# PHSSL CARE LIMITED

**CONTROLLED POLICY**

# E05 – ENVIRONMENTAL SAFETY AND EQUIPMENT POLICY

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| **Policy Reference** | E05 |
| **Version** | 1.0 |
| **Policy Owner** | PHSSL Care Limited |
| **Approved By** | Lade Awosika, Director |
| **Approval Method** | Approved electronically |
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| **Status** | Controlled Document |
| **Applies To** | All PHSSL Care Limited staff, workers and relevant contractors |
| **Supersedes** | New policy |

## 1. Purpose

PHSSL Care Limited is committed to providing care and support in environments that are as safe, suitable and well maintained as reasonably practicable. This policy explains how staff must identify and respond to environmental hazards and how equipment used in care will be selected, checked, used, maintained and escalated when concerns arise.

## 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 in people's own homes, supported living settings, community locations, PHSSL workplaces and wherever equipment is used as part of care or support.

## 3. Core Principles

Safety must be balanced with dignity, choice, independence and the person's right to live in their own home. Staff must not unnecessarily control a person's domestic environment, but they must identify foreseeable hazards that affect safe care delivery, follow agreed risk controls, use equipment only as trained and report defects or unsafe conditions promptly.

## 4. Legal and Regulatory Framework

This policy will be applied with regard to relevant legislation, regulation and guidance, including the Health and Safety at Work etc. Act 1974; Management of Health and Safety at Work Regulations 1999; Provision and Use of Work Equipment Regulations 1998 (PUWER) where applicable; Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) where applicable; Electricity at Work Regulations 1989; Control of Substances Hazardous to Health Regulations 2002 (COSHH); Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, particularly Regulations 12, 15 and 17; and current CQC and HSE guidance.

## 5. Environmental Risk Assessment

Environmental risks relevant to care delivery must be considered during assessment and reviewed when circumstances change. This may include access and exits; stairs and flooring; lighting; temperature; ventilation; trip and slip hazards; electrical risks; water and bathing safety; pets; smoking; infection risks; waste; hazardous substances; security; outdoor areas; and the safe positioning or storage of care equipment. Significant findings and controls must be recorded in the care plan or relevant risk assessment.

### 6. People's Own Homes

A person's home is their private living space and must be respected as such. Staff should work collaboratively with the person and, where appropriate, their representative to address hazards affecting safe care. PHSSL Care Limited is not automatically responsible for repairs, fixtures or the general condition of privately owned or rented accommodation; however, hazards affecting care must be reported and escalated to the appropriate person, landlord, housing provider or other responsible party.

### 7. Supported Living Environments

In supported living, responsibilities for accommodation and care may be held by different organisations. PHSSL Care Limited will ensure that its care-related responsibilities are clear and that environmental or equipment concerns are shared with the landlord, housing provider, building manager or other responsible organisation where appropriate. Care and accommodation arrangements must remain appropriately separate.

### 8. Slips, Trips and Falls Hazards

Staff should remain alert to loose rugs, trailing cables, clutter, wet floors, poor lighting, damaged flooring, unsafe footwear, poorly positioned furniture and other hazards. Where safe and agreed, minor hazards may be addressed immediately. Significant or recurring concerns must be recorded and escalated, particularly where the person has impaired mobility, vision, balance or cognition.

### 9. Temperature, Ventilation and Comfort

Staff must be alert to environmental conditions that may create risk, including excessive heat or cold, poor ventilation and unsafe use of portable heaters. The person's preferences should be respected while taking account of health conditions, vulnerability and professional advice. Serious concerns about heating failure, extreme temperatures or unsafe appliances must be escalated promptly.

### 10. Water Safety

Where staff support bathing, showering or other activities involving water, they must follow the care plan and relevant risk assessment. Water temperature should be managed safely and in accordance with the person's needs and local arrangements. Staff must remain alert to scalding, drowning, slips, infection and equipment risks and must never leave a person without required supervision.

### 11. Electrical Safety

Electrical equipment used for work must be suitable for its intended purpose and used in accordance with instructions. Staff must not use equipment with damaged plugs, exposed wires, scorch marks, unusual heat, burning smells or other signs of defect. Defective equipment must be taken out of use where this can be done safely, clearly identified and reported. Staff must not carry out electrical repairs unless appropriately qualified and authorised.

### 12. Care Equipment

Equipment such as hoists, slings, profiling beds, wheelchairs, commodes, shower chairs, pressure-relieving equipment and mobility aids must be suitable for the person, compatible where components are used together, and used in accordance with assessment, manufacturer instructions and training. Staff must not improvise, modify equipment or use equipment for a purpose for which it was not intended.

### 13. Moving and Handling Equipment

Moving and handling equipment must be used only by staff who have received appropriate training and are competent for the task. The current moving and handling plan must be followed, including the specified hoist, sling type and size,

number of staff and transfer technique. Equipment must not be used where a required inspection, examination or maintenance status is known to be overdue or where a defect may compromise safety.

### 14. Equipment Checks Before Use

Before using equipment, staff should carry out reasonable visual and functional checks appropriate to the item. This may include checking cleanliness, obvious damage, secure fittings, brakes, batteries or power supply, safe positioning, labels or inspection status, and whether the equipment appears to operate normally. Any uncertainty must be escalated before use.

### 15. Maintenance, Servicing and Statutory Examination

Equipment owned or controlled by PHSSL Care Limited will be maintained in accordance with manufacturer instructions, risk assessment and applicable legal requirements. Where equipment belongs to the person, NHS, local authority, landlord, equipment service or another provider, PHSSL Care Limited will report identified defects to the responsible party and record actions taken. Applicable lifting equipment must receive required thorough examination under LOLER arrangements.

### 16. Defective or Unsafe Equipment

Staff must stop using equipment where continued use may place a person or staff member at risk. Where possible, the equipment should be clearly marked or isolated to prevent accidental use and management informed immediately. Alternative safe arrangements must be considered. A serious equipment failure, injury or near miss must also be managed under the Accident, Incident and Near-Miss Reporting Policy.

### 17. Medical Devices and Specialist Equipment

Medical devices or specialist equipment used as part of care must only be operated by staff who have received appropriate instruction, training and competency assessment. Staff must follow the current care plan and manufacturer or clinical instructions. Changes in the person's condition, repeated alarms, equipment malfunction or uncertainty about safe operation must be escalated promptly to the appropriate professional or equipment provider.

### 18. Pressure-Care Equipment

Where pressure-relieving mattresses, cushions or other equipment are prescribed or included in the care plan, staff must use them as directed, check that settings and positioning are appropriate within their training, and report faults or changes in skin condition promptly. Staff must not alter clinically specified settings unless authorised and competent to do so.

### 19. Cleaning and Infection Control of Equipment

Reusable care equipment must be kept appropriately clean and decontaminated in accordance with manufacturer instructions, infection-prevention procedures and the level of risk. Equipment must not be shared between people unless it is intended for shared use and has been appropriately cleaned or decontaminated.

### 20. COSHH and Hazardous Substances

Cleaning products, chemicals and other hazardous substances used for work must be handled, stored and used safely. Staff must follow product instructions and relevant COSHH assessments. Substances must not be mixed unless specifically authorised by the manufacturer, and they must be kept away from children or vulnerable people where required.

### 21. Storage

Equipment and supplies must be stored so that they do not create trip, fire, infection or manual-handling hazards. Medicines, chemicals, sharps and other higher-risk items must be stored in accordance with their specific policies and the person's care plan. Escape routes and access to essential equipment should remain clear.

### 22. Pets and Animals

Pets and assistance animals should be respected as part of the person's home and life. Risks such as bites, scratches, allergies, infection, trip hazards or interference with care equipment should be considered where relevant. Any agreed control measures must be proportionate and recorded without unnecessary restriction of the person's choices.

### 23. Security and Access

Staff must follow agreed arrangements for keys, key safes, door entry systems and access to the person's home. Security codes and keys must be protected from unauthorised disclosure. Broken locks, unsafe access routes, poor external lighting or other security concerns affecting safe care must be reported promptly.

### 24. Environmental Emergencies and Utilities

Loss of electricity, gas, water, heating, lift access or other essential services may affect the safety of care. Staff must report significant failures immediately and follow the person's care plan and PHSSL business-continuity arrangements. Emergency services, utility providers, landlords, housing providers, family or other agencies should be contacted as appropriate to the circumstances.

### 25. Staff Responsibilities

Staff must follow care plans, risk assessments, equipment instructions and training; complete reasonable pre-use checks; never knowingly use defective equipment; report hazards and faults promptly; keep environments as safe as reasonably practicable during care; and record significant concerns and actions taken.

### 26. Management Responsibilities

Management will ensure environmental and equipment risks relevant to care are assessed; staff receive suitable training and competency assessment; PHSSL-owned equipment is appropriately selected, maintained and inspected; concerns about third-party equipment or premises are escalated; incidents are investigated; and identified actions are monitored to completion.

### 27. Monitoring and Audit

Compliance will be monitored through risk-assessment and care-plan reviews, equipment records, maintenance and inspection records, spot checks, staff supervision, incident and near-miss analysis, complaints, safeguarding information and governance audits. Trends or repeated defects will be reviewed and corrective action taken.

### 28. Related PHSSL Policies

- E01 Health and Safety Policy
- E02 Accident, Incident and Near-Miss Reporting Policy
- E03 Fire Safety Policy
- E04 First Aid and Medical Emergencies Policy
- D03 Infection Prevention and Control Policy
- D04 Moving and Handling Policy
- D07 Positive Risk-Taking and Risk Management Policy
- A03 Business Continuity and Emergency Planning Policy
- B05 Mental Capacity, Consent and Best-Interest Decision-Making Policy

### 29. Review and Document Control

This controlled policy will be reviewed at least annually and sooner following significant equipment failure, environmental incident, changes in legislation or guidance, audit findings or material changes in service delivery. The current approved electronic version is the controlled master. Printed or locally saved copies are uncontrolled unless specifically issued and recorded as controlled copies.

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| **Approved by** | Lade Awosika |
| **Position** | Director |

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| **Approval method** | Approved electronically |
| **Approval date** | September 2026 |
| **Next review date** | September 2027 |