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Welcome to Majesty Healthcare

Majesty Healthcare is a 24-hour Professional Organisation providing high quality care staff allied to the healthcare sector.

Our staff care for a diverse range of Service Users with inpatient establishments as well as their own home environment.

This Handbook has been produced to provide support and advice throughout your working life with Majesty Healthcare. It sets out most of the Standards, Policies and Procedures of the Company, with which you are expected to comply.

Majesty Healthcare's key objective is to ensure the provision of a comprehensive range of professional care and nursing services. To achieve this, we rely on our staff to provide a comprehensive care service at all times. We welcome you to Majesty Healthcare Ltd. and hope that our assignments will be rewarding, educational and a positive experience. You are joining one of the most successful, leading, emerging independent agency in the UK. We will provide you with a wider range of opportunities to experience different working environments.

A full list and file containing all the policies and procedures is available in the office and can be seen at any time during office hours.

This Employee Handbook is designed both to introduce you to our organisation and to be of continuing use during your employment.

This Handbook remains, at all times, the property of Majesty Healthcare and should you leave the Company, you must return this Handbook, together with identity badge and Care's Guide.

We wish you every success in your career with Majesty Healthcare and look forward to a long and happy working relationship.

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Majesty Healthcare provide equal opportunities and are committed to the principle of equality in accordance with legislative provisions. We expect your support in implementing these policies.

Individuals or companies wishing to quote data in prospectuses or similar documents should contact Majesty Healthcare. It may be necessary for Majesty Healthcare to review the data quoted, and the context within which it appears, prior to granting permission.

Though every care has been taken to ensure the accuracy of the material contained in this report, no liability can be accepted for any errors or omission.

1.0 INTRODUCTION

1.1 Expectations

As a member of our team, you are part of a company that maintains the highest possible standards of care. We know that you have the skills and experience to meet the following standards:

- Arrive at least 15 minutes prior to your shift.
- Inform the office if you are running late for a shift.
- Wear clean and correct uniform.
- We understand shifts occasionally need to be cancelled, but please give us as much notice as possible.
- Ensure you are friendly and approachable to both patients and staff.
- If on a new ward, please ask for an induction. For your own protection and safety, you are required to have an induction, so please call the office immediately if one is not given after asking.
- Adhere to the unit policies, e.g. drug policy.
- To provide a first class, comprehensive, professional care service.
- To maintain confidentiality, privacy and dignity whilst encouraging independence and physical well-being for all service users.
- To provide service users with a safe, consistent, respectful, high standard of care within their own home.
- To provide person-centred care to all service users, taking into account their wishes and needs and bearing in mind family and informal care's wishes and needs.
- Contact office if you have any issues.

1.2 What Majesty Healthcare can do for you?

Most agency workers, join an agency, because of various reasons, some they want flexibility in their work which enables them to choose where and when they do so, also;

- To broaden their experience.
- To continue their careers around family life.
- To plan their work around other commitments.
- To earn additional money.

We aim to;

- Get to know our Agency Workers and understand how they like to work. We can offer very flexible shift patterns as well as contract work.
- Support our Agency Workers in their work - we call you after your first shift with the client, for feedback and for any assistance if required.
- Give people the opportunity to work in different environments such as, NHS, private hospitals, nursing homes, residential homes, and home-based nursing care.

We do our utmost to provide a personal and rewarding service for our Agency Workers. With support nationwide, you can gain access to the widest variety of Temporary work in the UK. Our Agency Workers can contact us 24/7 for a more personal service or they can visit us online for the latest vacancies.

We not only have an extensive range of temporary work, but also have permanent vacancies with top healthcare organisations. We can introduce you to companies and establishments, which have suitable vacancies for you. We can arrange interviews and provide you with professional career advice. In fact, all you have to do is let us know the type of permanent work you are seeking and we will provide support and expertise.

1.3 Code of Conduct

Purpose of the code of conduct;

- To inform all Agency Workers of our client's expectations about their general conduct and approach to tasks.
- To emphasise the importance of a professional approach to all clients and service users.
- To highlight situations that Agency Workers may have to deal with.

What you must do;

DISCRIMINATION: Agency Workers should not discriminate between people on the grounds of Creed, colour, race, political preference, sexual preference, ethnic background, disability of whatever nature, age, marital status or gender.

REPUTATION: Agency Workers are ambassadors of the Majesty Healthcare and must not say or do anything that may harm our reputation.

OWN DUTIES: Agency Workers must never attempt to perform any duties of care or otherwise that may fall outside their expertise/and or qualifications. Specifically, care staff must not attempt to perform the duties of nursing staff.

CONFIDENTIALITY: Agency Workers will at times become privy to information concerning a client or service user, this information must be treated with respect and remain confidential at all times. At no time may any temporary worker discuss the confidential affairs of Majesty Healthcare, a client or a service user without specific written permission to do so. The only exceptions to this requirement are cases where the law dictates otherwise or if silence may negatively affect a service user's wellbeing.

DIGNITY: Agency Workers must not do or say anything that may put the dignity or health of their service users at risk.

PROFESSIONALISM: Agency Workers must at all times remain professional whilst on assignment, even if regular contact with service users or other workers may engender personal relationships. Agency Workers must take specific care to keep the professional nature of the relationships intact in the working environment.

KEEP UPDATED: Agency Workers must at all times keep up to date with policies and procedures and changes to legislation that may affect them.

RESPECT: Agency Workers must always respect the working practices and demands of service users unless unreasonable or if a working practice may breach health & safety.

KEEP TO PLAN: Agency Workers must always, whenever applicable, keep to the requirements of a care service plan and/or any other agreed role requirement.

BEST INTERESTS: Agency Workers must always act with the best interests of the service user in mind.

NOTIFICATIONS: Agency Workers should always in the first instance notify the manager of the Institution where they are working, of any concerns, followed by a telephone call to the Majesty Healthcare.

OWN DECISIONS: Agency Workers must always allow the service user to make the decisions about what is best for them. This includes decisions about treatment and personal affairs.

COMPLAINTS: Majesty Healthcare has a detailed policy on how to report complaints, in the event of a complaint that may affect your duties and obligations please refer to our policy and notify us immediately.

1.4 Conduct at Work

We expect all employees to behave in a professional manner. Whilst at work:

- Be courteous, helpful and polite to all those with whom you have contact.
- Comply with policies and procedures within the facility you are in and those of Majesty Healthcare.
- Always be punctual for the start of work and keep within the break times.

1.5 Conduct Outside Work

Behaviour outside working hours will only become an issue if the activities adversely affect Majesty Healthcare.

1.6 Dress Code

All staff must present themselves in a standard of dress and appearance consistent with a high professional image. This is to ensure that at all times the patient becomes familiar with a particular identity for our staff, and to foster confidence in the image and professionalism of Majesty Healthcare.

- All staff are required to wear their ID badge (*if relevant*) and uniform or alternative dress code as specifically advised at the time of booking. This will apply to all hours spent on duty.
- Clean, presentable and covered shoes must be worn at all times. High-heeled or platform shoes should not be worn due to the potential safety hazards that they can present.
- For Health & Safety reasons, no jewellery other than plain wedding rings or plain ear studs should be worn.
- Hair must be worn in a manner so it does not sit on or below your shoulders.
- It is the responsibility of all staff to launder their uniforms and to ensure they are kept clean, tidy and look presentable at all times.

1.7 Consumption of alcohol & illegal substances

The consumption of alcohol, illegal drugs, solvents and other mind altering substances by staff members whilst on duty IS NOT PERMITTED under any circumstances.

This includes occasions where a client may ask the staff member to share a small token drink to celebrate a birthday or other special occasion. The staff member will be expected to politely explain that it is against NMC Code of Conduct.

Anyone reporting for duty whilst intoxicated, smelling of alcohol, under the influence of illegal drugs, solvents and other mind altering substances will not be permitted to work and will be the subject to disciplinary action.

Any staff member found drinking, intoxicated, under the influence of illegal drugs, solvents and other mind altering substances whilst on duty will be immediately dismissed.

1.8 Smoking

Staff members are NOT permitted to smoke when on duty, only in some circumstances when permitted by the placement Manager or person in charge, you are required to use smoking designated areas.

1.9 Gross Misconduct

Gross Misconduct will result in immediate dismissal. The following are regarded as “Gross Misconduct”, the list is not exhaustive, but describes the kind of offence that can result in immediate dismissal:

- The committing of offences against current legislation relating to race relations, sex discrimination or disability discrimination whilst acting on behalf of Majesty Healthcare.
- Fighting or assaulting another person.
- Abuse or maltreatment of clients.
- Physical or verbal sexual harassment and other instances of gross immorality.
- Threatening or aggressive behaviour or use of offensive language to clients or other employees.
- Refusal to carry out reasonable duties or instructions.
- Breach of safety rules and / or other actions, which places at serious risk the health and safety of another person.
- Conviction on a criminal charge that is relevant to your employment.
- Deliberate failure to comply with the published rules of Majesty Healthcare, including cash handling, security, data protection, health & safety, equal opportunities.
- Deliberate falsification of written records.
- Theft or wilful damage to, any property belonging to the Organisation, a patient, or other employee.
- Deliberate fraud, including fraudulently completing timesheets.
- Consumption of alcohol, illegal drugs, solvents and other mind-altering substances whilst on duty or failing to follow medical instructions with regard to prescription drugs.
- Arriving at work intoxicated will also lead to dismissal.
- Unauthorised disclosure of confidential information.
- The use, for personal gain, of confidential information in the course of working as a temporary staff member.

2.0 YOUR EMPLOYMENT

Your employment with Majesty Healthcare will commence on the date stated on your application form and/or, on the agreement.

Your continuous employment will be treated as having commenced on the date stated in your application form. No employment with any previous employer counts as part of your period of continuous employment.

Your employment is subject to a satisfactory completion of a six months (6 months) probationary period. During this period, either you or the company may terminate your employment giving one week's notice (7 days). The Company may extend this period of probation at their discretion and will notify you accordingly.

2.1 Registered Nurse Role Definition

The Registered Nurse will have the ability to organise their own workload with regards to the assessment, planning, implementation and constant evaluation of client needs through a programme of care which is evidence-based and utilises all available resources.

The registered nurse will also take into consideration the lifestyle, gender and cultural background of the patient whilst ensuring the patient, client, family, carers and significant others are fully involved and informed as much as the patient wishes in the care process.

The Registered Nurse also liaises closely with all members of the multi-disciplinary team and protects all confidential information concerning patients.

All Registered Nurses are accountable for their clinical practice under the NMC Code of Professional Conduct: Standards of Conduct, Performance and Ethics. All nurses also have a contractual accountability to Majesty Healthcare.

2.2 Core Responsibilities

Practice within the legal and ethical framework as established by the Nursing & Midwifery Council and national legislation to ensure patient needs are continuously met.

- Empowering patients to take responsibility for their health, wellbeing and future lifestyle by practising in an open and transparent manner thereby ensuring patient autonomy.
- Involvement in constant re-evaluation and development of new care plans.
- Responsible for ensuring that subordinates adhere to the policies, procedures and care plans.
- Safeguard the patient from abuse and neglect. Immediately act upon any suspicions of abuse and neglect
- Protect the safety and property of the patient.
- Communicate and work effectively as a member of the multi-disciplinary team when required.
- Maintain clear and accurate records to maintain and enhance continuity of patient care.
- Work within the NHS special health board and H&S Executive legislation guidelines and procedures.
- Keep consistently up to date with current literature to ensure evidence based practice.

2.3 Healthcare Support Worker Role definition

The healthcare support worker will carry out basic care to patients encouraging independence whilst respecting and maintaining their privacy and dignity. Healthcare Support Workers will work under the direction of a Registered Nurse or with the multi-disciplinary team to ensure a high standard of care is achieved.

2.4 Key Duties of Health Care Assistants / Support Staff Members

To provide patient centred care in support of a registered nurse or senior person in charge to ensure delivery of high quality patient care:

- Record and report patient observations clearly and accurately in care plans to ensure maintenance of up-to-date records.
- Recognise when a patient's observations or condition is deteriorating and inform a registered nurse.
- Maintain patient confidentiality at all times.
- Recognise situations detrimental to the health and well-being of the patient.
- Ensure the privacy and dignity of the patient is maintained at all times.
- Maintain a good relationship with an empathetic approach to all patients' carers and relatives. Refer them to a trained nurse or senior person in charge if they have any questions on the patients' condition or any issues that they wish to discuss.
- Co-operate with and maintain good relationships with other healthcare professionals that are attending to and treating patients.
- Maintain a safe and secure environment for Patients, Staff Members and Visitors.
- Protect the safety and property of the patient.
- Assist with social activities by interacting with patients and helping them continue with their hobbies and activities where possible.
- Safeguard the patient from abuse and neglect. Immediately act upon any suspicions of abuse and neglect.
- Work within unit policies and procedures to ensure maintenance of safe working practices for patients and colleagues.
- Adhere to ward and unit procedures for the use of supplies and equipment in order to promote the effective and efficient use of resources.
- Maintain stock levels of all supplies and carry out housekeeping duties, to support the smooth running of the unit area.
- Participate in a personal career development plan to maintain skills and develop personal growth through training and education.

2.5 Medication

It is our aim to ensure that the administration of all medicines by Registered Nurses shall be in accordance with statute, local rules and guidance issued by the NMC, their professional body.

Primary legislation concerning the administration of medicines is contained in the Medicines Act 1968 and the Misuse of Drugs Act 1968. Professional guidance is given in the NMC Standards for the Administration of Medicines. It is the responsibility of the registered nurse to know the statutory, professional and local rules governing the administration of medicines.

Hospitals and Nursing Homes will have their own system for administering drugs. It is each registered nurse's responsibility to ensure they are familiar with the system used within the establishment to which they have been assigned.

Agency nurses may administer and dispense oral medications, dressings, nasogastric and peg feeds and rectal medications. You may not administer IV drugs unless the specific local training has been undertaken and approved. Only in very specific areas where formal and local training has been undertaken can you prescribe certain drugs, for example, cytotoxic and cardiac drugs.

It is a requirement of Majesty Healthcare that the Registered Nurse has read the local Medicines Administration policy and has had a full explanation of the prescription chart before administering medicines. Failure to comply may lead to disciplinary action in the event of a drug error.

Any nurse who does not comply with guidelines on the administration of medicines could have committed a criminal offence and could also be liable to investigation and action by the NMC as well as removal from the company's register.

Any care assistant / support worker should inform Majesty Healthcare when requested by a customer to administer medication. You are not allowed to administer medication without the consent of Majesty Healthcare.

2.5.1 Purpose

It is the aim of the company to ensure that the administration of all medicines by nurses shall be in accordance with statute, local rules and guidance issued by their professional body.

2.5.2 Scope

- Primary legislation concerning the administration of medicines is contained in the Medicines Act 1969 and the Misuse of Drugs 1971. Professional guidance is given in the NMC Standards for the Administration of Medicines (a copy can be obtained free of charge from NMC).
- It is the responsibility of the nurse to know the statutory, professional and local rules governing the administration of medicines.
- A nurse must be competent to administer medicines in accordance with NMC guidelines.
- Hospitals and nursing homes will have their own system for administering medicines. It is each nurse's responsibility to ensure they are familiar with the policy and system used within the

establishment to which they have been assigned. It is imperative that you are familiar with the prescription charts, identification methods and recording systems before administering medicines.

- Agency nurses may administer medicines, gases, dressings, nasogastric medication, peg feeds and rectal drugs as per local policy for agency nurses administering medicines and be competent to do so.
- Agency nurses may not administer intravenous medicines unless they have evidence showing completion of an intravenous therapy course and obtained specific permission from the ward manager. This is provided the hospital policy allows agency nurses to administer intravenous drugs without local assessment.
- If agency nurses are permitted to administer intravenous medicines, it is the nurses' responsibility to know the local guidelines governing the administration of intravenous medicines and to be fully competent with all equipment used for intravenous drug administration.
- Only in very specific posts where formal and local training has been undertaken can agency nurses prescribe specific drugs.

2.5.3 Procedure for General Administration of Medicines

- All medicines (with the exception of controlled drugs) including intravenous fluids and prescription-only topical medications are to be administered only when written and signed for on an appropriate patient prescription sheet.
- At administration, if the label is illegible or detached, the drug should not be given and the container returned to the pharmacy.
- Where a medicine trolley is not in use it must be kept locked and secured to a fixed point and/or kept in a locked secure area. When unlocked, the trolley must be kept under constant surveillance.
- Once medicine administration has commenced the round should not be disturbed for any reason other than an emergency.
- Completion of prescription sheet and record book are the responsibility of the administering nurse.
- When giving medication, the following procedure must be followed:
 - *Know the therapeutic use of the medicine to be administered, its normal dosage, side effects, precautions and contra indications.
 - *Be certain of the patient's identity. If worn, identification bands must be checked prior to administration. In areas where identity bands are not worn and there is no photographic identification, the nurse should be accompanied by a regular member of staff i.e. trained nurse or care assistant within the establishment.

- * Read the prescription carefully and make sure that it is signed.
- * Check time of last administration.
- When relevant, carry out specific observations that are required to confirm if it is safe to administer the drug.
- Select the medicines required, check the label with the prescription and expiry date, noting any special instructions and any recorded sensitivities of the patient to medicines.
- Prepare the medicines as described below by checking:
 - * The name of the patient
 - * The drug and route
 - * The dose
 - * The calculation, if any
 - * The time of administration
 - * The frequency
 - * The duration
 - * Additional instructions e.g. to be taken after food
- Take the measured dose and prescription sheet to the patient. Confirm the patient's name; hospital number and date of birth either verbally or by checking the wrist band.
- Administer the medicine by the correct route.
- The nurse should witness the administration of all medicines and satisfy themselves that they have been taken. Never leave medication unattended with the patient to take.
- Record the administration of the medicine by initialling the appropriate section on the prescription sheet.
- The drug chart - A clear and accurate record must be made of the reason why the medicine was not administered and what action was taken by the nurse in the nursing notes. The prescriber and nurse in charge should be informed when appropriate.

2.5.4 General Administration of Controlled Drugs

- Controlled drugs may only be administered on the written instructions of the prescriber.
- All controlled drugs must be administered by one nurse with an additional nurse acting as a witness, unless you are a lone worker where local community policy must be adhered to. Preparation and administration of the controlled drug, completion of prescription sheet and record book are all the responsibility of the administering nurse.
- In addition to the standard checks outlined above for drug preparation and administration, when giving a controlled drug the following procedure must be followed:

- * Check the total amount of stock corresponds to the last entry in the controlled drugs book or in patient's community notes.
- * Accompanied by the witness, take the measured dose and prescription sheet to the patient. Confirm the patient's name, hospital number and date of birth, either verbally or by checking the wrist band.
- * Administer the drug noting the time of administration on the prescription sheet and record book. Entry must be countersigned by witness in prescription sheet.
- * Enter the details in the Controlled Drug Record Book, together with the signatures of the witness and the nurse/midwife who administered the drug.
- All agency nurses must enter their full name, designation, signature and name of agency, in the Controlled Drug Record Book as required by local policy for future identification.
- If a controlled drug is wasted or only partially used, it must be destroyed as per local policy in the presence of the witness and a record made.

2.5.5 Drug Errors

- If an error in the administration of a medicine is made, for example:
 - * A patient is given a medicine that has not been prescribed,
 - * An incorrect dose of medicine is given to a patient,
 - * A patient is given the correct drug at the incorrect time interval,
 - * A medicine is administered by the wrong route,
 - * A medicine is administered late,
 - * Or, there is an unplanned omission of a medicine to a patient.
- The priority must be to minimise potential or actual harm to the patient. It is the responsibility of the nurse in charge to ensure the patient is informed at an early stage.
- The local policy must be adhered to in the case of drug error. The nurse must make a record of the occurrence in the patient's nursing notes, report it to the nurse/coordinator in charge and prescribing doctor, then write out an incident report.

NB. The agency Clinical Lead must be informed of the drug error as soon as the shift is completed. A statement of events, a reflective statement on why the error occurred and if possible a copy of the incident report, must be submitted within 48 hours of the drug error.

2.5.6 Verbal Orders

- It is highly advisable that agency nurses do not take verbal orders over the phone, under any circumstances. If hospital policy allows verbal orders it should be taken by a permanent member of staff, and witnessed by the agency nurse.
- Every nurse must ensure they are aware of the local policy on verbal orders as some establishments do not under any circumstances permit the taking of verbal orders over the phone even for permanent staff. Some establishments allow the taking of verbal orders over the phone only in an emergency or exceptional circumstances and if the prescribing doctor has a compelling reason for not being able to attend personally.
- The instruction may only be accepted by a qualified nurse who must immediately record the instruction in the patient's notes with a clear annotation indicating a verbal order. After the order has been written in long hand it must be read back to the doctor in the presence of another trained nurse who will sign as witness.

When the drug is administered it must be countersigned by the witness.

2.5.7 Self-Administration

Every nurse must find out the local policy for patient's self-administering medicines. A procedure must be in place on the ward which includes an assessment protocol to ascertain whether a particular patient is capable of safely self-administering their medicines. This will include an assessment to ensure that the patient understands their responsibility for the safe storage of their medicines and that they must be locked away in the bedside locker provided when not in use.

2.5.8 Unauthorised Administration or Misuse of Medicine

- In nursing homes it is unacceptable practice to administer medicines prescribed for one resident from their monitored dose system to another resident, even if the drug and dose is the same.
- Unauthorised use of medicines by staff e.g. misappropriation or self-medication is a serious Offence.

NB. You are referred to the NMC Standards for medicines management for any further information.

3.0 RECORD KEEPING

- 'Record Keeping' is the recording of information regarding patient care in any clinical environment.
- Record keeping is an integral part of nursing and midwifery practice. It is a vital tool of professional practice and should help facilitate the care process. Good record keeping helps to maintain high standards of care and to protect the welfare of patients by promoting:

- * Continuity of Care.
- * Better communication and dissemination of information between members of the inter-professional healthcare team.
- * An accurate account of treatment, care planning and delivery.
- * The ability to detect problems, such as changes in the patient's condition at an early stage.

The quality of record keeping is also a reflection of the standard of professional practice. Good record keeping is a mark of the skilled and safe practitioner, whilst careless or incomplete record keeping often highlights wider problems with the individual's practice.

There is no single model or template for a record. The best record is the product of the consultation and discussion that has taken place at a local level between all members of the inter-professional health care team and the patient. It is one that is evaluated and adapted in response to the needs of the patient. It is one that also enables any registrant to care for the patient, regardless of their role within the care process or care environment. It is an invaluable way of promoting and maintaining communication within the healthcare team and between practitioners and their patients. Good record keeping is the product of good teamwork and an important tool in promoting high quality healthcare.

The NMC believes that there are a number of key principles that underpin good reports and record keeping.

The minimum requirements to ensure safe recording of information are listed below.

- * Documentation should be factual, consistent and accurate.
- * Handwriting is legible.
- * Details recorded are clear and accurate with all relevant information recorded.
- * Entries must be signed, timed, dated and your name clearly printed.
- * Entries should be recorded in the correct area of the patient's documentation.
- * Details must be written as soon as possible after an event has occurred.
- * The documentation must be written clearly and in such a manner that the text cannot be erased.
- * Ensure patient documentation is kept in the designated area and not readily accessible or readable to non-health professionals.

4.0 PROTECTION OF VULNERABLE ADULTS

A Vulnerable Adult is defined as a person “who is or may be in need of community care services by reason of mental or other disability, age or illness, and who is or may be unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation”.

A vulnerable adult may be a person who:

- Is elderly and frail.
- Has a mental disorder including dementia or personality disorder.
- Has a physical or sensory disorder.
- Has a learning disability.
- Has a severe physical illness.
- Is a substance mis-user.
- Is an unpaid carer.
- Is homeless.

The presence of a disability or age alone does not signify that an adult is necessarily vulnerable i.e. unable to take care of themselves or unable to protect themselves from abuse or exploitation.

Abuse is a violation of an individual’s human and civil rights by any other person or persons.

Abuse can happen anywhere. Abuse can consist of a single act or repeated acts. Any form of abuse can be either deliberate or the result of ignorance, lack of training, knowledge or understanding. Often if a person is being abused in one way they are also being abused in other ways. Some forms of abuse such as theft, fraud and assault are also a crime.

Different forms of abuse may include:

PHYSICAL ABUSE: hitting, pushing, pinching, shaking, misusing medication, scalding, restraint, hair pulling, exposure to heat or cold, not giving adequate food or drink.

SEXUAL ABUSE: rape, sexual assault, or sexual acts i.e. untoward touching.

PSYCHOLOGICAL OR EMOTIONAL ABUSE: threats of harm or abandonment, being deprived of social or any other form of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, being prevented from receiving services or support.

FINANCIAL OR MATERIAL ABUSE: theft, fraud or exploitation, pressure in connection with wills, property or inheritance, misuse of property, possessions or benefits.

NEGLECT: ignoring medical or physical care needs, preventing access to health, social care or educational services or withholding the necessities of life such as food, drink or heating.

DISCRIMINATORY ABUSE: harassment, threats or slurs based on race or sexuality or person's disability.

All employees should also be aware of the following possible indicators of abuse.

These are not exhaustive but include:

PHYSICAL ABUSE: bruises; injuries inconsistent with explanations offered; clusters of injuries; burns and scalds - particularly cigarette burns; weight loss; dehydration; nervous / fearful behaviour and fear of physical contact.

INSTITUTIONAL/ SOCIAL ABUSE: over-medication, under-medication, inappropriate restraint.

FINANCIAL ABUSE: sudden loss of cash or earnings; inability to afford basic service when the person is known to have financial means; theft of personal property; missing personal property (e.g. jewellery, cash); Power of Attorney obtained illegally; third party cashing benefits which do not appear to benefit client fraud involving wills, property and other assets.

SECTARIAN ABUSE: slurs and offensive remarks regarding religious beliefs.

All patients are to be safeguarded from all forms of abuse – physical, financial, material loss, psychological or sexual, neglect, discriminatory abuse or self-harm, inhuman or degrading treatment, through deliberate intent, negligence or ignorance.

5.0 HEALTH AND SAFETY

Health & Safety law applies equally to employers, employees and the self-employed and all Majesty Healthcare Workers (as self-employed Agency Workers) have a general duty to ensure that their work activities do not endanger themselves or others.

Equally, the client/establishment or owner of a private house has a general duty to ensure that the work environment is itself free from any dangers to health or safety.

5.1 Health and Safety Guidance Notes

Majesty Healthcare seeks to ensure the following in relation to Health & Safety:

- That you have the necessary qualifications, experience, skills and capability to carry out the assignments that you will be undertaking.
- That any risks to health, in connection to the use, storage and handling of substances hazardous to health, are identified through an assessment of their potential effects, as required by the latest edition of The Control of Substances Hazardous to Health (COSHH) Regulations, and that necessary control measures are implemented.
- That you are given sufficient information, instruction and training to ensure your own Health & Safety.
- That consideration is given to Health & Safety factors when equipment is procured or new services obtained, or when changing procedures or work patterns and that all necessary safety precautions are taken and that necessary safety instructions have been understood.
- You are responsible for your own personal Health & Safety and you have a duty of care to your fellow workers.

Your responsibilities include:

- The duty to comply with all safety instructions and directions laid down.
- The duty to use the means and facilities provided for health and safety in a proper manner.
- The duty to refrain from the wilful misuse of, or interference with, anything provided in the interests of health, safety and welfare and any action that may be construed as dangerous.
- The duty to report any potential hazards or dangerous occurrences that may cause harm to others.

5.2 Safety Instructions

- Always familiarise yourself with the Health & Safety policies and procedures for the environment in which you are working and pay particular attention to fire and emergency procedures.
- Never attempt a task without first ensuring that you understand the instructions and can carry them out safely.
- Always maintain a clean and safe work area.
- If you see, or believe you see, an unsafe act or condition, report it to your branch as soon as possible, taking immediate steps to correct it or ask your branch to rectify it. You may be assumed to have agreed to an unsafe condition if you do not comment on it and if you continue working.
- Certain jobs require you to wear protective clothing or to use equipment. If you are unsure, ask for advice before you start working.
- You must ensure that all cleaning materials or other potentially hazardous substances are correctly stored, labelled and are used in compliance with the manufacturer's instructions in order to reduce the risk of injury or danger to health. All waste or by-products must be properly disposed of.
- Only use, adjust alter or repair equipment if you are authorised to do so.

- If you, or the equipment you operate, are involved in an accident – regardless of how minor report it immediately to your branch. If necessary, get First Aid attention immediately. You should also report near misses to your branch.
- Ensure that all equipment (e.g. hoists) has been maintained properly and that documentary evidence is supplied.
- Obey all health & safety rules, signs and instructions. If you are unsure as to what they mean - **ASK**.

5.3 Identifying and Reporting Hazards

Although within establishments, a Risk Assessment will have been carried out by a designated competent person, all Agency Workers need to look out for hazards at the establishment where they have accepted an assignment and report back to their local branch, via the complaints procedure, anything they feel may present a risk to an individuals' Health & Safety.

A suitably trained Assessor will carry out a Risk Assessment for each client.

Agency Worker, delivering care to people in their own homes, should also look out for hazards and should report them immediately. Hazards can occur at any time and can include broken doors and windows, carpets or rugs that present a tripping hazard, dangerous chemicals, and faulty electrical equipment such as exposed wires.

How to Report Back

Call your bookings team and describe the hazard that you have identified. You may be asked to complete a Risk Assessment Form, which will be provided for the purpose.

5.4 Accident Reporting

Agency Workers are responsible for ensuring that all incidents or accidents that relate to the provision, control and maintenance of Health & Safety in the workplace are reported to the client and your local Branch Manager (and/or to the Local Authority in the case of serious accidents and/or dangerous occurrences). It is also important that the internal reporting procedure of the establishment is carried out e.g. recording the accident in the accident report book.

If you are working in a client's home, a written record (in the care plan and service records) must be kept of any accident or occurrence that happens in the workplace, however minor. In addition to internal reporting through the accident report/service records, the establishment/client must ensure that the following are reported to the appropriate enforcing authority, e.g. the local Environmental Health Officer:

- Fatal accidents.
- Major injury accidents/conditions.
- Dangerous occurrences.
- Accidents causing more than three day's incapacity for work.
- Certain work-related diseases.
- Certain gas incidents.
- If you suffer a needle stick injury you must attend for treatment immediately and report the incident. If possible, take note of the patient's details in order to help identify potential risks.

As soon as a needle stick (sharp) injury occurs you should do the following:

- * Encourage bleeding by squeezing site of puncture wound, do not suck.
- * Wash the wound with soap and water, do not scrub.
- * Cover wound with waterproof dressing.
- * Report incident to the Branch Manager.
- * If the injury happens out of office hours report to A&E and inform the branch the next day.
- * Document the circumstances that led to exposure Counselling is

available following these blood tests. Always report a needle stick injury even if it occurs with a 'clean' needle, via an incident report or accident book according to protocol.

5.5 RIDDOR

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Dangerous occurrences and serious, lost time injuries (over 3 days) must be reported to the Health and Safety Executive/Environmental Health Officer immediately and followed up by a Form 2508 within 10 days in line with RIDDOR. Failure to do so can result in a £5000 fine. Records must be kept. As a self-employed person you have legal duties under RIDDOR that require you to report and record some work-related accidents. These include for example, deaths, major injuries, fractures, amputations, dislocations, loss of sight and lost time injuries over 3 days. They must be reported to the Health and Safety Executive Incident Contact Centre.

5.6 COSHH

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 is the main piece of legislation covering control of the risks to people from exposure to harmful substances generated out of or in connection with any work activity. As with all other regulations affecting Health & Safety at work, legal duties under COSHH are laid primarily on the establishment in which you are working and it is their duty to see that proper systems of work and management are in place. Duties on Agency Workers include:

- Making proper use of any control measures.
- Following safe systems of work.
- Abiding by local rules and policies.
- Reporting defects in safety equipment as appropriate.

Health surveillance must be carried out, where assessment has shown that a substance is known to cause occupational asthma or severe dermatitis and COSHH requires that employers provide suitable information, instruction and training about:

- The nature of the substances workers work with or are exposed to and the risks created by exposure to those substances and:
- The precautions workers should take.

Employers should give sufficient information and instruction on:

- Control measures and how to use them.
- The use of any personal protective equipment and clothing.
- Results of any exposure monitoring or health surveillance and:
- Emergency procedures.

The Health and Safety Management System for the Majesty Healthcare is kept in the office and is available for inspection by any interested party upon any reasonable request. Majesty Healthcare encourages all employees to inform their immediate superior of any areas of the health and safety policy that they feel are inadequate to ensure that the policy is maintained as a true working document.

6.0 OCCUPATIONAL HEALTH REQUIREMENTS

Majesty Healthcare requires Agency Workers to undergo comprehensive occupational health screening (*if requested to do so*) and have a current health clearance/immunisations and test results in accordance with the latest Department of Health guidelines. We are required to update these health assessments on an annual basis, unless you have spent a period of 3 months or more outside of the United Kingdom.

This process is very straight forward and is described below:

- * If they are not satisfied with the contents, they will ask us to request from your additional proof of Immunisation.
- * One month before your “Certificate of Fitness to Work” is due to expire we will email to you a one page “Health Medical Questionnaire – Yearly Review”. Please complete, sign and forward to us together with any new immunisation and test results. The email will also have a link to an “esign” document, which once completed will be automatically added to your profile.
- * This will be forwarded to our Occupational Health Service Provider for evaluation, and they will either issue a new “Certificate of Fitness to Work” or request additional proof if required. This annual stage is expected to be routine.

The immunisation and test results required for Occupational Health Clearance are:

Varicella

Tests showing a positive result (immunity). Negative or Equivocal results require revaccination and retesting. Written confirmation of having had chicken pox or shingles is also acceptable. Self-certification is acceptable.

Tuberculosis

Occupational Health or GP certificate of a positive scar or a positive skin test result. Rubella Certificate of vaccination, or a blood test result showing a positive result (immunity) or TWO doses of MMR.

Measles

Evidence of TWO doses of MMR, or a positive result (immunity) for measles & rubella. Negative or equivocal requires re-vaccination and re-testing.

Hepatitis B

A recent pathology report showing titre levels of > 100iu/l. If the result is

The following three are ONLY required if you need an Exposure Prone Procedure (EPP) Certificate:

HEPATITIS B SURFACE ANTIGEN

Evidence of a negative result

HEPATITIS C

Proof of non-infectivity (negative) with a recent UK pathology report.

HIV

Evidence showing antibody negative.

Agency Workers should be aware of and abide by the requirements of HSC 1998/ 226 “Guidance on the Management of AIDS/ HIV Infected Health Care Workers and Patient Notification”

- If you believe you may have been exposed to HIV infection in any way you should seek medical advice from your GP or Occupational Health Department and, where appropriate, undergo diagnostic HIV antibody testing.
- If you are found to be infected, you must again seek guidance from your GP or Occupational Health Department
- If you are found to be HIV positive and perform or assist with invasive surgical procedures you must stop this immediately and seek advice from your GP or Occupational Health Department regarding what action, if any, should be taken
- Please be aware that it is the obligation of all health workers to notify their employer and, where appropriate, the relevant professional regulatory body, if they are aware of HIV positive individuals who have not heeded advice to modify their working practice.

Please note the above guidance does not supersede current Department of Health Guidelines (in particular HSC 1998/226) or local practices and procedures.

7.0 TRAINING AND DEVELOPMENT

It is a contractual requirement that all our Staff members should undertake an Annual Mandatory Training update.

You will receive full training on many aspects of your job from us. The training is depended upon your role, qualifications and may include courses like moving & handling, CPR, first aid and many other courses. We strongly believe in ensuring that our staff keep abreast with developments in the care sector to ensure they provide evidence based practice at all times.

We expect our staff to attend training, which is relevant to their role and we will retain records of all training undertaken. Failure to update skills may result in stopping you from attending work until the required training has been updated.

All staff will receive ongoing supervision in line with good practice and regular feedback will be sought to ensure that you are happy with your placements and that the service users are happy with your performance.

You are likely to receive reminders of when your update(s) are due from the Manager.

7.1 Appraisals

For ongoing work in the NHS you are required to be annually appraised. The following are the requirements:

- The Appraiser is required to supply documentary evidence to demonstrate that he has been appropriately trained in the conduct of appraisals, and has been regularly re-trained as appropriate.
- We are required to take into account when assessing your clinical practice, the results of any quality assessment questionnaires completed by our clients and the results of any reviews by the Majesty Healthcare of your clinical practices.
- In addition to the above the Majesty Healthcare will request feedback from our Clients.

This feedback will cover the following areas:

- General levels of service including punctuality, attitude and ability to carry out practical tasks.
- Clinical performance.
- Training needs
- Any other issues, including progress since the last appraisal.

Copies of the completed feedback requests will be forwarded to you, giving you an opportunity to raise any concerns of issues you may have.

You should ensure that you maintain a written portfolio of your professional experience and attendance at professional development courses, which should also include a written and agreed 'Personal Development Plan' as agreed at the appraisal.

8.0 MANDATORY AND OPTIONAL TRAINING

Majesty Healthcare will endeavour to assist you to obtain training where required. Training is offered by various independent third party suppliers at venues throughout the UK and via online courses. Prices are determined by each individual supplier and the Majesty Healthcare receives no financial benefit from recommending you to any of these third party suppliers. You are also under no obligation to update your training through any of the providers that Majesty Healthcare is affiliated with and you may provide evidence of training undertaken at your place of work or any other training establishment. Majesty Healthcare accepts training certificates from any third party service provider provided that the certificate meets the relevant compliance requirements.

Majesty Healthcare also offers in-house training to candidates for manual handling and basic life support. You are under no obligation to use our in-house training and, should you so wish, Majesty Healthcare can gladly recommend you to another supplier. You have the right to cancel or withdraw from the in-house training at any time as long as you provide the Majesty Healthcare with seven days' (7 days) notice of the cancellation.

All training must have completed during the past 12 months and thereafter you are required to re-new all training on an annual basis (with the exception of Advanced Life Support). Written confirmation of training received at another employer, organisation or Framework Agency is also acceptable. We regularly facilitate and provide subsidised courses, please contact us for details.

Mandatory training required by the Department of Health for ALL health workers:

- Basic / Immediate or Advanced Life Support – Adult or Paediatric as appropriate. Must be compliant with the Resuscitation Council of the UK guidelines. Advanced Life Support is valid for 4 years. For details on available courses throughout the UK, please go to the Resuscitation Council UK web site at this link. www.resus.org.uk
- Manual Handling (Nurses, Care Assistants & Allied Health)
- Lone Worker Training
- Handling Violence & Aggression
- The Caldecott Protocols
- Health & Safety, including COSHH & RIDDOR
- Infection Prevention & Control, including MRSA & Clostridium Difficile.
- Complaints Handling

Additional Mandatory training required by the Department of Health for ALL Nurses & Care Assistants:

- Manual Handling
- Fire Safety
- Safeguarding Children & Young People

Optional Training or Training Appropriate to your qualifications:

Note: Many of our clients require current training certificates for the following training courses. Please check with your Majesty Healthcare compliance consultant if you are not sure what is needed.

- Control & Restraint – Working in a mental health facility
- Resuscitation of the New born – Midwives
- Interpretation of Cardiotocograph Traces – Midwives
- Food Safety – Required if you handle food.
- Epilepsy
- Protection of Vulnerable Adults (POVA)

8.1 On-line Training

Majesty Healthcare is able to offer you with cost effective and time effective on-line training for the following courses:

- Lone Worker Training
- Handling of Violence & Aggression
- The Caldecott Protocols
- Health & Safety, including COSHH & RIDDOR
- Infection prevention & control, including MRSA & Clostridium Difficile
- Complaints Handling
- Fire Safety
- Epilepsy
- Safeguarding Children & Young People
- Protection of Vulnerable Adults (POVA)

All of these courses are available as On-line training. Full details are available on request from Majesty Healthcare offices.

8.2 Domiciliary Care Training

Agency workers that work within a domiciliary setting, will be required to undergo most of the mandatory training as listed above including manual handling, CPR and the online courses prior to placement in domiciliary packages. In cases where agency workers assist with medication training will be required on an annual basis. In addition to this the agency will identify package specific requirements and you will be required to either provide evidence to the agency that you meet the standard of training required or you will be required to undergo further training. Domiciliary workers will normally be required to undertake shadow shifts/orientation in advance of being placed with a service user for the first time.

All training must be updated annually. Care assistants will be specifically inducted for their roles within a domiciliary care environment and must work in accordance with the care plan that is in place at all times.

9.0 ASSIGNMENT

When you are assigned to attend work in the client's establishments, you are not allowed to join a different organisation that is supplying staffing to the client at the same time as Majesty Healthcare and continue to work in the same establishments/environment, however, you are allowed to join a different organisation and take work elsewhere.

*Please note that the pin system has been introduced to cut down on printing unnecessary papers.

9.1 Evaluations of Service (EOS)

At the end of every assignment Majesty Healthcare provide 2 sets of Evaluations of service (EOS) to both Agency Worker and Client. Clients are asked to supply feedback on the service they have received from Majesty Healthcare and also to provide a reference on the agency worker.

Agency Workers are asked to give feedback on the service they have received from the Majesty Healthcare and also feedback on the assignment. This information can then be used to advise future Agency Workers. Both positive and negative feedback is actively encouraged so Majesty Healthcare can act upon it to improve its quality of service.

10.0 TIMESHEETS

Timesheets run from Monday to Sunday. Please submit your timesheet to us by 12 mid-day every Monday in order to be paid the following Friday. Deadlines may change around Bank Holidays. It is your responsibility to ensure your timesheet is legible, completed correctly (*pdf only*) and has been authorised and signed by your manager, payment may be delayed if this is not the case.

In particular, please ensure:

- All information given on your timesheet must be accurate and timesheets must be completed in full. Unfortunately, if a timesheet is not correctly completed, legible or authorised, we have to return it to you for correction/authorisation, as appropriate, before we can process it.
- You complete the correct week ending date.
- If you do not have or you have run out of timesheet, please come and collect them in the office or contact our offices and request them to be posted to your preferred address.
- The date and times you worked, excluding any breaks taken are correct
- The total hours and basic pay columns are correct
- Every shift must be authorised with an appropriate signature and date (such as the Nurse in Charge, Ward Manager or designated individual at the establishment in which you have been placed. Please ensure that a black ballpoint pen is used for clarity.
- If you are providing nursing services to a Client in their own home, you must ensure that the Client or their representative signs and dates your timesheet on each occasion.
- You have signed the timesheet
- You are always advised to retain the main copy for your own records and to assist if you have a query, or when posted to our offices we will then process the timesheet and send it back to you via email.

- In order to be processed punctually and in the week they are submitted all timesheets need to be received by us no later than 12 noon Monday to facilitate payment on Friday.
- Timesheets can be posted to:

**Majesty Healthcare
Windsor House
Cornwall Road
Harrogate
HG1 2PW**

- Timesheets can also be scanned and emailed to:
admin@majestyhealthcare.co.uk

10.1 Rates of Pay

Different pay rates apply to different assignments and details of pay rates are given to you when you join Majesty Healthcare and they are updated annually, as pay rates change.

It is a good idea to confirm which rate of pay applies, when booking shifts and which clinical grade you have been booked at. This ensures that you can complete your timesheet accurately before asking the person in charge to sign it.

10.2 National Insurance

- Deductions in respect of Class 1 National Insurance will normally also be made by Majesty Healthcare on your behalf, if earnings exceed the National Insurance threshold.
- If you are entitled to pay reduced National Insurance or are exempt from paying contributions, you must produce the appropriate certificate, before undertaking any assignments.

10.3 Insurance Guidelines

All Majesty Healthcare Agency Workers are self-employed and are responsible for their own actions, errors or omissions at work. You are therefore strongly encouraged to take out Personal Accident, Malpractice and Public Liability insurance policy appropriate to your needs, which will provide adequate cover. If you are a member of a professional body, you should check the cover that may be included with your membership.

Insurance against Personal Accident and Illness

Agency Workers will only be paid for work that has been undertaken so, if for any reason you are unable to undertake work; you may well suffer financially as a result. The normal risks, which prevent Agency Workers from working, are accidents (either at work or at home) or illness. You are advised to seek and obtain insurance cover against such risks and at a level that protects your income during periods when you cannot work.

Majesty Healthcare advises all Agency Workers to seek the services of an independent Financial Advisor in the first instance to ensure that they are covered in such an event.

Motor Insurance

The use of a private motor vehicle travelling to, from or during an assignment is "own business use" and you are advised to check with your motor vehicle insurance company to confirm that you are covered for such risks and to arrange such cover where this is necessary.

If you transport a Client in your own vehicle, you must have "own business" cover for passengers as well as for yourself. A copy of this certificate must be given to your compliance team, together with a copy of your current driving licence.

Recording an Accident / Incident

If any incident occurs, which could give rise to a claim, the incident must be recorded accurately in the Client's Accident Book (if you are working in an establishment) or in the Care plan & Service Records (if you are nursing someone in their own home). You are also strongly advised to complete an incident report form (available on request from Majesty Healthcare offices). You are advised to take out additional insurance.

11.0 LONE STAFF

A situation at work may arise where you are working alone. If this occurs, ensure you have a means of contact and make certain your mobile phone is within range. If you are in a building on your own, always lock the door to ensure no one can enter without your knowledge. Notify security that you are on your own. If you have to leave the work premises, let someone know where you are going, how long you will be there and carry a reliable means of contact with you.

12.0 DEALING WITH VIOLENCE AND AGGRESSION

Violence, threats and abuse to staff are unacceptable. This includes sexual and racial harassment, and threats to family and property.

Violence and Abuse are NOT part of the job.

Managing violence, threats and abuse is the responsibility of both the employer and employee. Organisations, managers, employees, and clients working together provide the means to safer practice. Every establishment should have a local policy that clearly sets out a code of practice. A procedure should also be in place detailing what to do, when and if it occurs or what to do if you think there is a risk.

If you have any concerns regarding the potential threat of violence or aggression in the workplace, immediately inform your supervisor. They will be able to advise and assist you.

All employees have a legal obligation under the Health and Safety at Work Act 1974 to take reasonable care of both their own safety and others who may be affected by acts of omissions at work.

Further information and guidance can be found at the: [VIOLENCE TASKFORCE WEBSITE](#) from the Department of Health.

The NHS also provides information and guidance on their [ZERO TOLERANCE WEBSITE](#).

13.0 HARASSMENT POLICY

We will not tolerate any form of harassment or bullying on the grounds of sex, race, creed, colour or disability. We aim to provide a neutral working environment in which no one feels threatened or intimidated. Harassment is an act of discrimination and is a criminal offence.

It is very difficult to define harassment as it can take many forms; generally, it is unwanted behaviour by one employee to another and may include:

- Patronising or belittling comments.
 - Comments about appearance body/clothes.
 - Leering or staring at a person's body.
 - Unwelcome sexual invitations or pressure.
 - Promises or threats, concerning employment or conditions, in exchange for sexual favours.
 - Display of offensive or sexually explicit material.
 - Touching, caressing, hugging, indecent assault.
 - Racial abuse or harassment.
-
- Physical aggression, which may or may not lead to actual violence or attack.

- Verbal abuse or threats.

This behaviour is UNWELCOME, UNINVITED AND UNRECIPROCATED.

Bullying is also difficult to define, examples include:

- Threats or actual physical violence.
- Unpleasant or over-repeated jokes about a person.
- Unfair or impractical work loading.

If you encounter a problem of this nature, it is vital that you make the person aware that his /her behaviour, remarks or conduct are offensive to you. This should be done in a simple, straightforward way.

It is recognised that complaints of harassment or bullying are often of a sensitive or worrying nature and that it may be difficult to speak directly to the other employee involved. If this is the case, you should put your request in writing and hand it to the harasser or bully.

When or if this informal approach fails or you believe that the harassment or bullying is of a very serious nature, you must bring the matter to our attention. If possible, you should keep notes of the harassment or bullying so that the formal complaint can be investigated, including the date, time and whereabouts of the act.

A formal complaint will be thoroughly investigated; all possible action will be taken to separate you from the alleged harasser or bully whilst the investigation is taking place. You will be informed of the findings of the investigation and will be given an opportunity to comment.

14.0 EQUAL OPPORTUNITIES

Equal opportunity is defined as access to jobs, service, information and participation for everyone. It is our belief that no job applicant, staff member or client shall receive less favourable treatment than another on the grounds of sex, marital status, age, sexual orientation, disability, race, ethnic or national origin, creed, colour, religion, political or trade union affiliation or the responsibilities of parenthood. We are committed to Equal Opportunities for all Staff members, and clients shall adhere to such a policy at all times and will continually review all aspects of recruitment and service to avoid unlawful or undesirable discrimination. We accept responsibility as an employer and provider of services, to eliminate discrimination and to promote good relations and equal opportunities for all.

We will treat everyone equally irrespective of sex, marital status, age, sexual orientation, disability, race, ethnic or national origin, creed, colour, religion, political or trade union affiliation, or the responsibilities of parenthood and places an obligation upon all Staff members and Clients to act in accordance with this policy.

The Equal Opportunities (EO) policy of Majesty Healthcare and actions which arise as a result of it, takes into account of all statutory requirements e.g. Race Relations Act (1976), the Sex Discrimination Act (1995), the Employment Act (1980) amended, the Disability Act (1995), the Equal Pay Act (1975) and Codes of Practice. The policy is modelled on the Equal Opportunity Codes of Practice published by the Equal Opportunities Commission and the Commission of Racial Equality.

Equality of opportunity for all sections of its workforce is an essential aim of ours. This means recognising the inequalities which people may suffer and taking action to reduce this. All staff must ensure that all clients, colleagues and clients are treated fairly. If you are found to be acting in a discriminatory manner you will be suspended pending an investigation.

We will accordingly make career opportunities available to all people with disabilities and every practical effort will be made to provide for their needs. Staff members with physical disabilities will only be excluded from positions where the job duties involve activities that would make it impossible or inherently hazardous to perform.

We are committed to retaining temporary Staff members whose skills, experience, and attitude are appropriate to the requirements of various positions regardless of age.

We provide facilities for anyone who believes that they have been discriminated against within the scope of this Equal Opportunities (EO) Policy and encourages the individual to document the alleged incident.

14.1 Monitoring of Equal Opportunities

We aim to monitor and assess the EO Policy through a review of practices and appropriate action will be taken to improve our policy where necessary.

To ensure the EO policy is effective, detailed monitoring of applications is performed via a 'Diversity Monitoring Form'. This necessitates the collection of data regarding an applicant's ethnic origin, sex and disablement. This information is given voluntarily.

The information will only be used for the monitoring of Equal Opportunities purposes and will be treated as confidential, however it may be used to collate company statistics required by relevant authorities, and personal identities will always be suppressed. The selection criteria of all applicants will proceed purely according to the merits and abilities to perform the tasks and duties required.

We recognise that it is in the best interest of all temporary Staff members and ourselves, to utilise the skills of all staff. All temporary Staff members are encouraged

to advise us of all skills and knowledge, which may make you particularly suitable to care for clients from specific ethnic or religious groups.

15.0 WORKING TIME REGULATIONS

Working Time is defined as any period during which the staff member is undertaking work duties from the moment of “signing in” to the moment of “signing out”. This does not include time spent travelling to and from home but DOES include time spent during shift duty hours travelling from client to client.

We seek to ensure compliance to the following key points of the Working Time Regulations, 1998: the maximum average hours worked by one individual is 48 hours per week.

However, a staff member can voluntarily agree to withdraw themselves from this agreement.

We will maintain records of duty hours worked by each staff member for a minimum period of 2 years.

16.0 Agency Worker Regulations

The new Agency Workers Regulations derive from European legislation designed to give temporary agency workers parity in pay and employment conditions, as they would have been entitled to had they been recruited by the client directly to do the same job.

The regulations were ushered through Parliament during the last administration under a Labour Government. They were strengthened by Union backing to protect a vulnerable workforce, and as such were initially meant to apply to the lower end of the agency worker market.

With effect from 1st October 2011, the regulations clearly define what is required by all parties in the supply chain for agency workers to ensure equal pay, equal entitlements and equal treatment after a specific qualifying period.

Subsequent rulings have dictated to the masses that there will be no changes to the regulations as originally passed and the emergence of the formal guidance notes in May 2011 has shed some positive light on the overall part they play in the execution of the regulations.

DAY ONE RIGHTS

Broadly taken from the regulations, Day One rights are the sole responsibility of the client and MUST include:

- Equal treatment: access to amenities and facilities that are generally utilised by full time employees of the client, such as: canteens, lockers, uniforms, car parking, memberships and all other generally accepted items that are not given as a result of long service or loyalty.
- Equal Opportunity: access to all job vacancies that are 'relevant' to the agency worker, giving them the chance to apply directly for a full-time or hired position. Typically to include: notice boards, intranet access, direct correspondence, email notification of posts and/or any other form of making the agency worker aware.

RIGHTS AFTER 'THE QUALIFYING PERIOD'

The Qualifying Period is denoted as being 12 weeks in the same or similar role with the client. This does not take into account any natural breaks during this time such as holidays, sickness, maternity and other statutory reasons whilst the clock for qualifying is paused. It is also prudent to note that the period is set out for a time worked with a particular client, meaning an agency worker could have already worked for the client before therefore, may have qualified for equal treatment instantly.

The qualifying clock resets if there has been a break of more than 6 weeks from the previous client and where the agency worker has moved to a different client.

WHAT ARE THE RIGHTS AFTER 12 WEEKS?

The agency worker is entitled to the following equal rights after they have completed the required qualifying period, and this is in direct relation to an individual performing the same or similar role with the client, who is employed directly or hired directly by the client:

- Equal pay to the individual.
- Equal holiday entitlement.
- Rest breaks - the number of and the length of breaks during the working day.
- Opportunity to work different shifts and days where a comparator likewise has the same opportunities.
- Duration of working time - not being asked to work more or less hours than a comparator.