



Moving and Handling Toolkit

Governance for Managers

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Hertfordshire Care Providers Association (HCPA)

How to use this toolkit

This toolkit is intended to give you an overview of the requirements needed to manage effectively and successfully, Moving and Handling in your service.

Please ensure that you have completed this before you attend the training

To complete the toolkit, you simply need to answer each question with a Yes or NO, and then either provide evidence or actions to each answer.

Examples of evidence:

- Name and date of a policy
- Name and date of certificate
- Brief outline of procedures /processes
- Named competent person
- Outline of relevant training

Examples of actions:

- Arrange training
- Update policy
- Delegate tasks
- Create a policy and procedure
- Make a referral

If you have any questions regarding the toolkit, please contact Michelle at michelleairey@hcpa.co.uk

Self-assessment Checklist

Activity	Yes/NO	Evidence/ Actions
Leadership		
The company manager, M&H trainer, or another competent person, is an 'Ordinary' member with the National Back Exchange (NBE)		
The management team actively promote correct moving and handling practices, and ensure staff do not cut corners		
The management team are committed to taking the appropriate course of action if a staff member does not follow the company M&H policies and procedures		
The company adopts an 'enabling care' approach whereby service users are supported to be as independent as possible		
Policies and Procedures		
There is a moving and handling policy in place		
<p>The policy includes the following:</p> <ul style="list-style-type: none"> • a statement of the organisation's commitment to managing the risks associated with moving and handling people and loads • details of who is responsible for doing what • details of your risk assessment and action planning processes • a commitment to introduce measures to reduce the risk • arrangements for training • arrangements for providing and maintaining handling equipment • details of your systems for monitoring compliance with the policy and for regular review • information for staff on reporting pain and injuries 		

Procedures are in place to ensure that moving and handling activities are monitored, and to ensure that correct techniques and equipment are being used at all times		
Risk assessments		
Moving and handling risk assessments are carried out before any care package is arranged.		
Risk assessments are added to the individuals care plan		
Moving and handling risk assessments are regularly reviewed and updated to meet the changing needs of the service user		
The person carrying out the risk assessment is competent to identify and address the risks arising from the most complex handling activities the organisation undertakes		
Service users are supported to take positive risks		
Training		
All staff receive training at induction, over at least one or two days, based on classroom training and on-the-job activities		
Refresher training is received by all staff at least annually, or sooner, if the situation requires it		
All staff are aware of their roles and responsibilities regarding: <ul style="list-style-type: none"> • Health and safety • Following risk assessments • Use of equipment • Reporting concerns/injuries/near misses • Following the company policies and procedures 		
A training matrix or tracking system is in place to ensure all staff are 'up-to-date' with their training		

There is a system to identify staff whose training is due to expire, and measures are put in place to ensure staff that are not permitted to work if their training is 'out-of-date'		
The moving and handling trainer has received Train The Trainer training which took place over at least three days		<i>(Please specify the training company)</i>
Audits and Competencies		
Audits are carried out monthly with regards staff training and competencies		
Audits are carried out to ensure that suitable arrangements are in place for the review of equipment, their use, and maintenance arrangements		
Audits are carried out by a competent person		
Competency checks are carried out every annually, ideally 6 months post training, or sooner if necessary		
Competencies are carried out by a competent person		
Competency checks include observation and documentation of Moving and Handling tasks being undertaken		
Equipment		
Equipment is flagged up if it appears not to be fit for purpose		
Staff know how to make appropriate referrals to Allied Health professionals (AHP), such as a Physiotherapist or Occupational Therapist, if equipment needs reviewing		<i>(See appendix 1)</i>
Staff are aware that equipment must be prescribed by an AHP following a full assessment, and staff must not issue equipment prior to the AHP assessment		

CQC Standards		
<p>The management is aware of the CQC standards in relation to the following:</p> <ul style="list-style-type: none"> ▪ Good governance - Effective governance and systems are in place to check on the quality and safety of care ▪ Premises and equipment - All equipment used is clean, suitable, and looked after properly ▪ Safety - Service users are not given unsafe care or treatment or put at risk of harm that could be avoided 		
Accessing further guidance		
We are aware of and use HCPA's 'Enabling Care' and 'Sit Less Move More' resources		(Download it here https://www.hcpastopfalls.info/resource-library/)

Appendix 1 - Roles of different Health Professionals

PROBLEM	ALLIED HEALTH PROFESSIONAL (AHP) TO REFER TO
Worsening mobility Difficulty using mobility aids Mobility aid inappropriate height/size	Physiotherapist Occupational Therapist
Postural problems Problems with seating or positioning	Physiotherapist Occupational Therapist Wheelchair Services
Increased muscle tone causing spasms stiffness/pressure areas developing/postural problems)	Physiotherapist (for positioning advice) GP/Neurology Consultant (for medication review) Specialist Team (e.g. Parkinsons Nurse, MS nurse) Occupational Therapist/ Physiotherapist (for splints) Tissue Viability Nurse (for pressure areas)
Not managing/coughing on food or fluids	Speech & Language Therapist (SALT)
Bowel or bladder dysfunction	Continence Nurse District Nurse
Recurrent chest infections	Nurse Physiotherapist (for posture) Community Respiratory Team (for COPD or someone on oxygen) Speech and Language Therapist Dentist (for oral health)

Appendix 2 – Example domiciliary care Moving and Handling Policy

1. Policy Statement

1.1 The aim of the care providers is to avoid the manual moving of people and loads where there is a risk of injury, so far as is reasonably practicable. This should be commensurate with the best interests, dignity, promotion of independence and rights that people have under the Human Rights Act 1998.

1.2 This policy describes how the balance between the health and safety of employees, relief workers, agency staff and others is not placed at risk, so far as is reasonably practicable, when assisting individuals whose functional ability and/or ability to comply with the procedure, is impaired.

2. Purpose of the Policy

The purpose of the policy is to ensure that:

- We work towards a common approach within Health and Social Care environments.
- A service that meets agreed standards is maintained throughout the partner organisations.
- Safety and comfort for the individual is maximised.
- The risk of injury to staff and individuals is minimised.
- Legal requirements are met.
- The wishes of the individual are considered within the principles of person-centred planning.

3. Scope

This policy applies to all employees in _____, and the employees of the contracted agencies delivering personal care. Where there is conflict in policy, moving and handling leads/health and safety managers/advisors must be consulted on a case by case basis.

4. Legal Context

- The Health and Safety at Work etc Act 1974 is the basis of all health and safety legislation and sets out the legal requirements, which employers have towards employees and others, and employees have to themselves and each other (HASWA).
- The Manual Handling Operations Regulations 1992 were introduced to enable the UK to implement the European Directive 901269/EEC, which made a risk assessment approach a requirement.
- The Management of Health and Safety at Work Regulations 1999, place an obligation on employers to carry out a suitable and sufficient assessment of the risks whilst they are at work.
- The Lifting operations and lifting Equipment Regulation 1998 (LOLER).
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).
- The Provision and Use of Work Equipment Regulations 1998 (PUWER).
- The Human Rights Act 1998 (HRA)

The above is not an exhaustive list

5. Moving and Handling

5.1 In the context of this document moving and handling refers to the moving and handling of any load. Current legislation states “Each employer shall avoid hazardous moving and handling, so far as is reasonably practicable, therefore moving and handling is not prohibited and requires a balanced approach to ensure that:

- Employees are not required to perform tasks that put them and/or individuals at risk, unreasonably.
- Individuals’ personal wishes on mobility assistance are respected wherever possible as is their independence and autonomy.

5.2 The aim should be to meet the individuals’ wishes using the principles of Putting People First in assessing their needs for independence without compromising the safety of anyone concerned with their health and well being. The dignity, autonomy and privacy of the individual should be respected at all times. For individuals who are unable or incapable of expressing their wishes see section 8.

5.3 Managers and staff should consider risk control strategies:

- Eliminate the risk, Reduce the risk, Isolate the risk, Control the risk (ERIC)
- Re-designing the task to avoid moving the individual or the load.
- Reducing the weight risk of any load to be lifted.
- The use of mechanical lifting equipment and small handling equipment.

5.4 As part of this process individuals should be encouraged to assist in their own transfers as far as possible and appropriate moving and handling equipment should be used to reduce the risk of any injury to themselves and staff.

5.5 There may be cases where there is no reasonably practicable alternative to manual moving and in such circumstance a detailed risk assessment must be completed identifying all elements of risks and staff skills and capabilities which need to be factored in.

5.6 Where a manual handling risk assessment has identified a two person manual move best practice requires that both people are trained. Alternatively, at the line manager’s discretion one employee assisted by a trained and/or competent (as deemed by a physiotherapist, occupational therapist or similar professional) informal/unpaid carer may be permitted, if this is supported by the findings of a full risk assessment as detailed in section 5.5 which takes into account needs and capabilities.

5.7 An individual’s state of health, both physical and mental, must be taken into account before trying to manually handle them and an appropriate health care professional be alerted if there is a concern. (see sections 8 & 9 for additional guidance).

5.8 Manual handling training will be provided in accordance with the organisations training policy. Ad hoc training may be provided in certain circumstances.

5.9 All accidents, handling incidents and near misses must be reported promptly to the appropriate person within that organisation e.g. line manager and/or health and safety manager in accordance with the reporting procedures of the organisation.

6. Risk Assessments

6.1 Risk assessments must be completed for any essential moving and handling tasks.

6.2 The Care Quality Commission (CQC) insists that independent care providers conduct their own risk assessments but it would be good practice where multi-disciplinary agency working is involved for risk assessments to be jointly completed.

6.3 When making a moving and handling risk assessment, there are some factors that must be considered. TILE (Task – Individual – Load – Environment). More detail of these are listed in the Code of Practice in the Appendix.

6.4 The nominated professional, whether internal or external to the organisation carrying out the care tasks, must be contacted for advice on preferred moves in difficult situations e.g. where space constraints in a person's home are a limiting factor.

6.5 The current risk assessment must be stored with the individual's information file within the home, unless the individual objects to information files in their home a safe system of work plan must be left in the home even if no other details are stored there because it must be easily accessible to staff. Where there is a joint risk assessment then a copy should be retained on all files within the home. In community hospitals and establishments the assessments need to be kept on individual's files and staff made aware of their location.

6.6 Risk assessments should be reviewed in accordance with local working practices and policies or if there is reason to suspect that it is no longer valid; or where there has been a significant change in circumstances. Any changes should be recorded on the care plan.

7. Enabling Care/Positive Risk Taking

7.1 In the rehabilitation of individuals, it is advisable that a multi-disciplinary team approach is adopted using an enablement plan, before deciding which handling aids and techniques should be used.

7.2 A person should always be encouraged to be as independent as possible and to require as little assistance as possible, providing the benefits of the intervention outweigh the risks of not using the intervention once the risk management plan has been carried out.

7.3 In a joint statement by the Chartered Society of Physiotherapists, the Royal College of Occupational Therapy, and the Royal College of Nursing – partnership in the manual handling of patients (1997), it is stated that there may seem to be a conflict between safer handling policies and the rehabilitation or maintenance need of the patient, however both health and safety and professional procedures call for therapists to assess their patients and devise suitable management plans. Appropriate referrals should be made to AHP's.

7.4 It is recognised by the organisations that there are different levels of skills and training within various professions and that there may occasionally be individuals who will require different handling to those methods outlined in this document. This is acceptable as long as the situations have been risk assessed and that the agreed method of handling is performed by appropriately trained staff. Documentation and agreement by managers must be completed in all these identified situations e.g. It may be a necessary component of assessment for relevant employees who are suitably trained to supervise and prompt individuals on steps or stairs by observing them closely and assisting in

accordance with the requirements of the care plan. It must be made clear to staff that procedures which differ from accepted moving and handling procedures must not be used for all similar situations unless an individual assessment is made.

8. Individuals who have Difficulties Expressing their Views or may Lack Mental Capacity

8.1 Where the individuals have mental capacity in relation to the moving and handling decision but have difficulty expressing their wishes employees should make all reasonable attempts to ascertain their wishes by making use of interpreters, non-verbal communication, technological aids, independent advocates and the views expressed through others.

8.2 Where individuals may lack capacity in relation to the moving and handling decision staff should undertake a mental capacity assessment using the mental capacity assessment & best interests FACE form (MCA2). Where the individual is not supported by anyone (friend, carer, or relative) during the assessment process they should be offered the services of an advocate.

Refer to The Mental Capacity Act code of practice for further information.

8.3 No-one can give consent to treatment on behalf of another adult, but health & social care professionals can normally provide treatment/intervention which they believe to be in the best interests of the person, provided they have carried out an assessment of capacity & best interests assessment.

8.4 Under the terms of the Mental Capacity Act it is possible for individuals to make an advanced directive as to their wishes and this should be honoured whenever practicable. Staff should also check whether individuals have made an Advance Decision to refuse a particular treatment or whether they have made a Lasting Power of Attorney (LPA) Health & Welfare or have a Court of Protection appointed Deputy. If so, both of the latter become the decision maker.

9. Conflicts in Moving and Handling

9.1 Even when the individual and their family or advocate have been fully involved in the assessment process a small minority of people may still be reluctant to change existing practices to address the risks identified. In such cases staff should adopt the following procedure:

- Seek immediate advice from their line manager.
- Outline the benefits/advantages/safety for all parties of the planned technique to the individual and their carers.
- Seek alternative methods and/or equipment, if possible, from the nominated professional.

9.2 If all reasonable efforts to provide a service in a way acceptable to all parties have failed, then the designated service manager may consult with the health and safety manager and the legal department will decide whether this constitutes a refusal of service by the individual. The organisation has to balance its legal duties to employees under Health and Safety legislation and the quality of care to individuals.

9.3 It is unacceptable for unsafe work practices, which pose a risk of injury to employees, to continue, whilst a satisfactory solution is found. A balance must be found where one party's benefit does not significantly increase the other party's risk.

9.4 There may be occasions when disputes arise between the assessor and the service provider as to how the manoeuvre might best be managed. In such circumstances the assessor and service provider should meet to discuss the risk assessment of the manoeuvre and the risk assessments of the actual staff involved and seek a resolution based on the assessed needs and reduction of risk to individual and employee.

10. Emergency Handling

10.1 Some situations are foreseeable and can therefore be planned for to reduce the risk of injury e.g. If a individual has a history of falls or collapses then this must be incorporated into their manual handling risk assessment and be clearly stated in their care plan.

10.2 However, there may be situations where staff have no time to get equipment or plan the move. Consider your safety and the safety of others around you prior to taking any further action.

10.3 In the community, if a person falls and is unable to stand independently and is not in danger, non-medically qualified staff should make the person comfortable and seek advice from an appropriate professional. They must stay with the person until necessary assistance/equipment arrives.

10.4 If an individual/ patient falls when they are with a member of staff, the staff member should allow them to fall to the floor as attempts to break the fall would pose too great a risk to the member of staff.

11. Equipment

11.1 Staff must avoid all unnecessary manual moving and use the appropriate equipment where it is assessed as necessary. All equipment must be suitable for use in line with (PUWER Regulations 1998).

11.2 Staff must use equipment with which they have been trained. It is the responsibility of each prescriber i.e. risks assessor/ employer/moving and handling trainer to give instruction in the use of such equipment. Informal carers should not instruct care staff in the use of aids or equipment. Staff must seek guidance if they are still unsure about how to use equipment.

11.3 Managers must ensure that sufficient resources are available to allow the prompt provision of appropriate aids, where risk assessments are completed by the appropriate professional have identified the need. If the required equipment is not available for use then this must be reported to the line manager and the assessed task not performed until the equipment is in place.

11.4 The nominated professional should advise staff of the range of mechanical and other moving and handling equipment, and encourage its use where appropriate through training and refresher sessions.

11.5 Managers must ensure that all such equipment used by their staff in individuals homes is logged centrally by Gloucestershire Industrial Services and that the system for the regular checking and the reporting of all faults and failures is known to all staff, individuals and carers.

11.6 All staff have a responsibility to use moving and handling equipment correctly and to report any malfunction or potential malfunction immediately. The equipment must be marked with a sticker and dated to alert other people to the potential problem and moved to a safe place. (It cannot be used until checked/serviced and deemed safe by a competent person.

11.7 All staff have a responsibility to check that the equipment is clean and in good working order before using it.

11.8 Equipment must be suitable and sufficient for the purpose and the person for whom it was provided after an assessment of needs. It should not be used for any other person for who it was assessed.

11.9 Specific lifting appliances e.g. hoists must have a current test certificate it must be signed by the competent person and must specify the safe working load and this must not be exceeded. This equipment is also required to have a thorough and documented examination by a competent person every 6 months. (LOLER 1998).

12. Training

12.1 All employees must receive moving and handling training in accordance with local organisational policies/procedures before being required to move any person/load. Each organisation must also take responsibility for the formal training of its trainers and managers. It must also be fit for purpose.

12.2 Mandatory update training session will be provided for every staff member who is involved in the moving and handling of people/loads in line with the organisation's policy. Where an employee or their manager identifies a specific need additional training will be provided.

12.3 All newly-employed staff involved in moving individuals must have read and demonstrated their understanding of the Moving and Handling Policy, and sign to confirm that they have done so within the relevant specified time as detailed in their induction workbooks on commencement of their employment.

12.4 Managers must ensure that written records of training are kept, that a system for identifying staff needing updates is in place, and that staff are put forward for appropriate training at the right time within identified frequencies.

13. Employees' Responsibilities

13.1 Employees must take reasonable care for their own safety, and that of others when carrying out moving and handling and attend moving and handling training as required.

13.2 Employees must read/review the risk assessment and moving and handling plan every time they attend to the individual and after every subsequent risk assessment review. Individuals or their representatives must also sign to say they have seen the risk assessment and agree to it.

13.3 Employees must use moving and handling equipment and techniques in accordance with training and written instructions received from a nominated professional and the manufacturer's instructions and guidance.

13.4 They must observe the principles of manual handling and use the equipment provided in accordance with instructions.

13.5 Employees should wear appropriate clothing and footwear i.e. (not open toed sandals) that do not constrain movement/posture when moving and handling and use the personal protective equipment provided by their organisations.

13.7 Employees must comply with infection control policy and procedures relevant to their organization.

13.8 Employees must report to their manager if they are unsure of any moving and handling procedure, or if they consider any task too difficult or likely to pose a risk of injury through the organisation's reporting procedures. They must also alert managers to the need for a review of the risk assessment, equipment or further training. This must be documented and actioned.

13.9 Employees must immediately report all incidents or potential incidents arising from moving and handling in line with organisational incident reporting procedures, and any disabilities or health conditions including pregnancy, which may affect their handling capacities.

13.10 Employees must attend training as required to do so by their organisation.

14. Managers' Responsibilities

14.1 Managers must ensure, in accordance with HASWA, that no one is exposed to foreseeable risk of injury so far as is reasonably practicable. Risk assessments must be carried out in line with this policy.

14.2 Managers must attend training on Health and Safety management, including risk assessment and keep themselves updated in accordance with local organisational requirements.

14.3 Managers must ensure that all their employees are trained in the basic skills of manual handling before being asked to move any person or load, and that they comply with the risk assessments and care plans for individuals.

14.4 Managers must satisfy themselves that their employees are following the principles of manual handling and not operating contrary to the way that they have been trained. They must take action if employees persist in using inappropriate or unsafe methods.

14.5 Managers should seek advice from the Moving and Handling advisor/trainer/appropriate professional for any unresolved issues concerning manual handling practice.

14.6 Managers have a duty to both individuals and staff. They have a responsibility to ensure that a balance must be found where one party's benefit does not significantly increase the risk of the other party.

14.7 It is essential that staff are aware of individuals with a personal budget who take on the role of an employer. They will need to conduct a risk assessment of their workplace i.e. their home and any manual handling issues. Any staff will need to be trained in moving and handling techniques and the requirements to have lifting equipment serviced as per current applicable legislation (LOLER), is also applicable.

15. Occupational Health Department

15.1 In organisations, which have an occupational health department, advice is given on the fitness of potential employees for work. Organisations will ensure that individuals are assessed against relevant criteria to consider their ability to perform the full duties and responsibilities of the post.

15.2 If the occupational health department considers the individual to be at risk of injury the manager will be advised of what action if any is necessary. Managers should take advice off occupational health but must accept responsibility if they choose not to.

15.3 If an employee should develop musculo-skeletal problems, which affect their work, then advice should be sought from the occupational health department by the manager promptly. To reduce the risk of further problems, advice may be sought from occupational health and any nominated appropriately trained professional. Employees can self-refer to occupational health.

15.4 The occupational health department will offer advice when an employee returns to work following time off with a condition or injury, which may affect their moving and handling abilities.

15.5 If an employee is considered to be permanently at risk if they return to their post, occupational health will assist the individual, human resources and the manager to decide on the appropriate course of action.

16. Implementation

Moving and Handling training will be underpinned by this policy and other relevant organisational policies. It will be monitored through the incident reporting procedures and complaints monitoring.

17. Monitoring Compliance and Review

This policy will be monitored through staff supervision, the reporting of accidents and incidents and sickness returns. The policy will be reviewed at least every two years

18. Reporting

All staff are made aware of what, how and when to report all concerns, injuries, and near misses

Appendix 3 – Example Moving and Handling Competency Checklist

I have observed the staff member carry out the following tasks in accordance with the competency procedures:

Moving and Handling Task	Observation date	Feedback
1. Rolling in bed / Mobilising		
2. Moving up the bed		
3. Sitting forward in bed or chair		
4. Lie to Sit		
5. Sit to Lie		
6. Full Hoist Transfer		
7. Standing Hoist Transfer		
8. Sit to Stand		
9. Stand to Sit		
10. Standing Transfer		
11. Mobilising		
12. Full Hoist Transfer from Floor		
13. Handling the Hemiplegic Upper Limb - putting on a cardigan		

Name of staff member

Signature

Name of manager/competency assessor

Signature

Appendix 4 - Example Competency Procedure

1. Procedure for mobilising

Date.....

Name of Staff.....

Name of Competent Assessor.....

Stage of Task	Aspect of Task	Yes	No
BEFORE	Care Plan checked for changes		
	Consent gained		
	Clear plan of any mobility aid needed, and where the Service User is to transfer to		
	Any aid obtained, checked and positioned appropriately		
	Correct number of staff (following Care Plan/Risk Assessment)		
DURING	As Sit to Stand: Correct position of bed or chair		
	Correct position of staff		
	Correct height of bed (comfortable for both staff)		
	Correct staff back posture (backward lunge stance, side by side to Service User, bending knees not back)		
	Service User encouraged to shuffle forward in chair		
	Far hand on front of Service User's shoulder and near hand on back of pelvis if needed, <u>NOT</u> under arm/s. If 2 staff can each use near arm crossed at back of pelvis (following Care Plan/Risk Assessment)		
	Staff body and leg movement used to assist the sit to stand		
	Service User steady and safe in standing BEFORE attempting mobility		
	Staff Hip and Hip with Service User		
	AFTER	Service User happy and comfortable and safe at new location	
ALL	Encouragement to Service User to assist as much as possible themselves		
	Service User checked for comfort/confidence		
	Communication with Service User throughout each stage of task		
	Privacy and dignity respected		

Additional comments

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