

Lifestyle By Homecare Services

Health & Safety Policy (England Community)

Health and Social at Work Act 1974	As relevant to service
The Management of Health and Safety at Work Regulations 1999	As relevant to service
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	12, 15, 17
Registration Regulations 2009	18

CQC Single Assessment Framework Topics

Safe Topic Areas:

- Learning culture
- Safe systems, pathways and transitions
- Safeguarding
- Involving people to manage risks
- Safe environments
- Safe and effective staffing
- Infection prevention and control

Effective Topic Areas:

- Assessing needs
- Delivering evidence-based care and treatment

Caring Topic Areas:

Treating people as individuals
Independence, choice and control
Responding to people's immediate needs
Workforce well-being and enablement

Responsive Topic Areas:

Person-centred care

Well-led Topic Areas:

Governance, management and sustainability
Learning, improvement and innovation

Please see the 'Quality Statements' section for full guidance

Scope

Every new employee will be given health and safety guidance when they join the organisation; each employee will be given refresher information, instruction and training as is necessary to enable the safe performance of work activities. Adequate facilities and arrangements will be maintained to enable employees to raise issues of health and safety.

Competent people will be appointed to assist us in meeting our statutory duties including, where appropriate, specialists from outside the organisation.

Each individual has a legal obligation to take reasonable care for his, or her, own health and safety and for the safety of others who may be affected by his, or her, acts or omissions. The successful

implementation of this policy requires total commitment and co-operation from all levels of management and employees within our organisation.

This policy and procedure are provided for the regulated activity of personal care.

Equality Statement

Our organisation is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Key Points

- Top management commitment to health and safety.
- Health and safety is everyone's business and responsibility.
- Use the correct methods of work and do not improvise by using methods, tools or equipment which entail unnecessary risks.
- When there is a legal requirement to, or where the nature of the work requires it, wear the protective clothing and use the equipment specified.
- Report any potential health and safety incident including infectious or other diseases, accidents, injuries or concerns associated with the workplace (RIDDOR).
- Risk assessments are key to identifying risks and managing them. Ensure where you see risk assessments that need updating that these are brought to the appropriate person's attention and follow up if they do not get updated in a timely manner.

Policy Statement

This organisation is committed to ensuring the health, safety and welfare of its employees, so far as is reasonably practicable. We also fully accept our responsibility for other persons whose health and safety may be affected by our activities. We will take all reasonable steps to ensure our statutory duties are met.

In December 2017, a 'Memorandum of Understanding' was developed between CQC, HSE and with the support of the Local Government Association (LGA) to outline the respective responsibilities of

CQC, HSE and local authorities (LAs) in England when dealing with health and safety incidents in the health and adult social care sectors.

Please see '[Memorandum of Understanding - CQC and HSE.](#)'

The Memorandum identifies:

- CQC is the lead inspection and enforcement body under the Health and Social Care Act 2008 for safety and quality of treatment and care matters involving patients and service users in receipt of a health or adult social care service from a provider registered with CQC.
- HSE/LAs are the lead inspection and enforcement bodies for health and safety matters involving patients and service users who are in receipt of a health or care service from providers not registered with CQC.
- HSE/LAs are the lead inspection and enforcement bodies for health and safety matters involving workers, visitors and contractors, irrespective of registration.

Annex A of the 'Memorandum of Understanding' contains examples of incidents typically falling to CQC and HSE/LAs respectively to illustrate the responsibilities outlined above. The response from the lead body will be in line with their regulatory policies. Their decisions on whether to investigate or take further action will be subject to their guidance and published policies.

The responsible authority will normally be the CQC for an injured service user unless the Police have primacy.

In summary:

Health & Safety Executive (HSE) is the enforcing authority for workers in England, Scotland and Wales.

In England, the Care Quality Commission (CQC) is the enforcing authority for patient and service user health and safety where providers are registered with them.

The Policy

The organisation recognises that the provision of suitable and sufficient risk assessments are a legal requirement under Regulation 3 of the Management of Health & Safety at Work Regulations 1999 (MHSWR). Risk assessments will be undertaken relevant to all aspects of the organisation's activities within the Registered Office and in the community when supporting service users. Significant risks will be documented.

This policy will be reviewed by the Registered Manager or designated deputy at least annually, or in light of legislative or organisational changes.

v1 Last Reviewed: Leanne Reeder Wed Jan 21 2026

Next Review: Registered Manager Thu Jan 21 2027

Locally Responsible:

Responsibilities

As the employer, the organisation will fulfil its duty to protect the health, safety and welfare of employees, service users and other people who might be affected by the service. The organisation will, where reasonably practicable, undertake the following to achieve this:

- Actively seek the cooperation and suggestions for improvements from all employees in relation to our 'Health & Safety Policy' and its application in practice to ensure the safety of all.
- Provide appropriate information, instruction and training to ensure, so far as is reasonably practicable, the health and safety at work of employees.
- Provide and maintain a safe and healthy working environment, with statutory obligations as a minimum requirement.
- Maintain the workplace in a safe and risk-free condition and provide a safe means of access to and egress from the workplace.
- Have arrangements for ensuring the safe use, handling, storage and transport of articles and substances.
- Provide and maintain plant, equipment and systems of work that are safe and without risks to health.
- Provide suitable and sufficient welfare facilities for all employees.
- Identify and document significant risk, eliminating them where possible.
- Display the approved law poster in a prominent position in each workplace or provide each worker with a copy of the approved leaflet 'Health & Safety law: What you need to know' (required under the Health & Safety Information for Employees Regulations).

The Registered Manager/Director is responsible for health and safety. They will:

- Ensure that the 'Health & Safety Policy Statement,' organisation's policies and individual responsibilities and duties are understood and implemented by all managers under their control.
- Ensure that plans are prepared and implemented to achieve set objectives for the reduction of risks to health and safety.
- Ensure that, within the organisation, the arrangements and resources for providing health and safety are adequate.
- Be responsible for ensuring that adequate training is given to employees to ensure compliance with our organisation's health and safety standards.
- Be responsible for resolving health and safety problems/queries referred to them.
- Ensure that the activities of everyone are well co-ordinated.
- Ensure effective means of involvement, communication and consultation with employees.
- Review the Health & Safety Performance in areas under their control.
- Ensure that work environments are safe, and that any risks are documented and strategies are in place to manage all risks.

Employees will:

- Conform to rules, procedures and training regarding safe working.
- Use the correct methods of work and not improvise by using methods, tools or equipment which entail unnecessary risks.
- When there is a legal requirement to, or where the nature of the work requires it, wear the protective clothing and use the equipment specified.
- Report unsafe tools and equipment and unsafe practices or methods of work.
- Report any potential health and safety hazard including infectious or other diseases, accidents, injuries or concerns associated with the workplace.
- Assist in the maintenance of good housekeeping standards.
- Co-operate with us to enable all statutory duties are complied with.
- Take reasonable care for their own health and safety and that of others who may be affected by their actions or omissions at work.
- Assist, where necessary, in the investigation of any accidents that occur.
- Report any health and safety concerns to the Registered Manager.

Please note: If workers think their employer is exposing them to risks or are not carrying out their legal duties with regards to health and safety, and if this has been pointed out to the employer but no satisfactory response has been received, workers can make a complaint to HSE (see below):

- [HSE Reporting a health and safety issue](#)

Personal Protective Equipment (PPE)

The use of personal protective equipment (PPE) is essential for health and safety. When considering infection prevention and control, a risk assessment may be required to decide which PPE is most appropriate for the task/situation, e.g. exposure to blood or other body fluids. The use of PPE is considered standard in certain situations and is one of the critical elements of Standard Infection Control Precautions (SICPs), which apply to contact with blood or other body fluids, non-intact skin and mucous membranes.

The benefit of wearing PPE is two-fold: it offers protection both to individuals and to those caring for them. Further risk assessments may be required, e.g. the use of latex gloves may not be appropriate (consideration for those with sensitivities or allergies). The principles described here should apply to all situations.

Further information on the use of PPE is detailed within the 'Infection Prevention & Control Policy.'

Domiciliary Care

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Locally Responsible:

The risks to both those being cared for, and those providing the care, will vary greatly according to the individual's needs, the environment where care is provided, the type of care being provided and the competence of the carer.

The Health & Safety at Work Act 1974 (HSWA) does not always apply to activities carried out in 'private households.'

Personal care provided within someone's home may be occasionally considered 'domestic service' and therefore may fall within this dis-application.

Whether the HSWA dis-application applies in specific circumstances will need to be considered on a case-by-case basis (and be subject to careful legal interpretation) but as an indicative guide:

- If the carers work for the NHS, local authorities or employment agencies, then they are unlikely to be employed exclusively as domestic workers and HSWA may apply.
- If the care involves complex healthcare activities (such as operation of life support or palliative care equipment) then HSWA is likely to apply.
- If delivery of care requires specialist training (e.g. people handling and dealing with challenging behaviour) then HSWA is likely to apply.
- On most occasions, the general duty in section 2 will be applicable for the delivery of the regulated activity.

HSE has developed guidance on the application of HSWA to domestic service:

- [HSE - Does the Health and Safety at Work Act 1974 \(HSWA\) apply to care provided in people's homes?](#)

Pandemics and Epidemics

As an employer, we must protect people from harm. This includes taking reasonable steps to protect staff and others during epidemics and pandemics, e.g. coronavirus.

The organisation will undertake infection prevention and control risk assessments to identify and help manage risk to protect staff, service users and others.

In addition, the Registered Manager will review and implement updated guidance from Local and National Government, the NHS, HSE, CQC, Department of Health and Social and other relevant sources to take all reasonable steps to protect staff, service users and all other people who come into contact with our service during epidemics and pandemics.

This will include:

- Identifying what work activity or situations might cause transmission of the virus or other infectious agents.
- Thinking about who could be at risk.
- Deciding how likely it is that someone could be exposed.
- Act to remove the activity or situation, or if this is not possible, control the risk.
- Supporting staff and service users in being tested and/or vaccinated as this is available.
- Infection control audits and continuous improvement, and updating PPE as directed by guidance.

Learning from incidents and improving infection prevention and control systems and procedures.

Will HSE or CQC Become Involved if a Serious Incident Occurs?

When a serious incident occurs the appropriate enforcement agency will review the incident and may become involved. Where equipment is provided by external employers or third-party organisations, HSWA duties are likely to apply. Civil or other duties of care might apply, even if HSWA does not.

As discussed, the 'Memorandum of Understanding' identifies which agency will be responsible between CQC and HSE in dealing with Health and Safety incidents.

Where the incident relates to a service user then CQC will be the investigating agency, and where staff or others, e.g. visitors, are involved, then HSE will likely be the investigating agency. HSE and CQC will agree this between them.

What are the Main Health and Safety Risks?

The most common causes of injury and ill health to carers arise from moving and handling and dealing with challenging behaviour.

Where HSWA applies, any significant risks to both the carer and service user must be adequately assessed. So far as is reasonably practicable, safe working procedures and appropriate equipment should be provided, and carers should be suitably competent/appropriately trained to carry out the tasks safely. The health and safety of carers working in England from overseas (migrant workers) may need particular attention.

Health and Safety Risk Assessments

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Locally Responsible:

The organisation recognises that suitable and sufficient risk assessments are a legal requirement under Regulation 3 of the Management of Health & Safety at Work Regulations 1999 (MHSWR). The organisation believes that risk assessments should identify hazards and resulting risks to employees and other persons who may be affected by work activities.

The organisation understands a hazard to be the potential for harm, with risk being the likelihood of that harm actually occurring and the severity of the harm (e.g. slight injury, major injury, death).

Possible Risk Situations

- Walking unsupervised with a walking aid, e.g. Zimmer frame or stick.
- Falls.
- Leaving the home unaccompanied.
- Risk of scalding from hot liquids.
- Choking.
- Misuse of drugs within a self-medication situation.
- Injury due to dementia rendering a person using the service unable to identify potential hazards.
- Risk of infection.
- Bed rails.

This is not a definitive list and the organisation will regularly review the service activities to identify those areas where risk assessments are required in compliance with this policy.

Legionnaires Disease

As an employer, the organisation is responsible for the need to take the right precautions to reduce the risks of exposure to legionella **bacteria**, and are required to:

- Identify and assess sources of risk
- Manage any risks
- Prevent or control any risks
- Keep and maintain the correct records
- Carry out any other duties you may have

The organisation will use a competent individual to risk assess all organisation premises including:

- Management responsibilities, including the name of the competent person and a description of the systems.
- Competence and training of key personnel.

- Any identified potential risk sources.
- Any means of preventing the risk or controls in place to control risks.
- Monitoring, inspection and maintenance procedures.
- Records of the monitoring results and inspection and checks carried out.
- Arrangements to review the risk assessment regularly, particularly when there is reason to suspect it is no longer valid.

For each location there will be appointed a competent person to meet the health and safety duties and to take responsibility for controlling any identified risk from exposure to legionella bacteria or other water-based risks.

Where an unpreventable risk is identified, then a course of action, i.e. a written control scheme, will be developed to manage the risk from legionella by implementing effective control measures describing:

- The system, e.g. develop a schematic diagram.
- Who is responsible for carrying out the assessment and managing its implementation.
- The safe and correct operation of the system.
- What control methods and other precautions are being used.
- What checks are being carried out, including frequency, to ensure the controls remain effective.

Effective records will be maintained in line with the HSE guidance as set out at '[HSE - Legionnaires' Disease](#).'

Restraint

It is the policy of this service not to physically restrain any person in the service **in any circumstances**. Should a member of staff feel that a person may pose a serious safety risk to either themselves, or to others, they must remove themselves to a place of safety and call their Line Manager immediately.

A member of management will always attend any situation where a member of staff believes that a person using the service may pose a serious safety risk to either themselves or to others. They will be able to assess the situation, and, where necessary, will contact the most suitable authorities.

Advice

Other agencies may be invited to give advice in any potential risk situation, e.g:

- G.P.

- Occupational Therapist.
- Physiotherapist.
- Community Psychiatric Nurse.
- Psychiatrist.
- Fire service.
- HSE Risk management updates/guidance ([‘HSE - Managing risks and risk assessment at work’](#)).

First Aid and Basic Life Support

First aid is the initial and appropriate management of illness or injury which aims to preserve life or minimise the consequences of injury and illness until professional medical help can be obtained; or the treatment of minor injuries that do not require the attention of a medical practitioner or nurse.

First aid and basic life support arrangements are explained in the ‘First Aid’ arrangements and ‘Basic Life Support’ policies respectively. The organisation is committed to the provision of training and equipment based on the completion of a first aid needs assessment which will be reviewed annually, as a minimum, or more frequently if required.

RIDDOR 2013

RIDDOR is the law that requires employers, and other people in charge of work premises, to report and keep records of:

- Work-related accidents which cause deaths,
- Work-related accidents which cause defined serious injuries (reportable injuries),
- Diagnosed cases of certain occupational diseases, and
- Certain defined ‘dangerous occurrences’ (incidents with the potential to cause harm).

It is the responsibility of the employer to ensure incidents are reported to the HSE where applicable. More guidance on RIDDOR in health and social care (including the appropriate codes) can be found at [‘HSE - RIDDOR in health and social care.’](#)

Fire Safety

Every new employee will be given fire safety guidance when they join the organisation; each employee will be given refresher information, instruction, and training as is necessary to enable the safe performance of work activities. Adequate facilities and arrangements will be maintained to enable employees to raise issues of fire safety.

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Locally Responsible:

Competent people will be appointed to assist us in meeting our statutory duties including, where appropriate, specialists from outside the organisation.

Further information on fire safety is detailed within the 'Fire Safety Policy.'

COSHH

COSHH stands for the Control of Substances Hazardous to Health. It is the law that requires employers to control substances that are hazardous to health. It is concerned with preventing or reducing workers exposure to hazardous substances.

Further information on COSHH is detailed within the 'COSHH Policy.'

Premises/Physical Environment

Staff have the right to work in a healthy and safe workplace, and the organisation is committed to maintaining premises which it has control of in a safe environment, e.g. the Registered Office. The Registered Manager will assess the safety of the premises, identify hazards and take action to reduce risks.

Service Users' Homes

The organisation will undertake a range of risk assessment and risk management activities as part of the assessment of care, relevant to the care environment and premises in which staff will be delivering services in people's homes.

Risks and risk mitigation will be identified to ensure the safety of service users, family and staff.

The organisation has in place policies and procedures, training and competency assessment to ensure staff are fully compliant with delivering a safe, effective, caring, responsive and well-led service within the community.

Company Policies Relevant To Health and Safety

Accidents & Incidents (Managing & Reporting) Policy

Restraint Policy

Behaviour that Challenges Policy

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Locally Responsible:

COSHH Policy

Fire Safety Policy

First Aid Policy

Basic Life Support Policy

Person-centred Care Policy

Service User Risk Management Policy

Organisational Risk Management Policy

Lone Workers Policy

Infection Prevention and Control Policy

Moving and Handling Policy

Bed Rails Policy

Food Safety Policy

Falls Management Policy

Consent Policy

Hot Water and Surfaces Policy

Lone Working Policy

Medication Policies

Safeguarding Adults and Children in an Adult Setting Policies

Legionella and Water Testing Policy

Management of Sharps and Needlestick Injuries Policy

Aggression Towards Staff Policy

Business Continuity Policy

Wheelchairs: Safe Use & Maintenance Policy

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Locally Responsible:

[Pets Policy](#)

[Mental Capacity and DoLS Policy](#)

(Please note this is a selection of policies relevant health and safety and others are provided within the policy and procedures for the organisation)

References and Further Reading

[Health and Safety in Social Care Services, HSE](#)

[Reporting injuries, diseases and dangerous occurrences in health and social care, RIDDOR, HSE](#)

[Coding health and social care RIDDOR reports, HSE](#)

[Memorandum of Understanding, CQC and HSE](#)

[Reporting a health and safety issue, HSE](#)

[Does the Health and Safety at Work Act 1974 \(HSWA\) apply to care provided in people's homes? HSE](#)

[Legionnaires' Disease, HSE](#)

[Managing risks and risk assessment at work, HSE](#)

[RIDDOR in health and social care, HSE](#)

Quality Statements

Learning culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

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Next Review: Registered Manager Thu Jan 21 2027

Locally Responsible:

Safeguarding

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Involving people to manage risks

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

Safe environments

We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

Safe and effective staffing

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs.

Infection prevention and control

We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.

Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

Assessing needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, well-being and communication needs with them.

Delivering evidence-based care and treatment

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Locally Responsible:

We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Independence, choice and control

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and well-being.

Responding to people's immediate needs

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

Person-centred care

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

Governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Workforce well-being and enablement

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Locally Responsible:

We care about and promote the well-being of our staff, and we support and enable them to always deliver person-centred care.

[Key questions and quality statements - Care Quality Commission](#)

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Locally Responsible: