E01 – HEALTH AND SAFETY POLICY

Policy Reference	E01	Version	1.0
Policy Owner	Registered Manager / Responsible Individual	Approved By	Lade Awosika, Director
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Applies To	All PHSSL Care Limited staff, workers and relevant contractors	Supersedes	New policy

1. Purpose

PHSSL Care Limited is committed to protecting the health, safety and welfare of people who use the service, staff, visitors, contractors and others who may be affected by our activities. This policy sets out the arrangements for identifying hazards, assessing risks, preventing avoidable harm and maintaining safe working practices while delivering care in people's own homes and other agreed community settings.

2. Scope

This policy applies to all employees, agency workers, temporary workers, volunteers, students and relevant contractors acting on behalf of PHSSL Care Limited. It applies to office-based activities, travel for work, lone working, care delivered in people's homes, community activities and the use of work equipment or substances connected with service delivery.

3. Policy Statement

PHSSL Care Limited will take reasonably practicable steps to provide safe care and a safe system of work. Health and safety will be managed in a proportionate, person-centred way that protects people without unnecessarily restricting their rights, choices or independence.

- Identify hazards and assess risks before and during service delivery.
- Put proportionate control measures in place and review them when circumstances change.
- Provide staff with appropriate information, instruction, training, supervision and competency assessment.
- Maintain safe arrangements for equipment, infection prevention, medicines, moving and handling, lone working and hazardous substances where these are relevant to the service.
- Encourage prompt reporting of hazards, accidents, incidents, near misses and unsafe practice without fear of retaliation for raising genuine concerns.
- Learn from incidents, audits, feedback and changes in legislation or guidance.

4. Legal and Regulatory Framework

This policy should be read and applied alongside current legislation, regulation and authoritative guidance, including:

- Health and Safety at Work etc. Act 1974.

- Management of Health and Safety at Work Regulations 1999.
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including Regulation 12 (Safe care and treatment), Regulation 15 (Premises and equipment), Regulation 17 (Good governance) and Regulation 18 (Staffing).
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), where applicable.
- Control of Substances Hazardous to Health Regulations 2002 (COSHH), where applicable.
- Manual Handling Operations Regulations 1992, as amended.
- Provision and Use of Work Equipment Regulations 1998 (PUWER), where applicable.
- Personal Protective Equipment at Work Regulations 1992 and Personal Protective Equipment at Work (Amendment) Regulations 2022, where applicable.
- Regulatory Reform (Fire Safety) Order 2005, where applicable to premises under PHSSL control.
- Mental Capacity Act 2005, Equality Act 2010 and relevant safeguarding requirements.
- Current Care Quality Commission and Health and Safety Executive guidance relevant to home care and health and social care.

5. Responsibilities

The Director, Registered Manager and Responsible Individual are responsible, according to their roles, for ensuring suitable health and safety arrangements are established, resourced, monitored and reviewed. Managers must ensure risk assessments are completed by competent persons, actions are followed through, staff receive necessary training and significant concerns are escalated.

All staff have a responsibility to take reasonable care of their own health and safety and that of others who may be affected by their actions or omissions. Staff must follow training, care plans, risk assessments and safe systems of work; use equipment correctly; cooperate with safety arrangements; and report hazards, defects, incidents and concerns promptly.

6. Risk Assessment and Safe Systems of Work

Risk assessments must be suitable, proportionate and relevant to the person, task and environment. They should consider both the safety of the person receiving care and the safety of staff, while balancing identified risks with the person's rights, preferences and independence.

- Assess risks before a service begins and whenever significant new tasks or hazards are identified.
- Review assessments after incidents, changes in health or mobility, changes to equipment or the environment, or other material changes.
- Record significant findings, control measures, responsibilities and review arrangements.
- Escalate risks that cannot be adequately controlled within the worker's authority or competence.
- Use dynamic risk assessment during visits where circumstances differ from the documented plan, while seeking management advice when necessary.

7. Working in People's Homes and Community Settings

A person's home is their private environment. PHSSL will work with the person and, where appropriate, their representative to identify hazards relevant to the delivery of care. Staff must respect the home while taking reasonable precautions against foreseeable harm.

- Consider access and egress, lighting, flooring, stairs, pets, smoking, clutter, electrical hazards, infection risks, aggression or violence, and other environmental concerns relevant to the visit.
- Do not undertake tasks that are unsafe, outside the agreed care plan, or beyond training and competence.
- Where there is an immediate and serious danger, staff should prioritise safety, seek emergency assistance where necessary and inform management as soon as possible.

8. Lone Working and Personal Safety

Because domiciliary and supported-living staff may work alone, lone-working risks must be assessed and managed. Staff must follow PHSSL check-in, communication, escalation and emergency arrangements and carry an appropriate means of communication where required.

- Report threats, harassment, violence, unsafe access or other personal-safety concerns immediately.
- Do not knowingly place yourself in a situation of serious and imminent danger; withdraw to a place of safety where necessary and contact the appropriate manager or emergency service.
- Follow the C04 Lone Working and Staff Safety Policy for detailed arrangements.

9. Moving and Handling

People and loads must be moved safely. Staff must follow the individual moving-and-handling assessment and care plan, use prescribed equipment correctly and only undertake techniques for which they have been trained and assessed as competent. Unsafe manual lifting of people must not be improvised.

- Report changes in mobility, pain, behaviour, equipment or the environment that may affect safe handling.
- Defective or unsuitable equipment must not be used and must be reported promptly.
- Detailed requirements are set out in D04 Moving and Handling Policy.

10. Equipment and Electrical Safety

Equipment used or supplied by PHSSL must be suitable for its intended purpose, maintained as required and used in accordance with instructions and training. Staff must visually check equipment before use where appropriate and report defects, damage or missing safety features.

- Do not use equipment known or suspected to be unsafe.
- Do not repair, modify or adapt equipment unless authorised and competent to do so.
- Where equipment belongs to the person, landlord, family or another provider, concerns about safety must still be reported and managed through the care plan and relevant responsible party.

11. Infection Prevention, PPE and Sharps

Staff must follow D03 Infection Prevention and Control Policy, including hand hygiene, appropriate use of personal protective equipment, safe handling of waste and management of exposure incidents. Sharps must only be handled where this is part of the agreed service and staff have appropriate training, equipment and instructions.

12. Hazardous Substances and COSHH

Where staff may be exposed to cleaning products, disinfectants, bodily fluids or other hazardous substances through work, PHSSL will assess relevant risks and provide suitable controls. Staff must follow product instructions and COSHH assessments, use required PPE and never mix chemicals unless specifically authorised by the manufacturer and risk assessment.

13. Fire Safety and Emergency Arrangements

Staff must be familiar with relevant emergency arrangements for the location in which they work. In a person's home, care planning should identify significant fire or evacuation risks relevant to the support being provided. Staff must not obstruct escape routes or compromise fire-safety equipment.

- In an emergency, protect life first, call 999 where required and follow the applicable emergency plan.
- Report fire hazards, damaged alarms or other significant concerns to the appropriate person and PHSSL management.
- Detailed organisational arrangements are set out in E03 Fire Safety Policy and A03 Business Continuity and Emergency Planning Policy.

14. Medicines and Clinical or Care-Related Safety

Where staff support with medicines or other agreed care tasks, they must work within their training, competence and the person's current care plan. Medicines must be managed in accordance with D02 Medicines Management Policy. Staff must seek guidance where a task falls outside their competence or the agreed scope of the service.

15. Accidents, Incidents, Near Misses and RIDDOR

All work-related accidents, incidents, injuries, near misses and significant hazards must be reported promptly using PHSSL reporting arrangements. Immediate care or emergency assistance must be obtained where required. Managers will assess whether external notification is required, including safeguarding, CQC, RIDDOR or other statutory reporting, and will ensure appropriate investigation and learning.

- Records must be factual, timely and stored securely.
- Corrective actions must be assigned, monitored and completed.
- Where a notifiable safety incident meets the duty of candour threshold, the Duty of Candour Policy must be followed.

16. Staff Health, Fitness for Work and Wellbeing

Staff must be fit to carry out their duties safely and should tell an appropriate manager about any health condition, injury, medication effect or other circumstance that may materially affect safe working, so that appropriate support or adjustments can be considered. Staff must not work while impaired by alcohol, illegal drugs or any substance that makes them unsafe to perform their duties.

Work-related stress, fatigue and wellbeing concerns should be raised early. PHSSL will consider reasonable adjustments and occupational-health or other appropriate advice where needed, while respecting confidentiality.

17. Training, Information and Competency

Health and safety training will be proportionate to role and risk. Staff must complete required induction, refresher training and competency assessments and must not perform tasks for which they are not trained, authorised or competent. Managers must provide additional instruction or supervision where new risks, equipment or working practices are introduced.

18. Consultation, Reporting Concerns and Stop-Work Authority

Staff are encouraged to contribute to safer working arrangements and to report concerns promptly. A worker who reasonably believes there is a serious and imminent danger should move to safety and immediately contact management and, where necessary, emergency services. No worker will be expected to continue an unsafe task merely to complete a scheduled visit.

Concerns about unsafe or unlawful practice may also be raised under the Whistleblowing / Speaking Up Policy or safeguarding procedures as appropriate.

19. Monitoring and Audit

PHSSL will monitor health and safety through risk-assessment reviews, incident and near-miss analysis, spot checks, supervision, competency records, equipment checks, complaints, safeguarding information, staff feedback and governance audits. Trends and recurring hazards will be reviewed and improvement actions tracked to completion.

20. Related PHSSL Policies

- D07 Positive Risk-Taking and Risk Management Policy.
- E02 Accident, Incident and Near-Miss Reporting Policy.
- E03 Fire Safety Policy.
- A03 Business Continuity and Emergency Planning Policy.

- C04 Lone Working and Staff Safety Policy.
- D03 Infection Prevention and Control Policy.
- D04 Moving and Handling Policy.
- D02 Medicines Management Policy.
- B01 Safeguarding Adults Policy and B02 Safeguarding Children and Young People Policy.
- B03 Whistleblowing / Speaking Up Policy.
- B05 Mental Capacity, Consent and Best-Interest Decision-Making Policy.

21. Review and Document Control

This controlled policy will be reviewed at least annually, or sooner where legislation, regulatory guidance, organisational practice, incidents, audit findings or learning indicate that an earlier review is required. The current approved electronic version is the master copy. Printed or locally saved copies are uncontrolled unless specifically issued and recorded as controlled copies.

Approved by	Lade Awosika
Position	Director
Approval method	Approved electronically
Approval date / next review	September 2026 / September 2027