# Merton Mencap

# Care Planning & Delivery Policy & Procedure

**Last reviewed:** August 2026

**Next review:** August 2027

# Merton Mencap

## Care Planning & Delivery

### Introduction

Children, young people and adults with a learning disability and/or autism accessing the charity's services (known as service users) require care and support.

This policy and procedure sets out how the charity provides that care and support.

### Policy

Each service user will have a care plan which shows the person's care and support needs and how those needs will be met when using the charity's services.

Service users' care plans will be stored centrally on the charity's central database and access to them will be made available to staff providing care and support.

Care plans will include:

- Personal details (name, DOB, gender identity, ethnicity, disability-type, contact details)
- Personal information (likes, dislikes, hobbies, travel details)
- Health (medical diagnoses, mobility, moving & handling needs, prescribed medication)
- Feeding (allergies, dietary requirements, special assistance required)
- Personal care needs (support required using the toilet)
- Communication (preferences, methods)
- Behaviours (anxieties, triggers, de-escalation approaches)
- Permissions (for staff to apply sunscreen, for emergency medical treatment, to be included in photo/video recordings)

Care plans should show the care and support service users need while also supporting them to do as much as they can for themselves.

The manager of the service (eg Service Manager) is responsible for ensuring care plans for each registered service users are in place, and that relevant staff have access to them, understand and follow them.

Staff who are not involved in providing care and support to a service user are not permitted to access their care plan unless permitted to by a manager.

Merton Mencap reserves the right to refuse to provide a service to a person if we consider we cannot adequately meet their care and support needs.

**Procedure**

For new service users, the relevant manager is responsible for obtaining information about their care and support needs before the service user joins the charity's services.

The manager should identify the appropriate person to obtain the service user's care and support needs, eg family parent/carer, paid carer, and obtain this information via home visit or over the phone.

The manager should involve the service user in the care planning process as much as practicable.

Once the manager has obtained details of the service user's care and support needs, they should assess whether the charity can meet these needs. If the charity cannot do so, the manager should inform the parent and service user with the reasons, and alternative options should be explored, eg the service user is accompanied by a personal assistant.

If the manager assesses the service user's care and support needs can be met by the charity, the manager should

- create a new profile and care plan on the charity's central database for that service user
- agree with the service user and/or their relevant carer a date to join our service
- inform relevant staff who will be caring for the service user about the service user and ensure staff have access to their care plan.

Staff responsible for providing care and support at the service (eg team leader) is responsible for ensuring they and their team review service users' care plans before each session.

***Care plan reviews***

Care plans must be routinely reviewed
- annually for service users aged over 18
- every 6 months for service users aged under 18

The relevant manager of the service is responsible for ensuring the review takes place by

- identifying the appropriate person to obtain information about the service user's care and support needs, eg parent/carer
- contacting this person and asking them to verify any changes to the care plan information currently held by the charity
- liaising with other agencies for care plan information (with consent) if appropriate, eg school
- updating the care plan on the central database (including date of revision and who it was conducted by)
- ensuring the care plan update log is completed, eg showing last update
- ensuring updated care plans are made available to relevant staff

The relevant manager should also update a care plan:

- if new information is provided to us, such as by the service user or their parent/carer
- after a significant incident has been recorded involving the service user
- if staff supporting the service user advise on any changes needed

Care plans may be appended by the following:

- Moving & Handling Plans must be in place for service users requiring support to transfer using a sling and hoist (also see our Safe Use of Slings & Hoists Policy & Procedure)
- behavioural management plans
- medical plans

### *Access to care plans*

Care plans are stored on the charity's central database. No electronic duplicates must be saved elsewhere.

The relevant manager will ensure staff requiring access to care plans will be provided with electronic devices and internet access.

In the event that hard copy care plans are needed, the relevant manager will conduct a risk assessment to ensure they are kept secure and destroyed after use.

Staff leaving the charity are not permitted to access any of the charity's records including the care plans.

### *Pre-session & post-session reviews*

Prior to each session, the staff member responsible on the day (eg Team Leader) must ensure that they and the team review care plans and are familiar with them.

After each session, the responsible staff member should ask staff whether there are any proposed changes to the care plan which should be passed to the relevant manager, eg Service Manager.

### *Allocations*

The staff member responsible on the day (eg Team Leader) must allocate staff members to be responsible for service users at the session, with arrangements in place for cover in staff absence (eg comfort breaks, lunch).

Staff allocated service users are responsible for providing care and support as stated in the service user's care plan (and appending documents, eg moving and handling plan).

### *Intimate personal care*

Intimate personal care means providing hands-on physical care in the areas of personal hygiene which is

- the placement, removal or changing of nappies/incontinence pads
- the placement, removal or changing of sanitary pads
- toileting

The relevant manager is responsible for ensuring care plans include full details about the extent of the intimate personal care a service user requires.

A key aim of carrying out intimate personal care should be, where possible, to develop service users' skills and abilities to enable them to be as independent in the task. Every effort should be made to provide facilities which would reduce the need for staff assistance during intimate personal care.

Only staff whose job description refers to providing such care are authorised to do so.

Intimate personal care should be provided by 2 staff members; the charity should make best endeavours to ensure the gender of staff is the same the gender of the service user, but in any case, male staff are only permitted to provide intimate personal care to male service users.

Staff should provide intimate personal care:

- with high regard for the dignity and respect of the individual
- as detailed in the service user's care plan or appended documents (eg hoist plan)

In the event of an emergency or other foreseen circumstance (eg a toileting accident), the person responsible on the day should ensure that any intimate personal care is provided in the best interests of the service user and that the relevant manager and parent or carer is informed about the situation as soon as practicable.

When providing intimate personal care, if any signs of suspected abuse are detected the matter should be reported immediately to the charity's safeguarding lead.

### *Managing 'challenging' behaviours*

In this context, challenging behaviours refers to behaviours which can put the person or those around them at risk, or negatively impact quality of life.

Challenging behaviours may be a form of communication, eg a way a person who is non-verbal communicates their emotions, particularly if they don't understand the situation or can't verbally express their needs, wants and feelings.

When obtaining details about servicer users' care and support needs, the manger should refer to challenging behaviours which is recorded on the relevant section on the care plan. A behavioural management plan may also be obtained.

If a service user presents challenging behaviours while at a service, staff should use diffusion techniques consistent with their care plan to avoid any further escalation, and assess the possible cause/purpose of the behaviour and take action to help them.

No physical intervention should be used, except in the case of an emergency, to avoid injury or serious damage to property. Physical intervention can only be justified if it involves only the *minimum* of force necessary to prevent injury and maintain safety and is *proportionate,* taking into account both the behaviour of the service users and the nature of the harm they might cause.

Any physical intervention used should be consistent with training, eg Team Teach.

## General

When providing care and support, staff should:
- follow service users' care plan
- wash hands before and after providing intimate personal care
- use provided Personal Protective Equipment required (eg gloves, aprons)
- always do so in a respectful, patient, kind and attentive manner

## Maintaining professional boundaries

Professional boundaries in social care is important to protect service users from the risk of exploitation due to power imbalances, plus safeguard staff from compromised judgement. It which supports mutual respect, safety and consistent high-quality care.

Professional boundaries include physical limitation, emotional separation, time management, digital availability and financial/material separation, for example avoiding:

- having any 'favourites', to ensure staff provide consistent care for all service users
- unnecessary physical contact, e.g. hugging
- sharing private social media contacts
- personal relationships with service users and families, e.g. attending services users' personal events (without first checking with a senior manager)
- financial interactions, e.g. borrowing or lending money

## Revision

This policy & procedure should be revised annually.

**Internal audit guidance**

| ***Auditor checks*** | ***Evidence*** |
|---|---|
| Are in-date care plans in place for each service user? | Check database and dates of last revision |
| Are care plans complete, easy to follow and high quality? | Check each section of the care plan is completed |
| Are care plans reviewed by all staff before each session? | Check with staff<br>Check session records |
| Do staff know how to access care plans? | Check with staff |
| Do any recorded incidents indicate failings of any care planning process, eg behaviours which we're identified during the care planning stage? | Check incident logs for patterns<br>Speak to senior and service staff |