Policy Statements

and Related Procedures

(Including Articles of Association)

East Kilbride & District

DEMENTIA CARERS GROUP

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facebook EK Dementia Carers Group

Charity No: SCO18844
Company No: SC377236

We are a Living Wage Employer

Revision 79
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Contents

The Following policies are issued as standard to Carers, Service Users, members of Staff, Volunteers, and Management Committee members:

The Following policies are issued as standard to members of Staff, Volunteers, and Management Committee members, and are available to Carers / Service Users upon request:

***All Policies** are available to members of the public and other Groups/Organisations upon request, and can be freely downloaded from our website:* **www.dementiacarers.co.uk**

The Aims of the East Kilbride & District Dementia Carers Group

The Aims of the East Kilbride and District Dementia Carers Group are to support people living with dementia to remain an active part of their community by:

1. Providing a quality service for the benefit of people with dementia and Carers.

2. Continually striving to improve the quality of care, support and opportunities given to Service Users and Carers.

3. Working in partnership with Service Users and Carers in line with our policy on Inclusion and Participation.

4. Using our homely environment for the provision of personalised care and as a base for regular trips and outings.

5. Being flexible in responding to the needs and choices of Service Users and Carers.

6. Ensuring that the ratio of Service Users to direct care staff does not exceed 3:1.

7. Working in partnership with other Groups and Organisations for the benefit of people with dementia and Carers.

8. Ensuring that care provided meets or exceeds the National Care Standards for Support Services.

Name of Policy:	The Aims of the East Kilbride & District Dementia Carers Group
Date of Last Review:	21st November 2016
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	21st November 2016

In pursuance of the Human Rights Act 1998 and The Scotland Act 1998, the rights contained within this charter are based on internationally agreed human rights and are intended to promote the respect, protection and fulfillment of all human rights of people with dementia and their carers, as guaranteed in the European Convention of Human Rights, the Universal Declaration of Human Rights, the International Covenants on Economic, Social and Cultural Rights and Civil and Political Rights, and the Convention on the Rights of Persons with Disabilities.

People with dementia and their carers, at every stage of the illness and wherever they are, have the following rights:

Participation

1. People with dementia and their carers have the right to be provided with accessible information and the support they require in order to enable them to exercise their right to participate in decisions which affect them.
2. People with dementia and their carers have the right to live as independently as possible with access to recreational, leisure and cultural life in their community.
3. People with dementia and their carers have the right to full participation in care needs assessment, planning, deciding and arranging care, support and treatment, including advanced decision making.
4. People with dementia and their carers have the right to be assisted to participate in the formulation and implementation of policies that affect their well-being and the exercise of their human rights.

Accountability

5. People with dementia and their carers have the right to be able to enjoy human rights and fundamental freedoms in every part of their daily lives and wherever they are, including full respect for their dignity, beliefs, individual circumstances and privacy.
6. Public and private bodies, voluntary organisations and individuals responsible for the care and treatment of persons with dementia should be held accountable for the respect, protection and fulfillment of their human rights and adequate steps should be adopted to ensure this is the case.

Non-discrimination and equality

7. People with dementia and their carers have the right to be free from discrimination based on any grounds such as age, disability, gender, race, sexual orientation, religious beliefs, social or other status.

Empowerment

8. People with dementia have the right to have access to appropriate levels of care providing protection, rehabilitation and encouragement.
9. People with dementia have the right to help to attain and maintain maximum independence, physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life.
10. People with dementia and their carers have the right to access to opportunities for community education and lifelong learning.
11. People with dementia have the right to access to social and legal services to enhance their autonomy, protection and care.

Empowerment (cont.)

12. People with dementia have the right to health and social care services provided by professionals and staff who have had appropriate training on dementia and human rights to ensure the highest quality of service.

Legality

13. People with dementia and their carers have the right to have the full range of human rights respected, protected and fulfilled. In addition to those explicitly contained in the Human Rights Act 1998, these include;
    a. the right to live in dignity and security and be free of exploitation, violence and physical, mental or sexual abuse
    b. economic, social and cultural rights including the right to an adequate standard of living including, social protection
    c. the right to the highest attainable standard of physical and mental health.
14. People with dementia and their carers have the right to information, to participation in decision making and, where rights are not observed, the right to seek remedy through effective complaint and appeal procedures.
15. People with dementia have the right, regardless of diagnosis, to the same civil and legal rights as everyone else. Where someone lacks capacity to take a specific action or decision due to their mental disorder, anyone acting for them must have regard for the principles and provisions of the Adults with Incapacity (Scotland) Act 2000 Act. These principles are enshrined in Article 12 of the Convention on the Rights of Persons with Disabilities which sets out international standards in relation to legal capacity. In summary, any intervention on behalf of the person with dementia who lacks capacity must:
    - benefit the person
    - restrict the person's freedom as little as possible whilst still achieving the desired benefit
    - take account of the person's past and present wishes (with appropriate support to assist communication)
    - take account of the views of relevant others
    - encourage the person to use their existing abilities and to develop new skills.

Guided by PANEL

The charter is guided by a human rights-based approach (known as the **"PANEL"** approach, endorsed by the United Nations). It emphasises the rights of everyone to:

- **P**articipate in decisions which affect their human rights
- **A**ccountability of those responsible for the respect, protection and fulfillment of human rights
- **N**on-discrimination and equality
- **E**mpowerment to know their rights and how to claim them
- **L**egality in all decisions through an explicit link with human rights, legal standards in all processes and outcome measurements

Name of Policy:	Charter of Rights for People with Dementia and their Carers in Scotland
Date of Last Review:	18th May 2015
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	18th May 2015

Equality and Diversity (Page 1 of 2)

Set out below is the Equality and Diversity Policy of the East Kilbride & District Dementia Carers Groups (hereafter referred to as 'the Group').

Why the Group is committed to equality and diversity
The rationale for the Group's commitment to equality and diversity includes:

- an understanding of the importance of inclusivity and of identifying, using and developing the skills and talents offered by members and potential members of the Group, to their and the Group's benefit ('members' being defined as Staff, Volunteers, Committee Members, Service Users or Carers);
- complying with The Equality Act 2010
- the awareness that, in addition to being illegal and immoral, discrimination is also wasteful;
- the recognition of the negative impact on individuals of the effects of discrimination in terms of self-fulfilment, self-esteem, educational attainment and career progression.

Equality and Diversity Statement
We value diversity, and are determined to ensure:

- that we treat all individuals fairly, with dignity and respect;
- that the opportunities we provide are open to all;
- that we provide a safe, supportive and welcoming environment – for all members and visitors.

We are committed to tackling discrimination and to promoting diversity.

Discrimination
The Group will not tolerate discrimination against individuals on any grounds.

The Equality Act 2010 defines nine protected characteristics:
• Age • Disability • Gender reassignment • Marriage and civil partnership • Pregnancy and maternity • Race • Religion or belief • Sex • Sexual orientation

This policy forms part of the formal contract of employment for staff and part of the formal agreement between volunteers and the Group. All members of the Group must abide by this policy and any failure to comply could result in disciplinary proceedings.

All visitors to the Group, together with those contracted to work at or for the Group, will be expected to comply with this policy.

Corporate and individual responsibilities
The Group's corporate responsibilities under this policy, together with the responsibilities of individual members of the Group, are set out below.

Corporate responsibility
Responsibility for ensuring that the Group meets its legal obligations in respect of legislation relating to equality and diversity rests with the Management Committee. In practice, however, the management of these obligations is delegated to the Group Co-ordinator and Senior Care-worker.

Responsibilities of the Group Co-ordinator and Senior Care-worker
The Group Co-ordinator and Senior Care-worker are responsible for:

- fostering an environment in which compliance with this policy is regarded as integral to the work of the Group;
- ensuring - as part of the development of this environment – that all staff and volunteers are issued with a copy of this policy and made aware of their responsibilities in upholding it;
- giving serious consideration to complaints of harassment or discrimination.

Equality and Diversity (Page 2 of 2)

Responsibilities of staff and volunteers

In order to ensure that the Equality and Diversity Policy is put into practice, staff and volunteers of the East Kilbride & District Dementia Carers Group:

- should seek actively to promote equality of opportunity for others and strive to create an environment that is free of fear or intimidation;
- must not discriminate in the way they provide or obtain services on behalf of the Group;
- must not discriminate if involved in the recruitment, promotion and management of staff or in the selection and supervision of staff and volunteers;
- must neither practice discrimination or harassment nor encourage other staff or volunteers to do so;
- must not victimise any person who has complained of harassment or discrimination, or who has given information in connection with such a complaint.
- must be aware of and act in accordance with the Groups Whistleblowing Policy.

Responsibilities of The Management Committee

The Management Committee have responsibilities for developing equality and diversity strategies, policies and procedures; for providing practical help and advice to ensure that they are effectively implemented and to ensure 'reasonable adjustment' in the work environment; and for delivering change initiatives.

This policy is underpinned by The Equality Act 2010.

Name of Policy:	Equality and Diversity
Date of Last Review:	20th November 2017
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	20th November 2017

Inclusion and Participation (Page 1 of 4)

Being Involved – our commitment to Service Users and their Carers
One of our Group's key values is being positive about the contribution that Service Users and their Carers can make to improve the services we provide.

We believe that people who use or may use our services should be consulted and involved in the services they receive and in those that are being planned. Service users should have the greatest control over their own lives with the opportunity to make choices about the care that they receive from us. We also believe in improving the involvement of Service Users and Carers in the planning, monitoring and delivery of services together with the opportunity to be consulted on decisions about our policies or the development of operational strategies.

The aim of this policy is to outline some ways in which this can be achieved.

We fully believe in the benefits that can be realised by maximising Service User and Carer involvement. Our aim is to ensure that inclusion and participation becomes an integral part of our service; in planning, delivery and evaluation.

This policy will be distributed to all staff, volunteers, Service Users and Carers, and will be made available on our website for members of the public.

Inclusion – A Definition
The East Kilbride & District Dementia Carers Group definition of full service user inclusion is:

- Equal citizenship
- Working in partnership
- Promoting dignity and respect
- Giving full information on rights
- Involvement in planning care
- Promotion of Independent advocacy in every area
- Involvement in planning, running and evaluation of services
- Practical commitment and resources for service user involvement

All ***inclusion*** should be in line with our other Policies, including our: **Aims and Objectives; Statement of Values and Principles; and our Equality and Diversity Policy.** It should also be fully in line with the **Health & Social Care Standards**, and all relevant legislation, such as the **Human Rights Act 1998, Adults with Incapacity (Scotland) Act 2000**, and the **Mental Health (Care and Treatment) (Scotland) Act 2003**.

Inclusion In Practice
In order to ensure and maximise inclusion of Service Users and Carers in the running of our services, we will:

- ***Provide adequate information***
- ***Provide appropriate opportunities***
- ***Promote independent advocacy***
- ***Ensure the free flow of information throughout our Group***
- ***Ensure appropriate records and audit trails are maintained.***

Inclusion and Participation (Page 2 of 4)

Provide adequate information

All prospective Carers and Service Users will be provided with an Information pack containing:

- Our Information Leaflet
- A Service Users Agreement
- A Copy of our Groups Policies and Procedures
- A Complaints form and details of how to submit a comment, suggestion or complaint
- An abbreviated copy of the Health & Social Care Standards (a full copy will be provided free of charge upon request)
- Information on our Carers Support Group
- A 'Coping With Dementia' Handbook (optional)

The Service Users Agreement, which will be signed prior to services commencing, will contain information on:

- How to make complaints about the Service
- Contacting the Care Inspectorate
- Confidentiality
- Rights
- How to access personal care plans
- Health and Wellbeing (including the offer of Nutritional Screening)

Within our daycare centre, the following information will be kept on display and promoted to Service Users and Carers:

- Health & Social Care Standards
- How to contact the Care Inspectorate
- How to make Comments, Complaints or Suggestions
- Details of local Advocacy Services
- Communication aids

The Groups website will be regularly reviewed and updated. The website will include:

- Our Policies and Procedures
- A link to the Health & Social Care Standards
- A link to the Care Inspectorate
- Details of how to contact our Group.

Care Inspectorate Inspection Reports will form part of our Inclusion and Participation process. They will:

- Be clearly displayed within our daycare centre
- Be provided free of charge to any Carer, Service User who requests one
- Be made available online via a link from our website to the Care Inspectorate
- Be advertised as available as soon as a new report is produced

Provide appropriate opportunities

Although not an exhaustive list, Inclusion and Participation will be promoted in a number of ways, including:

- Service User choice on daily activities within daycare
- Service User choice in venues for outings from daycare
- Service User participation in selecting their own key-worker
- 4-weekly Service User forums, with minutes being given to all participants
- Service Users will be given the opportunity to chair Service User Forums, with appropriate support being provided if requested/required
- 'Getting to Know You' forms being completed with all Service Users within four weeks of commencing, to record Service Users choices and preferences.

Inclusion and Participation (Page 3 of 4)

Provide appropriate opportunities (cont.)

- Service User and Carer participation in initial and all subsequent reviews (at least six-monthly), with times and venues being chosen to maximize involvement and minimize restrictions
- Service User and/or Carer participation in producing and updating personal careplans
- Service User and/or Carer participation in completing and reviewing Risk Assessments
- Consultation on any special projects, including service delivery and refurbishment.
- Service User and Carer participation in the Care Inspectorate inspection process
- Service User participation in completing daily diaries at end of day in daycare
- Service User and Carer participation in service evaluations through appropriate means (questionnaires, Service User Forums, individual meetings, review meetings, discussions with aid of picture boards, consultation at Carers Support Group meetings etc)
- Our Carers Support Group is open to all, and is represented on our Management Committee
- Staff and Management Committee members will attend Carers Support Group meetings to actively seek feedback
- Evaluation of any consultation or participation, to assess effectiveness

Our Group will offer language support for Service Users and Carers whose first language is not English, to help ensure that Inclusion is maximized and, for example, careplans are fully understood insofar as the individual is able.

Promote independent advocacy

To ensure fair opportunities for Inclusion and Participation, which are free from the danger of bullying, harassment or indeed coercion, our Group will promote independent advocacy in the following ways:

- Leaflets advertising local advocacy services will be displayed within our daycare centre
- All consultation papers will contain details of local advocacy services and how to access them
- Independent advocacy will be regularly promoted at Service User forums
- Independent advocacy will be regularly promoted at Carers Support Group meetings
- An Independent Advocate will be invited to chair or be present at no less than two Service User Forums per year.

Ensure the free flow of information throughout our Group

Although not an exhaustive list, Inclusion through the free flow of information will be promoted in a number of ways, including:

- All meetings which are minuted being subject to approval, and minutes being distributed to all who have been present or who have submitted their apologies
- Minuted meetings will start with matters arising from the previous meeting, ensuring an opportunity for feedback and follow-up on action plans
- Committee Meeting minutes being made freely available upon request
- Offering language support for Service Users and Carers whose first language is not English, to help ensure that the free flow of information is maximized and it is understood insofar as the individual is able.
- The right to access and a copy of personal information being clearly stated and distributed via policy document, in line with the General Data Protection Regulation (**GDPR**) (which replaced the Data Protection Act 1998) and the Freedom of Information Act 2000
- Regular updates and news-sheets to everyone on our mailing list, with all information being made available for download from our website and via Social Media.

Ensure appropriate records and audit trails are maintained

Although not an exhaustive list, Inclusion and Participation may be evidenced in a number of ways, including:

- Service User Forum minutes, signed and dated to show inclusion and participation
- Service User Agreements, signed and dated to show inclusion and participation
- Review meeting minutes and approval forms, signed and dated to show inclusion and participation
- Receipt of Information Pack acknowledgements
- Records of comments, Suggestions and Complaints, and subsequent responses/actions
- Committee meeting minutes
- Questionnaires
- Personal Careplans, signed and dated to show inclusion and participation
- 'Getting To Know You forms', signed and dated to show inclusion and participation
- Risk Assessments, signed and dated to show inclusion and participation
- Daily reports, recording evidences of choice and inclusion
- Service Users daycare diaries, showing evidences of choice and inclusion
- Information display stands within centre being kept stocked and maintained
- Website being used to share information and actively seek feedback
- Health & Safety and Environmental risk assessments.

Name of Policy:	Inclusion and Participation
Date of Last Review:	20th November 2017
Reviewed by:	Full Management Committee Carers Support Group Representatives Service Users via Service Users Forum
Approved by Management Committee:	20th November 2017

Admission/Referral Procedures

On receipt of a referral for care provision, the Service User and Carer(s) will be invited to meet with staff and have discussions about benefits/suitability of care from our Group. We will endeavour to contact the referrer within 7 days of receipt of the referral.

The initial meeting can either be at our centre or in the person's own home, as best suited to meeting the needs of the Service User and/or Carer.

At this stage, if agreed, suitable days and dates for care provision can be arranged to suit the needs of the person with Dementia and their Carer(s). This can take the form of a trial day to allow both parties to assess suitability.

On receipt of confirmation of funding for care provision, the service will commence. The first four weeks of service provision will be regarded as a trial period. The first review will generally be held at the end of the four-week trial period, unless circumstances dictate that an earlier review is required.

In an emergency situation, admission can be made pending a community care assessment to relieve the immediate pressures on the Service User and Carer(s). In this situation, an emergency assessment would be carried out by a designated member of our organisation.

Name of Policy:	Admission/Referral Procedures
Date of Last Review:	18th May 2015
Reviewed by:	Full Management Committee Carers Support Group Representatives
Approved by Management Committee:	18th May 2015

Discontinuation of Service Provision

We will hold regular reviews to assess the changing needs of Service Users and to identify ways of meeting these needs as far as possible.

If a Service Users care needs change and the Group cannot continue to offer the care required, we will hold a review to discuss this with the Service User and/or their representative and tell them why the Group can no longer offer care services.

If the service user is a client of Social Work Services, they will advise the service user or their representative of the discontinuation of service provision. If the service has to be discontinued, we will try to allow a period of time (up to a maximum of 14 days) for alternative care provision to be arranged.

Service Users should be aware that, in line with our Policies and Procedures, staff or management committee members cannot be an executor or beneficiary in a will. Our charity may, however, be named as a beneficiary in any will (An executor is someone you name in your will to handle your affairs after your death. A beneficiary is someone to whom you leave a gift in your will.)

If a Service User has been unable to attend our Service for a period of 6 weeks, a review will be arranged to discuss the reasons for this. If, after consultation at the review, it is felt that care is no longer appropriate to the Service User 's needs, care provision will cease.

Name of Policy:	Discontinuation of Service Provision
Date of Last Review:	18th May 2015
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	18th May 2015

Restraint

Human Rights

"People who are in hospital, in care homes, or receiving care in the community still keep their full human rights unless they have been restricted by a legal process (and then only to the extent allowed by the law). Individuals should have freedom of choice and movement, unless there are very good reasons why not." (Mental Welfare Commission for Scotland: Good Practice Guide)

Restraint and limits to freedom – What does it mean?

"In it's broadest sense, restraint is taking place when the planned or unplanned, conscious or unconscious actions of care staff prevent a client from doing what he or she wishes to do and as a result is placing limits on his or her freedom."
(Mental Welfare Commission for Scotland – 'Rights, Risks and Limits to Freedom')

The Purpose of This Policy

This policy aims to provide guidance and protection to service users, care staff, management, Committee Members and to the Group itself.

The Policy Statement

When Can A Person Be Restrained?

Service users of the East Kilbride and District Dementia Carers' Group will only be subject to the use of restraint where it has been deemed to be the only practicable means of securing the welfare of the service user or others, or necessary to:

* Protect the service user from harm or danger.
* Protect other service users or members of the public from harm or danger.
* Protect staff from harm or danger.

An individual may be restrained only when there is a clear benefit as outlined above. Staff should only consider restraining somebody without their permission where the person has limited ability to understand the risk involved. An important skill is knowing how to divert someone away from behaving in a way which may put themselves or others at risk.

The level of restraint will be reasonable in the circumstances, taking account of medical history, the persons build, age and condition. Such restraint will only be carried out for as long as necessary to bring the situation under control (***not*** to punish the person being restrained). The method used will be the minimum necessary and will not go beyond what is normal or permissible good practice, all as described in our policy on 'Restraint, Risk Assessment and Related Procedures' (Revision 5), which is available on request.

On each occasion where restraint is applied, a careful explanation will be given to the service user, in terms that he or she is most likely to understand.

All incidents involving the use of restraint will be recorded in the service user's personal file. The person providing the care service will keep a record of each occasion on which restraint/control is used, giving details of the form of restraint/control, the time for which the restraint was applied, the reason it was necessary and the name of the person authorising it. Incidents involving detention or direct physical restraint will be reported to the primary carer as soon as is practicably possible after the incident.

Risk-benefits analysis will be completed and regularly reviewed for all service users.

Further information on 'restraint' and supporting documents are available on request, or alternatively, from **www.mwcscot.org.uk**
Recommended Reference books: **"Rights, Risks and Limits to Freedom"** and **"Safe To Wander"**, both by the Mental Welfare Commission for Scotland. (Copies held in our office).

Name of Policy:	Restraint
Date of Last Review:	15th May 2017
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	15th May 2017

Risk-Benefits Analysis (Page 1 of 2)

A Risk-Benefits Analysis is nothing more than a careful examination of what could cause harm to people so that it can be determined if enough precautions have been taken to prevent harm. The aim is to make sure that no one gets hurt or becomes ill unnecessarily.

A ***hazard*** is something with the potential to cause harm.

Risk is the likelihood of potential harm from the hazard being realised.

Risks are a part of everyday life, and we are all entitled to take risks. The purpose of a Risk-Benefits Analysis is not to control or undermine an individual, but to promote choice in a safe environment where the risk has been effectively minimised.

The important thing is to decide whether a hazard is significant, and whether the precautions taken reduce the risks to as low a level as possible. Once done, it must then be decided if the remaining risk is acceptable.

Our Policy

Risk-Benefits Analysis will be carried out for all Service Users as standard procedure, and will be reviewed on a monthly basis. Service Users and/or their advocate/carer/welfare guardian will be involved in the process as far as possible. A copy of the Risk-Benefits Analysis will be made available upon request.

Completing a risk assessment

The Health & Safety Executive suggest there are 5 key steps to carrying out a Risk-Benefits Analysis:

1) Identify the hazard.
2) Decide who may be harmed.
3) Evaluate the risks arising from the hazard.
4) Record your findings.
5) Review the assessments from time to time and revise as necessary.

Potential risks

State clearly the potential risk, i.e.

- What is the hazard;
- Who is at risk (Service User/Staff/others);
- Risk of damage to property;
- Risk of scalding; risk of falling; risk of getting knocked down; risk of getting lost; etc.

Where a difference of opinion occurs as to whether something is a risk, it should still be recorded, with both parties signing the agreement wherever possible.

Control Measures

Comment on measures such as: number of staff required; manual handling requirements; equipment required (ie mobility aids); use of furniture (ie using higher chairs); vigilance; any additional control measures identified to eliminate or reduce risk further.

With the identified controls in place, the remaining risk is graded: Low; Medium; High.

Human Rights

"People who are in hospital, in care homes, or receiving care in the community still keep their full human rights unless they have been restricted by a legal process (and then only to the extent allowed by the law). Individuals should have freedom of choice and movement, unless there are very good reasons why not." (Mental Welfare Commission for Scotland: Good Practice Guide)

Areas to consider when completing a risk-benefits analysis

The three main areas to consider are:

1. ***Transport to and from Daycare***

Consider facts such as mobility; aids required (stick, rolator, wheelchair etc); stairs between house and bus; entry onto bus via stairs or wheelchair ramp; wearing seatbelts on bus; seating position on bus; is escort needed to sit beside individual; exit from bus; does Service User suffer from travel sickness etc.

Remember to state ***what*** is the risk, ***and who*** is at risk.

Possible control measures could include; escorting Service User whilst walking; escort to sit next to Service User; Service User to use wheelchair ramp to enter and exit bus; Service User to use appropriate mobility aid; minimising journey time etc.

2. ***Daycare***

Assess areas such as mobility; rising from seats; moving & handling issues; if assistance is required in the toilet; incidents of violence or aggression; orientation and is person prone to 'wandering'; exit strategy in case of emergency; known addictions; known allergies or medical conditions; infection control issues etc

Possible control measures could include; Staff vigilance; escorting Service User whilst walking; Service User to use appropriate mobility aid; Staff to assist with rising from, and getting into seats; Use higher chairs to sit on; escort to or assist in toilet; assist with personal hygiene etc.

3. ***Outings and Trips***

On top of areas identified in *transport* and *daycare*, include an assessment on areas such as; interaction with the general public; continence and healthcare needs; moving & handling issues; is assistance required in the toilet, and ability to use public toilets; incidents of violence or aggression; orientation and likelihood of wandering off etc.

Possible control measures could include; one to one escort; taking a change of clothing; taking continence aids; scheduling toilet visits; offering use of wheelchair if longer walk is involved etc.

References and Contacts

Recommended Reference books: **"Rights, Risks and Limits to Freedom"** and **"Safe To Wander"**, both by the Mental Welfare Commission for Scotland. (Copies held in our office).

Mental Welfare Commission for Scotland,
K Floor, Argyle House, 3 Lady Lawson Street, Edinburgh, EH3 9SH,

Service User and Carer freephone:	0800 389 6809
General phone:	0131 222 6111
Website:	www.mwcscot.org.uk
E-mail:	enquiries@mwcscot.org.uk

The Health & Safety Executive

Contact HSE Infoline	0845 345 0055

Name of Policy:	Risk-Benefits Analysis
Date of Last Review:	15th May 2017
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	15th May 2017

Health & Safety Policy Statement

The East Kilbride and District Dementia Carers' Group recognises that it has a responsibility to ensure that all reasonable precautions are taken to provide and maintain working conditions which are safe, healthy and comply with all statutory requirements and codes of practice.

The East Kilbride and District Dementia Carers' Group will, so far as reasonably practicable, pay particular attention to:

1. Arrangements for ensuring safety and absence of risks to health in connection with the use, handling, storage and transport of articles and equipment.
2. The provision of such information, instruction, training and supervision to ensure the health and safety at work of employees and others.
3. The provision of a safe means of access to and exit from the place of work.
4. The maintenance of a working environment that is safe, without risk to health and provides adequate facilities and arrangements for welfare at work.

Further information on Health & Safety, and supporting documents are issued to staff and volunteers as a key part of induction training. A copy of this is available on request. Subjects covered include:

- Health & Safety at Work Act 1974
- Medical Examinations
- Procedures for Managing Health & Safety matters
- Reporting & Recording Accidents
- Manual Handling
- Wheelchairs – General Guide & Safety Information
- Safeguards against blood-borne diseases & Immunisation as a protective measure.

Name of Policy:	Health & Safety Policy Statement
Date of Last Review:	16th January 2017
Reviewed by:	Full Management Committee / Carers Support Group Representatives

Fire Safety Action Plan (Page 1 of 2)

On discovering a fire, the following actions should be taken:

Raising the Alarm and Evacuation

- Immediately alert all persons within the premises by giving a verbal warning '**FIRE**'.
- Vacate the premises by the nearest exit
- Ensure that all persons have been alerted in particular in the toilets, and on the first floor
- Proceed to the Assembly Point at 157 Pine Crescent (Sheltered Housing Communal room)
- Do NOT collect personal belongings or outdoor clothing
- Switch off appliances and equipment if safe to do so

Fighting the fire

When you have reached the final exit you may decide that you feel able to use the fire extinguishers Only do so under the following conditions:

- The fire is small – no larger than waste paper bin size
- You are confident and trained in the use of the extinguisher
- You are using the correct extinguisher
    - Foam – Solid and liquid fires
    - Dry Powder – All fires
    - Fire Blanket – Smothering small fires
- Always try and cut off the electricity supply to the appliance if safe to do so

Calling the Fire Service

- From the Assembly Point call 999 and ask for the fire service
- Give the address and state what is on fire
- Do not hang up until the operator has repeated the address back to you
- Carry out a roll call to ascertain if all persons are out of the building safely
- Do not re-enter the building until the fire service have informed you that it is safe to do so

Liaison with the Fire Service

On arrival of the Fire Service the following information should be given to the senior Fire Officer

- Location of fire
- What's on fire
- Any specific hazards within the premises
- Are all persons accounted for

Routine Inspections

Daily (not usually recorded)

- Ensure all routes to exits are clear and available

Weekly

- Firefighting equipment is in the correct place and available for use
- Exit doors and fastenings are available and easily openable
- Fire signs and notices in good repair and free from obstruction
- Test smoke detection

Monthly

- Test emergency lighting

Annually

- Portable firefighting equipment

Periodically – As recommended by a competent person

- Portable electrical appliances
- Mains electrical inputs and fixed heating

Personal Portable Electrical Appliances

The use of personal portable electrical appliances within the centre is prohibited unless there is evidence that it has been tested by a competent person.

Contractors and subcontractors on the premises and hot work

Contractors and subcontractors can present an additional fire risk, as they are likely to be unfamiliar with the premises and with the associated fire risks and fire precautions.

The risk is increased when contractors and subcontractors are carrying out hazardous activities such as hot work (e.g. cutting or welding), or when they are using substances that give off flammable vapours (e.g. some adhesives).

To minimize this risk, all activities of outside contractors should be strictly supervised and controlled. The supervision should include checks of any area where hot work is to be undertaken or where contractors have been engaged. The fire safety manager, or a delegated representative, should ensure that all necessary precautions against fire are taken, and should instruct contractors in fire safety procedures.

It is essential that contractors be made aware of the fire procedures within the building prior to any works being carried out and arrangements made for the safety of the contractors themselves in the event of fire.

Evacuation of people with disabilities

Providing an accessible means of escape solution should be an integral part of the fire safety management process.

Fire safety management should take into account the full range of people who might use the premises, paying particular attention to the needs of people with disabilities.
It is important to note that it is the responsibility of the premises management to ensure that all people can make a safe evacuation.

The evacuation plan should not rely on the assistance of the fire and rescue service.

Young Persons

Young persons at work within the premises are at a greater risk during a fire situation due to their immaturity and lack of experience.

Staff training must compensate for this by ensuring that young persons are confident and fully aware of the actions expected of them in this situation

Notes

Exits:	Front door and via garden
Fire Warden:	Co-ordinator
Deputy Fire Warden:	Senior Care-Worker, or Designated Responsible Person.
Assembly Point:	157 Pine Crescent (Sheltered Housing Communal room)
Equipment:	Fire Blanket in kitchen Fire Extinguisher in porch Fire Extinguisher at rear entrance Fire Extinguisher at top of stairs

- Since it is a Fire Exit, the dining room door and garden gate should not be locked whilst the premises are occupied.
- Only people who can manage stairs unaided should use the first floor of the house.
- A competent person will carry out regular Fire-Safety Risk Assessments.
- The Management Committee will review all Fire Safety Policies and Procedures annually.

Name of Policy:	Fire Safety Procedures
Date of Last Review:	16th January 2017
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	16th January 2017

Complaints

All Service Users, Carers, relatives and friends are welcome to make comments about the quality of care in the Centre. We actively encourage feedback.

A comments book is kept and is inspected regularly by the Group Co-ordinator or the Management Committee and appropriate action taken.

Making Your Complaint

Anyone may register a complaint with our Group.
If you do have any cause for complaint, please express your concerns in the first instance, to the person in charge at the time in person or as soon as possible by telephone or in writing.

You may register your complaint by any of the following methods or means:

1. In person, to the responsible person (person in charge) on duty.
2. Via our complaints forms, which are issued as part of our Information pack; are available from our office; and are on display within our centre.
3. By telephone.
4. By letter to: East Kilbride & District Dementia Carers Group
   169 Pine Crescent
   Greenhills
   East Kilbride
   G75 9HJ
5. Via the 'Contact Us' section of our website: www.dementiacarers.co.uk
6. Via e-mail to: info@dementiacarers.co.uk

Stages of Complaint

1. If your complaint is made verbally, either in person or by telephone, we will attempt to resolve it there and then. If this is not possible, you will be asked to submit your complaint in writing, and offered support to do so should you require it.
2. On receipt of your written complaint, we will contact you within 3 working days, telling you when you can expect a full reply.
3. If the Group Co-ordinator requires this to be passed to the Management Committee then we will aim to send you our full letter of reply within 10 working days if possible. Should it take longer because of the nature of your complaint, we will let you know when you might receive a reply.
4. Following a full investigation of your complaint, the Management Committee will advise you of the outcome, and if relevant, any action taken.

Care Inspectorate:

Complaints may also be made at any stage to the **Care Inspectorate** on **0345 600 9527**

Care Inspectorate Princes Gate 60 Castle Street HAMILTON ML3 6BU 01698 208150	or	Care Inspectorate Compass House 11 Riverside Drive DUNDEE DD1 4NY 0345 600 9527

Name of Policy:	Complaints
Date of Last Review:	16th March 2015
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	16th March 2015

Smoke-Free Policy

Purpose

This policy has been developed to protect all employees, service users, customers and visitors from exposure to second-hand smoke and to assist compliance with the Smoking, Health and Social Care (Scotland)Act 2005.

Exposure to second-hand smoke, also known as passive smoking, increases the risk of lung cancer, heart disease and other illnesses. Ventilation or separating smokers and non-smokers within the same airspace does not completely stop potentially dangerous exposure.

Policy

It is the policy of The East Kilbride & District Dementia Carers Group that all of our workplaces are smoke-free and all employees have a right to work in a smoke-free environment.

Smoking is prohibited throughout the entire workplace (including our minibus) with no exceptions, including e-cigarettes. This policy applies to all employees, volunteers, service users, contractors and visitors. Smoking is permitted in our rear garden area.

Implementation

Overall responsibility for policy implementation and review rests with *Brian Doig*, or the person in control of the premises in his absence.

All staff and volunteers are obliged to adhere to, and facilitate the implementation of the policy.

The person named above shall inform all existing employees, volunteers, service users, contractors and visitors of the policy and their role in the implementation and monitoring of the policy. He will also have to give all new personnel a copy of the policy on recruitment/induction.

Appropriate 'No smoking ' signs will be clearly displayed at the entrances to and within the premises.

Non-compliance

If a service user does not comply:

- They will be asked to cease smoking immediately.
- If they refuse to comply, they will be asked to go out into the rear garden area until they have finished smoking.

If a member of staff does not comply with this policy:

- Group disciplinary procedures will be followed.

If a contractor or visitor does not comply:

- They will be asked to cease smoking immediately.
- If they refuse to comply, they will be asked to go outdoors until they have finished smoking.
- If he/she refuses, they should be reported to the police and/or their employer and/or relevant authorities (e.g. the National Compliance Line)

Anyone who does not comply with the smoking law is also liable to a fixed penalty fine and possible criminal prosecution.

Help to Stop Smoking

Support for smokers who want to stop will be provided. Sources of support include:

- NHS Lanarkshire Stop Smoking Service - 08452 17 77 07
- NHS General Enquiry Line - 08453 130 130
- Smokeline 0800 848484
- www.clearingtheairscotland.com
- The Public Health Department of your local NHS Board, or your local GP surgery.

Name of Policy:	Smoke-Free Policy
Date of Last Review:	16th October 2017
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	16th October 2017

Acceptance of Monies, Gifts, Or Other In-Kind Gratuities By Employees & Group Representatives.

In an environment of working closely with people & caring for their needs, it is not uncommon for those people, or their carers, to show appreciation by the giving of a gratuity.

The Group recognise that this area can expose our staff to a degree of risk, and also that the refusal to accept a gift that is offered as a token of appreciation may have an adverse affect on the relationship between the Staff Member & the Service User or Carer.

The view of The Group is that the receiving of a small gift is acceptable, however, to protect both Staff & Service User, the following criteria will apply:

- The acceptance of personal gifts of money is forbidden. (Gift vouchers are acceptable).
- The acceptable upper limit of a personal gift will be to an estimated value of not exceeding £50.
- Any gift received by Staff will be reported to the Co-ordinator or Senior Care-worker, who will register receipt of gift (Definition: "Staff" - Any persons employed by, or acting on behalf of East Kilbride & District Dementia Carers Group).
- Any gift received by Co-ordinator will be reported to Management Committee, who will register receipt of gift.
- The receipt of any gift, estimated in value to be in excess of £50, will require it to be returned to source, or where deemed applicable to the Carer, unless otherwise sanctioned by the Management Committee. Alternatively, if the individual and/or Carer wish it to be treated as a gift to the Group, it may still be accepted (see last bullet point).
- The offer or acceptance of any gift in return for favour is not acceptable, and should be reported immediately to Line Manager. (Definition: "Favour" - Where a gift is offered with the expectation that personal gain will be achieved in return).
- The regular repeat of offer, or acceptance of gifts is not acceptable, and should be reported to Line Manager. (Definition: "Regular Repeat" - Gifts offered from the same source at a frequency of less than (30) days are deemed as repeat).
- On the occasion of Staff member's birthdays and for the duration of the festive period, any gifts received will be considered specific to that event, and will excluded from consideration as repeat gifts. However to protect our integrity, the upper limit of £50 will still apply and they shall still be registered upon receipt.
- Note that any gifts/donations made directly to "The Group" are excluded from the above procedure, however, any gift made to "The Group" specifically intended for the benefit of the Staff, will be distributed to the Staff by a method that is deemed "equal & fair". (Definition: "The Group" - East Kilbride & District Dementia Carers Group).

Name of Policy:	Acceptance of Monies, Gifts, Or Other In-Kind Gratuities By Employees & Group Representatives
Date of Last Review:	16th October 2017
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	16th October 2017

Access to Personal Files

Confidentiality is a means of providing service users with safety and privacy. Due to the sensitivity and personal nature of information shared by service users and carers, it is essential that all workers adhere to the following code:

a) Staff and volunteers within the East Kilbride & District Dementia Carers Group should treat any information received concerning a Service User as confidential and as such should not be communicated to other agencies without that person's consent;

b) information received concerning a Service User is regarded as confidential within the organisation. It may only be shared with other staff with respect and discretion. Service users should be made aware of this fact;

c) information received from a Service User should not be shared with another Service User;

d) any written information concerning a Service User must be stored in a secure manner with access restricted to staff and the individual concerned;

e) information should be recorded in a factual manner, without personal opinion or judgement;

f)* individuals should be allowed to see any records relating to them and make written comment on the information;

g)* in allowing Service Users access to records, care should be taken that no harm will be caused to the mental health of that individual;

h)* in allowing access, care should be taken that no information concerning a third party is revealed;

i) any service user who is unhappy with the level of confidentiality is entitled to use the complaints procedure to pursue the matter.

* Note: Requests for access to personal information should be referred to the Group Co-ordinator, or in his absence, the Senior Careworker or delegated responsible person. Access will be granted after consideration of the reason for the request, in line with the requirements of the The Freedom of Information (Scotland) Act 2002; Data Protection Act 1988; and the following procedures:

Procedures

1. All requests for access to information should be made in writing.
2. All requests will be acknowledged within seven days.
3. You can expect a response within twenty-one days, except under exceptional circumstances.

Exceptional Circumstances

The law requires us to consider whether seeing any of the information might cause the individual or any other person serious harm. Normally, the reasons behind withholding any information will be explained. If a Service User or Carer cannot accept any decision about not being able to see all or part of the information requested, or having it changed or removed, they have the right to ask for the decision(s) to be reviewed. If they are still dissatisfied with the response following a review, they also have a right to appeal to the Information Commissioner. (Contact details at end of policy)

The decision to break confidentiality should be made only after consultation with line management, and in line with the requirements of the Adult Support and Protection (Scotland) Act 2007.

The information received or given should be recorded and discussed with the individual as soon as seems appropriate after the event.

Contacts

Information Commissioner's Office – Scotland, 45 Melville Street, Edinburgh, EH3 7HL
Telephone: 0131 244 9001 E-mail: scotland@ico.org.uk

Name of Policy:	Policy on Confidentiality
Date of Last Review:	15th February 2016
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	15th February 2016

Safe Handling of Medication (Page 1 of 3)

Aim of This Policy

To ensure that Service Users medications are stored and issued in a safe and efficient manner.

Objectives

1. That all Service Users receive the correct medication at the correct time specified on their medication administration records (MAR Sheets)
2. That Service Users wishing to self-medicate be assessed as to their capabilities to do so, where possible and safe to do so, promoting the independence of the individual
3. That all medication be stored in a safe and legal manner
4. That all records relating to Service User medication are to be maintained in an accurate and up-to-date manner
5. That all staff work within the guidance and legal framework laid down.

Storage and Administration of Medication

The East Kilbride & District Dementia Carers Group does not keep any medication for Service Users in stock.

Service Users bring their own medication, which is locked into the medication cupboard, unless self-administering of medication is agreed in the individual's careplan.

The administration of these medications depends on the individual Service User and is as follows:

Service Users who DO NOT require assistance

Where possible, Service Users are encouraged to retain their medication and self-administer. This may not be possible or desirable, in which case the procedure outlined below is followed. This will be decided by the Group Co-ordinator or Senior Care-Worker, in consultation with the Service User, Carer and significant others (eg G.P. Social Worker, Pharmacist) and documented in the Service Users care plan.

Service Users who require assistance

1. Medication is handed into staff on arrival at daycare and this fact is recorded on the medication sheet
   Medication is then locked in the medication cupboard
2. Current medication is checked against list received from G.P.
3. A record is kept for any medication given within the hours of care provided and then signed and dated when given
4. All medication given must be in a container with a label stating the patient's name, contents, dosage and frequency or time to be taken.
5. Medication should only be issued by the Group Co-ordinator, Senior Care-worker, or designated responsible person
6. Surplus medication is returned to the Service User on leaving daycare, or to their Carer upon returning home

Information Retained on File

The following information should be retained on file for each Service User:

1. Name of Service User
2. Date of Birth
3. Prescribed Medication, Dosage and Strength
4. Frequency with which the medication must be taken
5. Route
6. Special Instructions (eg take with food)
7. Start and Completion date (esp important in the case of antibiotics)
8. Any known allergies

Procedure For Giving Out Medication

The following procedure should be followed by staff issuing medication:

Ensure:

1. You wash your hands
2. You have identified the correct Service User
3. You have the correct medication
4. The medication is being given at the correct time
5. The medication has not been given already
6. That all special instructions are followed (e.g. with food or an empty stomach)
7. That the Service User has a drink with which to take the medication
8. That the Service User is in a position that will enable them to safely take the medication
9. That the Service User has taken the medication
10. That you immediately record and sign the appropriate records to confirm the medication has been taken
11. You notify any side effects observed and record immediately

Refusal To Take Medication

Staff are not legally permitted to insist that a person takes prescribed medication.
Any refusal should be reported to the carer / prescriber at the earliest possible opportunity.
Surplus medication should be returned to source or taken to a pharmacy for safe disposal.

If any Service User refuses to take prescribed medication, the following information should be recorded in the individual's careplan:

1. The medication the Service User refused to take
2. The reason for the refusal
3. The time of day this occurred
4. What action has been taken
5. What has been done with the refused dose

P.R.N. Medication (As Required)

Staff are not permitted to routinely give out medication P.R.N.
Service Users who are able to self-medicate may take medication prescribed P.R.N.

In certain circumstances, staff may issue analgesics upon request, for example, if a Service User is experiencing pain. The Group Co-ordinator, Senior Care-worker or Delegated Responsible Person must authorise this, and if authorised, the following checks must be carried out first:

1. Find out whether the Service User has already been prescribed a PRN medication
2. Find out how bad the pain is and whether the Service User feels they need a drug
3. Find out what the pain is – is it a new pain or an old pain
4. Find out when the medication was last given and if the correct time has elapsed between doses
5. Consult the Main Carer to establish or confirm the above facts if appropriate or in doubt
6. Record the giving of medication in the normal manner

Errors in Medication

Should an error in the giving of medication occur – for example; too much, the wrong medication, or the wrong person being given the medication – the following procedure must be followed without delay:

1. The Co-ordinator, Senior Careworker or Designated Responsible Person should assess the Service User
2. Inform the Service User what has happened
3. Seek medical advice from the Service User's GP: if not available, contact NHS 24 or the local Accident and Emergency department
4. Complete the accident book
5. Record what has happened in the Service User's careplan
6. Inform the Service User's main Carer
7. Send a report to the local Care Inspectorate

Training

Only Staff who have successfully completed training on the "Safe Handling of Medication" or an equivalent qualification are permitted to administer medication.

List of useful contact numbers

NHS 24	08454 24 24 24
Hairmyres Hospital	01355 585000
Care Inspectorate	0345 600 9527

Name of Policy:	Safe Handling of Medication
Date of Last Review:	15th January 2018
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	15th January 2018

Food, Fluid and Nutrition (Page 1 of 3)

Introduction

As part of our duty to care, there is a responsibility on our Group to ensure that Service Users receive appropriate support in managing their food, fluid and nutritional care.

Service Users require a varying amount of support from staff in ensuring that their food, fluid and nutritional care is managed in such a way that they are able to achieve and maintain the highest degree of nutritional health possible for them.

The input of staff to this process is vital; whether assisting; advocating for or acting on behalf of a Service User. The staff member is often in the position of assisting them with all aspects of their food, fluid and nutritional care. This may be directly, by providing help and support to the Service User; or by working with professionals from other agencies and with Carers to ensure that there is a consistency of approach to this area of the Service Users life.

Good nutritional care can improve the quality of the Service User's life in all areas.

This policy has been produced to ensure that all representatives of our Group are aware of their responsibilities in ensuring that our Service Users receive the highest quality of food, fluid and nutritional care available and that we play an appropriate role in this process.

Policy and Procedure

Assessment

All Service Users should be assessed with regard to their food, fluid and nutritional care needs. For new Service Users, this should be carried out as part of the admission procedure. For existing Service Users, issues around food, fluid and nutritional care should be considered at least annually at their formal review. Any issues arising should be noted and dealt with in an appropriate timescale, outwith the formal review if required.

Where needs are identified that require input from the Service User's GP or from other Health Professionals, these agencies will be contacted to assist with the identification of the needs and appropriate course of action to take thereafter.

The assessment should take into account:

1. Any known medical issues likely to affect food, fluid and nutritional care
2. The Service User's likes and dislikes
3. Any apparent food allergies or intolerances
4. Cultural, ethnic and religious requirements
5. Social/ environmental mealtime requirements
6. Physical difficulties with eating and/or drinking
7. The need for specialized equipment to assist with eating and drinking

The outcome of this assessment should be recorded in the Service User's careplan and risk assessment as required. Any contact with other agencies and subsequent input should also be recorded.

All careplans will address a Service User's needs in terms of food, fluid and nutritional care and should be reviewed frequently, appropriate to the needs of the Service User. Any special diet will be recorded in the Service User's personal careplan. Service Users, their Carers and all staff should be made aware of the contents of the plan, and a copy made available for them.

Planning and Delivery of Food, Fluid and Nutritional Care

There should be structures in place to plan the provision and delivery of food and fluid to Service Users. The Group Co-ordinator, in conjunction with appropriate staff (e.g. Cook / Senior Care-worker) and other professionals where appropriate, is responsible for:

List overleaf/

Planning and Delivery of Food, Fluid and Nutritional Care (Cont.)

1. Menu planning, ensuring that the range of foods and choices available are appropriate to the needs of the Service Users, reflecting their individual preferences.
2. Ensuring that the food and fluid provided meets the needs of the individual, is appetizing and is well presented.
3. Ensuring that mealtimes are managed in such a way as to maximize Service User benefit.
4. Ensuring that appropriate food and fluid are available outwith main meal times, such as hot and cold drinks and snacks.
5. Ensuring ongoing monitoring of issues pertaining to food and fluid, including; temperature; texture; adequate time provision for meals; the need for individuals to receive assistance from staff; and monitoring Service User's intake of food and fluid where this is known to be an issue.
6. Ensuring that Service Users are consulted with regard to the balance and content of menus.
7. Ensuring ongoing monitoring of the quality of food and fluids provided to Service Users.
8. Ensuring that all non-essential staff activity is suspended during meal times.
9. Ensuring that there is an adequate number of staff available at meal times to assist Service Users with eating and drinking, as identified in individual careplans.
10. Ensuring that Service User's special dietary requirements and personal choices can be catered for.

Provision of Food and Fluids to Service Users

Food and fluid should be provided in a way that is acceptable to Service Users.

Efforts made in ensuring that Service Users enjoy the meals provided can produce benefits in the amount of food consumed and as a result, improve or maintain the Service User's general state of health.

1. The more pleasing a meal and its presentation, the more likely the Service User is to enjoy the meal, consume an adequate portion and receive the appropriate balance of nutrients.
2. Service Users should be able to choose their meal close to the time that it is served to reduce wastage.
3. Appropriate provision should be in place to take account of personal choice and the religious and cultural needs of all Service Users.
4. Service Users should have choice regarding all of the food and fluid provided.
5. Service Users should be able to influence the size of their portions.
6. Where required, Service Users should be assisted to make known their choices with regards to food and fluid.
7. Food and fluid should be provided at the correct temperature and where required, Service Users who require assistance from a member of staff should be aided whilst their meal is at the correct temperature.
8. Meals should be presented in a way which ensures that they look appetizing, taking into account colour balance of plated meals and the presentation of separate courses.
9. Where identified and recorded in the Service User's careplan, Service Users should be provided with specialized equipment which is required to meet their needs. This service may be accessed through the dietetics/ OT service.
10. Condiments and accompaniments should be made available at mealtimes.
11. Service Users should have access to fresh drinking water on demand, unless this is specifically inappropriate.
12. Where Service Users choose to bring their own food into the service, staff should be available to assist Service Users, if required.
13. In an emergency situation whereby a Service User is unable to attend daycare at short notice (i.e. illness, weather etc), a home-delivery packed lunch with drink will be offered to ensure food and fluid is still available.
14. Allergy and intolerance information should be made available for every meal.

Communication and Information

Service Users should be given information about their choices with regard to food and fluid and should have an opportunity to comment on the quality and choice of the meals available to them.

1. Information should be provided to Service Users in a meaningful format (e.g. pictorial).
2. Staff should, if required, assist Service Users in understanding their choices and options, as well as in making any comment with regard to the quality and choice of food and fluid that they are offered.
3. Staff should offer Service Users support and advice in making good choices with regard to their intake of food and fluid, whilst recognizing and respecting the right of the individual to make their own choice.
4. If Service Users are unable to say if they are getting enough to eat and drink, staff will monitor this. If there are concerns, staff will explain them to the Service User and their representative. With the Service User's agreement, staff will take any action needed such as seeking advice from the Service User's GP or dietician.
5. Service Users should be encouraged to give their views on the food and fluid provided by the service. These views should be collected by means of a user-friendly comments system or a Service User's Forum, either of which can be facilitated by staff for Service Users if required or requested.

Education and Training for Staff

Staff should be given appropriate education and training about their function in ensuring good standards in Food, Fluid and Nutritional Care for Service Users.

1. All staff should be made aware of the importance of nutritional care in the Service User's general health and quality of life.
2. All staff who have contact with the Service Users at mealtimes should have a level of training commensurate with their roles and duties.

Food Handler's Personal Hygiene Control Policy

1. Food handlers must wash their hands regularly throughout the working day and especially after the following:
   (a) After visiting the toilet;
   (b) On entering and re-entering the food room;
   (c) Between handling raw and cooked food;
   (d) After eating, smoking, coughing, sneezing or blowing their nose;
   (e) After handling waste food or refuse;
   (f) After handling cleaning chemicals.
2. Finger nails should be kept short and clean, nail varnish may contaminate food and therefore should not be used.
3. Food handlers should not eat sweets, chew gum, taste food with their fingers or unwashed spoons or blow into glasses to polish them.
4. Cuts, spots and sores should be completely covered by waterproof dressing (colour blue).
5. Food handlers should not wear earrings, watches, jewelled rings or brooches.
6. Strong smelling perfume or aftershave should not be worn by food handlers.
7. Food handlers may wear suitable head covering which completely encloses the hair and if applicable beards. Hair should be tied back.
8. Clean protective clothing should be worn at the commencement of each working day and replaced more frequently should heavy soilage occur. All protective clothing should be removed when leaving the premises.
9. Food handlers should report symptoms of diarrhoea or vomiting to their supervisor. They should then be asked to cease to work for a period of at least 48 hours after the cessation of symptoms.
10. All personnel responsible for food handling should hold a Certificate of competence in food hygiene (REHIS).

Additional Kitchen Hygiene Regulations/Guidelines

1. Cloths should not be used for wiping kitchen surfaces - use anti-bacterial spray and disposable paper towelling only. Cleaning must be done in ***two phases***: Wipe once to clean surfaces. Wipe again with fresh disposable towelling to disinfect surfaces.
2. To meet UK Food Hygiene legislation, all disinfectants used must meet the requirements of **BS EN 1276**: 2009 or **BS EN 13697**: 2001 (In order to meet this standard, products must prove a bacteria kill rate of 99.999% within 5 minutes).
3. Dirty dishes and cutlery must not be left in or around the sinks - either clean immediately, using separate wash and rinse sinks or store in the dishwasher.
4. The kitchen should be cleaned ***immediately*** after use.
5. All food handlers should be aware of, and comply with, our policy on Infection Control.

Remember
Good hygiene practices are not just desirable; they are a legal requirement and essential for protecting the health and safety of everyone using the premises.

Name of Policy:	Food Handler's Personal Hygiene Control Policy
Date of Last Review:	17th October 2016
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	17th October 2016

Why The Control of Infection is Important

Older people, disabled and ill people are more susceptible to infection and at greater risk of suffering severe consequences.

Older people have more wear and tear to their bodies, meaning that their natural barriers to infection such as the skin do not work as well, and infection is allowed in more easily. Once the infection is inside the body, the immune system of an older person works less efficiently, resulting in a reduced ability to fight off its effects. Also, the healing process in an older person is slower, resulting in prolonged effects from infection. Food intake and absorption of nutrients is frequently poor in the elderly, diminishing the body's resources for fighting back. For all these reasons, the older person is a more likely target for disease-causing micro-organisms to attack, and they are less able to fight back to a full recovery.

Disabled and ill people can also have fewer physical resources with which to fight infection, as the bodies natural defences against disease may be damaged by disability or illness. Some medicines may also have the side effect of lowering the immune response.

How Infection Can Spread

Infection can spread in a number of ways, including:

- Through the water supply
- Through food and the food chain
- Via animals and insects
- Through air and dust
- Through droplets (ie coughing and sneezing)
- Via contaminated objects (ie a towel which has been shared)
- Person to person

Main Routes of Infection on to and into the Body

To cause infection, pathogenic micro-organisms, such as bacteria and viruses, must break through the armour of the skin surface. They can do this through a natural opening or an unnatural break.

- **Natural openings** in the skin surface include body orifices such as your mouth, ears, nose, urethra, anus and vagina. When tubes are inserted into natural openings in the body, such as a urine catheter into the urethra and up to the bladder, or a naso-gastric tube into the nose and down to the stomach, the tube can become a direct route for infection to travel deep into the body. People with catheters and the like are therefore much more at risk on infection.
- **Unnatural breaks** in the skin surface include an accidental injury, such as a scratch, graze or cut, as well as surgical wounds made by operations. Other unnatural breaks are caused when tubes are inserted through the skin and into the body, such as wound drains or feeding tubes that go directly through the abdomen and into the stomach.

Fungal infections most commonly grow on the skin surface, especially in moist, warm conditions – ie athlete's foot colonising between the toes, or thrush colonising inside the mouth, gut, anus or vagina. **Parasitic infestations**, such as head-lice, can occur in the hair on our heads, our body hair, and in pubic hair.

Who Is Responsible For Infection Control

Infection can affect everyone, so we must all be concerned with it. We all have a responsibility to make sure that everyday activities, such as going to the toilet; bathing; preparing and eating food, don't increase the likelihood of spreading germs.

When an activity is carried out frequently, it becomes a habit. To control infection we must stop our habits from becoming bad habits! (eg sampling food then returning the spoon to the pot, or running our fingers quickly under the tap instead of washing them properly). We all mix closely with other people, and through this, we face the potential risk of catching or passing on infection a number of times a day. Infection Control is therefore ***everyone's*** responsibility.

Infection Control (Page 2 of 6)

Legislation

In the UK, most laws to do with Infection Control come under four Acts of Parliament:

- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Act (amended 1994)
- The Public Health (control of diseases) Act 1984
- The Food Safety Act 1990

In addition, the following four regulations all come under one of the above Acts:

- The Control of Substances Hazardous to Health 2002 (**COSHH**)
- The Reporting of Injury, Disease and Dangerous Occurrences Regulations 1995 (**RIDDOR**)
- The Public Health (Infectious Diseases) Regulations 1988
- The Food Safety (General Food Hygiene) Regulations (DoH 1995)

Under the Health and Safety at Work Act 1974, **Employers** and **Employees** (including volunteers) are **both** responsible for upholding infection control laws.

High Risk Areas

The potential for catching and spreading infection is higher in the following ***four key areas***:

1. ***Food Hygiene*** – anything to do with food: handling, storing, preparation, cooking, preserving and eating of all food and drink. Food from animals, such as meat, milk, eggs and fish are more at risk of being infected.
2. ***Personal Hygiene*** - hand washing, bathing, toilet hygiene (including during menstruation), hair and nail care, body piercing, jewellery, laundering clothes and uniform, and personal and sexual health. Any activity that brings us into contact with body fluids (human or animal) carries a higher risk of spreading infection. *Body fluids* include the following: *Blood, Urine, Faeces, Sputum (mucus or phlegm, mixed with saliva, which can then be spat from the mouth), Saliva, Nose secretions, Semen, Vaginal secretions.*
3. ***Living Conditions*** - adequate sanitation, clean water, temperature control, housing facilities, waste disposal, avoiding overcrowding, and cleanliness.
4. ***Management of Illness*** - especially contagious diseases.

Infection Control Measures

An Infection Control Measure is literally **any** action you take to reduce the chance of spreading infection. The ***four main precautions*** are:

1. Create a Protective Barrier

It is vitally important to create a protective barrier between our own body and the body fluids of others, generally by using the appropriate protective clothing, such as disposable gloves, aprons etc. A supply of these is kept within our daycare centre, and also in our minibus for emergencies and outings. Please ensure that you are familiar with their whereabouts. Our first-aid kit also contains a mouth protector in the event of mouth-to-mouth resuscitation being required.

Always protect yourself and our service users by using the appropriate protective clothing.

2. Hand Washing

Wash your hands thoroughly and frequently, especially after physical contact with a Service User or contact with body fluids. Do this even if you have been wearing gloves. Wash your hands after: visits to the toilet; eating; smoking; coughing; sneezing or blowing your nose; handling waste food or refuse; handling cleaning chemicals; touching pets or animals; gardening; and after assisting Service Users with personal care or in the toilet. (see appendix re correct hand-washing procedures).
Please also encourage Service Users to wash their hands regularly, in all situations identified above; before eating snacks and meals; and after communal activities such as dominoes.

Please use the skin sanitizer gel that is available outside the toilets in our daycare centre, and encourage all Service Users to do the same.
This is not a substitute for washing hands… Always wash hands first.

3. Clean Equipment

All equipment must be cleaned carefully after every use, using the correct methods and recommended disinfectants. All seats and settees should be cleaned daily with appropriate anti-bactericidal sprays.

Clean the centre and all equipment regularly and thoroughly.

4. Awareness

Be aware of risks and understand how to reduce them. Information and knowledge give people a chance to act responsibly. Policies, Procedures and Training are all vital in infection control.

Be aware, be responsible, and promote the control of infection.

"Higher Risk Tasks" for Staff and Volunteers

The type of care that is undertaken by staff and volunteers generally hold a greater risk of cross infection due to the close physical contact and personal care that is sometimes required. The following is a list of the ***five main*** tasks which have a higher risk of contamination, along with guidelines on how to reduce the risk of cross infection:

1. Toileting

This is a prime area of care for spread of infection from faeces. Careful urinary catheter and colostomy care is also important for preventing the spread of infection, as these tubes create a direct entry into the body. ***You must:***

- **Wear a disposable apron and disposable gloves**
- **When you wipe a female service user's bottom, always wipe from front to back, to prevent pathogens crossing from anus to urethra or vagina.**
- **Whenever you help a service user go to the toilet, make sure you also help them to wash their hands afterwards. If it is not possible to get them to the sink, offer a bowl of hot water and soap. If this isn't possible, use antiseptic wipes and hand-gel. If service users go to the toilet without assistance, discretely encourage them to wash their hands and use hand-gel.**
- **You must always wash your hands after visiting the toilet yourself and after helping others with toileting, even if you have been wearing disposable gloves.**
- **Always take care when discarding used gloves and aprons, using the designated bin.**

2. Bathing, Showering and Personal Hygiene

This involves very close body contact with another person, increasing the risk of cross-infection. Wounds and sores may be soaked, increasing the risk of infection not only spreading between different people, but from one part of the body to another. Shaving the face or legs holds the risk of nicks and cuts and contamination through blood. ***You must:***

- **Wear a disposable apron and disposable gloves**
- **Wash cleaner areas first – face, arms, hands and trunk**
- **Use separate (preferably disposable) cloths for the genital area**
- **Change sink or bowl water between clean and 'dirty' areas**
- **Dry the person carefully because bacteria thrive in the moist areas of body creases (under arms, breasts and stomach folds**
- **Clean the bath, shower, sink or bowl after each use**
- **Wear disposable gloves to shave others (be aware of the risk of puncturing gloves)**
- **Treat shaving cuts immediately. Clean up blood and cover any wound with a plaster.**
- **Always take care when discarding used gloves and aprons, using the designated bin.**

3. Feeding

This includes preparation of food as well as serving it and helping service users to eat. ***You must:***

- **Carry out scrupulous hand washing in between food handling tasks and when moving to and from kitchen**
- **Remove any disposable aprons that have been used for care or cleaning tasks**
- **Wear a fresh apron or protective clothing suitable for food serving**
- **Try to avoid coughing or sneezing over or near food**
- **No tasting using fingers, and no placing spoon used for tasting back into food**
- **Follow all the guidelines in our *Food Handler's Personal Hygiene Control Policy***
- **Encourage Service Users to wash hands before eating snacks and meals.**

4. Moving and Handling

This often involves very close contact with service users, other staff and volunteers. ***You must:***

- **If appropriate, wear a disposable apron and gloves. As part of a risk assessment, you will need to assess whether it is appropriate for each service user**
- **Wash your hands before and after contact**
- **Clean any moving and handling equipment regularly**
- **Always take care when discarding used gloves and aprons, using the designated bin.**

5. Emergency and First Aid

After an accident or emergency, blood and body fluids are a high risk. It is not unusual for someone to wet or soil themselves after an accident. If on an outing with service users, remember to take the first aid kit and bag containing gloves, aprons, gel, clothing and continence aids. ***You must:***

- **Put on protective clothing (if, in an emergency, you do not have disposable apron and gloves available, use anything that creates a barrier, eg a plastic bag)**
- **Cover wounds with a clean dressing**
- **Clear any waste soiled with body fluids from the incident safely**
- **Complete an accident or incident report, detailing what happened and the action taken**

Cleaning Spillages of Body Fluids

If a body fluid is ***spilt***, you must remember that it is potentially infectious and apply universal precautions to deal with it:

- **Deal with the spillage immediately. You cannot leave a spillage until routine cleaning takes place**
- **Cordon off the area to prevent anyone slipping in the spillage**
- **Before you touch anything, wear disposable gloves and apron**
- **Mop up excess fluid using paper towels and dispose of these in the appropriate hazardous waste bin**
- **Use the appropriate cleaning and disinfecting solutions**
- **Rinse the area with very hot water**
- **Leave to dry, protected by appropriate hazard warning signs for a wet floor**
- **Clean mops in disinfectant, rinse in very hot water and leave to dry head up**
- **Dispose of your protective clothing in the appropriate hazardous waste bin**
- **Wash your hands**

On occasions, you may have unexpected contact with body fluids that suddenly splash out at you. In this event, you should:

- **Wash your hands**
- **Wash the affected area of skin using hot water and disinfectant (just water if eyes)**
- **Inform the Co-ordinator or designated responsible person**
- **Complete an accident report form**

Infection Control (Page 5 of 6)

General Cleaning

Maintaining a clean working environment reduces the opportunity for the pathogens to thrive. Cleaning removes pathogen contamination and reduces the opportunity for cross infection to take place. Clean as you go, or as soon as practicably possible.

Mops and Cloths must be:

- Rinsed, washed and changed frequently
- Stored heads up so they can dry
- Colour coded – eg red for use in toilet area only.

Detergent and Cleaning Products:

- Store all cleaning materials safely and use according to instructions

Responsibilities

Management, Staff and Volunteers should undertake to ensure that:

- Appropriate training is available for, and completed by all staff and volunteers
- Regular information and updates are provided and read
- They comply with all legislative requirements
- They actively promote the Control of Infection
- A safe and healthy work environment is maintained
- Stocks of disposable gloves, protective aprons, sanitising hand-gel etc are readily available and used as appropriate.

Control of Infection Manual

A copy of the Health Boards ***'Control of Infection Manual for care homes and day centres'*** is kept within the office of our centre. This manual contains in-depth information about the Control of Infection, along with actions to take in the event of any situation concerning the outbreak of an infection. It also contains the local contact number for the Health Boards Infection Control Team and their advisers. This manual can be freely accessed by all staff and volunteers.

Communicable Diseases

A communicable disease is one that can be passed on from person to person. Under The Public Health (control of diseases) Act 1984, a number of diseases are regarded as ***'notifiable'***, which means that they must be reported, by law, to the Department of Health.

The following diseases are the main notifiable diseases (a fuller list is contained in the ***'Control of Infection Manual for care homes and day centres'***: Chicken Pox, Food Poisoning (caused by various bacteria), Hepatitus, Influenza, Legionnaire's, Lyme Disease, Measels, Meningitis, Mumps, Rabies, Rubella (German Measels), Tuberculosis (TB), Whooping Cough.

Anthrax, cholera, diptheria, dysentry, malaria, plague, polio, scarlet fever, smallpox, typhoid and yellow fever are also notifiable. These occur in other parts of the world, and if you travel you may be advised to be vaccinated against them, but they are rarely problems in the UK.

The Group Co-ordinator, or in his absence the designated responsible person, should undertake to notify the Department of Health as soon as practibly possible on discovering a notifiable disease within our centre, group of service users, or team of staff and volunteers.

The Care Inspectorate will also have to be notified.

Infection Control Appendix (Page 6 of 6)

Hand Washing

The following hand washing and drying technique should be used as standard:

- **Remove jewellry and watches, and roll up sleeves**
- **Use warm running water, wet hands**
- **Use an adequate amount of soap from a soap dispenser**
- **Rub hands, palm to palm**
- **Rub palms over backs of hands, interlacing the fingers**
- **Rub palm to palm with fingers interlaced**
- **Clasp fingers to rub backs of fingers**
- **Grasp thumb and use rotational rubbing**
- **Finger tips together, rubbing into palms**
- **Thoroughly dry, using paper towel**
- **Use paper towel to turn tap off**
- **Avoid touching bin with clean hands when disposing of paper towel.**

For further information and diagrams of correct hand-washing procedures, please see the copy of "Hand Hygiene Policy and Procedure", which is available in the office. Produced by the Infection Control Team, this document can be downloaded free of charge from:

http://www.documents.hps.scot.nhs.uk/hai/infection-control/sicp/handhygiene/mic-p-handhygiene-2007-02.pdf

Contacts

- Environmental Health Department 0845 740 6080
- Lanarkshire Health Board Infection Control Team 01698 863 215
- Care Inspectorate www.careinspectorate.com 0345 600 9527
- Health Protection Scotland, Infection Control Team 0141 300 1175

See also, the **Health Protection Scotland** website, at: http://www.hps.scot.nhs.uk

Name of Policy:	Infection Control
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Child Protection (Page 1 of 2)

Introduction
Although not working directly with children, staff, volunteers and Service Users of The East Kilbride & District Dementia Carers Group may come into contact with them in the community, or through visits to the centre. This Policy statement is designed to help you if you come into contact with children. It explains what to do if you have concerns about a child.

Everyone's Responsibility to Protect Children
All children have a right to grow up in a caring and safe environment. All adults have a responsibility to protect children. This includes: Parents, Family members, Friends, Neighbours, Professionals, Schools, Members of the public, Voluntary organisations such as youth groups, Religious organisations.

Definition of Child Abuse
There are different types of abuse. Some examples are:
- **Physical injury** - being hit, kicked, punched
- **Physical neglect -** not being properly fed, clothed, cared for or poor hygiene
- **Sexual abuse -** inappropriate sexual behaviour towards a child or language by an adult towards a child
- **Emotional abuse -** constantly criticised, ignored, humiliated

What Might Make You Worried About a Child
Children rarely tell if they are being abused, however, there may be signs which make you concerned and may be an indication of a child being abused or neglected.

The child may:
- Have unexplained bruising or bruising in an unusual place - the centre of the back
- Bruising that could indicate that a child has been gripped too tightly and possibly shaken.
- Appear afraid, quiet or withdrawn
- Be afraid to go home
- Appear hungry, tired or unkempt
- Be left unattended or unsupervised
- Have too much responsibility for their age
- Be acting out in a sexually inappropriate way
- Be misusing drugs, alcohol, cleaning fluids or excessive medication
- Not thriving

At times there may be other reasons why you are worried about a child. The adult may be:
- Acting in a violent or sexual manner towards a child
- Misusing drugs or alcohol while caring for a child
- Acting in an unusual or suspicious manner including delay in seeking advice, dubious explanations of injuries or over-frequent attendance at clinics or surgeries
- Giving doubtful and/or conflicting explanations of fractures, cuts, bruises, scalds, burns, lacerations and swellings or bite marks. While a child who is crawling or walking frequently gets cuts and bruises, it is not easy for a baby to incur such injuries

What to do if you are Concerned About a Child
Sometimes it can be difficult to know if a child is being abused or at risk of abuse. You might have general concerns about a child but be unsure whether the child is being abused. If you are worried about a child you should report your concerns to your line manager. You can also contact any of the following for advice on what to do next:
- Social Work Department
- Health Visitor
- Family GP
- Teacher or nursery staff
- Police officer
- Scottish Children's Reporter Administration (SCRA)

Child Protection (Page 2 of 2)

If a Child tells you Something has Happened:

- Stay calm
- Listen to the child
- Keep any questions to a minimum
- Reassure the child they were right to tell
- Tell the child what you are going to do next
- Record in the child's own words what has been said
- *Act promptly and immediately report to your line manager*

What to do if a Child tells or you Suspect a Child is Being Abused or at Risk of Abuse

If a child tells you something, or you suspect a child is being abused or at risk of abuse, you must report your concerns to your line manager immediately. If there are child protection concerns then a referral should be made to the Social Work Department or in an emergency to the Police without delay.

When a referral is made to the social work or police, the following details are required:

- The child's name, address and date of birth
- Parents' names and current whereabouts
- Child's current whereabouts
- Your details, for example your involvement with the child
- What the concerns are and why they have arisen
- Any recent changes in the child's behaviour or presentation
- Whether the child said anything which made you concerned
- Whether there are other children in the household
- Whether there have been any previous concerns about this child or other children in the household
- Whether the child has any disabilities or special needs
- Whether there are any cultural or religious factors which need to be taken into account
- Whether the parents are aware of the concerns and, if so, their reaction

If any of the above information is not available, the referral should not be delayed. Delay may put the child at further risk. Parents should usually be notified of the concerns prior to referral, however this might place the child in a more dangerous situation or prejudice the outcome of any subsequent Social Work Department or Police investigation.

At all times the welfare of the child must come first.

Remember – Child Protection is EVERYONE'S responsibility.

List of useful contacts:

East Kilbride Social Work Department	0303 123 1015	
Out of Hours Standby for Social Work	0800 678 3282	
East Kilbride Police	101	
NSPCC Child Protection 24 Hour Helpline	0808 800 500	www.nspcc.org.uk
Scottish Children's Reporters Administration	0300 200 1765	www.scra.gov.uk
Childline	0800 1111	www.childline.org.uk

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Abuse - Prevention, Identification and Investigation (Page 1 of 3)

Who abuses and where can abuse occur?

Vulnerable adults may be abused by a wide range of people including relatives and family members, professional staff, paid care workers, volunteers, other service users, neighbours, friends and associates, strangers and people who deliberately exploit vulnerable people.

Your response is crucial. If you become aware of any situation which might be abusive to a vulnerable adult: acknowledge it and take action.
Their protection may well depend on your initial response.

Definitions to assist in the identification of abuse

Abuse may consist of a single act or repeated acts. Consensus has emerged identifying the following main different forms of abuse:

- **Physical abuse**, Including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.
- **Sexual abuse**, Including rape and sexual assault or sexual acts to which the vulnerable adult has not consented, or could not consent or was pressured into consenting. Sexual abuse might also include exposure to pornographic materials, being made to witness sexual acts and encompasses sexual harassment and non-contact abuse. NB. The Sexual Offences Act, 2003 has created a number of new offences that can be committed by care workers in respect of a person with a mental disorder. Sections 38 to 41 deal with the situation where a care worker involves someone in their care, who has a mental disorder, in sexual activity.
- **Psychological abuse**, Including emotional abuse, threats of harm, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- **Financial or material abuse**, Including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Neglect and acts of omission**, Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Discriminatory abuse**, Including racist, sexist, that based on a person's disability, and other forms of harassment, slurs or similar treatment.

Prevention of Abuse

Good practices include:

- Rigorous recruitment practices (including volunteers).
- Internal guidelines and training for staff. All staff and volunteers will receive training on the Adult Support and Protection (Scotland) Act 2007 as part of their induction training.
- Information for users, carers and the general public
- Empowerment of vulnerable individuals. Empowering individuals with knowledge and understanding so that they will be aware of what is appropriate or inappropriate behaviour towards them, and of their rights, is an important aspect of prevention of abuse.

Support for those who report abuse

All those making a complaint, allegation or expressing concern, whether they be staff, service users, carers or members of the general public, should be reassured that:

- They will be taken seriously
- Their comments will usually be treated confidentially but their concerns may be shared if they or others are at significant risk
- If service users, they will be given immediate protection from the risk of reprisals or intimidation
- If staff, they will be given support and afforded protection if necessary – under the Public Interest Disclosure Act 1998 (Whistleblowers Policy):
- They will be dealt with in a fair and equitable manner; and
- They will be kept informed of action that has been taken and its outcome

Intervention in situations of suspected abuse

The individual who suspects abuse/hears a disclosure or allegation will need to bear in mind the following:

- In situations of immediate danger take urgent action by calling the relevant emergency services (e.g. Police, ambulance, GP)
- Log your concerns and any information given to you or witnessed by you. Do not ask leading questions.
- Remember that it is not necessary or advisable for you to seek evidence or proof at this stage. This is for a formal adult protection investigation to carry out. By supporting the vulnerable adult and carefully gathering any readily available information and logging it at this stage, you will lay the foundations for an effective formal investigation.
- Understand the need not to contaminate (and to preserve) evidence if a crime may have been committed.
- Report concerns and information to the appropriate manager or supervisor. If this is not possible refer directly to Social Services Dept/Police.
- Understand that the Police must be contacted if a crime may have been committed.
- Remember to have regard to your own safety. Leave the situation if it is not safe for you.
- Listen to the vulnerable adult, offer necessary support and reassurance. Record what is said and what is observed, recording accurately and in detail the nature of allegations as well as your own actions/response, who was present at the time and the times and dates.
- Issues of confidentiality must be clarified early on. For example staff or volunteers must make it clear that they will at least have to discuss the information/concerns with their supervisor/manager.
- Where a vulnerable adult expresses a wish for concerns not to be pursued then this should be respected wherever possible. However, decisions about whether to respect the service user's wishes must have regard to the level of risk to the individual and/or others and their capacity to understand the decision in question and to make decisions relating to it. In some circumstances the vulnerable adult's wishes may be overridden in favour of considerations of safety. (Refer to policy on Confidentiality)
- Decisions to override the vulnerable adult's wish not to proceed with an investigation or not to allow referral to another agency such as the Police or Social Services Department will where possible be the product of discussion with appropriate line manager/supervisor. These decisions will be clearly recorded.
- **Concerns about suspected abuse of a vulnerable adult must be reported to a line manager/supervisor as soon as possible. Where the line manager/supervisor may be the perpetrator of the abuse (or where no such person is available), a direct referral to Social Services and/or the Police *must* be made as soon as possible.**

Action to be taken by the Group Co-ordinator, Senior Care-worker, or delegated Responsible Person on duty upon suspecting abuse or receiving a report of suspected abuse:

1. Make a referral under the Adult Support and Protection (Scotland) Act 2007 immediately and as a priority.

Who to refer/report concerns to:

- Relevant Social Services team, depending on age/any mental health problems/any learning disability/any physical disability and also on area in which the vulnerable adult lives. ***Social Services Departments have the lead responsibility for coordinating all investigations into suspected abuse of vulnerable adults***. Any subsequent internal investigation may only be carried out upon conclusion of the Social Services Department, Care Inspectorate and/or Police investigations unless requested by the lead investigator.

Who to refer/report concerns to (cont.):

- Care Inspectorate (SCRC), but *only where there are issues relating to the National Care Standards*. See policy on *Reporting Proposed Changes and Significant Events to the Care Commission.*
- The Police if there is an emergency where delay in contacting emergency services may result in serious harm to the vulnerable adult if the abuse may constitute a crime.

Information which will be required when you make a referral:

- Details of alleged victim (*name, address, tel no, date of birth/age, gender, ethnic background (including principle language spoken), details of any disability (including any communication needs)*
- Details of GP
- Whether the individual is aware of and has consented to the referral being made
- The mental capacity of the individual (are there any concerns/doubts about this?)
- Details of any other professional involved
- Details of carers and any significant family members, neighbours, friends
- Details about the nature of the vulnerable adult's home/accommodation
- Reasons for concerns and therefore this referral
- Details of how these concerns came to light
- Details of alleged abuse including information about suspicions, specific information
- Details of any arrangements which have already been made for the protection of the vulnerable adult/any immediate action taken
- Details of anyone else to whom this referral has also been made (Care Inspectorate, Police etc..)
- Details of the alleged perpetrator and whether they too are a vulnerable adult
- Details of any other background information or context of concerns

"The first priority should always be to ensure the safety and protection of vulnerable adults. To this end it is the responsibility of all staff to act on any suspicion or evidence of abuse or neglect." ***"No Secrets", DoH, 2000***

List of useful contacts:

East Kilbride Social Work Department	01355 807000	
Out of Hours Standby for Social Work	0800 678 3282	
Care Inspectorate	0345 600 9527	www.careinspectorate.com
East Kilbride Police	01355 564071	
EK Community Mental Health Team (CMHT)	01355 233354	
Action on Elder Abuse (AEA)	0808 808 8141	www.elderabuse.org.uk

Public Concern at Work www.pcaw.co.uk
(Provides legal, practical and policy advice on Whistleblowing)

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DNACPR – Do Not Attempt Cardiopulmonary Resuscitation (Page 1 of 3)

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) – *National Policy*
The NHS Scotland DNACPR policy has been developed with the intent of supporting people to achieve their goals for their end of life, in any care setting, but does not preclude other active interventions or care.

The increased movement of people and staff between different care settings in Scotland makes a single integrated and consistent approach to this complex and crucial area a necessity.

The policy reflects the current evidence base and UK best practice guidance on decisions relating to CPR i.e. the revised Joint Statement produced by the British Medical Association, Royal College of Nursing and Resuscitation Council (UK) (2007); and the recently published General Medical Council (2010) End of life treatment and care: good practice in decision making. The policy has been developed following widespread engagement from key stakeholders.

OBJECTIVES OF THE POLICY

1. To ensure a consistent and integrated approach across Scotland to DNACPR decision-making and communication for all patients in all care settings in line with national good practice guidance.
2. To ensure that decisions regarding CPR are made according to:
   - whether CPR could succeed
   - the clinical needs of the patient
   - the patient's wishes and their judgement of the benefit provided by CPR
   - current ethical principles
   - legislation such as the Human Rights Act (1998) and the Adults with Incapacity (Scotland) Act 2000
3. To make DNACPR decisions transparent and open to examination.
4. ***To ensure that a DNACPR decision is communicated to all relevant healthcare professionals and services involved in the patient's care.***
5. ***To avoid inappropriate CPR attempts in all care settings.***
6. ***To ensure staff, patients and their relevant others have appropriate information on making advance decisions about CPR and that they understand the process.***
7. To clarify that patients and their relevant others will not be asked to decide about CPR when it would clearly fail and therefore is not a treatment option, or when the circumstances of a possible cardiopulmonary arrest cannot be anticipated and therefore informed discussion cannot take place.
8. To encourage and facilitate open, appropriate and realistic discussion with patients and their relevant others about resuscitation issues.
9. To clarify the DNACPR decision-making process for clinical staff caring for people who have communication difficulties and other vulnerable groups.

Points 4,5 and 6 are particularly relevant to the Dementia Carers Group.

ADVANCE DECISIONS ABOUT CPR TREATMENT

The appropriateness of CPR should always be considered on an individual patient basis. There is never a justification for blanket policies to be in place. An advance decision that CPR should not be attempted can be made if either of the following is relevant:

A patient makes a competent advance refusal

- Where CPR is not in accord with the recorded, sustained wishes of the patient who has capacity for that decision.
- Where CPR is not in accord with a valid applicable advance healthcare directive (living will).

A patient's informed and competently made refusal which relates to the circumstances which have arisen should be respected.

RESPONSIBILITY FOR DECISION-MAKING:
PATIENTS AND THEIR RELATIVES/CARERS

A competent patient can:

- Make an advance refusal of CPR
  - even if CPR is deemed to be very likely to be medically successful
  - they do not have to give a reason for such refusal.

- Accept (consent to) CPR if offered
  - CPR must only be offered if it is realistically judged likely to be medically successful in achieving sustainable life for that patient in the event of a cardio-respiratory arrest.

Where a patient lacks capacity for involvement in advance decisions and has no legally appointed welfare attorney/welfare guardian/person appointed under an intervention order

- the responsibility for deciding if resuscitation is in the patient's best interests lies with the lead clinician with clinical responsibility for the patient
- family/carers/next of kin do not have decision-making rights or responsibilities in this circumstance. Discussion with the family has the primary aim of trying to clarify the patient's views, prior to incapacity.

Where a patient lacks capacity for involvement in advance decisions and a legally appointed welfare attorney/welfare guardian/person appointed under an intervention order has been identified

- The proxy decision maker can
  - make an advance refusal of CPR for the patient
  - accept (consent to) CPR if offered (and realistically judged by the senior clinician to be likely to achieve sustainable life for the patient).

- The proxy decision maker cannot
  - demand CPR if it is clear that CPR will not be successful in achieving sustainable life for the patient
  - if agreement cannot be reached after sensitive discussion, a second opinion should be accessed.

Policy Procedural Matters – East Kilbride & District Dementia Carers Group

The preceding text is an extract from **The NHS Scotland DNACPR policy**, which the East Kilbride & District Dementia Carers Group has adopted in full. A copy of the full policy can be obtained from our office. To ensure adherence to this policy, we will undertake the following procedures:

- All staff and volunteers will have regular certificated emergency first aid training, which will include current information on National DNACPR procedures.
- The DNACPR Policy and Procedures will be included in induction training for all staff and volunteers.

When a DNACPR order is in place (valid applicable advance healthcare directive / living will)

- This will be clearly recorded on the first page of the Service Users Personal Care-plan.
- A DNACPR Form will be completed and attached to the living will, which will then be marked 'COPY' and retained in the Service Users personal file.
- The ongoing validity of the DNACPR order will be established at each subsequent review. The DNACPR form will then be updated accordingly, and all staff/volunteers will be informed via the Communications diary, where they will sign to indicate that they have read the instruction.

- If a G.P. is called to attend to the Service User, they will be informed of the DNACPR order.
- If an ambulance, paramedic or other emergency service is called to attend to the Service User, they will be informed of the DNACPR order.
- If the Service User has to be taken to hospital, a copy of the DNACPR order will be taken with them and passed to medical staff.

Remember – it is **NOT our decision whether to resuscitate or not**. In accordance with the NHS Scotland DNACPR policy, that decision can only be made by: the Service User; Carer; a legally appointed welfare attorney/welfare guardian/person appointed under an intervention order; and always in conjunction with the lead clinician or appropriate health-care staff.

Our role is simply:

- To be aware of the Service Users wishes where they have been expressed;
- To respect these wishes;
- And to ensure that as far as it is within our control, they are honoured.

FAQ's

Does a Social Carer (Care-worker / Volunteer) have to respect a DNACPR form and not call 999 if a patient in their care suddenly collapses?

If the collapse is unexpected they should contact emergency services but inform them of the DNACPR form. If the patient is known to be in the very final days of their terminal illness they should contact GP or Out of Hours Service. ***Social Carers should never be expected to make a healthcare judgement.***

What if a Social Carer (Care-worker / Volunteer) doesn't agree with the idea of DNACPR?

They should discuss this with their manager and the clinical team caring for the patient.

What should a Social Carer (Care-worker / Volunteer) do if they are alone with a patient who collapses who has a DNACPR form?

If the collapse is sudden and unexpected they should contact emergency services but inform them of the DNACPR form. ***Social Carers are not expected to make medical or nursing decisions.***

Further Information:

Further information, including tools, forms, FAQs etc can found on the Scottish Government website:
http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/LivingandDyingWell/ShortLifeGroups/-DNACPR

The full policy may be downloaded from the following address:
http://www.scotland.gov.uk/Resource/Doc/924/0098809.pdf

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) – National Policy

Name of Policy:	DNACPR – Do Not Attempt Cardiopulmonary Resuscitation
Date of Last Review:	21st March 2016
Reviewed by:	Full Management Committee / Carers Support Group Representatives / Staff & Volunteers
Approved by Management Committee:	21st March 2016

Incident Support Procedures for Staff & Volunteers

Whilst working on behalf of the Group, should a staff member or volunteer find themselves in a situation where they require further support or guidance, the following points of contact may be used:

1. During office hours, contact the Daycare Centre at 169 Pine Crescent and speak to the responsible person in charge.

2. Outwith office hours, contact the Co-ordinator by mobile or at home.

3. Should the Co-ordinator not be available, contact one of the Committee members.

4. Contact the Social Work Department 24-hour Standby Service.

Relevant numbers are distributed in staff induction packs, and are available from the office.

Name of Policy:	Incident Support Procedures for Staff & Volunteers
Date of Last Review:	19th September 2016
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	19th September 2016

Supervision and Appraisal (Page 1 of 5)

Staff Supervision

1. Introduction

The East Kilbride & District Dementia Carers Group recognises staff as a principal asset in the provision of services to the community. Supervision is intended to assist staff in realising their full potential and to assist them to operate in a way that is consistent with the Group's policies. Regular supervision of staff should facilitate the professional development of staff and ensure appropriate support is available from Managers to allow staff to undertake the tasks required. To this end, in accordance with the terms of the procedure, a schedule for supervision between each line manager and his/her individual members of staff will be agreed.

2. Aims

2.1 Context

To ensure the right of all staff to effective supervision, within a safe and respectful environment, whilst recognising that the format and frequency will vary according to individual needs.

2.2 Activities

To ensure the highest quality of service through the most effective functioning of staff, within the scope of their responsibilities and duties, as consistent with the requirements of legislation, policies and procedures, and good professional practice.

2.3 Staff Development/Training

To facilitate the development of essential and desirable skills in order to contribute to optimum staff performance.

2.4 Support

To provide appropriate personal and professional support as may be required to enable staff to function to their full operational potential.

3. Objectives

3.1 Context

- To promote respect and accountability as the basis of effective supervision.
- To recognise the importance of regular, formal supervision to the effective functioning of all staff.
- To monitor and evaluate supervision periodically, and take action to improve the quality where necessary.
- To recognise that information arising from the supervisory process is confidential to the Group, but that in practice information will only be shared on a need-to-know basis as determined by the supervisor, and generally with the knowledge of the supervisee.

3.2 Activities

- To confirm and prioritise the tasks and functions of the post, and the levels of delegated decision making.
- To ensure accountability for services by monitoring of work undertaken, via careplans, information systems, direct consultation and other appropriate means.
- To ensure that identified tasks and functions receive appropriate attention, and to evaluate the effectiveness of operational functioning against agreed standards of professional and administrative practice.
- To identify factors contributing to unsatisfactory operational outcomes, and to take appropriate remedial action as may be required.

3.3 Staff Development/Training

- To contribute to identifying individual training and developmental needs, and to address these by appropriate measures within supervision, or by referral to the Staff Supervisory Group for consideration within the Training Plan.
- To encourage and promote creative and innovative practice.

3.4 Support

- To identify personal and professional stresses which are having a negative effect on an individual's operational functioning.
- To offer support to help the member of staff deal appropriately with stress or take such other appropriate action as may be required.
- To address issues relating to health and safety at work.

Standards for Staff Supervision

Staff can expect:

1 Context

- that their supervisor will act as a responsible and accountable manager;
- their supervisor to agree with them a supervision schedule which addresses the following:
    - frequency and duration, depending on contracted hours of employment (a minimum of six-monthly);
    - method and structure;
    - protected time;
- to have supervision on a regular basis;
- that the outcome of supervision sessions will be recorded by the supervisor;
- the limits of confidentiality to comply with this policy;
- that their supervisor will have received training in supervision skills;
- that the process of supervision will be monitored and evaluated on an annual basis;
- their supervisor to take seriously and respond to any concerns that they may have about the supervisory process;

2 Activities

- that a structured work programme will be clearly established in discussion with them;
- that their work programme will be updated at each supervision session;
- to receive feedback on their performance in relation to their work programme;
- clear definition of delegated decision making within their work programme;
- a prompt response from their supervisor where decision making has not been delegated;
- supervision of each Service User related responsibility;

3 Staff Development

- that their supervisor will work jointly with them to identify the learning needs arising from their work programme;
- their supervisor to provide advice and guidance to meet their needs, or to ensure access to specialist advice and guidance;
- that their supervisor will liaise with the Staff Supervisory Group to prioritise agreed learning needs within the annual training plan.
- to be encouraged to be creative and innovative in their work practice;

4 Support

- that their supervisor will help clarify stresses that may be affecting their work performance;
- their supervisor to help resolve their concerns or to identify with them the need for more specialist support;
- that their supervisor will ensure their working environment conforms to the requirements of the Health & Safety legislation.

Responsibilities

1 Supervisors

- To ensure staff are aware of their rights and responsibilities as supervisees and to whom they are accountable.
- To organise and arrange supervision according to policy guidelines.
- To ensure supervision is given appropriate priority amongst other tasks.
- To coordinate all key activities relating to supervision.

Responsibilities: Supervisors (cont)

- To prepare adequately for supervision.
- To ensure that all work and performance issues are openly, critically and positively dealt with in supervision.
- To ensure that discrimination does not take place within supervision, and to acknowledge and deal with gender and power imbalances appropriately and any other items which impede effective communication.
- To review case files, plans and recordings on a regular basis.
- To review learning outcomes with staff and evaluate any training or personal and professional development activities undertaken.
- To ensure that supervision sessions, especially outcomes and agreed tasks, are adequately and clearly recorded.
- To report appropriately those issues identified in supervision, both individual and organisational, to their own supervisor as appropriate.
- To allocate work and monitor workload of individuals and/or the group.

2 Supervisees

- To ensure they give supervision appropriate priority.
- To plan and prepare for supervision.
- To give all relevant information to supervisors to facilitate shared decision making;
- To undertake appropriate and jointly identified training;
- To inform supervisors of any personal issues which may be affecting work performance.
- To participate in all negotiations regarding their own supervision.
- To raise issues where communication is felt to be failing, at an early stage.
- To identify issues in themselves or their supervisors which maybe impeding communication.
- To accept and give critical feedback as appropriate.
- To maintain confidentiality about their supervision with peers.
- To give a realistic assessment of their own workload and performance.

Confidentiality

A fundamental aspect of supervision is mutual trust and respect. Failure to adhere to this essential principle erodes and fragments the relationship and ultimately the working environment. However, all matters discussed in supervision are confidential to the organisation rather that to the individual parties to supervision. Any information shared with others within the organisation will be on a strict 'need to know' basis, and generally with the consent of both parties. The only exceptions to this will be if legal action; disciplinary action; the complaints procedure being invoked; or a request from the Care Inspectorate necessitates access to relevant sections.

Feedback

Work and performance issues must be openly, critically and positively dealt with within the supervision sessions. Positive and negative feedback must be available on performance and competence. Any negative feedback needs to be constructive and focused upon the problem area, and not the individual. This is without prejudice to the Group's right and responsibility to invoke disciplinary procedures when this is deemed necessary.

Disagreements

It is the responsibility of both the supervisor and supervisee to raise issues at an early stage and make a joint attempt to identify where and why communication may be breaking down. Areas of disagreement that cannot be resolved between supervisor and supervisee will be recorded on the supervision record and referred to the supervisor's line manager, who will advise and mediate as appropriate with the workers concerned.

Only where regular and extreme breaches of expectations occur should it be necessary to consider invoking grievance or disciplinary procedures against supervisors or supervisees.

Supervision and Appraisal (Page 4 of 5)

Recording
A written record of each session will be maintained by the supervisor, identifying issues discussed, action to be taken and timescales. This record will be dated and signed by both parties who will each retain a copy.

Appraisals
As part of the staff supervision system, each employee should have an annual appraisal, generally to be held at the start of each new calendar year.

Appraisals will look primarily at the employee's core competencies (knowledge, skills, attitude and behaviour) in the following areas:

Service User Care
- How employees use their skills and abilities to provide a quality service to Service Users.

Personal Initiative and Drive
- How employees seek to maximise their contribution to the work of the Group by solving problems, seeking improvements and maintaining their own personal effectiveness.

Co-operating with Others
- The ways in which the employee seeks to build and maintain good working relationships with Service Users and colleagues.

Promoting Equal Opportunities
- Employees demonstrate their commitment to promoting equality of opportunity for Service Users and colleagues.

Working Safely
- The steps and precautions taken by an employee to ensure the well being and safety of themselves and others.

Within these main areas, the following competencies should be appraised:
- Decision making and judgement
- Influencing others
- Knowledge and experience
- Leadership
- Organisational awareness
- Planning and organising
- Problem solving and analysis
- Achieving results
- Adaptability / flexibility
- Communication
- Developing self and others
- Gathering Information

The measurement of staff performance will be summarised against the following standards:
- Exceptional
- Above agreed standard
- Met standards in all major respects
- Approaching standard expected
- Below standard performance
- Unacceptable level of performance

Appraisers should be more senior than their representative appraisees and/or have some line management responsibility for their work/performance and some influence over their development.

The appraisee should complete the appraisal form and ideally hand it to their respective appraiser in advance of their appraisal. The appraiser can then add his/her own comments before the actual appraisal discussion.

Confidentiality
Prior consent must be obtained from the appraisee and Group representative if more than one appraiser is to be present.

Only the appraisee and appraiser should keep a copy of the appraisal proforma.

Information written on the proformas and the content of the appraisal discussion will remain 'confidential' between the appraiser and appraisee, unless legal action; disciplinary action; the complaints procedure being invoked; or a request from the Care Inspectorate necessitates access to relevant sections.

Record Keeping and Collating Training Needs
After the appraisal process, the Group Co-ordinator should arrange to collate information identified on Appraisal Action Plans, update Training and Development Plans accordingly, and ensure that training needs highlighted in the Action Plans are agreed and processed. Appraisers should be responsible for feeding appropriate management information via the Appraisal Action Plan to the Staff Supervisory Group or Management Committee as appropriate.

The appraiser will retain a copy of the Appraisal Action Plan securely until 3 years after the appraisee leaves the Groups employment.

Procedure for resolving differences between Appraiser and Appraisee
Although in the vast majority of cases appraisal may be expected to work well, there may be an occasion when the person being appraised is in disagreement with the appraiser so that they are unable to agree on the basis for action over the coming twelve months, or about performance during the year past. In such circumstances, the person being appraised can ask for a member of the Staff Supervisory Group to resolve the differences.

The role of this individual will be to consider whether the conclusions of the appraiser were reasonable in the circumstances, particularly in relation to standards applying across the Group as a whole. In the event of an appraisee still being dissatisfied with the decision, the provisions of the Group's Grievance Procedure may
be invoked.

Name of Policy:	Staff Supervision / Appraisal
Date of Last Review:	16th November 2015
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	16th November 2015

Policy on Continuous Professional Development (C.P.D.)

Purpose

One of the East Kilbride & District Dementia Carers Group's Aims and Objectives is: *"To have staff / volunteers regularly update knowledge and skills through attendance at training courses."*

The National Care Standards for Support Services state: *"You experience good quality support and care. This is provided by management and staff whose professional training and expertise allows them to meet your needs. The service operates in line with all applicable legal requirements."* Standard 2

The Scottish Social Services Codes of Practice for Employers state: *"As a social service employer, you must provide training and development opportunities to enable social service workers to strengthen and develop their skills and knowledge."* (Code 3)

The Scottish Social Services Codes of Practice for Social Service Workers state: *"As a social service worker, you must be accountable for the quality of your work and take responsibility for maintaining and improving your knowledge and skills."* (Code 6)

This set of guidelines sets out how the Group supports and actively promotes CPD, and in doing so, meeting the above aims and objectives.

Policy

All Employees of The Group must be:

- actively engaged in CPD
- documenting and evidencing CPD
- applying learning from CPD to their practice

This is essential to maintain and enhance professionalism, competence and standards of care.

The Group's policy on CPD:

- focuses on achievement by adopting an outcomes-based approach to your learning from CPD
- links learning with enhancement of quality of care and professional excellence whilst ensuring public safety
- makes CPD obligatory for all employees
- is based on individual responsibility, trust and self-evaluation/reflection
- recognises a range of learning activities
- expects the establishment and maintenance of a portfolio of learning
- encourages professional support, networking and collaboration
- considers that CPD is the work oriented aspect of lifelong learning

Time for CPD

The Group recognises that employees will need to undertake different amounts and different types of CPD during their career and does not, therefore, specify a maximum number of hours of CPD they must undertake per year, as long as minimum requirements are met or exceeded, as stipulated by the Scottish Social Services Council or appropriate regulatory body.

Management and staff are encouraged to work together to ensure that appropriate time is made available during working hours to undertake and record all CPD activities. However, employees may need to dedicate some non-working time to CPD, particularly when it relates to development beyond that specific to their current role in the workplace.

Informal CPD activities can include:

Reflective practice; portfolio building; use of library facilities; journal reading and review; participating in discussion groups. This list is not exhaustive.

Name of Policy:	Continuous Professional Development (C.P.D.)
Date of Last Review:	16th November 2015
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	16th November 2015

Grievance Procedures

- Care staff, Volunteers, Students & Cook/Housekeeper

Stage one:
If you have a grievance relating to your employment, you should discuss it with the Co-ordinator in the first instance. The Co-ordinator should respond verbally within three working days.

If your grievance is regarding the Co-ordinator in any way, you should go directly to stage two.

Stage two:
If you are dissatisfied with the Co-ordinator's response, you should submit your grievance, in writing, to the Staff Supervisory Group. A copy of the grievance should be issued to all parties involved with you in order to consider it.

The Staff Supervisory Group will meet and hear representation from you. The Staff Supervisory Group will respond in writing, within five working days or at a time agreed by all parties.

Stage three:
If still aggrieved, you may ask for you grievance to be heard by an Appeals Committee, made up by at least three members of the Committee of the East Kilbride and District Dementia Carers' Group.

- Co-ordinator

Stage one:
If you have a grievance relating to your employment, you should discuss it with the Staff Supervisory Group in the first instance. The Staff Supervisory Group should respond verbally within three working days.

Stage two:
If you are dissatisfied with the Staff Supervisory Group's response you should submit you grievance in writing to the Committee. A copy of the grievance should be issued to all parties involved.

The Committee will meet to consider your grievance and to hear representation from you. The Committee will respond in writing, within five working days or at a time agreed by all parties.

Stage three:
If still aggrieved, you may ask for you grievance to be heard by an Appeals Committee, made up by at least three members of the Committee of the East Kilbride and District Dementia Carers' Group.

Appeals
Members of the Appeals Committee will not have been involved in any stage of the grievance concerned.

The Appeals Committee will invite you and your representative to speak. They may also invite other concerned parties to speak and accept written submission.

After consideration, the Appeals Committee will advise all parties in writing within fourteen days of their decision, which will be final and binding.

Representation
Any person registering a grievance will be entitled to be accompanied by any person of their choice agreeable to both parties, in any discussions taking place under the auspices of this policy.

Other Relevant Policies:

Complaints Policy	(Page 19)
Whistleblowing Policy	(Pages 53-55)
Bullying and Harassment Policy	(Pages 56-59)

Name of Policy:	Grievance Procedures
Date of Last Review:	17th October 2016
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	17th October 2016

Whistleblowing Policy (Page 1 of 3)

1. Introduction

1.1 Public Interest Disclosure has been an issue in the workplace for some time but has come to prominence in recent years due to certain highly publicised cases and campaigns for greater accountability for freedom of information. The Committee on Standards in Public Life (Nolan Committee) also urged the importance of Public Interest Disclosure for maintaining standards in the public sector.

1.2 The Public Interest Disclosure Act 1998 amends the Employment Rights Act 1996 to give protection from victimisation and dismissal to individuals who make certain disclosures in the public interest.

1.3 The Act applies to virtually all employees in the public, private and voluntary sectors, irrespective of their period of employment, and protects them if they make "qualifying disclosures". The Act does not cover the genuinely self-employed (other than in the NHS), Volunteers, the Intelligence Services, the Army or the Police.

1.4 Employees will usually be the first to know when someone inside or connected with the Group is doing something illegal or improper, but may feel apprehensive about raising a matter of concern for fear of further reprisals.

1.5 The Group takes all malpractice very seriously, irrespective of root cause or source. This Group is committed to openness and opportunities for all employees to contribute ideas, express concerns and question the decisions of others, including those in positions of authority.

1.6 The purpose of this Policy is therefore to outline how all staff and volunteers may deal with concerns about other staff and volunteers and/or service provision, which may have an impact upon Service Users or threaten the wider public interest.

2. Purpose

2.1 This Policy is designed to enable all Group employees to raise concerns internally and to disclose information, which the individual believes, shows malpractice. A number of Policies and Procedures are already in place within the Group including Grievance, Equal Opportunities and Complaints Procedures. This Policy is, however, intended to cover concerns, which are in the public interest and provide a means for employees concerned about the care and safety of service users to speak out.

2.2 The Policy encourages all staff to challenge others if they believe they are acting in an unethical way and makes clear that victimisation or retribution against those who use this Policy will not be tolerated and those who appropriately speak out in line with this Policy will be protected.

2.3 The Policy can also be appropriately used where concerns over staff safety, corporate governance or use of Group resources are an issue.

The Policy's objectives include:

* The resolution of complaints at the lowest level possible to bring about a practical satisfactory solution
* The avoidance of breaches of confidentiality of service users and carers
* The avoidance of inappropriate actions which would damage the Group's ability to deliver care

3. Scope/Definition

3.1 Whistleblowing may be described as a process of reporting matters of concern, for example regarding service user care, service provision, poor resources or unsuitable environment that have not/are not being dealt with adequately by normal process.

3.2 This Policy applies to every member of staff (care and non-care) at whatever level and whatever their terms of employment, hours of work or length of service.

3.3 A "qualifying disclosure" (see paragraph 1.3) is one that satisfies the two criteria below:

3.3.1 It is made in good faith.

3.3.2 It is made in the reasonable belief that the information disclosed tends to reveal one or more of the following that has been, is being or is likely to be committed:

* a criminal offence
* failure to comply with a legal obligation
* endangerment of any individual's health or safety
* damage to the environment
* possible fraud or corruption
* information that shows if one of the above has, is being or is likely to be concealed

4. Responsibility

4.1 All Managers have a responsibility to ensure all staff are familiar with, and have access to this Policy.

4.2 This Policy will be explained to new staff & volunteers as part of the Group's Induction Programme.

4.3 Everyone has an obligation to provide a high standard of service and to complain if concerns are not taken seriously regarding the neglect or abuse of service users by other employees or if there is a serious problem with unsafe practice or misuse of Group resources.

4.4 Staff should be encouraged and given opportunities to contribute freely their views on all aspects of the Group's activities, especially about delivery of care and services provided to service users/carers. This can take place at Team Meetings, Supervision Sessions or directly with the Group Co-ordinator. An atmosphere where employees feel their legitimate views will be welcomed, appreciated and where appropriate, acted on positively should be created.

4.5 When a member of staff, acting in good faith, expresses a reasonable concern they will not be penalised in any way. Victimisation by other members of staff towards the employee will not be tolerated under any circumstances. Any such behaviour will be dealt with as a disciplinary offence which could lead to dismissal.

5. Procedure

5.1 All Procedures within the Group, where possible and appropriate, aim to resolve staff concerns informally between the individual and their line Manager.

Managers should therefore always:

* take concerns seriously
* consider them fully and sympathetically
* recognise that raising a concern can be a difficult experience for some staff
* seek advice from professionals where appropriate
* ensure that concerns are received in complete confidence
* advise staff that they may wish to consult a Trade Union Representative
* act promptly and notify the member of staff of the action taken
* document all issues raised and action taken at all stages

5.2 A member of staff may also wish to use informal contact with Staff Representatives, Risk Advisers, Health and Safety Representatives, etc. or alternatively they may wish to contact Public Concern at Work (Tel: 0207 404 6609, www.pcaw.co.uk) a registered charity which promotes accountability and good governance in organisations and responsibility in individuals.

5. Procedure (cont)

5.3 If a member of staff has concerns that cannot be resolved by the appropriate procedure outlined in clause 5, they can utilise the procedure described in clause 5.4.

5.4. Report the concerns to immediate Manager making clear that the procedure outlined in clause 5 has failed and the issue is now being raised under this procedure.

5.4.1 If the employee feels they cannot report the issue to their immediate Manager, they should refer the case to a more senior Manager or Committee Member.

5.4.2 In the event of the steps contained in clause 5.4 and 5.4.1failing or being inappropriate, the employee should write to, or contact the Care Inspectorate at Compass House, 11 Riverside Drive, Dundee, DD1 4NY. 0345 600 9527

5.4.3 The Manager or Committee member receiving the employees concerns will record these and take an appropriate action to alleviate the cause for concern, particularly where this has consequences for service users/carers care, safety or good management of the Group's resources.

5.4.4 Any employee against whom allegations have been made will be entitled to be accompanied by any person of their choice agreeable to both parties, in any discussions taking place under the auspices of this policy.

5.4.5 The Management Committee acknowledges that everyone has the right to a fair hearing and to be given the opportunity to respond to any allegations made against them in accordance with European Union legislation.

5.4.6 The Manager receiving the concern will discuss with appropriate Senior Managers and/or Committee members with responsibility for the relevant area of work who will prepare a written response to the employee(s) within 10 (ten) working days. The response will explain the reason for the concern and/or plans to deal with the matter giving rise to concern.

Whistleblowing is generally regarded as an internal procedure. This policy works hand in hand with our Complaints policy which is open to Service Users, Carers, members of the public, staff and volunteers in equal measure.

Useful contacts:

Public Concern at Work

www.pcaw.co.uk

(Provides legal, practical and policy advice on Whistleblowing)

Care Inspectorate

www.careinspectorate.com

0345 600 9527

(Can be contacted at any stage of a complaint or to register concern)

Name of Policy:	Whistleblowing Policy
Date of Last Review:	15th January 2018
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	15th January 2018

Bullying and Harassment

1. Purpose

We are committed to providing a healthy working environment where you feel valued and respected so you are able to make full use of your abilities, skills and experience and contribute fully to the success of The Group.

In support of our commitment, this policy and procedure is aimed to prevent and eradicate harassment and bullying and all forms of inappropriate behaviour at work.

2. Scope

This policy applies to all staff and volunteers, both paid and unpaid.

3. Policy Statement

We will promote a safe working environment where you are treated with dignity and respect and are free from all forms of harassment and bullying. This will enable you to contribute more effectively to the Group's success and to achieve higher levels of job satisfaction.

We all have a responsibility to behave in a manner that does not offend others and we will take any complaints seriously as bullying and harassment can create serious problems for The Group and for you. It is also unacceptable on moral and legal grounds.

We will not tolerate harassment and/or bullying in the workplace and at work related external events. This will include taking seriously complaints about the behaviour of Service Users, Carers, suppliers, and other third parties.

Therefore, employees who are found to be responsible for bullying and/or harassment will be subject to the appropriate disciplinary action, which could result in dismissal and be subject to criminal sanctions.

4. Definitions

4.1 Harassment

Harassment is defined as unreciprocated and unwelcome comments or actions, which are considered objectionable by the recipient. The policy encompasses harassment with regard to gender, race, sexuality, disability, religion, age or political views. The three main forms of harassment are sexual, racial and disability. Types of behaviour the policy seeks to prevent include:

- unwelcome sexual remarks, jokes or verbal abuse
- unwanted physical contact
- the display of pornographic pictures
- behaviour that ridicules an individual because of their sexuality
- racially derogatory remarks or racist jokes
- the display of racially offensive material
- derogatory remarks/or jokes about disabled people
- any other form of behaviour that is unwanted by the recipient

4.2 Bullying

Bullying is defined as repeated or persistent actions, criticism or personal abuse, which humiliates, intimidates or undermines the individual involved. Bullying can involve a person in authority abusing their power and bullying subordinates or an individual bullying a peer or a group of people picking on one individual. Bullying can take varying forms including:

/Bullying can take varying forms including:

- verbal abuse
- intimidating or aggressive behaviour
- excessive teasing or humiliation
- imposing unrealistic targets
- unfair and excessive criticism
- isolating or openly ignoring someone
- physical assault
- taking credit for others' initiatives and achievements
- sending abusive or intimidating messages by electronic communications, e.g. e-mail, twitter, facebook, skype, text etc.

As with harassment, bullying is defined largely by the impact of the behaviour on the recipient, not its intention.

5. What are the procedures to be followed if you have a complaint about harassment and bullying in the work place?

You should keep a written record of any incidents of bullying or harassment including the date, time, and nature of incident(s), the names of those involved and the names of any witnesses who were present. You should then raise your complaint at the earliest opportunity either informally or formally as outlined below. The route you decide to follow will depend on your individual circumstances.

All complaints whether informal or formal will be taken seriously and where necessary investigated promptly. The investigation will be objective and will be carried out with sensitivity and respect for your rights, the rights of the alleged harasser and any witnesses. All conversations, written evidence and general dealings will be strictly confidential. Breaches of confidence may lead to disciplinary action.

If you make an allegation in good faith that is not confirmed by a subsequent investigation then no action will be taken against you. However, malicious or unfounded allegations may result in disciplinary action being taken against you.

6. Informal procedure

You should ensure that any concerns are raised at the earliest opportunity to enable appropriate and effective action to be taken as soon as possible.

If you feel able, you should approach the individual who you believe is acting inappropriately and ask for their behaviour to stop. In some instances an individual may not be aware that their behaviour is upsetting you and will willingly change once they become aware it is causing offence.

If the harassment/bullying continues or you feel unable for whatever reason to approach the person who is causing you offence, you may discuss the situation confidentially with your line manager. However, in some circumstances you may prefer to speak with someone else e.g. if you feel it is your manager who is the source of your concerns or you may want to discuss the situation with someone of the same gender or sexual orientation.

After your discussions this may result in the manager confidentially speaking with the individual about whom you have complained on your behalf to stop the inappropriate behaviour.

If this is not successful, you may then decide to make a formal complaint. It is not essential however, to raise the matter informally before making a formal complaint. In some instances it is appropriate that a formal complaint is made immediately.

The informal stage is not intended to result in any formal investigation or disciplinary action but is intended to enable you to resolve the matter personally without it going any further in The Group. However, if the informal complaint is felt to be so serious that when brought to The Groups' attention, it must be fully investigated and any appropriate disciplinary action taken. The formal procedure will be followed in these situations. This will be explained to you at the time and what action The Group intends to take. This will be undertaken as quickly and sensitively as possible.

7. Formal Procedure

You have the right to raise a formal complaint if you feel that the nature of the behaviour is so serious that a second occurrence of the same behaviour would be completely unacceptable. You may also wish to pursue a formal complaint if previous informal attempts at resolving the situation have not proved successful. The steps that should be followed are:

- You should raise the matter *in writing* with an appropriate manager as soon as possible. The appropriate manager would normally be your line manager. However, in some circumstances you may prefer to speak with someone else e.g. if you feel it is your line manager who is the source of your concerns or you would prefer to speak to someone of the same gender or sexual orientation.
- The manager to whom you have raised the complaint will ensure that a prompt, fair and thorough investigation is carried out with all parties involved by appropriate managers/Committee Members who are not connected with the alleged harassment or bullying. This investigation will review the position of all potentially affected employees with whom the alleged harasser comes into contact.
- Consideration will be given to ensuring that you are not required to work with the alleged harasser until the matter is resolved. The proposed solutions will be discussed with you.
- Depending on the nature of the allegation, the alleged harasser may be suspended until the investigation is completed. This will be in accordance with the disciplinary policy and procedure, which will be referred to in this situation. In some cases, it may be necessary to suspend (on full pay) both you and the alleged harasser to permit an objective investigation to be conducted. These suspensions would not be under the disciplinary procedure.
- Statements (which will be recorded in writing and signed) will be taken from all available witnesses and will include:
    - dates, times and the place of each alleged incident
    - the witness's opportunity and ability to observe clearly and accurately relevant events
- Consideration will be given as to whether a witness has any reason to fabricate evidence whether from a personal grudge or any other reason or principle
- Anonymity of witnesses may be preserved but if by so doing, the allegations are made impossible to answer the witnesses' names will be released. They will be informed where this is the case.
- All witnesses should not discuss the matter with other employees, volunteers or anyone connected with The Group during and after the investigations.
- The alleged harasser will be given an opportunity to understand the allegations and put their side of the case forward with any supporting evidence.
- The evidence will be reviewed and a decision taken as to whether further investigations are required.
- All parties may be accompanied by a work colleague or a Trade Union Representative at any stage of the process.
- Following the investigation a decision will be taken as to whether the disciplinary policy and procedure should be applied.
- If the matter is referred to the disciplinary policy and procedure the alleged harasser will be asked to attend a disciplinary interview where appropriate disciplinary action will be taken.

Where a complaint has been upheld and the harasser remains in employment, consideration will be given to separate the parties. The options available will be discussed with you at the time.

8. Responsibilities

Line Managers

Line managers have a responsibility to create a positive working environment in which unfair discrimination, harassment, or bullying does not occur and in which employees are treated with dignity and respect. This includes challenging any inappropriate behaviour of others, yourself and:

- To take immediate and appropriate action if any form of inappropriate behaviour is identified.
- To be aware and have an understanding of the Bullying and Harassment policy and procedure.
- To deal with all complaints whether informal or formal, fairly, sensitively and as quickly and confidentially as possible. This includes complaints about the behaviour of customers, suppliers, and other third parties.
- Ensure that no detriment, victimisation or retaliation is applied to anyone who has been involved in a harassment or bullying situation.

Employees

You should ensure that you treat everyone you meet in the course of your work with respect and dignity. You should always try to ensure that your conduct does not cause offence or misunderstanding to others.

We all have a personal responsibility under this policy and we can all play a part in creating a working environment in which everyone feels valued and respected and able to make a full contribution by:

- Valuing the difference in our colleagues.
- Treating all our colleagues with dignity and respect.
- Being aware of the existence of unfair discrimination, harassment and bullying and its impact.
- Making sure your conduct does not cause offence or misunderstanding.
- Refer any experience of harassment or bullying appropriately to the informal or formal procedure outlined in this policy and procedure.

Further Information / Contacts

Discrimination: your rights – GOV.UK https://www.gov.uk/discrimination-your-rights

The Advisory, Conciliation and Arbitration Service (Acas) offers free, confidential and impartial advice on all employment rights issues. You can call the Acas helpline on **0300 123 1100**

The Citizens Advice Bureau (CAB) can provide free and impartial advice.
http://www.cas.org.uk/
local CAB office – 9 Olympia Way, Town Centre, East Kilbride, G74 1JT: **01355 263698**
http://www.cablanarkshire.org.uk/

If you are a member of a **trade union**, you can get help, advice and support from them.

Breathing Space: Anyone can feel down or depressed from time to time. It helps to get some Breathing Space. You are not alone and talking about how you feel is a positive first step in getting help. So don't let problems get out of hand, phone Breathing Space where experienced advisors will listen and provide information and advice **0800 83 85 87**
www.**breathingspace**scotland.co.uk

Name of Policy:	Bullying and Harassment
Date of Last Review:	20th July 2016
Reviewed by:	Full Management Committee / Staff & Volunteers / Carers Support Group Representatives
Approved by Management Committee:	20th July 2016

Violence and Threatening Behaviour Towards Staff

The purpose of this policy is to guide staff and volunteers on the prevention and management of violent and/or threatening behaviour, and to inform staff and volunteer workers of their rights and responsibilities in relation to violent or potentially violent situations. It does not aim to instruct staff and volunteers on what to do in any given situation, but to provide policy guidance and a framework for preventing, and minimising the risk of injury as a result of violent incidents.

This policy is being implemented as part of the East Kilbride & District Dementia Carers Group's strategic approach to risk management. It does not exist because of any perception that service users (i.e. people affected by dementia or their carers and relatives) are likely to demonstrate violent or threatening behaviour. However, violent and threatening situations can occur, and this policy aims to maximise the safety and wellbeing of staff, volunteers and service users alike.

Principles Behind this Policy

The principles behind this policy are:

- To create a safe working environment for staff and volunteers who may be exposed to the risk of violence, threat or abuse in the course of their duties.
- To minimise the risk of harm to staff, volunteers, service users or other parties as a result of violent or threatening incidents.
- Everyone is responsible for his or her own behaviour, but the East Kilbride & District Dementia Carers Group recognises its responsibility to safeguard the well-being of its staff, volunteers and service users.

Policy

The East Kilbride & District Dementia Carers Group's policy is:

- To implement and maintain preventative measures necessary for the continued protection of staff, volunteers and service users.
- To establish the extent of possible threat by carrying out risk assessments where a risk is reasonably identified
- To record information about any violent or potentially violent incident to allow preventative measures to be taken and to identify situations where violence may occur.
- To deploy staff and volunteers in areas to which they are best suited in terms of their training and experience. Special consideration will be given where newly appointed and less experienced staff, students or volunteers are involved
- To provide staff and volunteers with the appropriate skill and knowledge training to suit their working environment.
- To provide support in terms of physical, psychological and assistance to access legal advice to staff and volunteers involved in violent incidents.

Procedure

Risk Assessments

The control of violence is best managed through risk assessments. These will be carried out as part of the overall risk assessment process, but also where a risk is reasonably identifiable, and as such they will:

- Identify hazards in terms of people, places and work activities.
- Identify categories of staff, volunteers, service users, carers or other parties who may be at risk.
- Identify the type of risk they might face.
- Evaluate the controls (i.e. safety measures) already in place.
- Suggest and implement further measures to improve procedures.
- Record all action implemented and outcomes achieved.

Violence and Threatening Behaviour Towards Staff

Identification of Hazards and the Risk of Violence and Threatening Behaviour

Staff and volunteers must, as a matter of routine, report any incident of violence or potential violence, however minor, providing information on the type of incident, the date, time, location and name(s) of those involved. Details of the staff member or volunteer who witnessed or was involved in the incident should also be recorded. The Incident Report form will be used for this purpose. Management will encourage the reporting of incidents and treat them in a positive and speedy manner

Determination of Risk

Staff should be involved at all stages of the process, however management committee and senior members of staff will have the final authority for assessing the degree of risk and reviewing the existing control measures (e.g. security measures, staffing levels) and to ensure that they reduce the risk of violence to an acceptable level. If they do, no further measures should be taken

Assessment of Risk and Control Measures

In many cases the risk of violence can never be fully removed and the only strategy will be to minimise the risk by implementing additional control measures (e.g. restricted access or exclusion, new staffing arrangements, special arrangements with the police, etc). These additional control measures should stay in place until such time as it is deemed that the risk has been reduced.

Existing Control Measures should be evaluated in terms of:

- Their efficiency – do they reduce the risks to staff, volunteers and service users?
- Their acceptability – are they really workable?
- A decision on the implementation of any further measures should be taken in the light of this information and consultation with other staff.

Prevention and Management of Violence

Prevention and management are likely to be achievable through managers/ senior staff ensuring that:

- The working environment has been assessed for safety and is appropriate to the service needs of staff, volunteers and service users.
- Staff and volunteers have information systems and organisational procedures designed to minimise risk.
- Staffing levels are appropriate to the assessed risk.
- Staff have training to recognise and avoid violence and the threat of violence on appointment or as soon as possible after appointment. Refresher courses on de-escalation, breakaway skills or coping with violence should be undertaken every three years. Further guidance and training may be able to be provided by the local Police force.
- Reports of incidents are kept, and that lessons arising out of incidents are learnt and appropriate action, wherever possible, is taken to reduce the likelihood of similar incidents repeating themselves
- Risk assessments of the potential for violent or threatening behaviour occurring, and the adequacy of control measures, be included in the annual review of health and safety measures.
- Risk assessments will be conducted if any violent incident occurs, and control measures will be assessed immediately in order to reduce future risk.

Working Away from the Centre

When arranging visits to service users or properties in the community, managers and staff should ensure that they have as much information as possible. Where concerns exist, new referrals/service users should be encouraged to attend the centre for their first appointment, or two members of staff must carry out the initial home visit (this could include a representative of the referring agency). This would also apply where there is a known history of violence.

Working Away from the Centre (cont)

If staff or volunteers are in an environment where they have suspicions or misgivings about their personal safety, they should ask themselves "do I need to be here?" The answer is invariably no, and staff should withdraw from the environment.

Insulting, Abusive or Threatening Phone Calls

Staff and volunteers are not expected to have to tolerate insulting, abusive or threatening phone calls. It is very unlikely that the caller is going to be counselled or persuaded from their aggressive tone or perspective, and the phone call should be politely and calmly terminated. Consideration must be given as to whether the phone call is insulting (i.e. unpleasant and derogatory but not necessary for immediate action), abusive (i.e. has the potential to cause harm to the reputation and well-being of an individual or the organisation), or threatening (i.e. indicating harm to an individual or a group of people). Details about the phone call should be recorded immediately, particularly the identity of the caller (if known), the nature and detail of the call, and the whereabouts of the caller (if known).

Staff/volunteers should seek immediate guidance from senior staff on appropriate action, and if such guidance is not immediately available, and the recipient of the phone call considers the phone call to be threatening, then the police and, if known, relevant statutory professionals (e.g. Doctor, Psychiatrist, Social Worker, Community Psychiatric Nurse) should be informed straight away.

Should an abusive or threatening message be left on an answer phone, the police, and statutory professionals (if known) should be informed.

Insulting, Abusive or Threatening Email Messages

In the event of an insulting, abusive or threatening email message being received, guidance on an appropriate course of action should be sought from more senior staff as soon as possible. The message should be saved on to the hard disk, and forwarded on to the line manager. The line manager will advise on appropriate courses of action as a matter of priority.

Managers should be aware that it is possible for abusive email messages to be referred back to the senders Internet Service Provider resulting in the sender's access to the Internet being restricted.

Post Incident Procedures

In the event that a member of staff or volunteer is subject to any form of violence, the following steps should be taken:

- If appropriate, arrangements will be made for the member of staff to visit a GP or the Accident and Emergency Department of the nearest hospital.
- If appropriate, the police should be contacted. This should happen even in circumstances where it is believed that the violence has been carried out as a result of the perpetrator's state of mental health. This information should be passed on to the police.
- The staff member or volunteer concerned should complete an Incident Report form as soon as possible. If the individual is incapacitated, this may be delegated to his/her line manager/supervisor.

The member of staff and any other staff or volunteer affected will be granted access to counselling or other psychological support as appropriate, especially where it is recommended by a Doctor. This support will be totally confidential to the member of staff.

In the event that a member of staff or volunteer is involved in legal proceedings, The Group will provide all reasonable support.

Name of Policy:	Violence and Threatening Behaviour Towards Staff
Date of Last Review:	15th February 2016
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	15th February 2016

Alcohol and Substance Use (Page 1 of 2)

Alcohol & Substance Use

Scope of the Policy
This policy relates to all staff, volunteers and committee members, and covers alcohol and substance use, which in the context of this policy includes the use of drugs, medication and legal high's.

Policy

1. Members of The East Kilbride & District Dementia Carers Group are expected to behave responsibly when working for or representing the Group, and to safeguard their own health & safety and that of those around them. It is the responsibility of members of staff to ensure that their performance at work is not affected by alcohol consumption or substance use. Staff on duty should not consume alcohol in the course of the working day or shift and should ensure that their performance is not impaired by alcohol consumed prior to starting work.
2. Alcohol and substance use and the problems to which it gives rise are recognised by employers and the Health and Safety Executive whose publications provide guidance to employers. Alcohol and substance use result in costs to the employer and potential risks to employees, students and members of the public and can result in accidents, poor attendance, poor work performance and acts of misconduct. It is in the interests of The Group and its staff, that employees who have issues arising from alcohol and/or substance use are identified and encouraged to seek specialist help as soon as possible.
3. The disciplinary procedure may apply in cases where an individual whose conduct, attendance or work performance is adversely affected by alcohol or substance use.
4. Where an employee's alcohol and/or substance use becomes evident in the course of disciplinary proceedings, consideration will be given as to whether it is appropriate to continue with the disciplinary process.
5. In the event that an employee who is known to have issues arising from alcohol and/or substance use commits a disciplinary offence, account will be taken of the individual's co-operation in treatment, and any other mitigating factors, when deciding what disciplinary action, if any, should be taken.
6. Situations where members of staff are found to have been inappropriately in possession of alcohol and/or substances as defined in this policy, or to have supplied them to others may be regarded as gross misconduct and could lead to dismissal.

Procedure

1. Any action taken in accordance with this procedure will be dealt with in confidence within the Group.
2. In applying the following procedure, the Staff Supervisory Group should be contacted as soon as an employee is known to have, or considered likely to have, issues arising from alcohol or substance use. The employee will be entitled to be accompanied by any person of their choice agreeable to both parties, in any discussions taking place under the auspices of this policy.
3. Where an employee has issues arising from alcohol or substance use, time off for treatment will be treated similarly to absence for other medical conditions.
4. Employees who are aware that they may have issues arising from alcohol or substance use are encouraged to seek urgent specialist medical help and to inform the employer at the earliest possible opportunity.

Alcohol and Substance Use (Page 2 of 2)

5. Where a supervisor or line manager becomes aware that an employee has issues arising from alcohol or substance use, it should be brought to the attention of the Staff Supervisory Group

as soon as possible. The employee should be offered the opportunity of referral to a source of specialist help.

6. Where the employee agrees to co-operate in a support programme, the required standards in work performance will be outlined in writing. In the event that an employee suffers a relapse after completion of, or during, support the case will be considered in light of its individual circumstances.
7. Where an employee fails to respond to support and conduct, work performance or attendance continue to be affected, it may be found necessary to commence disciplinary procedings.
8. The operation of this policy will be monitored and kept under review by the Management Committee.

Name of Policy:	Alcohol and Substance Use
Date of Last Review:	16th May 2016
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	16th May 2016

Disclosures

In accordance with the Scottish Executive Code of Practice for registered persons and other recipients of Disclosure Information, the East Kilbride & District Dementia Carers Group will ensure the following practice:

The Group will ensure that disclosure checks are undertaken for all staff and volunteers working directly with Service Users and that they join the Protection of Vulnerable Groups (P.V.G.) Scheme or have a valid scheme membership.

Enhanced Disclosures will be requested as standard and the information provided on a disclosure certificate will only be used for recruitment purposes.

The East Kilbride & District Dementia Carers Group will ensure that an individual's consent is given before seeking a disclosure.

Disclosure information will only be shared with those authorised to see it in the course of their duties.

Where additional disclosure information is provided to the East Kilbride & District Dementia Carers Group and not to the disclosure applicant, the East Kilbride & District Dementia Carers Group will not disclose this information to the applicant, but will inform them of the fact that additional information has been provided, should this information affect the recruitment decision.

Disclosure information will be stored in a locked non-portable container, for a maximum of 6 months. Only those authorised to see this information in the course of their duties will have access to this container.

Disclosure information will be destroyed by cross-shredding.

No image or photocopy of the disclosure information will be made, however the following details will be retained: -

- Date of issue of disclosure
- Name of subject
- Disclosure type
- Position for which disclosure was requested
- Unique reference number of disclosure
- Recruitment decision taken.

The East Kilbride & District Dementia Carers Group will ensure that all persons with access to disclosure information are aware of this policy and have received relevant training and support.

The East Kilbride & District Dementia Carers Group undertake to make a copy of this policy available to any applicant for a post with the East Kilbride & District Dementia Carers Group that requires a disclosure.

Name of Policy:	Disclosures
Date of Last Review:	15th June 2015
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	15th June 2015

Safer Recruitment - Protecting Vulnerable People

The East Kilbride & District Dementia Carers Group aims to ensure that any vulnerable adults are protected and kept safe from harm while they are with staff and volunteers in this organisation. In order to achieve this we will ensure our staff and volunteers are carefully selected, screened, trained and supervised.

Selection

All applicants to our organisation will complete an application form.
Short listed applicants will be asked to attend interview.
Short listed applicants will be asked to provide references and these will always be taken up prior to confirmation of an appointment.

Screening

Successful applicants will be asked to join the Protection of Vulnerable Groups (P.V.G.) Scheme or have a valid scheme membership and agree to an appropriate disclosure. Disclosures will be requested prior to the applicant taking up post and a check of the appropriate Organisations register (S.S.S.C., UKCC, etc) will also be undertaken.

Training

The successful applicant will receive induction training, which will give an overview of the organisation and ensure they know its purpose, values, services and structure.

Relevant training and support will be provided on an ongoing basis, and will cover information about their role, and opportunities for practicing skills needed for the work.

Training on specific areas such as health & safety procedures, identifying and reporting abuse, and confidentiality will be given as a priority to new staff and volunteers, and will be regularly reviewed.

Supervision

All staff and volunteers will have a designated supervisor who will provide regular feedback and support.

Every member of staff and volunteer will attend an annual appraisal, where their performance, skills, motivation and expectations will be discussed. Annual appraisals will be minuted and copies made available to the member of staff / volunteer.

The East Kilbride & District Dementia Carers Group will ensure that all persons involved in recruitment, training and supervision, are aware of this policy and have received appropriate training and support to ensure it full implementation.

Name of Policy:	Safer Recruitment - Protecting Vulnerable People
Date of Last Review:	15th June 2015
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	15th June 2015

Recruitment Procedures

Stage 1
Vacant position to be advertised.

Stage 2
A recruitment pack will be issued which will include an application form, job description, and copies of the Group's policies on:
(a) The Recruitment of Ex Offenders
(b) Protecting vulnerable people
(c) Disclosures

Stage 3
All applicants will be asked to complete the relevant application form, including the section authorising a check from Disclosure Scotland to be conducted.

Stage 4
On receipt of a completed application form, suitable candidates will be invited to attend an interview and references will be requested from nominated referees.

Stage 5
Interviews will be conducted by a minimum of two people from: the Group Co-ordinator and/or Senior Care-worker, and one or more members of the Management Committee.

Stage 6
If the applicant has been successfully interviewed and the Group is in receipt of three satisfactory references, the applicant will be asked to join the Protection of Vulnerable Groups (P.V.G.) Scheme or confirm that they have a valid scheme membership. A Disclosure Scotland check, and a check of the appropriate Organisations register (S.S.S.C., UKCC, etc) will be undertaken and the position will be offered, subject to satisfactory checks. The training programme will proceed at this stage.

Stage 7
On completion of the training programme and on receipt of a satisfactory report from Disclosure Scotland, and the appropriate Organisations register (S.S.S.C., UKCC, etc), duties may commence.

Note
All paperwork relating to unsuccessful applicants will be retained on file for a period of six months, before being securely disposed of.

Name of Policy:	Recruitment Procedures
Date of Last Review:	15th June 2015
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	15th June 2015

Recruitment of Ex Offenders

The East Kilbride & District Dementia Carers Group undertakes to treat all applicants for positions within the organisation fairly and not to discriminate unfairly against the subject of disclosure on the basis of conviction or other information revealed.

We will request an enhanced disclosure for all staff and volunteers. Membership of the Protection of Vulnerable Groups (P.V.G.) Scheme is mandatory. We will make this clear on the application form, job advert and any other information provided about the post.

At interview, we will ensure that open and measured discussions can take place on the subject of offences. Failure to reveal information at interview that is directly relevant to the position sought could lead to withdrawal of an offer of employment.

At interview or when receiving a disclosure which shows a conviction, we will take into consideration:

- Whether the conviction is relevant to the position being offered
- The seriousness of the offence(s) revealed
- The length of time since the offence(s) took place
- Whether the applicant's circumstances have changed since offending took place

We will ensure that all persons involved in the recruitment process are aware of this policy and have received relevant training and support.

We undertake to make a copy of this policy available to any applicant for a post with the East Kilbride & District Dementia Carers Group that requires a disclosure.

Name of Policy:	Recruitment of Ex Offenders
Date of Last Review:	15th June 2015
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	15th June 2015

Volunteers Placement Policy (Page 1 of 2)

Introduction

The East Kilbride & District Dementia Carers Group (hereafter 'The Group') is committed to providing opportunities within the organisation for volunteer placements. The Group places value on offering placements as it recognises the benefits to both the volunteer and organisation.

Aims

The Group aims to develop partnership working with local Volunteer Centres in offering placements. The Group recognises that each individual placement will be different depending on the developmental needs of the volunteer.

Principles

The Group believes that the opportunities it provides for volunteers should be satisfying, stimulating for the personal development of the individual, and beneficial for both parties.

The Group recognises that by providing placements we are also creating opportunities for staff development in terms of supervisory skills for non-line managers. However, these opportunities can only be provided when the service has capacity and resources to undertake volunteer placements.

The role of volunteers should only complement and supplement, not replace the role of paid staff.

Volunteers will be afforded the same training and support as paid staff.

Practice

The service will develop links with local Volunteer Centres to enable a co-ordinated approach to offering placements.

Prior to any placement being agreed in principle, the Group Co-ordinator is responsible for ensuring that the service is able to accommodate the placement in terms of time, cost and staffing.

Before each placement is formally agreed, a pre-placement meeting should be arranged with volunteer and The Group Co-ordinator or delegated Supervisor. This meeting should give all parties the opportunity to look at the particular learning outcomes for the volunteer and the role that they will undertake when on placement. Hours and pattern of work should be agreed at this time.

Each volunteer will have a named Supervisor. Before the start of the placement is confirmed, agreement should be reached between Supervisor and Line Manager as to the time commitment that this will involve.

If the Group is concerned about the performance of a volunteer, an initial meeting will be called to try to resolve these issues. The Group maintain the right to terminate a placement should they have serious concerns about the performance or conduct of the volunteer.

Volunteers will be offered the same opportunities to resources as staff, such as in-house training days etc.

The Group will meet all reasonable expenses incurred by the volunteer whilst carrying out their duties on placement. These should be agreed beforehand with the Group Co-ordinator.

A formal Induction Programme (similar to that for staff) will be drawn together by the volunteer and Supervisor within the first week of the placement.

The Supervisor will make the volunteer aware of relevant policies and give guidance on the relevant service procedures as part of the induction Programme. Volunteers should be aware of H & S policies and practices within the organisation. Volunteers have a similar role to play as staff with regard to H & S issues.

Volunteers Placement Policy (Page 2 of 2)

It is expected that all Volunteers will have up to date / recent Disclosure Scotland checks and be a member of the P.V.G. Scheme. This should be completed this prior to the placement commencing. A Nominated Official of The Group will record the relevant details as per the Group's Policy on Disclosures.

Name of Policy:	Volunteers Placement Policy
Date of Last Review:	20th July 2015
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	20th July 2015

Student Placement Policy (Page 1 of 2)

Introduction

The East Kilbride & District Dementia Carers Group (hereafter 'The Group') is committed to providing opportunities within the organisation for student placements. The Group places value on offering student placements as it recognises the benefits to both the student and organisation.

Aims

The Group aims to develop partnership working with local colleges and universities in offering student placements. The Group recognises that each individual placement will be different depending on the nature of the course of study, identified learning outcomes and the developmental needs of the student.

Principles

The Group believes that the opportunities it provides for students should be satisfying, stimulating for the personal development of the individual, and beneficial for both parties.

The Group recognises that by providing placements we are also creating opportunities for staff development in terms of supervisory skills for non-line managers. However, these opportunities can only be provided when the service has capacity and resources to undertake student placements.

The role of students should only complement, not supplement or replace the role of paid staff.

Students will be afforded the same training and support as paid staff.

Practice

The service will develop links with local colleges and universities to enable a co-ordinated approach to offering placements.

Prior to any placement being agreed in principle, the Group Co-ordinator is responsible for ensuring that the service is able to accommodate the placement in terms of time, cost and staffing.

Before each placement is formally agreed, a pre-placement meeting should be arranged with student, Practice Teacher / College Tutor and the Group Co-ordinator or delegated Supervisor. This meeting should give all parties the opportunity to look at the particular learning outcomes for the student and the role that they will undertake when on placement.

Each student will have a named Supervisor. Before the start of the placement is confirmed, agreement should be reached between Supervisor and Line Manager as to the time commitment that this will involve.

Hours of work, study time and pattern of work should be agreed at this time. Students may be asked to work evenings and weekend but this will be individually negotiated to take into account personal circumstances.

The Supervisor will liaise with the relevant Practice Teacher / tutor with regard to performance issues. If the Group is concerned about the performance of a student an initial meeting will be called to try to resolve these issues. The Group maintain the right to terminate a placement should they have serious concerns about the performance or conduct of the student.

Students will be offered the same opportunities to resources as staff such as in-house training days etc.

A formal Induction Programme (similar to that for staff) will be drawn together by the student and Supervisor within the first week of the placement.

The Supervisor will make the student aware of relevant policies and give guidance on the relevant service procedures as part of the induction Programme. Students should be aware of H & S policies and practices within the organisation. Students have a similar role to play as staff with regard to H & S issues.

Student Placement Policy (Page 2 of 2)

It is expected that all Students will have up to date / recent Disclosure Scotland checks and be a member of the P.V.G. Scheme. The College or University should complete this prior to the placement commencing, and a copy shown to the Nominated Official of The Group, who will record the relevant details as per the Group's Policy on Disclosures.

Name of Policy:	Student Placement Policy
Date of Last Review:	20th July 2015
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	20th July 2015

Management of Staff Records

Purpose

This set of guidelines sets out how staff records are to be managed.

Staff Records

Only one folder will be kept for each member of staff.

All records relevant to that person will be kept on it, including application form, contract, increments, doctor's notes', self-certification forms, special leave applications and agreements, appraisal documentation and training documents.

Staff records will be kept in a secure, lockable place.

Folders must be accessible throughout the working day whether the Group Co-ordinator is available or not.

The Group Co-ordinator is responsible for arranging the accessibility and security of staff records.

Staff records must only be made available to relevant staff whose role includes staffing responsibilities.

Staff records must be destroyed 5 years from the end of employment.

The Group will remain registered with the Information Commissioner, under the Data Protection Act 1988.

The Data Protection Act 1998 gives individuals the right to access the information that an organisation holds on them.

Name of Policy:	Policy on Management of Staff Records
Date of Last Review:	20th July 2015
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	20th July 2015

Contingency Planning and Staff Cover

Introduction

Our Group has a responsibility to ensure that Service Users receive continuity in the provision of quality, personalised care. This is best done through a stable, committed team which know the individual Service Users needs and has a good knowledge of the individual careplans, and the needs which they identify.

Our Group will endeavour to ensure that it retains a core team of paid staff and volunteers which meets the above aim, but also recognises that due to circumstances outwith our control (sudden staff turnover; increased staff sickness etc) a contingency plan must be in place to ensure that disruption to the service received by our Service Users is minimal, and the quality of care is not adversely affected in the event of insufficient members of the core team being available for work.

This policy sets out the steps that should be considered should such an event occur. The Group Co-ordinator and Staff Supervisory Group will consider the following options, weighing up the benefits of each option, and take the action that is deemed to be most appropriate for the situation faced.

Factors which will be taken into account will be:

- The number of staff absent
- The likely duration of the absence/s
- The job roles to be covered

Existing Staff

Existing staff may be offered hours over and above those to which they are contracted. There should never be an expectation that staff will work over their contracted hours, and this option, although preferable, should be with the full agreement of both parties.

Volunteers

If a suitable candidate for employment is currently working with our Group in a Volunteer capacity, consideration will be given to recruiting that individual on a fixed-term contract, subject to both parties expressing an interest and agreeing the suitability.

Recruiting staff on fixed term contracts

Staff may be recruited on fixed term contracts to cover long-term absences or fixed-term absences (i.e. maternity leave). When a staff member is recruited on a fixed term contract, they will have the same employment rights as permanent employees. For example, they are entitled to notice, sick pay and holiday pay and they must not be discriminated against on the basis of their fixed term status. Anyone recruited on a fixed term contract will have clear start and finish dates. If a fixed term contract is to be renewed, the new finish date will be confirmed in writing.

All staff recruited on fixed-term contracts will be subject to the standard P.V.G. Disclosure and Registration checks.

Agency Staff

Agency staff are recruited through employment agencies. As a general rule, agency workers are employees of the employment agency and not employees of the Group.

Taking on agency staff can be a flexible option, as the Group can take on staff on a short-term basis, tailoring staffing to the needs of the business at any given time. As notice for agency staff is very short, it is easy for an employer to end the arrangement if the permanent staff member becomes available for work earlier than expected. Using agency staff can be an uncertain option though, as agency staff may change several times throughout the leave period and the Group will not always know how long a particular person is available for.

The Group will remain registered with a local Agency provider, but will only use this option in an emergency.

Name of Policy:	Contingency Planning and Staff Cover
Date of Last Review:	21st September 2015
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	21st September 2015

Sickness Absence Management (Page 1 of 6)

CONTENT

POLICY STATEMENT

The East Kilbride & District Dementia Carers Group recognises the importance of a positive approach in the management of sickness absence. Sickness is one of the major causes of absence from work and it constitutes a significant cost to employees and disruption to the Group. Such costs and the consequent effect on the operation of the Group can be reduced where there is an effective policy on Sickness Absence Management and reasonable procedures for implementing the policy.

Having a policy and procedure to deal with this, gives the Group, employees and their representatives a structured framework to work within and assists in ensuring fair and consistent treatment of all employees.

This policy and the following procedure apply equally to all employees of the East Kilbride & District Dementia Carers Group.

Its purpose is to:

- ensure all employees are aware of their rights and obligations under this policy and understand the recording, monitoring and procedures the Group may use in regard to sickness absence management.
- provide managers and supervisors with a structured framework to assist them in managing sickness absence.
- ensure all employees are treated with fairness and consistency.
- create an opportunity for positive action to be taken to improve the welfare of employees by assisting them to overcome any difficulties during illness, or that may affect their ability to work effectively.
- ensure that the highest levels of quality and service can be maintained to allow the Group to fulfil its obligations to all users of its services.

PROCEDURE

Notification of Sickness Absence Procedure

Any employee who is prevented from attending work should contact his/her line manger by telephone ***as early as possible on the first day of absence*** (normally within one hour of notional starting time) to explain the reason for his/her absence and to give an estimate of its probable duration. This will allow the Group to plan its work schedule and review the need for any temporary cover.

Notification of Sickness Absence Procedure (cont.)
In most circumstances, it is expected that the employee would contact his/her line manager personally rather than pass the information through a third party, although it is recognised there may be occasions when the employee, because of the nature of his/her illness, is unable to do so.

The line manager must record all periods of sickness absence i.e. when the employee is off sick, including the dates, duration and reason for any employees' sickness absences of one day or more.
Where an employee becomes sick while at work they must normally report to the Group Co-ordinator or Designated Responsible Person before leaving.

Absences of Four to Seven Days (Self Certified Leave)
For a period of absence which lasts 4, 5, 6 or 7 days, including non working days (e.g. Saturdays/Sundays and rest days), an employee's statement of sickness form (SC2) i.e. "self certificate" must be completed by the employee himself/herself to show the reason for his/her sickness absence. It is the employee's responsibility to obtain, complete and submit this form to the line manager.

These forms are available from General Practitioners' surgeries, from Hospital Outpatients and from Department of Work & Pensions offices.

Where an employee normally works for less than 5 days per week the employee's statement of sickness form (SC2) must be submitted where the period of incapacity or sickness including non working days amounts to 4 or more days. Employees who have no entitlement to occupational or statutory sick pay must submit the form as evidence of the cause of the absence upon return to work.

Absences of more than Seven Days
For a period of sickness absence which continues beyond 7 days in total an employee will be required to submit a statement of fitness for work (Form Med 3) i.e. 'medical certificate' from his/her General Practitioner.
If the sickness absence continues beyond the initial period specified on the Form Med 3, the employee must provide further Forms Med 3 to cover all further periods of sickness absence until he/she returns to work. These should be submitted before the expiry date on the current Form
Med 3.

MONITORING AND RECORDING
In order to deal consistently and fairly with all employees and to monitor organisational absence levels it is essential that the Group records all sickness absences. By obtaining timely information on absence the Group is then in a position to help absent employees by taking action where appropriate.

The Group Co-ordinator should record the dates, duration and reason for any employees' sickness absences of one day or more on the Groups Absence Monitoring Record. Monthly reports detailing dates and duration will be issued to the Staff Supervisory Group by the Group Co-ordinator to enable them to monitor the sickness and, where necessary, take positive action towards investigating and resolving any incidents of long term or frequent sickness absence.

RETURN TO WORK
Return to Work Certification
Where an employee has been on sickness absence for a continuous period of four weeks or more, or if he/she has sustained a physical injury he/she should be given a signed 'or until' date by their General Practitioner on the Form Med 3 before they report back for work. This acts as their 'fit to return to work' date. This may be given on the initial Form Med 3 but where it is not, a further Form Med 3 with this information must be obtained.

Return to Work Certification (cont.)
Where this is given at short notice employees are requested to contact their line manager before they return to work to confirm their 'fit to return to work' date. This will allow the Group to review work schedules and any temporary cover arrangements.

An employee will not be allowed to return to work before the date on their last Form Med 3 unless it is with the written consent of their Medical Adviser. This form must be presented immediately upon return to work.

Return to Work Meeting
Following the return to work after any period of sickness absence it is appropriate for the Group Co-ordinator to contact an employee and arrange a return to work meeting, as soon as is practicable.

This does not need to be a lengthy discussion, and can be informal and brief. The employee will be given an opportunity to raise any temporary or permanent difficulties they may experience with their duties or working environment in view of his/her recent sickness absence. In addition it gives the Co-ordinator an opportunity to bring the employee up-to-date with work issues.

The meeting should be summarised by completion of a short form, signed by both parties, which would be kept confidentially by the Group.

This meeting should not become a formal investigation or disciplinary meeting and any such meetings would be notified separately.

ENTITLEMENT TO PAY DURING SICK LEAVE
Any Employees who are entitled to receive occupational sick pay (full pay or half pay) will have this detailed in their contract of employment. Employees in receipt of occupational sick pay will be notified on expiry of the full and half pay. Employees who are not entitled to receive occupational sick pay may be eligible to receive statutory sick pay.

NOTIFICATION OF SICKNESS ABSENCE
Uncertified Sickness Absence
From initial notification of sickness absence, where the required medical certificates have not been received, the Group reserves the right not to make any payments for this period until the appropriate certificates have been received. Once the appropriate certificates have been received, the Group reserves the right not to pay backdated occupational sick pay but will pay any statutory sick pay due.

Non Notification of Absence
Absence that has not been notified in accordance with Group's procedures will be treated as unauthorised and unpaid absence unless an acceptable reason is given subsequently. If an employee does not report for work and has not informed their line manager why he/she has not attended, the line manager will take all reasonable steps to contact the employee, by telephoning or writing and any actions taken will be recorded.
The degree of urgency in finding why the employee has not reported in will vary according to the known personal circumstances of the employee, but where the employee lives alone consideration should be given to the possibility that he/she is in need of assistance.

ANNUAL LEAVE
Holiday Accrual During Sickness Absence
While an employee is on occupational paid sickness absence, holiday will accrue at the usual rate as detailed in his/her contract of employment. When an employee is on occupational unpaid sickness absence, holiday entitlement will be as per the minimum requirements as stated in the Working Time Regulations.

Designated Days
When an employee is on occupational paid sickness absence, deductions from his/her overall annual leave entitlement will be made for any designated days, including the Christmas/New Year designated days, which fall during this period. Designated days are those specified by the Group, which must be taken by employees as part of their annual leave entitlement.

Leave Untaken at End of Leave Year
Any annual leave left untaken when an employee is on sickness absence at the end of the annual leave year (31 December) will be lost and cannot be carried over to the next annual leave year.

Reclaiming Annual Leave
If an employee is ill while they are on annual leave, this time can be regarded as sickness absence if the period of sickness absence lasts for generally 8 or more days and he/she can provide a Form Med 3 confirming that he/she would not have been fit enough to carry out his/her usual duties at that time. Designated days cannot be reclaimed.

WORK RELATED INJURIES
Sickness Absence as a Result of Accident at Work or Work Related Ill Health
Absence in this category must be reported in the Accident/Incident Book and notified to the Management Committee. An employee will receive his/her normal entitlement to occupational sick pay unless there are circumstances where the employee has been found to have been grossly negligent or involved in serious misconduct when the Group will reserve the right to withhold any benefits.

Sickness Absence as a Result of Other Paid Work
Where sickness absence is caused by an employee working in his/her own time on his/her own account or for another employer for private gain, the Group reserves the right to withhold occupational sick pay. Where the Group has consented to this other paid work in writing occupational sick pay will not be withheld.

SICKNESS ABSENCE FOR PLASTIC/COSMETIC SURGERY
Where plastic/cosmetic surgery is certified by a Medical Adviser indicating that surgery is essential to the employee's health or wellbeing then this would be a valid reason for an employee to receive occupational and statutory sick pay.
If surgery is to be carried out without this certification and absence from work is required then arrangements for Annual Leave or Unpaid Leave (where approved) must be made in advance.

REVIEWING SICKNESS ABSENCE
Where sickness absence is found to be lengthy or frequent, the line manager will meet with the employee. This meeting should be initiated when sickness absence:

- lasts for a consecutive period of more than 4 weeks **OR**
- exceeds a total of 20 days in any twelve month period **OR**
- exceeds 4 separate occasions in any six month period **OR**
- falls regularly on specific days e.g. a Friday and/or Monday

The employee should be notified of the meeting in advance, in writing, with the reason for the meeting clearly stated. The employee should be advised that he/she may be accompanied, if he/she wishes, by a work colleague or representative. The line manager may feel it appropriate to request a Staff Supervisory Group member to attend the meeting. This meeting should be kept confidential and information confined to those who have an operational need to know or are involved in the administration of the meeting. If an external representative is being brought, the Group must be notified in writing at least three days before the meeting of the representatives name, occupation and position.

REVIEWING SICKNESS ABSENCE (cont.)
This meeting is intended to draw the employee's attention to his/her sickness absence record. It is meant to be supportive, to give guidance and counselling and to explore ways of improving the employee's sickness absence. It is not intended to be intrusive and it is reasonable for the employee to request a meeting with an alternative Group Representative if they would find this less intrusive.

The outcomes of the meeting may include:

- to monitor more closely the sickness absence of an employee over a period of time.
- to arrange follow up meetings.
- to advise the employee that an improvement in his/her sickness absence is required.
- to contact the Staff Supervisory Group for advice in supporting or otherwise assisting an employee.
- to request the employee's written consent for a health assessment or medical report to be obtained.

MEDICAL REFERRALS
The Group may wish to obtain a health assessment and/or a medical report from the employee's General Practitioner and/or refer the employee to an Occupational Health Physician. Such referrals will be as a result of concerns by the Group regarding the employee's health status and/or if the employee has lengthy or frequent sickness absence.

A health assessment and medical report is likely to include:

- the current health status of the employee.
- whether there is an underlying medical cause.
- the likely return to work date (if applicable).
- any reasonable steps that can be taken as preventative measures to accommodate an employee with a particular condition.
- whether a period of phased return to work is required.
- an indication of the long term ability of the employee to carry out his/her agreed duties.

The health assessment and medical report will aid discussions between the employee, his/her line manager and the Staff Supervisory Committee regarding the employee's fitness for work and ability to carry out his/her duties.

If an employee refuses to give consent for a health assessment and/or medical report to be obtained or to attend an appointment with an Occupational Health Physician, future decisions regarding the employee will be made without the benefit of medical evidence. The employee may be asked to confirm a refusal in writing.

The Group reserves the right to require any employee to attend the Groups chosen Occupational Health provider where it considers that to fulfil its legal obligations under the Health and Safety at Work etc Act 1974 and subsidiary legislation, as well as its duty of care, such Occupational Health surveillance or examination is necessary for the well being of that individual.

MANAGING SICKNESS ABSENCE
Every effort will be made to assist employees whose level of sickness absence is causing concern and support and encouragement to reduce their level of sickness absence will be given.
When a health problem is identified reasonable adjustments to working practices and duties may be implemented and/or alternative employment offered where possible and where there is a reasonable expectation this might improve the level of sickness absence. If an employee refuses these options or they are found to be unsuccessful then alternative action may have to be considered.

MANAGING SICKNESS ABSENCE (cont.)
This may include early retirement on the grounds of ill health or dismissal for incapacity due to ill health. If no underlying medical cause is found, the use of the disciplinary procedures may be implemented.

There is no entitlement for occupational sick pay to be exhausted before any of the above measures can be considered. The Group will consider all cases on reasonable criteria including length of service, contractual arrangements for sickness absence, nature of illness, previous sickness absence record and the requirements of the Group.

DISMISSAL FOR INCAPACITY DUE TO ILL HEALTH
Where an employee is considered for dismissal for incapacity due to ill health a further meeting must be held with the employee. As with previous meetings, the employee should be advised that he/she may be accompanied, if he/she wishes, by a work colleague or representative.

If an external representative is being brought, the Group must be notified in writing at least three days before the meeting of the representatives name, occupation and position.

The employee will be advised that as his/her sickness absence has not improved to a satisfactory level he/she is being dismissed for incapacity due to ill health. The employee will either be dismissed immediately and will receive payment in lieu of notice, or will be put under notice of dismissal which will take effect when that notice period has elapsed.

The employee will have the right of appeal against this dismissal.

Contacts
Department of Work and Pensions: http://www.dwp.gov.uk

Name of Policy:	Sickness Absence Management
Date of Last Review:	19th June 2017
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	19th June 2017

Role and Function of the Management Committee & Staff Supervisory Group

Management Committee

The Committee is bound by the Articles of Association of the East Kilbride & District Dementia Carers Group.

It performs a management role, incorporating supervision.

Specific purposes are:

- Formulating policy decisions in respect of finance, training, development, and ensuring adherence to the fundamental philosophy of the organisation.

Staff Supervisory Group

The Staff Supervisory Group is an integral part of the Management Committee.

The following are its aims and objectives:

- Being informed of the main activities of each staff member.
- Being aware of the new areas of work and helping staff to set priorities in line with the Group's objectives.
- Overseeing demands being made on Staff time to ensure that they are consistent with the aims of the Group.
- Considering proposed developments within the Group.
- Overseeing personnel matters including training, time off in lieu, annual leave, sick leave etc.
- Central to this note is that staff are supported in the work that they carry out and that issues are appropriately presented to the Management Committee.

Name of Policy:	Role and Function of the Management Committee & Staff Supervisory Group
Date of Last Review:	21st November 2016
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	21st November 2016

Reporting Proposed Changes and Significant Events to the Care Inspectorate

The Regulation of Care (Requirements as to Care Services) (Scotland) Regulation 2002, requires all providers of care services to inform the Care Inspectorate within specified timescales, of various events that take place.

The Group Co-ordinator, or in his absence, the delegated responsible person will ensure that any significant occurrence or reportable event is reported in accordance with instructions set out on the guidance grid supplied by the Care Inspectorate

Care Inspectorate: www.careinspectorate.com 0345 600 9527

Name of Policy:	Reporting Proposed Changes and Significant Events to the Care Inspectorate
Date of Last Review:	16th February 2015
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	16th February 2015

Emergency Re-location Plan for Daycare

In the event of an emergency situation arising which would result in the temporary re-location of our daycare centre, the Sheltered Housing Complex communal rooms in either Pine Crescent or Castlefield Gardens may be accessed, subject to the following conditions:

1. Appropriate agencies have been contacted and are unable to rectify the fault/s.
2. South Lanarkshire Council Housing Department has been contacted and temporary use of their premises has been sanctioned.
3. Availability of either Pine Crescent or Castlefield Gardens communal rooms has been confirmed.

Subject to the above conditions, daycare may be relocated to the approved site for the remainder of that day or until the agreed time.

The service users primary carer would be informed.

The Care Inspectorate would also be notified, in accordance with the Regulation of Care (Requirements as to Care Services) (Scotland) Regulation 2002.

Care Inspectorate: www.careinspectorate.com 0345 600 9527

Name of Policy:	Emergency Re-location Plan for Daycare
Date of Last Review:	16th February 2015
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	16th February 2015

Closure and Re-Location Strategy (Page 1 of 2)

In the Event of The Group ceasing to trade or re-locating, the following procedure should be followed (re-location may mean our own service moving to a different location, or a new service being sourced as a result of the closure of our own):

Care Inspectorate

Under our Policy on "**Reporting Proposed Changes & Significant Events to the Care Inspectorate",** the Care Inspectorate should be notified at the earliest opportunity.

Business Arrangements

All relevant procedures detailed in the Memorandum and Articles of Association should be followed, in line with the requirements of Companies House.

Care Arrangements

Good Practice

The minimum time from start to finish of a closure and re-location strategy should not be less than three months. It is not possible to set an exact minimum or maximum time because of the individuality of circumstances that can lead to closure or re-location. However the Group should negotiate a timescale that is reasonable and recognises that the needs of individual service users remain paramount.

Staff and Volunteers need to have a clarity of process from the closure stage right through to re-location stage at the very start of any change. This commitment to staff and volunteers will demonstrate a process that is accountable, open to change and influence from staff, but crucially offers a clear framework to support staff through change.

There needs to be a clear process to consult, listen to, and action the views of Service Users and Carers during any closure and re-location of service provision. This should include spending dedicated time listening to service users and carers using a range of different communication methods individual to each person or group. The action agreed should be clearly recorded and evaluated as the transition of service progresses.

At the outset of any closure or re-location of service it must be made clear how to access independent advocacy and how to progress a complaint should service users or carers be unhappy with any aspect of their individual transition of service.

Management Arrangements

The Co-ordinator for any closure and re-location of Daycare will be appointed by the Directors.

Assessment and Transition to New Services

The Co-ordinator will work with the referring agency or person for each individual Service User, in an attempt to secure appropriate alternative services.

Good practice, management, consultation, multi-agency working and Person Centred Planning arrangements should enable positive service transitions for Service Users. The assessment and care management responsibilities for the development of each individual Personal Careplan to a new service will be undertaken by the Co-ordinator. These responsibilities may be delegated as appropriate (ie, to Care-workers / Key-workers).

It is recommended that during the transition to a new service the formal review for Service Users should take place on a monthly basis. It would also be a matter of good practice to review the Personal Careplan six months after transition to ensure all recommendations have been implemented and no service user is receiving a lesser service.

This guidance should comply with The National Care Standards, with the key principle of having a Service User at the centre of the decision making process being a key objective. The needs and aspirations of Service Users will remain paramount at all times.

Closure and Re-Location Strategy (Page 2 of 2)

Informing

The following should be informed in the event of Closure or Re-Location:

- Care Inspectorate 0345 600 9527
- Companies House +44 (0) 303 1234 500
    - e-mail: enquiries@companies-house.gov.uk
- South Lanarkshire Council Social Work Resources,
  East Kilbride Older People Services Team 01355 807000
- South Lanarkshire Council Social Work Resources,
  Strategic Services 01698 454444
- Referring agencies / People for all Service Users as appropriate
- All Service Users and Carers as appropriate
- All Staff and Volunteers as appropriate
- Auditors (Alexander Sloan) 0141 204 8989

Name of Policy:	Closure and Re-Location Strategy
Date of Last Review:	16th March 2015
Reviewed by:	Full Management Committee / Carers Support Group Representatives
Approved by Management Committee:	16th March 2015

THE COMPANIES ACTS 1985 - 2006

COMPANY LIMITED BY GUARANTEE
AND NOT HAVING A SHARE CAPITAL

ARTICLES OF ASSOCIATION

of

EAST KILBRIDE & DISTRICT DEMENTIA CARERS' GROUP (the "Company")

PRELIMINARY

1. No regulations set out in any schedule to, or contained in any order, regulation or other subordinate legislation made under, any statute concerning companies, including but not limited to the regulations contained in the Schedules to the Companies (Model Articles) Regulations 2008/3229 (as amended), shall apply as the regulations or articles of the Company.

INTERPRETATION

2. In these articles:

   "Act" means the Companies Act 2006 including any statutory modification or re-enactment thereof for the time being in force.

   "articles" means these articles of association or such other articles of association of the Company for the time being in force.

   "Board" means the board of Directors from time to time of the Company.

   "Chairperson" means the Chairperson of the Board.

   "Charity" means the Company regulated by these articles.

   "Charities Act" means the Charities and Trustee Investment (Scotland) Act 2005 and any subsequent statutory modification or re-enactment.

   "clear days" in relation to the period of a notice means that period excluding the day when the notice is given or deemed to be given and the day for which it is given or on which it is to take effect.

   "Committee" means the Office Bearers together with any other individuals who are nominated as members of the Committee pursuant to article 30 and **"Committee Members"** means the members of the Committee.

   "Directors" means the Office Bearers and any other person appointed as a director of the Company pursuant to article 42.

   "executed" in relation to a document includes reference to its being executed under hand or under seal or by any other method permitted by law.

   "memorandum" means the memorandum of association of the Company as originally adopted or as amended from time to time.

   "office" means the registered office of the Company from time to time.

"Office Bearers" means the Chairperson, the vice-Chairperson, the Secretary and the treasurer of the Charity from time to time.

"OSCR" means the Office of the Scottish Charity Regulator.

"Register" means the Scottish Charity Register.

"seal" means any common seal of the Company or any official seal or securities seal which the Company may have or be permitted to have under the statutes.

"Secretary" means the secretary of the Company or any other person appointed to perform the duties of the secretary of the Company, including a joint, assistant or deputy secretary.

"statutes" means the Act and every other statute, statutory instrument, regulation or order for the time being in force covering companies registered under the Act.

3. Unless the context otherwise requires, words or expressions contained in these articles bear the same meaning as in the Act but excluding any statutory modification of it not in force when these articles become binding on the Company.

4. Where, for any purpose, an ordinary resolution of the Company is required, a special shall also be effective for that purpose.

5. Unless the contrary intention appears, words importing the singular number include the plural number and vice versa, words importing one gender include all genders and words importing persons include bodies corporate and unincorporated associations.

6. Headings to these articles are inserted for convenience and shall not affect construction.

MEMBERS

7. For the purposes of registration, the number of members of the Company shall be 15.

8.

8.1 The subscribers to the memorandum are the first members of the Company

8.2 Membership is open to other individuals or organisations who:

8.2.1 apply to the Charity in the form required by the Directors; and

8.2.2 are approved by the Directors.

8.3

8.3.1 The Directors may only refuse an application for membership if, acting reasonably and properly, they consider it to be in the best interests of the Charity to refuse the application.

8.3.2 The Directors must inform the applicant in writing of the reasons for the refusal within twenty-one days of the decision.

8.3.3 The Directors must consider any written representations the applicant may make about the decision. The Directors' decision following any written representations must be notified to the applicant in writing but shall be final.

8.4 Membership is not transferable to anyone else.

8.5 The Directors must keep a register of names and addresses of the members.

TERMINATION OF MEMBERSHIP

9. Membership is terminated if:

9.1 the member dies or, if it is an organisation, ceases to exist;

9.2 the member resigns by written notice to the Charity unless, after

9.3 the resignation, there would be less than two members;

9.4 any sum due from the member to the Charity is not paid in full within six months of it falling due;

9.5 the member is removed from membership by a resolution of the Directors that it is in the best interests of the Charity that his or her membership is terminated. A resolution to remove a member from membership may only be passed if:

9.5.1 the member has been given at least twenty-one days' notice in writing of the meeting of the Directors at which the resolution will be proposed and the reasons why it is to be proposed;

9.5.2 the member or, at the option of the member, the member's representative (who need not be a member of the Charity) has been allowed to make representations to the meeting.

GENERAL MEETINGS

10. The Committee may call general meetings of the members and, on the requisition of members pursuant to the provisions of the Act, shall forthwith proceed to convene a general meeting of the members in accordance with the provisions of the Act. If there are not within the United Kingdom sufficient Directors to call a general meeting, any Director or any member of the Company may call a general meeting.

11. A general meeting of the Company may consist of a conference between members some or all of whom are in different places subject to the following provisions:

11.1 each member who participates must be able:

11.1.1 to hear each of the other participating members addressing the meeting; and

11.1.2 if he so wishes, to address all of the other participating members simultaneously;

whether directly, by conference telephone or by any other form of communications equipment (whether in use when these articles are adopted or not) or by a combination of those methods;

11.2 a quorum is deemed to be present if the conditions of article 14 are satisfied;

11.3 a meeting held in this way is deemed to take place at the place where the largest group of participating members is assembled or, if no such group is readily identifiable, at the place from where the Chairperson of the meeting participates; and

11.4 a resolution put to the vote of a meeting held in this way shall be decided by each member indicating to the Chairperson (in such manner as the Chairperson may direct) whether the member votes in favour of or against the resolution or abstains.

NOTICE OF GENERAL MEETINGS

12. General meetings shall be called by at least 14 clear days' notice but a general meeting may be called by shorter notice if it is so agreed by a majority in number of the members having a right to attend and vote at the meeting being a majority together representing not less that 90 per cent of the total voting rights at that meeting of all the members.
    The notice shall specify the time and place of the meeting and the general nature of the business to be transacted. Subject to the provisions of these articles, the notice shall be given to all the members and to the Directors and auditors of the Company.

13. The accidental omission to give notice of a meeting to, or the non-receipt of notice of a meeting by, any person entitled to receive notice shall not invalidate the proceedings at that meeting.

PROCEEDINGS AT GENERAL MEETINGS

14. A member of the Company which is a corporation may, by resolution of its Directors or other governing body, authorise such a person or persons as it thinks fit to act as its representative or representatives at any meeting of the Company. Unless the Board otherwise decides, a copy of such authority certified notarially or in some other way approved by the Board shall be delivered to the office or to such other place within the United Kingdom as the Board may determine before such representative is entitled to exercise any power on behalf of the corporation which he represents. The provisions of the Act shall apply to determine the powers that may be exercised at any such meeting by any person so authorised. The corporation shall, for the purposes of these articles, be deemed to be present in person at any such meeting if any person so authorised is present at it, and all references to attendance and voting in person shall be construed accordingly.

15. No business shall be transacted at any general meeting of the members unless a quorum is present. Four persons entitled to attend and vote upon the business to be transacted (each being a member or a proxy for a member or a duly authorised representative of a corporation) two of whom must be Office Bearers shall be a quorum.

16. If such a quorum is not present within half an hour from the time appointed for the meeting, or if during a meeting such a quorum ceases to be present, the meeting shall stand adjourned to the same day in the next week at the same time and place or to such time and place as the Directors may determine.

17. The Chairperson or in his absence some other Director shall preside as Chairperson of the meeting.

18. A Director shall, notwithstanding that he is not a member, be entitled to attend and speak at any general meeting.

19. The Chairperson may, with the consent of a meeting at which a quorum is present (and shall if so directed by the meeting), adjourn the meeting from time to time and from place to place, but no business shall be transacted at an adjourned meeting other than business which might properly have been transacted at the meeting had the adjournment not taken place. When a meeting is adjourned for 14 days or more, at least seven clear days' notice shall be given specifying the time and place of the adjourned meeting and the general nature of the business to be transacted. Otherwise it shall not be necessary to give any such notice.

20. A resolution put to the vote of the meeting shall be decided on a show of hands unless before, or on the declaration of the result of, the show of hands a poll is duly demanded. Subject to the provisions of the Act, a poll may be demanded:

    20.1 by the Chairperson; or

    20.2 by any member present in person or by proxy and entitled to vote.

21 Unless a poll is duly demanded, a declaration by the Chairperson that a resolution has been carried or carried unanimously, or by a particular majority, or lost, or not carried by a particular majority, and an entry to that effect in the minutes of the meeting, shall be conclusive evidence of the fact without proof of the number or proportion of the votes recorded in favour of or against the resolution.

22 The demand for a poll may, before the poll is taken, be withdrawn, but only with the consent of the Chairperson, and a demand so withdrawn shall not be taken to have invalidated the result of a show of hands declared before the demand was made.

23 A poll shall be taken in such manner as the Chairperson directs and he may appoint scrutineers (who need not be members) and fix a place and time for declaring the result of the poll. The result of the poll shall be deemed to be the resolution of the meeting at which the poll was demanded.

24 A poll demanded on the election of a Chairperson or on a question of adjournment shall be taken immediately. A poll demanded on any other question shall be taken either immediately or at such time and place as the Chairperson directs, not being more than 30 days after the poll is demanded. The demand for a poll shall not prevent the continuance of a meeting for the transaction of any business other than the question on which the poll was demanded. If a poll is demanded before the declaration of the result of a show of hands and the demand is duly withdrawn, the meeting shall continue as if the demand had not been made.

25 No notice need be given of a poll not taken immediately if the time and place at which it is taken are announced at the meeting at which it is demanded. In any other case, at least seven clear days' notice shall be given specifying the time and place at which the poll is to be taken.

COMMITTEE MEETINGS

26 Subject to the provisions of these articles, the members of the Committee may regulate their proceedings as they think fit.

27 A member of the Committee may call a meeting of the Committee and reasonable notice of Committee meetings shall be given to all Committee Members. Questions arising at a meeting shall be decided by a majority of votes and each Committee Member (including any members appointed pursuant to article 30) shall, on a show of hands, have one vote. In the case of an equality of votes, the Chairperson shall have a second or casting vote.

28 The quorum for the transaction of the business of the Committee may be fixed by the members of the Committee and unless so fixed at any other number shall be four.

APPOINTMENT AND RETIREMENT OF COMMITTEE MEMBERS

29 All Office Bearers shall automatically be a Committee Member by virtue of being an Office Bearer.

30 A representative from the social work department of South Lanarkshire Council shall be entitled to attend and to receive reasonable notice of Committee meetings (but not vote at such meetings).

31 The members of the Company may by a resolution of 70% appoint up to five members of the public or other organisations with particular interest, abilities, skills, which the Company determines to have within the Committee who are willing to act to be Committee Members, either to fill a vacancy or as an additional Committee Member and such a Committee Member shall retire after serving a three year term but will be eligible for re-appointment by the members of the Company.

32 A Committee Member who retires may, if willing to act, be reappointed by a resolution of 70% of the members of the Company.

REMOVAL OF COMMITTEE MEMBERS

33 With the exception of the Office Bearers the office of a Committee Member shall be vacated if :-

(a) the member resigns his office by notice to the Committee; or

(b) not less that 70% of the members of the Company vote in favour of the Committee Member.

VOTES OF MEMBERS

34. Every member shall be entitled to attend general meetings. On a show of hands every member present in person or by proxy or by a duly authorised representative shall have one vote. On a poll every member present in person or by proxy shall have one vote.

35. Subject to article 35, a form appointing a proxy shall be in writing in any form which is usual, or in any form which the Directors may approve, and shall be executed by or on behalf of the appointor.

36. Subject to the Act, the Directors may resolve to allow a proxy to be appointed by electronic means subject to such limitations, restrictions or conditions as the Directors think fit (including, without limitation, the ability to require such evidence as they consider appropriate to decide whether the appointment of a proxy in such manner is effective).

37. In order for the appointment of a proxy to be valid:

37.1 (in the case of an appointment of a proxy by hard copy) the form of proxy together with the relevant documents, if any, must be:

37.1.1 received left at or sent by post to the office (or such other place within the United Kingdom as may be specified in the notice convening the meeting and/or in any form of proxy or other accompanying document sent out by the Company in relation to the meeting) by the relevant time; or

37.1.2 duly delivered in accordance with article 0;

37.2 (in the case of an appointment of proxy by electronic means) the communication appointing the proxy by electronic means together with the relevant evidence must be received at the address by the relevant time.

38 For the purposes of article 36:

38.1 for the purpose of appointing a proxy by electronic means, **"address"** means the number or address which has been specified by the Company for the purpose of receiving communications appointing proxies by electronic means;

38.2 **"relevant documents"** means either (i) the power of attorney or other authority relied on to sign the form of proxy, or (ii) a copy of such document certified as a true copy of the original by a notary or solicitor or certified in some other way approved by the Directors;

38.3 **"relevant evidence"** means any evidence required by the Directors in accordance with the provisions of article 35; and

38.4 "**relevant time**" means:

38.4.1 one hour before the time appointed for the commencement of the meeting or adjourned meeting to which the proxy appointment relates; or

38.4.2 in the case of a poll taken more than 48 hours after it is demanded, one hour before the time appointed for the taking of the poll.

39 If a meeting is adjourned for less than 48 hours or if a poll is not taken immediately but is taken not more than 48 hours after it was demanded, a proxy appointment may be delivered in hard copy form at the adjourned meeting or at the meeting at which the poll was demanded to any Director or the Secretary.

40 A vote given or poll demanded by proxy or by a duly authorised representative of a corporation shall be valid even though the authority of the person voting or demanding a poll has previously terminated, unless notice of the termination was received by the Company:

40.1 (in the case of a duly authorised representative of a corporation) at the office;

40.2 (where the proxy was appointed by a form of proxy in hard copy form) at the office or such other place as is specified for depositing such form of proxy;

40.3 (where the proxy was appointed by electronic means) at the address (as specified in article 38);

in each case (i) one hour (excluding any part of a day which is not a working day) before the time appointed for the commencement of the meeting or adjourned meeting at which such vote is given or (ii) in the case of a poll taken otherwise than at or on the same day as the meeting or adjourned meeting, one hour (excluding any part of a day which is not a working day) before the time appointed for the taking of the poll at which the vote is cast.

NUMBER OF DIRECTORS

41 Unless otherwise determined by ordinary resolution, the number of Directors (other than alternative Directors) shall not be less than three and no more than six.

APPOINTMENT AND RETIREMENT OF DIRECTORS

42 The Company may by not less than 70% of the members voting in favour appoint a person who is willing to act to be a Director and/or an Office Bearer either to fill a vacancy or as an additional Director and/or an additional Office Bearer, provided that the appointment does not cause the number of Directors and/or Office Bearers to exceed any number fixed by or in accordance with the articles as the maximum number of Directors and/or Office Bearers, or without prejudice to the provisions of the Act, may remove a Director and/or Office Bearers from office.

DISQUALIFICATION AND REMOVAL OF DIRECTORS AND/OR OFFICE BEARERS

43 The office of a Director and/or Office Bearer shall be vacated if:

43.1 he ceases to be a Director by virtue of any provision of the Act or he becomes prohibited by law from being a Director; or

43.2 he becomes bankrupt or makes any arrangement or composition with his creditors generally; or

43.3 if he is, or may be, suffering from mental disorder and in relation to that disorder either he is admitted to hospital for treatment or an order is made by a court (whether in the United Kingdom or elsewhere) for his detention or for the appointment of some person to exercise powers with respect to his property or affairs and, in either case, the Board resolves that his office be vacated; or

43.4 he resigns his office by notice to the Company; or

43.5 he (if any) shall for more than six consecutive months have been absent without permission of the Directors from Board meetings held during that period and the Directors resolve that his office be vacated; or

43.6 is disqualified from acting as a trustee by virtue of the Charities Act; or

43.7 ceases to be a member of the Charity.

POWERS OF DIRECTORS

44 Subject to the provisions of the Act, the memorandum and these articles and to any directions given by special resolution, the business of the Company shall be managed by the Directors who may exercise all the powers of the Company. No alteration of the memorandum or these articles and no such direction shall invalidate any prior act of the Board which would have been valid if that alteration had not been made or that direction had not been given. The powers given by this article shall not be limited by any special power given to the Directors by the articles and a meeting of Directors at which a quorum is present may exercise all powers exercisable by the Directors.

PROCEEDINGS OF BOARD

45 Subject to the provisions of the articles, the Directors may regulate their proceedings as they think fit. A Director may, and the Secretary at the request of a Director shall, call a meeting of the Board. Reasonable notice of Board meetings shall be given to all Directors. Questions arising at a meeting shall be decided by a majority of votes. In the case of an equality of votes, the Chairperson shall have a second or casting vote.

46 The quorum for the transaction of the business of the Board may be fixed by the Directors and unless so fixed at any other number shall be three.

47 All acts done by a meeting of the Board, or of a committee of Directors, or by a person acting as a Director shall, notwithstanding that it be afterwards discovered that there was a defect in the appointment of any Director or that any of them were disqualified from holding office, or had vacated office, or were not entitled to vote, be as valid as if every such person had been duly appointed and was qualified and had continued to be a Director and had been entitled to vote.

48 A resolution in writing signed by all the Directors entitled to receive notice of a meeting shall be as valid and effectual as if it had been passed at a Board meeting duly convened and held. The resolution may be contained in one document or in several documents each stating the terms of the resolution accurately and signed by one or more Directors and may be delivered in hard copy form or by electronic means; but a resolution signed by an alternate Director need not also be signed by his appointor and, if it is signed by a Director who has appointed an alternate Director, it need not be signed by the alternate Director in that capacity.

49 A meeting of the Board may consist of a conference between Directors some or all of whom are in different places subject to the following provisions:

49.1 each Director who participates must be able:

49.1.1 to hear each of the other participating Directors addressing the meeting; and

49.1.2 if he so wishes, to address all of the other participating Directors simultaneously;

whether directly, by conference telephone or by any other form of communications equipment (whether in use when these articles are adopted or not) or by a combination of those methods;

49.2 a quorum is deemed to be present if those conditions are satisfied in respect of at least the number of Directors required to form a quorum; and

49.3 a meeting held in this way is deemed to take place at the place where the largest group of participating Directors is assembled or, if no such group is readily identifiable, at the place from where the Chairperson participates.

50 If a question arises at a Board meeting as to the right of a Director to vote, the question may, before the conclusion of the meeting, be referred to the Chairperson and his ruling in relation to any Director other than himself shall be final and conclusive.

REMUNERATION OF DIRECTORS

51 The Directors must not be paid any remuneration unless it is permitted under the Charities Act.

CHARITIES AND TRUSTEE INVESTMENT (SCOTLAND) ACT 2005

52 The Directors must comply with the requirements of the Charities and Trustee Investment (Scotland) Act 2005 with regard to:

52.1 the preparation and transmission of the statement of account and monitoring return to OSCR;

52.2 changes which require OSCR's consent;

52.3 notification of changes to the Charity's details on the Register;

52.4 provision of information to the public; and

52.5 and other applicable regulations of legislation in force which regulate the conduct of Charity Trustees.

SEAL

53 The Company may exercise the powers conferred by the statutes with regard to having official seals and those powers shall be vested in the Board.

54 The Board shall provide for the safe custody of every seal which the Company may have.

55 A seal shall be used only by the authority of the Board or a duly authorised committee but that authority may consist of an instruction or approval given by hard copy or by electronic means by a majority of the Directors or of the members of a duly authorised committee.

56 The Board may determine who shall sign any instrument to which a seal is applied or which is intended to take effect as if executed under the seal, either generally or in relation to a particular instrument or type of instrument, and may also determine, either generally or in any particular case, that such signatures shall be dispensed with or affixed by some mechanical means.

57 Unless otherwise decided by the Directors any instrument to which a seal is applied shall be signed by at least one Director and the Secretary or by at least two Directors.

NOTICES

58 Any notice to be given to or by any person pursuant to these articles shall be in writing except that a notice calling a Board meeting need not be in writing.

59 Subject to the articles, any notice or other document to be sent or supplied:

59.1 to a member by the Company may be sent or supplied in accordance with and in any way in which the Act provides for documents or information to be sent or supplied by a company; and

59.2 by anyone to the Company may be sent or supplied in accordance with and in any way in which the Act provides for documents or information to be sent or supplied to a company.

60 Nothing in article 59 shall affect any provision of the Act requiring offers, notices or documents to be served on, or delivered to, a member in a particular way.

61 Any notice or other document sent or supplied by the Company to a member (or other person entitled to receive notice under these articles) shall:

61.1 if sent in accordance with section 1147 of the Act, be deemed to have been received by the intended recipient at the time prescribed by that section;

61.2 if sent by post to the intended recipient at his registered address outside the United Kingdom or at an address specified by him for the purpose outside the United Kingdom, be deemed to have been received 72 hours after it was posted provided that it was properly addressed and prepaid as airmail; and

61.3 if delivered personally, by hand to or left at a registered address or an address specified for the purpose by the intended recipient, be deemed to have been received by the intended recipient on the day it was so delivered or left.

DIRECTORS' LIABILITY

62 In the management of the affairs of the Company no Director shall be liable for any loss to the property of the Company arising by reason of an improper investment made in good faith (so long as he shall have sought professional advice before making such investment) or for the negligence or fraud of any agent employed by him or by any other Director in good faith (provided reasonable supervision shall have been exercised) although the employment of such agent was not strictly necessary or by reason of any mistake or omission made in good faith by any Director or by reason of any other matter or thing other than wilful and individual fraud, wrongdoing or wrongful omission on the part of the Director who is sought to be made liable.

63 Subject to the provisions of the Act but without prejudice to any indemnity to which a Director may otherwise be entitled every Director or other officer or auditor of the Company shall be indemnified out of the assets of the Company against any liability incurred by him in defending any proceedings whether civil or criminal in which judgement was given in his favour or in connection with any application in which relief is granted to him by the court from liability for negligence, default, breach of duty or breach of trust in relation to the affairs of the Company and against all costs, charges, losses, expenses or liabilities incurred by him in the execution and discharge of his duties or in relation thereto.

INDEMNITY

64 The Company may purchase and maintain indemnity insurance:

64.1 to cover any Director for:

64.1.1 any liability which by virtue of any rule of law may attach to him in respect of any negligence, default, breach of duty or breach of trust of which he may be guilty in his capacity of Director;

64.1.2 all costs, charges and expenses which may be incurred by him in contesting any such liability or alleged liability; and

64.1.3 all costs of a successful defence to a criminal prosecution against him in his capacity of Director; but always excluding liability arising from any act or omission which the Director knew to be a breach of trust or breach of duty or which was committed by the Director in reckless disregard of whether it was a breach of duty or not or for the costs of an unsuccessful defence to a criminal prosecution.

64.2 for its officers and servants from and against all such risks incurred in the performance of their duties as may be thought fit.

RULES

65 The Directors may from time to time make such rules or bye laws as they may deem necessary or expedient or convenient for the proper conduct and management of the Company and for the purposes of prescribing conditions of membership, and in particular but without prejudice to the generality of the foregoing, they may by such rules or bye laws regulate:

65.1 the admission and classification of members (including the admission of organisations to membership) and the rights and privileges of such members, and the conditions of membership and the terms on which members may resign or have their membership terminated and the entrance fees, subscriptions and other fees or payments to be made by members;

65.2 the conduct of members in relation to one another, and to the Company's employees and volunteers;

65.3 the setting aside of the whole or any part or parts of the Company's premises at any particular time or times or for any particular purpose or purposes;

65.4 the procedure at general meetings and meetings of the Board and committees of the Board insofar as such procedure is not regulated by the articles; and

65.5 generally, all such matters as are commonly the subject matter of company rules.

66 The Company in general meeting shall have power to alter, add to or repeal the rules or bye laws and the Directors shall adopt such means as they think sufficient to bring to the notice of members all such rules or bye laws, which shall be binding on all members, provided that no rule or bye law shall be inconsistent with, or shall affect or repeal anything contained in, the memorandum or the articles.

OBJECTS

67 The Charity's objects (the Objects) are the advancement of education, the furtherance of health, the provision of recreational facilities and the organisation of recreational activities and the relief of those in need by reason of ill-health, disability, financial hardship or other disadvantage among the inhabitants of East Kilbride District and the surrounding area, especially those who suffer from dementia type illness and their carers.

68

68.1 In addition to any other powers it may have, the Charity has the following powers in order to further the Objects (but not for any other purpose):

68.1.1 to raise funds. In doing so, the Charity must not undertake any substantial permanent trading activity and must comply with any relevant statutory regulations;

68.1.2 to buy, take on lease or in exchange, hire or otherwise acquire any property and to maintain and equip it for use;

68.1.3 to sell, lease or otherwise dispose of all or any part of the property belonging to the Charity;

68.1.4 to borrow money and to charge the whole or any part of the property belonging to the Charity as security for repayment of the money borrowed;

68.1.5 to co-operate with other Charities, voluntary bodies and statutory authorities and to exchange information and advice with them;

68.1.6 to establish or support any charitable trusts, associations or institutions formed for any of the charitable purposes included in the Objects;

68.1.7 to acquire, merge with or to enter into any partnership or joint venture arrangement with any other Charity formed for any of the Objects;

68.1.8 to set aside income as a reserve against future expenditure but only in accordance with a written policy about reserves;

68.1.9 to employ and remunerate such staff as are necessary for carrying out the work of the Charity. The Charity may employ or remunerate a Director only to the extent it is permitted to do so by clause 69 and provided it complies with the conditions in that clause;

68.1.10 to:

68.1.10.1 deposit or invest funds;

68.1.10.2 employ a professional fund-manager; and

68.1.10.3 arrange for the investments or other property of the Charity to be held in the name of a nominee;

in the same manner and subject to the same conditions as the Trustees of a trust are permitted to do by the Trusts (Scotland) Act 1921;

68.1.11 to pay out of the funds of the Charity the costs of forming and registering the Charity both as a company and as a Charity; and

68.1.12 to do all such other lawful things as are necessary for the achievement of the Objects;

APPLICATION OF INCOME AND PROPERTY

69

69.1 The income and property of the Charity shall be applied solely towards the promotion of the Objects.

69.2

69.2.1 A Director is entitled to be reimbursed from the property of the Charity or may pay out of such property reasonable expenses properly incurred by him or her when acting on behalf of the Charity.

69.2.2 Subject to the conditions in clause 64, a Director may benefit from Trustee indemnity insurance cover purchased at the Charity's expense.

69.3 None of the income or property of the Charity may be paid or transferred directly or indirectly by way of dividend bonus or otherwise by way of profit to any member of the Charity. This does not prevent a member who is not also a Director receiving:

69.3.1 a benefit from the Charity in the capacity of a beneficiary of the Charity;

69.3.2 reasonable and proper remuneration for any goods or services supplied to the Charity.

69.4 No Director may:

69.4.1 be employed by or receive any remuneration from the Charity;

69.4.2 receive any other financial benefit from the Charity;

unless the payment or transaction is permitted under Sections 67-68 of The Charities and Trustee Investment (Scotland) Act 2005 and any subsequent modification or re-enactment.

LIABILITY OF MEMBERS

70 The liability of the members is limited.

71 Every member promises, if the Charity is dissolved while he or she is a member or within twelve months after he or she ceases to be a member, to contribute such sum (not exceeding £10) as may be demanded of him or her towards the payment of the debts and liabilities of the Charity incurred before he or she ceases to be a member, and of the costs charges and expenses of winding up, and the adjustment of the rights of the contributories among themselves.

DISSOLUTION

72

72.1 The members of the Charity may at any time before, and in expectation of, its dissolution resolve that any net assets of the Charity after all its debts and liabilities have been paid, or provision has been made for them, shall on or before the dissolution of the Charity be applied or transferred in any of the following ways:

72.1.1 directly for the Objects; or

72.1.2 by transfer to any Charity or Charities for purposes similar to the Objects; or

72.1.3 to any Charity for use for particular purposes that fall within the Objects;

72.2 Subject to any such resolution of the members of the Charity, the Directors of the Charity may at any time before and in expectation of its dissolution resolve that any net assets of the Charity after all its debts and liabilities have been paid, or provision made for them, shall on dissolution of the Charity be applied or transferred:

72.2.1 directly for the Objects; or

72.2.2 by transfer to any Charity or Charities for purposes similar to the Objects; or

72.2.3 to any Charity or Charities for use for particular purposes that fall within the Objects.

72.3 In no circumstances shall the net assets of the Charity be paid to or distributed among the members of the Charity (except to a member that is itself a Charity) and if no such resolution is passed by the members or the Directors the net assets of the Charity shall be applied for charitable purposes as directed by the court or OSCR.