



# Phoenix Community Care Ltd Policy & Procedure

## Working in the Community with PCC Housing

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1	2008	2008	2009	Anne Spriggs	Board of Directors	Dec. 2008
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## Working in the Community with PCC Housing

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# Working in the Community within PCC Housing

## Introduction

- This procedural arrangement needs to be read in conjunction with the procedural arrangement on General workplace risk assessment, Risk taking by service users and Dealing with violence, aggression and challenging behaviour.
- It is recognised by Phoenix Community Care (PCC) that working in the PCC housing services may involve hazardous situations, which might not be covered specifically in other procedural arrangements. These relate in particular to working with no direct supervision in environments over which PCC has limited control, to provide support and assistance to an individual who may not wish to follow a procedure which has been assessed as safe.
- PCC housing services can be seen as a difficult environment in which to set out legal requirements. The health and safety at work act specifically excludes domestic servants employed by a householder. It is therefore not possible to insist on the same standards [for example hygiene] one would expect whilst working at another location where the occupier had duties under the act.
- However, as an employer, PCC so far as is practicable has a duty to protect the health and safety and welfare of its employees who work in PCC housing.

## Aims

This procedural arrangement aims to ensure that staff working in PCC housing have adequate systems in place to:-

- Identify the hazards present and do their best to control the risks that arise as a consequence.
- Communicate relevant information effectively within the PCC team.
- Ensure that all employees involved have the necessary levels of competence required for the tasks they are being asked to do.

## Risk assessment

The property maintenance team / manager completes an annual risk assessment on all PCC housing properties. From this risk assessment a table of works is drawn up for consideration by the board of directors for works pending, see APPENDIX 1. On a weekly basis the property manager and the key workers visit the houses and risk assessments are carried out on immediate works with regards to defects, health and safety issues and fire checking systems [see fire policy] made. Format

APPENDIX 2 is the weekly house check which is completed by the key worker. If the health and safety check highlights a problem with infestation or pests, APPENDIX 3 is used to identify and monitor this. When the service user vacates a room, the key worker makes sure the room is to the correct standard for the incoming service user, APPENDIX 4.

## **Planning for a safe support package**

It is recognised that meeting each request for a safe support package requires a considerable amount of information. This is collected from a variety of sources prior to the service user taking the accommodation. This includes:-

- An assessment completed by the purchaser of the service.
- A completed report by the social worker.
- A PCC independent risk assessment of the service users physical, emotional, mental health and risk of vulnerability. APPENDIX 5
- Finding the most suitable room available to meet the service user needs

## **Short notice requests**

It is acknowledged that PCC has to respond some times without the above being fully completed. In these exceptions it is the manager of the service who must make their own assessment of the feasibility of providing the support requested, based on their experience and that of the staff available to undertake the support package. The full information gathering exercise and any remedial action must be completed as soon as possible after admission.

## **Organising for a safe operation**

PCC must ensure that systems are in place so that:-

- Support is delivered by competent staff
- The staff have all the information they need
- Robust communication and decision making systems in place so that any changes to the normal 'situation', which could affect safety, can be reacted to quickly, by introducing controlling measures.

## **Communication**

As the potential for direct supervision of the activities undertaken to meet the support package is very limited, an effective communication system and culture must be present to minimise the risk to PCC staff. The system must be in operation

whenever work is in progress. Furthermore, as support staff do not have regular sight of the health and safety law poster, they should be given a copy of the HSE leaflet C1500. It is important that the key workers or any other member of staff involved with the support package follow the policy for lone working.

## **Monitoring arrangements**

In addition to the quality of support being delivered, the health and safety issues involved in the support provision must be monitored on a regular basis. This is a legal requirement and should be carried out by the manager. This should include:-

- A regular discussion with the employee and the service user-[ frequency based on the experience and the nature of the hazards present].
- Topics suggested for monitoring include, deviations from any set procedures, hours worked and rest periods, travel distances and time taken, and the potential for emergency situations developing.

## Procedural Arrangements for PCC on property safety.

Name /Provider
Property address
Phone
Information to be sent to
Date
Person completing the assessment

**Type of property:** Terrace / Semi / Detached / Flat / Other.

### Part 1 Outside of property and it's surroundings.

RISK

1	Volume of traffic.	Yes	High	Med	Low	No
2	Volume of parked cars.					
3	Paved area in front of property in good condition.					
4	Property has fencing / walls at front in good repair					
5	Property has gates that close.					
6	Property has a garage.					
7	Property has driveway / parking.					

### Appearance of the property ( front and back)

RISK

1	Exterior walls in good repair.	Yes	High	Med	Low	No
2	Windows in good repair .					
3	Windows have opening casements / double glazed.					
4	Guttering and pipe work fixed and working.					
5	Roof looks in good repair					
6	Chimneys and stacks appear safe.					
7	Approach to the house suitable and safe.					
8	Has steps to house.					
9	Front door in good repair and has suitable locks.					
10	Call system /bell / in working order and you are able to get a response.					

***If answers to any of the questions is no please complete the action plan.***

What we need to do	Recourse / help needed	Priority	Date of completion

**Garden areas front and back.**

**RISK**

		Yes	High	Med	Low	No
1	Maintained front / back					
2	Fencing in good repair.					
3	Access to the garage from rear					
4	Access to front of the house by side walk way.					
5	Has gate to the side of the property has alley way to the side or back of the property					
6	Properties on either side appear safe.					
7	Has patio area / decking					
8	Has stepped areas.					
9	Has a pond or water features.					
10	Has pet housing					
11	Has shed /greenhouse or other					
12	Has large trees or planting that could be a risk					
13	Has compost or water storage					
14	Has old appliances and rubbish around					
15	Has refuge storage					
16	Has climbing frames / swing / slide / sandpit / other					
17	Has un finished construction work.					
18	Garden equipment / D.I.Y / kept locked up.					

**Surrounding area of the property**

**RISK**

		Yes	High	Med	Low	No
1	Electric pylons.					
2	Mobile phone masts.					
3	Commercial / industrial properties.					
4	Buildings expelling smoke.					
5	Agricultural / activity.					
6	Agricultural / animals / poultry.					
7	Recreational premises i.e. pubs / night clubs.					
8	Night life / social buildings.					

***If answers to any of the questions is no please complete the action plan.***



## Part 2 Houses interior

### Hall / entrance

#### RISK

		Yes	High	Med	Low	No
1	Welcoming					
2	Uncluttered easy exit.					
3	Stairs well lit / free of clutter.					
4	General Comment					

### Lounge

#### RISK

		Yes	High	Med	Low	No
1	Fire open / electric / gas / other.					
2	Suitable seating in good repair.					
3	Electrical equipment placed safely.					
4	Décor of room homely / clean.					
5	Flooring non slip non trip clean.					
6	Unused electric sockets plugged.					
7	General comment					

### Dining room

#### RISK

		Yes	High	Med	Low	No
1	Suitable furnishings in good repair.					
2	Décor of room homely / clean.					
3	Flooring non slip non trip.					
4	Electrical equipment placed safely.					
5	Unused electrical sockets plugged.					
6	General comment					

### Kitchen and utility room

### RISK

		Yes	High	Med	Low	No
1	General appearance clean and homely.					
2	Cooking area clean and with protective guards.					
3	Fridge freezer clean and stocked at correct temperatures.					
4	Kitchen cupboards and drawers with appropriate closures.					
5	Portable appliances in a safe position.					
6	Flooring non slip non trip.					
7	Pet feeds / bowls / away from human foods.					
8	Storage of cleaning items done safely.					
9	Washing machine / tumble dryer / insitu.					
10	Method of drying clothes safe.					
11	Pets in the kitchen area.					
12	Chest freezer has a lock					
13	Knives and utensils stored safely.					
14	General comment					

### Downstairs Bathroom

### RISK

		Yes	High	Med	Low	No
1	Area clean.					
2	Cleaning items stored appropriately.					
3	Bath / toilet / basin / shower not cracked or broken.					
4	Flooring non slip non trip.					
5	Light / heaters on cord pulls.					
6	Lock on the doors out of reach of small children .					
7	General comment.					

***If answers to any of the questions is no please complete the action plan***



## Part 3

### Upper stories of the property

<p>How many floors</p> <p>How many rooms</p> <p>How many flights of stairs.</p>
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### Bathroom / toilet

### Risk

		Yes	High	Med	Low	No
1	Area clean.					
2	Cleaning items stored safely					
3	Bat / toilet basin / shower cracked.					
4	Flooring non slip non trip.					
5	Light and heaters on cord pulls.					
6	Thermostat to hot water.					
7	Lock of door out of reach of small children.					
8	General comment.					

### Stair landings and corridors.

### Risk

		Yes	High	Med	Low	No
1	Stairs safely covered with non slip non trip coverings.					
2	Rails secure and recommendations four inch gap of spindles.					
3	Gate at top of the stairs.					
4	General comment					

### Bedrooms

Comply to regulations / requirement

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***If answers to any of the questions is no please complete the action plan.***

What we need to do	Recourse / help needed	Priority	Date of completion

**For further help and advice please contact:  
The fire prevention officer or your Health & safety adviser.**

Fire risk assessment carried out by:

Name \_\_\_\_\_ Position \_\_\_\_\_

Workplace \_\_\_\_\_ Date \_\_\_\_\_

**Summary of Findings:**


**Approved by Service Manager**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Assessment Review Date \_\_\_\_\_

***Please send a copy to the Health & Safety Advisor for information***

**HEALTH AND SAFETY CHECK (011) (which is now done on online form)**

**Address of PCC Home being checked**

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**HALLWAY** clear of any obstructions \_\_\_\_\_  
 safety appliances in place and untampered with \_\_\_\_\_  
 telephone line working \_\_\_\_\_

**Comments** \_\_\_\_\_

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**KITCHEN** floor clean and clear of obstruction \_\_\_\_\_  
 surfaces clean \_\_\_\_\_  
 cooker clean and in working order \_\_\_\_\_  
 safety appliances in place and untampered with \_\_\_\_\_  
 electrical appliances plugs and fittings in good condition \_\_\_\_\_

**Comments** \_\_\_\_\_

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**BATHROOM** floor clean \_\_\_\_\_  
 bath/shower clean and in working order \_\_\_\_\_  
 toilet clean and working \_\_\_\_\_

**Comments** \_\_\_\_\_

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**FRONT DOOR** safely locked/locks working \_\_\_\_\_

**BACK DOOR** safely locked/locks working \_\_\_\_\_

**WINDOWS** shut and locked/locks working \_\_\_\_\_

**HEATING** at correct temperature and in working order \_\_\_\_\_

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Name of person inspecting \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## INCIDENT, COMPLAINTS & GRIEVANCE FORM

<b><u>DATE</u></b>
<b><u>DESCRIPTION</u></b>
<b><u>OUTCOME</u></b>
<b><u>NAME</u></b>
<b><u>SIGNATURE</u></b>

On completing this please give your complaint / grievance form to your keyworker or send directly to the office at

**PCC Complaints Department**  
21-23 Bath Road, London N9 0JX

# Maintenance Report

## Things that need repair / replacement

## Other Comments

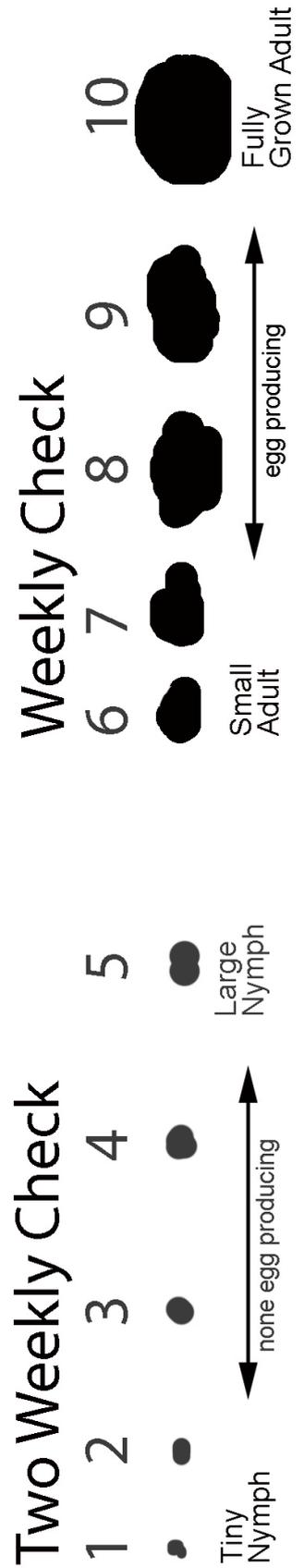
Circle Average Roach Scale Value:

1   2   3   4   5   6   7   8   9   10

Circle when check to be made:

Weekly

bi-weekly



## Procedural Arrangements for Service User's Room

Service User:
Property address
Phone
Information to be sent to
Date
Person completing the assessment

**Type of property:** Terrace / Semi / Detached / Flat / Other.

### Service Users Room

### Risk

		Yes	High	Med	Low	No
1	Soft Furnishings comply to Fire Regulations					
2	Bed / Mattress / Pillows comply to Fire Regulations					
3	Bed in good condition					
4	Wardrobe					
5	Study table					
6	Side lamp					
7	Chest of Drawers					
8	Chair					
9	Bedside Cabinet					
10	Clock Radio					
11	2 sets of bed linen					
12	Duvet / Blankets					
13	Face, hand and bath towels					
14	Personal Hygiene Products (ie Soap)					
15	Service User is keeping room clean and tidy					
16	Service user is keeping clothing washed and in good repair.					
17						
18						
19						
20						

***If answers to any of the questions presents 'High/Medium Risk' please complete the action plan on other side.***

What we need to do	Recourse / help needed	Priority	Date of completion

Signed \_\_\_\_\_ Date \_\_\_\_\_

# **Risk assessment**

## **For Unaccompanied Asylum Seeking Children**

**and**

## **Leaving Care (Asylum)**

## **Supported by LB Haringey**

**And**

## **Supporting Services 18+**

**Service user's name:**



## **Risk Assessment**

### **Introduction**

The need for a uniform risk assessment format is needed for all service users coming under the care of PCC.

Unaccompanied asylum seeking children face particular risks and challenges which may be closely associated with their immigration situation and the circumstances under which they arrived in the UK.

Key workers need to be very sensitive and observant when carrying out the risk assessment as young people will often be worried about disclosing certain information, especially if they feel their safety of their families may be at risk. Key workers need to reassure young people that although they cannot keep any secrets all the information will be dealt with in a confidential and sensitive manner.

### **Procedure**

#### **Missing from Care, Missing from home – Joint protocol & Practice Guidance**

- the protocol contains forms designed to identify and minimize risks associated with young people going missing from placement.
- These forms need to be completed immediately after reception of the young person into the service and together with a photograph of the young person must be made available to the police in the case of the young person going missing.

#### **Risk Assessment for unaccompanied Asylum Seeking Children and Leaving Care (Asylum)**

- the risk assessment should be carried out alongside the Comprehensive Assessment in order to avoid carrying out duplicate work.
- The form needs to be updated each time new issues arise, after each incident or every three months.

#### **Supporting Services 18+**

- the form needs completing on admission and acts as a first risk assessment and will be part of the care pathway during the service users induction period.

# Physical Health

**Service users name:**

	YES	NO	Comments
Does service user suffer from any long term or recurring medical conditions?			
If Yes, do they attend a hospital or GP on a regular basis?			
Are they on medication?			
Are they at risk of infection to others?			
Does the service user have any mobility problems?			
If yes is current accommodation suitable for their needs?			
<b>Any other information</b>			

## Mental Health

**Service users name:**

	YES	NO	Comments
Does service user suffer from any kind of mental illness?			
If Yes, how does it manifest itself?			
Are they on medication for mental illness?			
If yes, does this alter mood or sleep patterns?			
Does the service user receive any counseling?			
Has the service user ever attempted suicide or disclosed suicidal thoughts?			
Has the Service user ever self harmed or disclosed thought of self harming?			
<b>Any other information</b>			

## Sexual Health

	YES	NO	Comments
Is the service user sexually active?			
Is the service user aware of the importance of safe sex?			
Does the service user engage in promiscuous sex?			
Has the service user been screened for sexually transmitted diseases?			
<b>Any other information</b>			

## Exploitation / Vulnerability

Service users name:

	YES	NO	Comments
Is the service user at risk from any traffickers?			
Has the service user been at risk of being involved in prostitution?			
Does the service user have regular visitors that are either a lot older or seem in any kind of way threatening or intimidating?			
If yes, do they disclose where they have been?			
Does the service user seem to be short of money at any time?			
Does the service user have belongings that would have been difficult to purchase with regular subsistence payments (ie expensive clothing or electronics)			

### Any other information

## Offending Behaviour

**Service users name:**

	YES	NO	Comments
Has the service user had regular unauthorized absences from school / college?			
If Yes, are they able to explain these?			
Has the service user ever displayed any kind of aggression (verbal or physical)?			
Does the service user ever threatened other residents or staff?			
Does the service user have any criminal convictions or pending criminal investigations?			
<b>Any other information</b>			

## Substance / Alcohol Misuse

	YES	NO	Comments
Does the service user drink alcohol on a regular basis?			
If yes, what quantity?			
Has the service user ever been in trouble due to alcohol or drug influenced behavior?			
Has the service user ever been hospitalized because of high alcohol consumption or drug use?			
Does the service user use any drugs or solvents?			
Has the service user ever harmed anyone under the influence of drugs or alcohol			
<b>Any other information</b>			

# Risk assessment Summary

Service User's Name	
Phone	
Address	
Allocated Social Worker	
Social Worker's Phone	
Social Worker's Manager	
Manager's Phone	
GP	
GP Address	
GP Phone	
Other professionals involved	
<b>Any other information</b>	

Risk Identified	Level Of Risk			Action taken to minimize risk
	LOW	MEDIUM	HIGH	
Service User				
Physical Health				
Mental Health				
Sexual Health				
Vulnerability				
Offending Behavior				
Substance Misuse				
To other residents				
To other staff				

If any area identifies a high risk. An individual risk assessment needs to be done using form 019(b) and inform the service Manager.

Completed by:

Signature:

Date

**RISK ASSESSMENT FORM (019b)**

<b><u>SERVICE USER'S NAME</u></b>	<b><u>SERVICE NAME</u></b>	<b><u>KEYWORKER'S NAME</u></b>
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<b>What is the potential severity of the risk?</b>	SERIOUS	MODERATE	MINIMAL
<b>How often is the risk likely to occur?</b>	OFTEN	OCCASIONALLY	RARELY
<b>What is your assessment of the overall risk?</b>	UNACCEPTABLE	SERIOUS	ACCEPTABLE
<b>Is this an acceptable risk to take?</b> (ie – do the benefits gained from taking the risk outweigh the possible consequences?)			YES / NO

**IDENTIFIED RISK FROM SUPPORT PLANNING REVIEW DATE** (circle answer)

<p><b><u>Identify values / benefits from taking the risk</u></b></p>
<p><b><u>Action plan to minimise serious or unacceptable risks</u></b></p>
<p><b><u>Monitoring: How will the Action Plan be monitored, how often and by whom?</u></b></p>

Completed by (Risk Assessor) \_\_\_\_\_

Approved (Line Manager) \_\_\_\_\_

**ON GOING REVIEW**

<b>Review Date</b>						
<b>Signature</b>						