factor
- b. the evidence base that underpins advice and care is apparent, reviewed and kept up-to-date
- c. the care provided and the delivery of care is agreed with *people* and carers
- d. condition and cleanliness of hair, nails, mouth, ears, eyes, nose and skin are monitored and care provided as required and (where possible) as preferred
- e. care is evaluated and revised as required
- f. the length of hair and nails is monitored and care provided as required

- g. care is delivered in a manner that is compassionate and respectful.  
*People* are moved gently as appropriate
- h. *people's* responses to an offer of (assistance with) personal hygiene care is taken into account when care is negotiated and facilitated
- i. staff competencies in planning, implementing, evaluating and revising advice and care are maintained and monitored
- j. documentation and tools used in planning, implementing, evaluating and revising care are appropriate and evidence-based
- k. *add your local indicators here*

# Factor 3

## Environment

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

### POOR PRACTICE

Personal hygiene care and advice is given in an unsafe and inappropriate environment

### BEST PRACTICE

All personal hygiene care and advice is given in an environment that is safe and appropriate to people's needs and preferences

## Indicators of best practice for factor 3

The following indicators support best practice for personal hygiene:

- a. *general indicators (see page 4) are considered in relation to this factor*
- b. adaptations have been made to the environment to maintain privacy and dignity
- c. the environment meets *people's* individual requirements, for example, there is sufficient space for moving a wheelchair in a toilet with the door closed
- d. all risk factors are taken into account to ensure a safe environment, for example, avoiding a too high water temperature and wet floors
- e. information is provided on the location of facilities

- f. privacy and dignity is assured
- g. infection control arrangements ensure the safety of *people*, carers and staff
- h. *add your local indicators here*



# Factor 4

## Toiletries

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

### POOR PRACTICE

*People do not have toiletries for their personal use*

### BEST PRACTICE

*People have toiletries to meet their needs and preferences*

## Indicators of best practice for factor 4

The following indicators support best practice for personal hygiene:

- a. *general indicators (see page 4) are considered in relation to this factor*
- b. *toiletries are made available to people if they do not have their own*
- c. *people are encouraged to provide their own toiletries*
- d. *personal use of toiletries is assured and items are not shared*
- e. *people and carers are made aware of which toiletries are required*
- f. *add your local indicators here*

# Factor 5

## Assistance

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

### POOR PRACTICE

*People* are not offered assistance to meet personal hygiene needs

### BEST PRACTICE

*People* receive the care and assistance they require to meet personal hygiene needs and preferences

## Indicators of best practice for factor 5

The following indicators support best practice for personal hygiene:

- a. *general indicators (see page 4) are considered in relation to this factor*
- b. a trained and/or experienced member of staff is available to provide care and assistance to meet hair, nails, mouth, ears, nose and skin personal hygiene needs
- c. supervision of unregistered and/or inexperienced staff is undertaken at an appropriate level
- d. care and assistance with personal hygiene is provided according to *people's* needs
- e. the level of assistance to be provided by staff is discussed with *people* and carers
- f. *add your local indicators here*

# Factor 6

## Knowledge and skills

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

### POOR PRACTICE

*People* and carers are not provided with knowledge and skills to meet personal hygiene needs

### BEST PRACTICE

*People* and carers are provided with knowledge and skills to meet personal hygiene needs and preferences

## Indicators of best practice for factor 6

The following indicators support best practice for personal hygiene:

- a. *general indicators* (see page 4) are considered in relation to this factor
- b. the range, evidence base and format of information used is accessible and understandable to *people* and carers
- c. information is available to ensure *people* and carers are aware of special hygiene needs that may occur as a result of specific treatments, for example, chemotherapy or surgery
- d. *people's* and carers' understanding of assessment, planning, implementing and revising care for personal hygiene is evaluated
- e. promotion of hair, nails, mouth, ears, nose and skin personal hygiene is supported by staff working in partnership with *people* and carers
- f. add your local indicators here

Notes

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