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|  **Review Sheet** |
| Last Reviewed Last Amended Next Planned Review in 12 months, or16 Nov '23 16 Nov '23 sooner as required. |
| Business impact | Changes are important, but urgent implementation is not required, incorporate into your existing workflow.**MEDIUM IMPACT** |
| Reason for this review | Scheduled review |
| Were changes made? | Yes |
| Summary: | This policy details how staff can support Residents with personal care. It has been reviewed with significant changes throughout. It now contains guides in the forms section for various personal hygiene procedures. The title has been changed from 'Supporting Independence in Personal Care Policy and Procedure' to 'Supporting Personal Care Policy and Procedure'. References also checked to ensure they remain current. |
| Relevant legislation: | * The Care Act 2014
* The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
* Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
* Mental Capacity Act 2005
* Mental Capacity Act Code of Practice
* The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012
 |
| Underpinning knowledge - What have we used to ensure that the policy is current: | * Author: Office of the Public Guardian, (2020), *Mental Capacity Act 2005, Code of Practice*. [Online] Available from: [https://www.gov.uk/government/publications/mental- capacity-act-code-of-practice](https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice) [Accessed: 16/11/2023]
* Author: Nursing Times, (2023), *The underlying principles and procedure for bed bathing patients*. [Online] Available from: [https://www.nursingtimes.net/roles/hospital- nurses/the-underlying-principles-and-procedure-for-bed-bathing-patients-25-04-2019/](https://www.nursingtimes.net/roles/hospital-nurses/the-underlying-principles-and-procedure-for-bed-bathing-patients-25-04-2019/) [Accessed: 16/11/2023]
* Author: Nursing Times, (2014), *Foot assessments and care for older people*. [Online] Available from: [https://www.nursingtimes.net/roles/older-people-nurses-roles/foot- assessment-and-care-for-older-people-09-12-2014/](https://www.nursingtimes.net/roles/older-people-nurses-roles/foot-assessment-and-care-for-older-people-09-12-2014/) [Accessed: 16/11/2023]
* Author: Alzheimer's Society, (2023), *Supporting a person with washing and dressing - useful resources*. [Online] Available from: [https://www.alzheimers.org.uk/get- support/daily-living/washing-dressing-useful-resources](https://www.alzheimers.org.uk/get-support/daily-living/washing-dressing-useful-resources) [Accessed: 16/11/2023]
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| Suggested action: | * Encourage sharing the policy through the use of the QCS App
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| Equality Impact Assessment: | QCS have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law. |

**1. Purpose**

* 1. To ensure Residents are enabled to be as independent as possible in achieving personal care that supports good health.
	2. This policy should be read in conjunction with other relevant policies and procedures. These include:
* Oral Care Policy and Procedure
* Infection Control Policy and Procedure
* Dignity, Respect and Choice Policy and Procedure
* Promoting Independence with Continence Policy and Procedure
* Personal Protective Equipment (PPE) Policy and Procedure
* Laundry Policy and Procedure
* Healthcare Waste Policy and Procedure
	1. To support Corton House in meeting the following Key Lines of Enquiry/Quality Statements (New):

# Key Question Key Lines of Enquiry Quality Statements

**(New)**

|  |  |  |
| --- | --- | --- |
| CARING | C3: How are people's privacy, dignity and independence respected and promoted? | QSC1: Kindness, compassion and dignityQSC3:Independence, choice and control |
| EFFECTIVE | E2: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care and support? | QSE2: Delivering evidence-based care & treatmentQSE3: How staff, teams & services work together |
| EFFECTIVE | E7: Is consent to care and treatment always sought in line with legislation and guidance? | QSE6: Consent to care and treatment |
| SAFE | S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected? | QSS4: Involving people to manage risksQSS5: Safe environments |
| WELL-LED | W1: Is there a clear vision and credible strategy to deliver high-quality care and support, and promote a positive culture that is person- centred, open, inclusive and empowering, which achieves good outcomes for people? | QSW1: Shared direction and cultureQSW2: Capable, compassionate and inclusive leaders |

* 1. To meet the legal requirements of the regulated activities that {Corton House} is registered to provide:
* The Care Act 2014
* The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
* Health and Social Care Act 2008 (Registration and Regulated Activities) (Amendment) Regulations 2015
* Mental Capacity Act 2005
* Mental Capacity Act Code of Practice
* The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012

**2. Scope**

* 1. The following roles may be affected by this policy:
* Registered Manager
* Other management
* Care staff
* Activities
	1. The following Residents may be affected by this policy:
* Residents
	1. The following stakeholders may be affected by this policy:
* Commissioners
* External health professionals
* NHS

**3. Objectives**

* 1. For Residents to receive support with personal care to meet their needs, from staff who are trained and competent.
	2. The beliefs, wishes and preferences of the Resident regarding personal care needs are facilitated and considered at all times, and where possible the Resident is supported to self care.

**4. Policy**

* 1. Personal care or personal hygiene involves the practices involved in maintaining health and preventing disease. Personal hygiene is the self care by which people attend to functions such as bathing, toileting, general body hygiene, dressing and grooming.

Personal hygiene for the Resident can include:

* + - Bathing
		- Showering
		- Bed bath
		- Assisted wash
		- Hair care
		- Nail care
		- Oral care
		- Continence care
		- Eye care
		- Ear care
		- Nose care
		- Skin care
		- Foot care
		- Shaving
		- Hair removal options
		- Menstrual hygiene
		- Dressing
		- Ensuring bed linen and towels are fresh
	1. Feeling and looking good are important to the Resident's emotional and physical well-being.

Personal hygiene also impacts the lives of those around the Resident. Poor personal hygiene can result in a negative attitude from other Residents, which can affect the Resident's interactions and self confidence.

* 1. Residents are given all possible help to maintain their independence in self-care and personal hygiene. Care Workers at Corton House promote and support Residents to remain or become as independent as possible.
	2. The Resident will be individually assessed as to their needs, ensuring that suitable equipment is in place to support them with personal care needs.
	3. A Resident's right to dignity and privacy are always respected by staff.
	4. Staff will report any problems and significant changes in the Resident's personal hygiene to the senior staff member.
	5. Where Residents might lack mental capacity to consent to support with personal hygiene, Corton House ensures decisions and actions are made in accordance with the Mental Capacity Act 2005.
	6. Staff will have access to a suite of resources and best practice recommendations including the Royal Marsden Manual of Clinical Nursing Procedures.

**5. Procedure**

# Personal Hygiene Assessment

At the pre-admission stage, personal hygiene needs will be established. This will identify the

support the Resident will require, and if staff at Corton House can support the Resident with their needs.

# Personal Hygiene Care Plan

All Residents will have a Personal Hygiene Care Plan formulated and agreed by the Resident and/or their family (where consent and the law allow) and should include the following:

* + - The Resident's level of independence with personal hygiene
		- What support they need with personal hygiene
		- Any aids or appliances the Resident may use to maintain independence
		- How staff will align support with the personal wishes, preferences and cultural background of the Resident, including:
			* Bath or shower preference
			* How and when they like to wash
			* How often they like their hair washed and who performs this task
			* How they like to look (hair style, make up)
			* Choice of clothing
			* What products they prefer (creams, deodorants)
			* Jewellery
			* Facial hair preference (clean-shaven, beard, moustache)
			* Religious and cultural beliefs
		- Number of staff required to support the Resident
		- Is the Resident motivated to perform personal hygiene (depression)
		- Does the Resident have the energy to perform personal hygiene, due to weakness or fatigue
		- Is the Resident in pain or discomfort that could impair their ability to perform personal hygiene
		- Any cognitive or perceptual impairment
		- Any physical impairment
		- Their dexterity to manage clothing and any equipment
		- Their skin integrity
		- Any encouragement the Resident may require
		- Any family involvement
		- Signposting to other relevant Care Plans and related care documents, including:
			* Skin Integrity
			* Diabetes
			* Topical Medication Application Record (TMAR)

The Resident's Care Plan will be subject to review as a minimum, monthly, or as needs change. Staff can refer to the Service User Care Planning Policy and Procedure.

# Resident Involvement / Supporting Independence

Where possible, Residents and/or their families will be supported to be as independent as possible to manage their personal care needs. How this is supported must be documented clearly within the Resident's records to aid a consistent approach from all staff.

Empowering Residents to maintain their independence fosters a sense of dignity and self-worth while minimising the need for care.

The Resident's ability to perform self-care measures may change and fluctuate, and will need to be assessed regularly, even on a daily basis.

# Consent

Consent must be obtained from the Resident prior to providing personal care, taking into account the mental capacity of the Resident. Staff must have a working knowledge of how to obtain valid consent and how to confirm that sufficient information has been provided on which to base this judgement.

Where a Resident lacks the ability to consent and due to the sensitive and intimate nature of personal care, advice will be sought from a multidisciplinary perspective and alternative strategies considered in line with the Mental Capacity Act (2005) and best interest decisions.

Care Plans show evidence if a specific Resident lacks capacity to consent to or refuse personal care when this is necessary for health. This includes evidence, where appropriate, of efforts that have been made to improve their capacity for these decisions.

# Offering Personal Care

The following general principles apply when offering and providing support with personal care:

* + - Where possible, Residents must be encouraged and supported to be as independent as possible
		- Aids to support independence must be sourced from suitably trained healthcare professionals
		- Personal hygiene will be offered at least daily
		- Any prescribed creams must be administered as prescribed
		- Create a relaxed atmosphere and a safe environment
		- Ensure room temperature meets the Resident's individual preferences
		- Ensure any water temperatures meet the Resident's individual preferences
		- Ensure that toiletries, material and equipment required are placed within the Resident's reach
		- All Residents will have access to a call bell or means of summoning help, and the Care Worker must respond in a timely manner
		- Allow enough time, so the Resident does not feel rushed
		- Report any problems and significant changes in the Resident's personal hygiene to the staff member in charge or the Registered Manager
		- Ensure materials, equipment and facilities are left clean, tidy and ready for future use
		- As far as possible, en-suite facilities and gender-specific bathroom facilities alongside same-sex staff support should be accessed. Where this is difficult, care must be taken to protect and safeguard

the Resident

* + - Even where Residents lack capacity to consent to personal care interventions, they are to be given as much choice as possible in how the care is given, and what products are used, taking account of their known wishes and preferences

# Privacy and Dignity

Personal hygiene can be embarrassing and stressful for Residents.

It is good practice to ensure maximum possible privacy and dignity for Residents when providing personal care and intimate personal care, therefore, encourage one-to-one support as much as possible.

Where additional support is required for moving and handling or to ensure safety, this should be for as short a duration as possible, as determined in a risk assessment.

Signage on doors to indicate personal care is in process can minimise unnecessary interruptions.

# Gender Preference

The Resident's Care Plan should contain details of their preference in relation to the gender of staff providing personal care.

It is the responsibility of Jason Parker to ensure that the staffing mix at Corton House enables staff to meet the preferences of Residents around gender of staff delivering personal care.

# Aids / Equipment

Staff must ensure that any equipment that the Resident requires to support independence with personal care are in place on admission. These may include:

* + - Perching stool
		- Shower chair or stool
		- Shower trolleys
		- Shower commode
		- Grab rails
		- Handrails
		- Non-slip bath mats

# Procedure for the Provision of Personal Care

Staff at Corton House must:

* + - Gain consent for any aspect of care provided by staff
		- Explain and discuss the procedure with the Resident and where possible, encourage the Resident to carry this out themselves
		- Wash and dry their hands
		- Use PPE as required
		- Prepare any equipment as necessary

Procedural guides for the following personal care interventions can be found in the Forms section of this policy, however staff must ensure that they follow the Resident's Care Plan to ensure person-centred care:

* + - Bathing and showering
		- Bed bath
		- Perineal, perianal care
		- Hair care, including washing a Resident's hair in bed
		- Foot care
		- Fingernail and toenail care
		- Ear and nose care
		- Eye care
		- Shaving the face (wet and dry shave)
		- Dressing

Mouth care - staff should refer to the Oral Care Policy and Procedure at Corton House).

Continence care - staff should refer to the Promoting Independence with Continence Policy and Procedure and the catheter policies and procedures.

# Personal Protective Equipment (PPE)

Staff must wear appropriate PPE in line with the Personal Protective Equipment Policy and Procedure at Corton House.

# Infection Control Considerations

Reusable wash cloths can pose the risk of cross infection. They can spread bacteria when they are transferred to the wash bowl and returned to the Resident.

Corton House should consider the use of single-use wipes.

Pre-packaged cloths impregnated with cleanser and moisturisers are an alternative to soap and water. Staff should refer to the Infection Control Policy and Procedure at Corton House for further details.

# Assisting With a Bath or Shower

Staff should :

* + - Ensure the room is warm and free of draughts
		- Use a shower chair if needed
		- Position a chair near the bath for the Resident to sit on before getting in and after getting out
		- If using an assisted bath with a mechanical chair, ensure that you are competent in its safe use
		- Use a blanket or towels to cover the Resident when sat on a chair or shower chair to prevent them getting cold
		- Remember to check water temperature. It should be warm to the touch, use your elbow or use a bath thermometer, the temperature should not exceed 44
		- Fill the bath one third to halfway
		- If using a shower be sure to test the water temperature continuously
		- Inspect skin for signs of injury or changes in condition
		- Provide privacy and warmth for the Resident
		- Talk about things of interest to the Resident
		- Encourage the Resident to do as much as they can for themself
		- Be prepared with all supplies
		- Ensure skin folds are washed and dried thoroughly
		- The Resident should not be left unattended in the bath or shower unless the Care Plan indicated that this is safe and a risk assessment is in place:
			* If you have forgotten any supplies, call for assistance, do not leave the Resident unattended

# Bed Bath

Bed baths are a way to attend to a Resident's personal hygiene if they are bed bound.

Bed bathing is felt by some to not be as effective as showering or bathing, and therefore this should be considered.

General principles include:

* + - Keep the Resident warm at all times
		- Only expose the area of the body being washed
		- Position a linen skip close by to dispose of used linen
		- Change water if it becomes dirty or cold and after washing the genitalia and sacrum
		- Change wash cloths if they become soiled and after washing the genitalia and sacrum
		- Check skin for pressure damage
		- Pat skin dry to reduce the risk of friction damage
		- Ensure skin folds are separated, washed and dried
		- Use correct manual handling procedures
		- If the Resident is unconscious, remember to still talk to them explaining what you are doing
		- Staff must ensure that they do not talk over the Resident, but engage in appropriate conversation with the Resident
		- Plastic wash bowls can harbour bacteria if they are not cleaned and dried effectively:
			* Reusable wash bowls pose risks of cross-infection
			* Single use maceratable pulp wash bowls should be utilised

Procedure for a Resident's bed bath can be found in the Forms section of this policy.

# Assisted Wash

Some Residents may prefer to have an assisted wash sitting in front of a sink rather than a shower or bath. Staff should follow the principles set out in the bathing, showering and bed bath procedures above to ensure privacy, dignity and standards of hygiene are maintained.

# Perineal and Perianal Care

Perineal and perianal care means the bathing of the genital and anal area:

* + - Providing hygiene care for this area can be a very sensitive personal care activity for the Resident
		- Whenever possible, Residents should be encouraged and assisted to perform this care themselves
		- Perineal and perianal care should be attended to at the end of bathing or washing. Any water or wipes/cloths should be changed after attending to this area
		- Care should be taken with the use of soap and lotions in this area to avoid irritation and infection Procedure for providing perineal and perianal hygiene for Residents can be found in the Forms section of this policy.

# Hair Care

This includes washing and styling of the Resident's hair:

* + - The condition and how a Resident's hair is styled is important to their identity and well-being
		- Staff should support the Resident to maintain their hair care to maintain their self esteem
		- Staff should remember that hairstyle is an individual choice for the Resident
		- Caring for a Resident's hair provides an opportunity for staff to observe the scalp for signs of pressure damage, dandruff, dry skin or underlying skin conditions, and head lice
		- Staff should also make arrangements for the Residents to access a hairdresser of their choice for washing, styling or cutting of their hair

Procedure for grooming and for washing a Resident's hair in bed can be found in the Forms section of this policy.

# Foot Care

Maintaining a Resident's foot health care can have positive effects on their general health and well-being.

Good foot care can have a range of benefits for Residents including:

* + - Reducing pain - painful feet can impair balance and functional ability
		- Increasing mobility and physical activity - foot problems are a major cause of walking difficulties in older Residents
		- Increasing self-esteem
		- Increasing social contact and participation in leisure and cultural activities
		- Reducing risk of trips and falls - foot pain can cause Residents to wear loose footwear, which can contribute to falls

Foot problems can occur in all age groups but increase with age. Common foot problems can include:

* + - Toenail disorders including hardened or ingrown nails
		- Toe deformities such as overlapping toes
		- Corns and calluses
		- Bunions
		- Fungal infections of the foot or nail

Care Workers at Corton House should be able to provide basic foot care to Residents, such as nail cutting, and understand when to refer Residents for more specialist treatment.

Referrals should be made to a podiatrist or the Resident's GP if a Resident has:

* + - Medical complications that put feet at risk, such as diabetes with peripheral vascular disease, significant peripheral arterial disease without diabetes, painful deformity due to rheumatoid arthritis or neurological conditions such as stroke and Parkinson’s disease
		- Medications that compromise peripheral circulation and/or tissue viability, such as steroids or anticoagulants
		- Painful foot lesions, including severe deformities and toenails that are excessively thickened and cause pain, prevent mobility or are a risk to surrounding skin
		- A history of current or past foot ulcers
		- Any changes such as the onset of pain or infection

Staff can refer to the Diabetes Policy and Procedure at Corton House for further information on foot care for diabetic Residents.

Further information on foot care can be found in the Forms section of the policy.

# Fingernail and Toenail Care

Clean and trimmed fingernails and toenails are important for the Resident's overall health. Germs often collect underneath nails.

Nails that are too long and/or rough and torn, can scratch and cut a Resident's skin, which can result in a local infection, and cause pain. Poor toenail condition can affect mobility.

Certain conditions, such as peripheral vascular disease and diabetes, carry an increased risk of peripheral complications (such as neuropathy and foot ulcers). These Residents must be assessed by a chiropodist or podiatrist.

Toenail cutting for diabetic Residents with well-controlled diabetes and who do not have any foot complications, can be delivered by staff who have had the appropriate training after an initial risk assessment if this is agreed at Corton House. (Nursing Times 2014)

Further information on fingernail and toenail care can be found in the Forms section of the policy.

# Ear and Nose Care

Lack of ear and/or nose care can lead to impairment of the Resident's sense of smell and hearing. Staff should observe for a buildup of wax in the ears and deposits in the nose.

Procedure for providing ear and nose care for Residents can be found in the Forms section of this policy. Staff should also ensure that if the Resident has hearing aids these are checked to ensure they are clean and in working order. Guidance can be found in the Further Reading section of this policy.

# Eye Care

Eye care is performed to maintain healthy eyes that are moist and infection free. Inadequate care of the eyes can lead to the transmission of infection from one eye to the other, or damage to the eye, which can result in loss of sight.

Eye care can be necessary for Residents:

* + - Who have had eye surgery
		- Who are unconscious
		- To relieve pain or discomfort
		- To prevent or treat infection
		- To care for false eye prostheses

If an infection is present in one eye, this should be cleaned last to prevent transmission to the unaffected eye.

Procedure for providing eye care for Residents can be found in the Forms section of this policy.

Staff should also ensure that if the Resident has glasses these are checked to ensure they are clean. Guidance can be found in the Further Reading section of this policy.

# Shaving and Hair Removal

Shaving of legs, underarms, or face is a very personal matter to Residents.

Cultural differences may be a key to whether an individual shaves or does not shave. For example, in some cultures, women do not shave their legs or underarms. In some cultures, men do not shave their facial hair. **Facial hair in male Residents**

* + - Staff should be aware of a male Resident's facial hair and shaving preference
		- Being clean shaven may give male Residents feelings of dignity and identity. Facial shaving is highly visible and is immediately noticeable if it has not been performed, and can be interpreted as a sign of lack of care by the Resident's family members
		- Many men do not completely shave their faces daily, due to personal preference, culture or other reasons
		- Some male Residents may need their facial hair washing or grooming
		- A Resident's needs should be respected and followed
		- Male Residents are not made to be clean-shaven when this is not what they want
		- Residents on anticoagulants or with a bleeding disorder should use an electric shaver
		- Communal razors and electric shavers must not be used due to cross infection, each Resident must have their own
		- Care of a Resident's beard or moustache is important to ensure food is not trapped
		- Regular grooming is essential for hygiene and comfort
		- Shaving or beard trimmers should be used as appropriate

# Facial hair in female Residents:

* + - Female Residents may have unwanted facial hair that they have always removed in the past and wish for this to continue
		- Staff should be aware of the methods used to achieve this, such as depilatory creams or waxing
		- Unwanted facial hair can have emotional and psychological consequences for the Resident Procedures for shaving a Resident can be found in the Forms section of this policy.

# Dressing

Staff should support the Resident as required:

* + - To choose suitable clothes for the weather
		- Choose clothes that are clean and odour free
		- Select clothes that are appropriate to wear
		- Ensure dirty clothes are washed as required
		- To put on and take off clothes
		- Assist with buttons, zips and other fasteners
		- Simplify clothing choices according to their ability to choose
		- Lay out clothes in the order that they will be used
		- Clothing that is easy to put on and take off
		- Use aids as assessed by occupational therapist (buttonhook)
		- Consider substituting Velcro or elastic waists rather than buttons and zippers
		- Larger sized clothing can be easier to put on and remove than tighter clothing
		- Consider a front fastening bra
		- Be aware of any physical injuries or limitations:
			* With CVA (stroke) injuries, the Resident's affected side should be dressed first, and the unaffected side undressed first

Further guidance can be found in the Forms section of this policy.

# Menstrual Hygiene

* + - Staff must ascertain what sanitary products a Resident uses during their menstrual period
		- Staff will need to know the level of support the Resident requires in managing their menstrual hygiene
		- The Resident will require facilities for disposing of used period products

# Poor Personal Hygiene

Poor personal hygiene can lead to:

* + - Body odour
		- Greasy skin
		- Transfer of bacteria from unwashed hands to the mouth or eyes leading to infections
		- Skin breakdown from moisture (sweating and incontinence)

# Refusal of Personal Care

If a Resident declines to receive support to achieve personal care, staff must consider the following:

* + - Rule out if any aspect of personal care is causing discomfort or pain, or if the Resident is experiencing pain from another cause, if assessed as such, administer analgesia as prescribed and monitor the effectiveness
		- Where a Resident repeatedly refuses personal care, staff at Corton House will contact Social Services to consider an assessment including a mental capacity assessment. Failure to maintain personal care may become a safeguarding issue and all actions must be documented in the care notes
		- The Resident's Personal Hygiene Care Plan will detail how refusal will be managed
		- Where a Resident lacks capacity to consent to personal care, and restraint is needed for its administration, this is lawful, provided it meets the best interests requirements together with two extra conditions: it must be necessary to prevent harm to the person and be a proportionate response to the likelihood and seriousness of that harm
		- Staff should refer to the Restrictive Practices Including Restraint and Physical Interventions Policy and Procedure at Corton House

# Dementia

Staff should read the Dementia Policy and Procedure at Corton House.

Residents with dementia can find washing and dressing difficult. As a Resident's dementia progresses they may need more help with washing and dressing.

Personal hygiene activities can be a source of anxiety for the Resident with dementia and staff caring for them.

Challenges:

* + - The Resident may experience memory loss that can affect their ability to remember how to do tasks
		- They may struggle to carry out a sequence of activities in the right order, such as the steps to take a shower
		- They may have difficulty with perception and understanding the objects around them Care Workers should:
		- Allow plenty of time so they do not feel rushed
		- Choose the time of day that works best for the Resident
		- Try to match what has been their preferred routine
		- Focus on what the Resident can do rather than what they can't
		- Simplify choices to help them make decisions
		- Consider different approaches based on the Resident's mood
		- Give clear explanations and repeat if necessary
		- Not ask for too much at one time
		- Demonstrate how things can be done and use signage to support this
		- Be encouraging about the activity
		- Be organised to help reduce stress, ensuring everything is ready to hand before
		- Create a relaxed, safe environment

If the Resident resists or refuses personal care, staff should try to understand why they may not want to, it could be that:

* + - The Resident does not understand what they are being asked to do
		- The request does not fit with the Resident’s standards and preferences – for example, we are asking them to go to bed when they want to stay up
		- The Resident feels they are being talked down to or bossed about, and is refusing in order to keep a sense of control
		- The Resident is misinterpreting the situation or environment, for example, the person may perceive a shiny floor as being wet and refuse to walk on it
		- The Resident doesn’t trust us

Trying to force a Resident to accept personal care constitutes abuse. It is a fundamental human right to say ‘no’. However, neglecting a Resident's personal care needs can also be abusive, as the Resident's health may be put at risk. Therefore, it is essential to understand the Resident’s reason for refusing and to address this.

Staff need to try alternatives, such as:

* + - Offer a bath rather than a shower
		- Another staff member may be successful
		- Leave the Resident for a while and try again later

The Resident's Personal Hygiene Care Plan should outline any strategies to support the Resident and encourage them to accept personal care.

Staff should inform the Resident's named nurse or key worker, or Jason Parker if the Resident repeatedly refuses personal care and staff are unable to provide care to maintain their personal hygiene.

The Resident's mental health professional (Dementia Nurse / Outreach Team) should be contacted for further support and strategies to help.

# Bed Linen and Towels

The Resident's bed linen and towels should be changed frequently as they are in regular contact with the Resident.

Bed linen should be regarded as a potential vehicle for pathogen transfer, regular changing and laundering of linen is important in preventing the spread of these pathogens.

Staff should refer to the Laundry Policy and Procedure at Corton House.

# Training and Education

Staff at Corton House should have access to a range of educational resources on personal care. Staff skills and knowledge will be based on the individual needs of the Residents they are supporting. Staff must be trained to undertake personal hygiene by a suitably knowledgeable, competent and experienced healthcare professional.

For new to the industry Care Workers, this will include completion of the Skills for Care - Care Certificate as part of their induction at Corton House.

Staff will be observed in practice to gain assurance of their competence in delivering personal care and to demonstrate that practice is current and evidence-based.

Staff must inform a senior member of staff if they feel that they are not competent to undertake any aspects of personal care for a Resident so that additional training needs can be identified and facilitated at local level.

Additional development and learning may be in the form of team meetings, supervisions and by direct observation in practice.

**6. Definitions**

# Mental Capacity

* + - Capacity is decision-specific and time-specific: Can a person make a particular decision, such as whether to consent to help with their personal care, at the time the decision needs to be made
		- A person must not be assessed as lacking capacity for a decision until all practicable attempts have been made to enable them to make that decision

# Best Interests

* + - When a Resident lacks capacity to consent to personal care or intimate personal care, this can only be given if it is in their best interests
		- It is generally in someone's best interests to be clean, comfortable and socially acceptable; the MCA Code of Practice Chapter 5 outlines how to make and record a best interests decision

# Podiatrist

* + - Provides treatment of disorders of the foot, ankle and related structures of the leg

# Peripheral Vascular Disease

* + - A condition that affects the blood vessels outside of the heart and brain, causing them to narrow, block or spasm

# Cognitive Impairment

* + - Characterised by problems with language, memory and thinking

# Anticoagulants

* + - Medicines that help prevent blood clots

**Key Facts - Professionals**

Professionals providing this service should be aware of the following:

* + - At the pre-admission stage, the Resident's personal hygiene needs will be established to identify the supportthey will require, and if staff atCorton House can support their needs
		- AllResidents will have a Personal HygieneCare Plan formulated and agreed by theResident
		- Where possible,Residents will be supported to be as independent as possible to manage theirpersonal care needs
		- Staff will report any problems and significant changes in theResident's personal hygiene to senior staff
		- Personal care, including intimate personal care, can only be given either with the consent of an individual Resident or in accordance with the MCA
		- Any care intervention in the absence of capacity must be decided by following the MCA best interests decision-making process
		- Staff will have access to a suite of resources and best practice recommendations
		- AResident's right to dignity and privacy are always respected by staff

**Key Facts - People affected by the service**

People affected by this service should be aware of the following:

* + - Personal care, including intimate personal care, can only be given with your consent or, if you lack capacity to make this decision, a decision may be made in your best interests, as described in the MCA
		- Corton House staff must always protect your right to privacy and dignity when giving you personal care
		- Even if you lack capacity for this decision, your wishes and feelings must be honoured as far as possible in the way you are given personal care

**Further Reading**

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

**Social care institute for excellence - When people with dementia refuse help:** [www.scie.org.uk/dementia/living-with-dementia/difficult-situations/refusing-help.asp](https://www.scie.org.uk/dementia/living-with-dementia/difficult-situations/refusing-help.asp) **Nursing Times - Tips on caring for people with learning disabilities - bathing:**

[www.nursingtimes.net/roles/learning-disability-nurses/tips-on-caring-for-people-with-learning-disabilities-](https://www.nursingtimes.net/roles/learning-disability-nurses/tips-on-caring-for-people-with-learning-disabilities-bathing-27-05-2011/) [bathing-27-05-2011/](https://www.nursingtimes.net/roles/learning-disability-nurses/tips-on-caring-for-people-with-learning-disabilities-bathing-27-05-2011/)

**Skills for Care - Promoting self-care:** <https://www.skillsforcare.org.uk/Topics/Self-Care/Self-care.aspx> **NICE - Decision-making and Mental Capacity Guideline:**

[https://www.nice.org.uk/guidance/ng108/resources/decisionmaking-and-mental-capacity-pdf-](https://www.nice.org.uk/guidance/ng108/resources/decisionmaking-and-mental-capacity-pdf-66141544670917) [66141544670917](https://www.nice.org.uk/guidance/ng108/resources/decisionmaking-and-mental-capacity-pdf-66141544670917)

# NICE - Decision-making and Mental Capacity Quality Standard:

<https://www.nice.org.uk/guidance/qs194>

**Outstanding Practice**

To be ‘ outstanding ’ in this policy area you could provide evidence that:

* + - The wide understanding of the policy is enabled by proactive use of the QCS App
		- Corton House staff do all they can to respect Residents' preferences about their own personal care, for example by following wishes about when and how personal care is given
		- Care Plans show attempts to learn from relatives or other carers how to give personal care in a way that the Resident will find acceptable

**Forms**

The following forms are included as part of this policy:

|  |  |  |
| --- | --- | --- |
| **Title of form** | **When would the form be used?** | **Created by** |
| Bath or Shower - CC01 | For staff assisting a service user with a bath or shower | QCS |
| Bed Bath - CC01 | For staff giving a bed bath to a service user | QCS |
| Perineal and Perianal Care - CC01 | For staff giving perineal and perianal hygiene to service users | QCS |
| Hair Care - CC01 | For staff providing hair care to service users | QCS |
| Foot Care - CC01 | For staff providing foot care to service users | QCS |
| Fingernail and Toenail Care - CC01 | For staff providing fingernail and toenail care for service users | QCS |
| Ear and Nose Care - CC01 | For staff providing ear or nose care to service users | QCS |
| Eye Care - CC01 | For staff providing eye care for service users | QCS |
| Shaving - CC01 | For staff providing support to service users with shaving | QCS |
| Dressing - CC01 | For staff providing support to service users with dressing | QCS |
| Hearing Aids & Glasses - CC01 | To care for service users hearing aids and glasses | QCS |

Check the Resident's Care Plan to find out how much assistance and supervision they require. Staff should ensure they honour the Resident's preferences around products used.

Equipment:

* Clean clothes
* Towels
* Wash cloths
* Soap and other toiletries Procedure:
* Explain the procedure to the Resident and gain consent
* Prepare all equipment required
* Assist the Resident to undress as needed, maintaining privacy and keeping them warm by covering with a towel or blanket
* Check the water temperature; it should not exceed 44°C
* Assist the Resident into the shower or bath tub
* If full assistance is needed:
	+ Fold the wash cloth around your hand to form a mitt
* Begin by washing the eyes without any soap, then wash the face using the Resident's soap or other cleansing product
* Continue washing by working down the body towards the feet, wash the genital area last
* Rinse well
* Ensure all skin folds are washed and rinsed
* Wash the Resident's hair if required
* Assist the Resident out of the shower or bath
* Assist the Resident in drying off
* Assist with any toiletries, such as deodorant, creams
* Assist with dressing as required
* Ensure the bath or shower are cleaned after use if communal
* Dispose of used towels and other linens If a Resident has faecal matter on their body:
* The affected area should be washed in the bath or shower first
* Then help the Resident out of the bath or shower and cover them with a towel or blanket
* Clean and disinfect the bath tub or shower
* Refill the bath and assist the Resident to have a bath or shower as above

Equipment:

* PPE
* Clean bed linen
* Towels
* Laundry skip
* Flannels or disposable wipes
* Resident's toiletries
* Wash bowl
* Clean clothes Procedure:
* Discuss the procedure with the Resident and gain consent
* Two staff should carry out the procedure if the Resident is unable to assist
* Check whether the Resident has any pain. Offer analgesia if necessary and ensure it has taken effect before starting the bed bath
* Ensure that the environment is warm, close the door or draw the curtains around the bed to ensure privacy and dignity
* Collect equipment and ensure everything is at hand to minimise the amount of time the Resident is exposed
* Ensure the bed is at the correct working height
* Clean the wash bowl with hot soapy water if not using a disposable bowl
* Fill the wash bowl with warm water
* Wash your hands and put on PPE in accordance with local policy
* Check for hearing aids, glasses and wristwatches and remove with the Resident's permission
* Place a towel across the Resident's chest
* Cleanse the Resident's eyes according to local policy, and wash the Resident's face, nose and ears, ensure you ask the Resident if they use soap or any other cleanser on their face
* The Resident's glasses and hearing aids should be cleaned and returned to them
* Help the Resident to remove their upper clothing and use a sheet or bath towel to cover them. Only expose the part of the body that is being washed
* Starting with the arm farthest away, place a towel under the arm to avoid wetting the sheet. Wash and dry the upper body, including the arms, hands, axilla and torso
* Remove clothing from the lower body
* Wash and dry the legs and feet. Place a towel under the leg, starting with the leg farthest away and working from the top of the leg to the foot
* If appropriate, ask the Resident if they wish to wash their own genitalia, or gain consent to continue
* Using a disposable cloth, wash the area and dry:
	+ Female Residents should be washed from the front to back to reduce the risk of urinary tract infection
	+ Male Residents, if loose and able to do so the foreskin in uncircumcised men should be drawn back and the skin underneath washed. The foreskin must be returned to its natural position
	+ Further details can be found in the Perineal / Perianal Care Form
* Change the water and gloves
* Roll the Resident onto their side using any required equipment, and wash their back
* Using a disposable cloth, wash the sacral area, then dry
* Roll the Resident back and then remove gloves and wash hands
* Change the bedlinen as required
* Assist the Resident to get dressed
* Check the Resident's finger nails and toenails, and offer nail care if required
* Assist the Resident to clean their teeth and/or dentures, or provide mouth care
* Comb or brush the Resident's hair
* Assist with shaving or removal of facial hair if required. Or attend to a Resident's beard/moustache
* Finish making the bed and ensure the Resident is comfortable
* Remove and dispose of PPE, and wash hands
* Document care given

Care for Male Residents:

* Staff should wear disposable gloves
* While holding the penis wash and rinse the tip, washing from the urethra outwards, use a different part of the washcloth for each wipe to prevent spreading germs
* Then wash and rinse the shaft of the penis, in the direction of the pubic area, then dry
* If not circumcised, and able to do so with ease, be sure to pull back the foreskin, wash and rinse. Return the foreskin to its natural position
* Ask or assist the Resident to spread his legs apart to wash and rinse the scrotum, then dry
* Ensure the skin folds are thoroughly cleaned and dried
* Wash and rinse the anal area, moving front to back, using a new part of the wash cloth for each wipe. Dry area thoroughly

Care for Female Residents:

* Staff should wear disposable gloves
* Separate the folds of skin in the genital area, the labia. Wash with one down stroke the sides of the labia
* Using a different side of the wash cloth or a new one, wash down the middle of the labia
* Rinse from front to back
* Wash and rinse the anal area, moving front to back, using a new part of the wash cloth for each wipe. Dry area thoroughly

**Hair Grooming**

Equipment:

* Comb
* Brush
* Mirror
* Personal hair products Staff should remember:
* Ask the Resident if they have a preference for hair style today
* Residents may change their minds about how they style their hair
* If the hair is tangled, use a wide-tooth comb, to prevent damage to the hair
* Use only the Resident's personal comb and brush
* Clean comb and brush regularly
* Combs with sharp teeth can injure sensitive scalps, use comb and brush with a gentle touch
* Encourage the Resident to do as much for themself
* Residents may like different brands of shampoo or conditioner
* If hair is long, divide into sections before combing or brushing
* Assist with drying wet hair with a dryer and applying gels, hair spray, and other hair products as appropriate

**Washing a Resident's Hair in Bed:**

Consider dry and no-rinse shampoos or no-rinse shampoo caps.

Devices such as inflatable basins and shampoo trays are available, which allow the hair to be washed with water and shampoo while the Resident remains in bed, and drain soapy water away from the head, helping to keep the Resident dry.

Equipment:

* Apron
* Towels
* Laundry skip
* Disposable wash cloths
* Plastic sheet
* Preferred shampoo and conditioner
* Comb or brush
* Clean clothes and bed linen
* Shampoo tray
* Disposable jug and basin Procedure:
* Review the Resident’s Care Plan for hygiene needs and check there are no contraindications to positioning flat in bed
* Ensure someone will be available to help position the Resident during the procedure if require
* Discuss the procedure with the Resident, ask about their usual hair routine and gain their informed consent for the procedure
* Check whether the Resident has any pain. Administer analgesia if necessary and ensure it has taken effect before starting the procedure
* Ensure the Resident’s privacy and check that the environment is warm and free of draught
* Assemble your equipment and ensure everything is to hand to minimise the amount of time the Resident is lying flat
* Ensure the bed is at the correct working height
* Decontaminate your hands and put on an apron
* Remove the Resident’s clothes from their upper body and cover them with a sheet to maintain dignity
* Remove the pillows from behind the Resident's head so they are lying flat. This allows water to drain away from the eyes and ears during the procedure. Ask the Resident to let you know if they feel uncomfortable in this position at any time
* Remove the head of the bed so you can access the Resident’s hair easily
* Place a plastic sheet under the Resident’s head and shoulders, and wrap a towel around their shoulders
* Position the Resident’s head on the shampoo tray, ensuring you follow manufacturer’s instructions carefully. A towel can be placed under the neck for support
* Following manufacturer’s instructions, ensure the receptacle that will collect the water from the shampoo tray is positioned under the drainage spout
* Fill a disposable wash bowl with warm water and check the temperature
* If required, cover the Residents eyes with a disposable washcloth to protect them from water and shampoo
* Using a disposable jug, take water from the disposable bowl and wet the Resident’s hair. Start at the front hairline and allow the water to drain down and away from the face, avoiding the eyes and ears
* Apply the shampoo and massage it into the hair
* Using the jug, rinse the Resident’s hair with water
* Apply conditioner, if required by the Resident, and rinse the hair again
* Check regularly the Resident is comfortable and can maintain their position
* Pat the hair with a towel to remove the excess water, avoid pulling on the hair as this can be uncomfortable
* Remove the shampoo tray and wrap a towel around the Resident’s head to dry the hair and ensure they do not feel cold
* Dry the surrounding skin, paying particular attention to skin folds in the neck
* Change any wet bed linen. Dispose of soiled bedlinen directly into the linen skip
* Replace the bedhead and reposition the Resident so they are comfortable
* Help the Resident to get dressed
* Style the Resident’s hair according to their preferences
* Dispose of equipment according to local policy. Decontaminate the shampoo tray and drainage receptacle according to local policy
* Remove and dispose of your apron and decontaminate your hands
* Record care that has been given, record and report any abnormal findings and update the Resident’s Care Plan if required

Foot care includes:

* Toenail cutting
* Skin care
* Footwear advice
* Prevention advice
* Signposting to podiatrists and other health professionals Foot care should include:
* Ideally, feet should be washed every day
* Daily checks of the feet should include checking:
	+ The top and bottom of the foot, the tips of the toes, in between the toes and the back of the heels
	+ Skin integrity
	+ Skin colour
	+ For signs of skin infection, inflammation
	+ For areas of hard skin
	+ Signs of pressure damage
	+ Any pain
* They should be well-dried, especially between the toes
* Talcum powder should not be used on the feet as this can clog the skin and cause friction between the toes
* Socks or stockings should be changed every day
* Moisturising cream or emollients, if used, should be applied to the feet but avoid the area between the toes, which can become too moist and split

Footwear Advice:

* Footwear should be reviewed to assure both the safety and stability of the Resident
* Footwear should be checked for any foreign bodies or blood, which could indicate injury to the Resident's feet
* Residents should be encouraged to wear comfortable, well-fitting and supportive shoes rather than slippers
* Some footwear can increase the risk of slips, trips and falls, such as slippers, shoes with high heels or with no tread, and badly fitting shoes
* Wearing well-fitting shoes will reduce the risk of falls
* Shoes can help with walking and gait if they have:
	+ A high back to support the ankle
	+ A hard, slip-resistant sole
	+ Heels that are less than one inch
* Specialist shoes, such as those with Velcro fastening, should be considered, especially for feet that are swollen

Cleaning and trimming nails:

* Special care should be practiced when assisting with nail care
* Residents with diabetes require professional assistance with nail care
* Toenails and fingernails should be kept clean, neatly trimmed, and smooth to prevent injury to skin
* Trimming the nail too short may cause ingrown nails that can be painful and cause infection
* Encourage Residents to do as much as they can for themselves
* Staff should observe for complications, such as fungal infections (Athletes foot)
* Remember: Residents with diabetes need professional assistance for nail care Equipment:
* Personal nail clippers
* Personal cuticle or orange stick
* Bowl
* Clean water
* Soap
* Towel
* Personal emery board Procedure:
* Assist the Resident to soak their hands or feet in warm water for at least 5 minutes and then wash hands or feet with soap. Soaking will soften the nails and make them easier to trim
* Gently push nail cuticle back (from fingers or toes) with cuticle or orange stick to prevent hangnails
* Assist the Resident to clean under the nails (fingers or toes) with orange stick or tool on nail clipper for this purpose
* Change the water and wash, rinse, and dry hands or feet
* Assist the Resident to use nail clippers to trim toenails straight across. Fingernails can be trimmed with a slight curve. Use an emery board to shape and smooth the nails

**Ears:**

* The outer ear can be cleaned with gauze or cotton wool and warm water
* Cotton buds must not be inserted into the ear canal, as they can damage the ear canal and eardrum, and push wax further down into the ear

**Nose:**

* + Gentle cleansing of the nose with cotton wool or gauze, and warm water Piercings to the Resident's ears or nose should be observed for signs of infection.

Equipment:

* + Sterile dressing pack
	+ Sterile lint swabs
	+ Sterile water or saline (cool boiled water)
	+ Disposable apron and gloves Procedure:
	+ Discuss the procedure with the Resident and gain consent
	+ Wash hands
	+ Assemble equipment
	+ Ensure the Resident is in a comfortable position with the head tilted back, and the bed at a good working height
	+ Wash hands and put on apron and gloves if indicated
	+ Ask the Resident to close their eyes
	+ Open sterile pack, take a sterile swab and moisten it slightly with the sterile water or saline
	+ Swab the lower eye lid from the medial canthus (where the upper and lower eyelids meet nearest the nose) outwards
	+ Repeat, using a clean swab each time to reduce the risk of infection, until the eyelid is clean
	+ Repeat the procedure for the other eye if required
	+ Dab off any excess water/saline to ensure the eye is dry and comfortable
	+ Remove PPE
	+ Dispose of equipment
	+ Wash hands

It is important to assist and support the Resident to shave safely and to avoid nicks and cuts that can lead to infection.

* + Shaving steps can be used for facial, leg, or underarm hair
	+ An electric razor should not be used in same room where oxygen is used
	+ Electric razors should not be used around water
	+ Check all types of razors for chips or rust on the blades
	+ Always dispose of used razor blades
	+ Use only a Resident's personal razor
	+ Supervise the use of razors closely for safe and correct handling before the Resident shaves independently
	+ Encourage the Resident to do as much for him or herself as possible

**Shaving the face, wet shave:**

Equipment:

* + PPE
	+ Towels
	+ Bowl
	+ Resident's own razor
	+ Shaving products (foam/gel, aftershave)
	+ Washcloth Procedure:
	+ Explain the procedure and gain consent
	+ Assist the Resident into a comfortable position
	+ Collect equipment
	+ Wash hands and put on PPE
	+ Drape a towel over the Resident's chest
	+ Wet the Resident's face and any beard by applying a warm, moist cloth
	+ Apply shaving cream or gel to the Resident's face
	+ Hold the skin taut and using the razor at 45° angle to the skin, shave the hair in short, firm strokes in the direction of the hair growth
	+ Rinse the razor in water regularly to remove accumulated shaving foam on the blade
	+ After shaving, wipe the Resident's face using a wash cloth or wipe, and dry
	+ Apply any aftershave products
	+ Dispose of any equipment and ensure the Resident is comfortable

**Shaving with an Electric Razor:**

Equipment:

* + PPE
	+ Towels
	+ Resident's own electric razor
	+ Shaving product (aftershave) Procedure:
	+ Explain the procedure and gain consent
	+ Assist the Resident into a comfortable position
	+ Collect equipment
	+ Wash hands and put on PPE
	+ Drape a towel over the Resident's chest
	+ Turn on the electric razor, and shave the cheeks in a circular motion, going over the same area a few times. Shave the upper lip area in a downward direction following the direction of the hair growth, and shave the neck area in an upward direction
	+ Assist with applying aftershave or skin lotion if the Resident chooses
	+ Dispose of towels and ensure the Resident is comfortable

**Assist Dressing a Resident in Bed**

Good communication is necessary when dressing a Resident lying in bed.

A second staff member may be required to avoid injuries depending on the Resident's ability to assist. Top Garments:

* + If the Resident can sit up in bed this will assist with dressing the top half
	+ If not, the Resident will need to turn side to side for the upper garment dressing
	+ Assist the Resident onto their unaffected side if applicable
	+ Take the Resident’s affected arm and place it through the sleeve area of the clothing
	+ Assist the Resident to turn to the other side, then gather the clothing in the front or the back depending on the closures
	+ Slide the clothing under the Resident toward the unaffected arm, then place it through the sleeve and close the garment

Lower garments:

* + If the Resident is able to sit in bed, staff may ask them to move when putting on clothing for the lower part of the body
	+ Put pants on both legs, starting with the affected side first, if applicable
	+ If the Resident is able, ask them to raise their buttocks so that pants can be pulled over their buttocks up to their waist
	+ If the Resident is unable to raise their hips, put the side rails up on their unaffected side
	+ Assist the Resident to turn towards the side rail, then pull the pants over their buttocks and up to their waist
	+ Continue with trousers or skirts in a similar fashion

**Hearing Aids**

Hearing aids should be cleaned daily unless the manufacturer's guidance differs. A cleaning kit should be supplied by the manufacturer with the hearing aid.

It will usually include a wax brush, a wax pick and a cloth.

Cleaning reduces the wax build up that can damage the hearing aid.

Hearing aids should be protected from dirt and oil by ensuring your fingers are clean and dry before handling them. It is recommended to remove the battery from the hearing aid at night and to leave the battery compartment open. **Cleaning and maintenance of an ITE (In The Ear) and RIC (Receiver In Canal) hearing aids:**

* + Hearing aid should be placed in a drying device at the end of the day, this will allow moisture to be removed from both the electrics and any wax or debris gathered on the aid
	+ In the morning clean the receiver and microphone ports using the soft bristle brush from the cleaning kit
	+ To clean off built up wax, hold the hearing aid and gently clean the openings with the wax brush
	+ If there is still wax in the ports that hasn't been dislodged, use the wax pick to clear more stubborn deposits out of the ports. Be careful not to jab the pick in, just use gently
	+ Check the battery compartment and the battery contacts for wax or debris, and brush it off if present
	+ Wipe the entire hearing aid with the cloth provided
	+ Assess the wax guard, if it looks like it needs changing, you should change it
	+ Look over the hearing aid, checking the casing and any joints for any signs of cracks or issues. If present check the receiver wire, making sure there are no kinks or twists

**Cleaning and maintenance of BTE (Behind The Ear) hearing aids:**

* + Hearing aids should be placed in a drying device at the end of the day, this will allow moisture to be removed from both the electrics and any wax or debris gathered on the aid
	+ When needed (not daily) remove the earmold and tube (If present) from the hook and clean it with warm soapy water
	+ If the BTE has a thin tube, remove the thin tube and use the supplied wire to push through the tube
	+ Use an air blower to force water out of the tube and then place the tubing in the drying kit with the hearing aid overnight
	+ In the morning, clean the microphone ports and any other user controls like programming buttons or volume controls, using the soft bristle brush from the cleaning kit
	+ To clean off built up wax, hold the hearing aid and gently clean it with the wax brush
	+ If there is still wax in the ports that hasn't been dislodged, use the wax pick to clear more stubborn deposits out of the ports. Be careful not to jab the pick in, just use gently
	+ Check the battery compartment and the battery contacts for wax or debris, and brush it off if present
	+ Wipe the entire hearing aid with the cloth provided
	+ Look over the hearing aid, checking the casing and any joints for any signs of cracks or issues

**Glasses**

Regularly cleaning glasses helps to keep the Resident's vision clear and can lengthen the lifetime of the glasses.

* + Wash your hands
	+ Spray both side of the lenses with a specialist lens cleaner, or use a small amount of a neutral hand soap and lukewarm water
	+ Gently rub the lenses with a lens cloth, wiping away the solution as you clean
	+ Do not use paper towels, or other linen to wipe the lenses as they can leave particles of dust or dirt on the lenses
	+ Do not use any soaps or cleaners that contain strong chemicals on the lenses Frames:
	+ Use warm, soapy water and a soft cloth to gently wipe down the frames
	+ Wipe dry