

Master Care Ltd

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| Review Sheet | | | | | |
|--|--|--|------------|---|--|
| Last Reviewed 05 Dec '22 | | Last Amended 05 Dec '22 | 2 | Next Planned Review in 12 months, or sooner as required. | |
| Business impact | LOW IMPACT | Minimal action required circu parties. | ate inform | nation amongst relevant | |
| Reason for this review | Scheduled review | | | | |
| Were changes made? | Yes | | | | |
| Summary: | This policy will help a service to support service users to maintain intimate relationships. It has been review minimal changes and no additional information added. Minor updates to 5.4 and 5.8 where wording has streamlined and removed where no longer required. References also checked to ensure they remain cu | | | | |
| Relevant legislation: | Serious Crime Act 2015 Sexual Offences Act 2003 European Convention on Human Right: Article 8 The Care Act 2014 Equality Act 2010 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Human Rights Act 1998 Mental Capacity Act 2005 Gender Recognition Act 2004 | | | | |
| Underpinning knowledge - What have we used to ensure that the policy is current: | Author: CQC, (2020), Promoting sexual safety through empowerment. [Online] Available from: https://www.cqc.org.uk/publications/major-report/promoting-sexual-safety-through-empowerment [Accessed: 5/12/2022] Author: Care Quality Commission, (2019), Relationships and sexuality in adult social care services. [Online] Available from: https://www.cqc.org.uk/sites/default/files/20190221-Relationships-and-sexuality-in-social-care-PUBLICATION.pdf [Accessed: 5/12/2022] Author: National Institute for Health and Care Excellence (NICE), (2019), Sexual health - Quality standard [QS178]. [Online] Available from: https://www.nice.org.uk/guidance/qs178 [Accessed: 5/12/2022] Author: Government equalities office, (2018), LGBT Action Plan. [Online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721-LGBT-Action-Plan.pdf [Accessed: 5/12/2022] Author: Together for short lives, (2022), Talking about sex, sexuality and relationships: Guidance and Standards. [Online] Available from: https://www.togetherforshortlives.org.uk/resource/talking-sex-sexuality-relationships-guidance-standards/ [Accessed: 5/12/2022] Author: NICE, (2018), Decision-making and mental capacity - Guidelines NG108. [Online] Available from: https://www.nice.org.uk/guidance/ng108 [Accessed: 5/12/2022] | | | | |
| Suggested action: | Encourage sharing the policy through the use of the QCS App | | | | |
| Equality Impact Assessment: | demonstrates that | we have shown due regard to t | he need to | w of this policy. This statement is a written re peliminate unlawful discrimination, advance characteristics protected by equality law. | |



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1. Purpose

- **1.1** To acknowledge the positive outcomes from relationships for Service Users, recognise the human right to express sexuality and provide support to staff to balance individual rights with the duty to protect and safeguard Service Users.
- **1.2** This policy must be read in conjunction with the Equality and Diversity Policy and Procedure at Master Care Ltd.
- 1.3 To support Master Care Ltd in meeting the following Key Lines of Enquiry:

| Key Question | Key Lines of Enquiry |
|--------------|---|
| CARING | C1: How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed? |
| RESPONSIVE | R1: How do people receive personalised care that is responsive to their needs? |
| SAFE | S1: How do systems, processes and practices keep people safe and safeguarded from abuse? |

- **1.4** To meet the legal requirements of the regulated activities that {Master Care Ltd} is registered to provide:
- Serious Crime Act 2015
- Sexual Offences Act 2003
- European Convention on Human Right: Article 8
- The Care Act 2014
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Gender Recognition Act 2004



2. Scope

- **2.1** The following roles may be affected by this policy:
- All staff
- 2.2 The following Service Users may be affected by this policy:
 - Service Users
- 2.3 The following stakeholders may be affected by this policy:
 - Family
 - Advocates
- Representatives



3. Objectives

3.1 To make clear the commitment of Master Care Ltd to supporting the Service User's right to form, maintain and continue personal and intimate relationships and to express their sexuality in whichever way they choose (in a consensual and lawful way), whilst ensuring that the staff at Master Care Ltd safeguard and protect those Service Users who may not be able to consent or have the capacity to choose.





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4. Policy

- **4.1** Master Care Ltd recognises that sexuality and personal relationships are an important part of life, expression and wellbeing and are protected in law. As such, Master Care Ltd and its staff will support the Service User's ability to form, continue and maintain personal relationships as well as their freedom to express their sexuality.
- **4.2** Master Care Ltd understands its legal obligation to acknowledge that sexual orientation is one of the nine protected characteristics defined by the Equality Act 2010. The staff at Master Care Ltd will protect the Service User's rights to privacy, dignity and confidentiality by conducting themselves in a professional manner and treating information as confidential.
- **4.3** Master Care Ltd will be mindful in accordance with the NHS digital standard DCB2094: Sexual Orientation Monitoring. Where applicable to the service, if sexual orientation data is recorded in Health IT Systems (outside of national ISCE), those systems must use the question and response codes set out in the requirements specification. More information can be located via the NHS digital website.
- **4.4** Master Care Ltd will safeguard the Service User as far as possible from abuse and harm, whilst respecting their informed choice and will report any incidences of sexual activity, which happen without the consent of the Service User or which are taking place with a Service User who lacks capacity, to the Police, Local Safeguarding Team and the CQC.
- **4.5** Master Care Ltd will provide staff with the appropriate training to ensure that they understand the complexities and wider variations surrounding sexuality and relationships.
- **4.6** will nurture a culture and environment where Service Users and staff feel empowered to talk about sexuality and raise concerns around safety, including during times of social uncertainty, such as the coronavirus pandemic.



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5. Procedure

5.1 Assessment

Before commencing any Care, information about potential Service Users will be gathered from and the Service User themselves in relation to the support required. The Service User will also be offered the opportunity to discuss their preferences and wishes in relation to any aspect of their Care. It is recognised that some Service Users may not wish to discuss intimate issues with a new person. Therefore, staff responsible for any aspect of the assessment of Care needs will be trained, confident and competent to ascertain information in a sensitive, professional and appropriate manner and respect the Service Users who do not wish to disclose information.

Where possible, the following will be established in order to plan and manage the Service User's Care Plan:

- Relationships
- Sharing of information (with whom and what information)
- Sexual orientation
- Sexual health needs
- Personal dress preferences
- Sexuality, intimacy and habits
- Gender identity
- Wellbeing

As professional relationships grow between the Service User and staff at Master Care Ltd, opportunities will be made available to encourage Service Users to feel comfortable to discuss their sexual preferences. must also consider, by thorough risk assessment, any identified, previously known behaviours that might pose harm to the Service User or staff prior to Master Care Ltd providing Care. Where behaviours have been identified, management strategies must be put in place to reduce the risk. If in any doubt, will discuss concerns with before providing a service to the Service User.

5.2 Person-Centred Care Planning

A person-centred Care Plan will be completed with the involvement and agreement of the Service User. The Care Plan will include information the Service User is willing to provide in relation to their sexuality, relationships, sexual habits and intimacy.

The Care Plan will be subject to continual review and update, as it must not be presumed that relationships and sexuality will remain the same.

The Care Plan will include the following:

- Outcomes from the assessment
- Relationships and priorities of relationships
- Sharing of information (with whom)
- Privacy when a Care Worker visits, etc. balancing risk with rights (staff knocking and waiting before entering, particularly where key safes are used)
- Signposting to further information, education, resources (see 5.3 for further information)
- Other professionals involved in their Care such as a sexual health professional, advocate
- Where specific requests to meet the Service User's sexual health needs are made, and staff are required to support, clear guidance must be available (see 5.6 and 5.8)

Staff must refer to CP20 - Service User Care Planning Policy and Procedure and CP29 - Review Assessment Policy and Procedure at Master Care Ltd for further details.

5.3 Information and Guidance for Service Users

Service Users will be supported to access information which helps inform their choice and support their capacity to make informed decisions. Information sourced by staff at the request of the Service User must be in an accessible format. Staff will inform where they are unable to determine a suitable format, or there is a situation where an advocate may be required.

The following is a list of potential signposts and resources staff will have access to in order to support Service Users:

- Sexual health services
- Information on where to obtain advice on psychosexual issues





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- Sex following illness such as a stroke or heart attack, and HIV
- How to optimise sex life despite physical disability
- Expert advice from relevant specialists, for example, a nurse specialising in spinal cord injury
- Charities and websites
- Specialist dating agencies and online sites to help people form friendships and romantic relationships. Caution must be taken regarding the risks associated with online activities
- Social events and clubs
- Support and education to enable them to develop and maintain intimate relationships

This list is not exhaustive and must be based on the current Service User need.

5.4 Mental Capacity

Staff can refer to CR46 - Mental Capacity Act (MCA) 2005 Policy and Procedure at Master Care Ltd as well as considering the following when determining the capacity for sexual relations - does the Service User understand:

- That they have a choice whether to have sex and can refuse?
- That they can change their mind at any time leading up to, and during, the sexual act?
- The mechanics of sex?
- Contraception?
- Associated health risks, particularly the risk of sexually transmitted infections?
- That sex between a man and a woman may result in the woman becoming pregnant?

It must be remembered that, when determining capacity, it is the individual and not the relationship that is assessed.

Where it is difficult to determine a Service User's capacity to consent to sexual relations, professional advice must be sought. Staff must be clear that no one can make a Best Interest Decision to determine a person's ability to consent to sex.

Staff must record any assessments completed to determine the capacity of that Service User.

5.5 Consent and Confidentiality

Staff must be aware that, by law, individuals must have the ability to consent to sexual relations, have the capacity to make decisions (see 5.4) and be 16 or over. If staff are concerned at any time that a Service User has not consented to sexual activity, this must be immediately raised with .

Staff must not discuss any aspect of the Service User's sexual activity with loved ones unless explicit consent has been received from the Service User. Even if a Service User lacks mental capacity, it is not appropriate to give information to other people, especially if it is known that the Service User wanted to keep things private. Care Workers must discuss any concerns with .

5.6 Supporting Consenting Parties

Master Care Ltd will ensure that staff support consenting Service Users to exercise their right to sexual relationships and intimacy, unless there is potential or actual detrimental impact on other Service Users. Where other Service Users are affected, will try to resolve their issues in the first instance rather than preventing those Service Users from having sexual relations.

Staff will agree and ensure that Service Users are provided with privacy to allow for intimacy. This will be sensitively communicated to other staff to ensure that Service Users are not disturbed at their chosen times, without compromising confidentiality.

Whilst supporting and enabling Service Users to have sexual relationships, staff must also balance this with protecting unwanted or inappropriate intimate contact for other Service Users in Master Care Ltd. (Where issues arise, staff can refer to 5.9).

Where relationship difficulties arise for the Service User, support can be offered from staff and, where necessary, a referral made to the relevant health care professionals (with the Service User's consent), for example, to counsellors or independent advocates.

In the event of a Service User requesting the support of staff that may compromise professional boundaries, the law or have a direct impact on other Service Users, the member of staff will refer the request sensitively to for advice and support.

5.7 Gender Recognition

Staff working in Master Care Ltd have a legal duty to identify the specific needs arising from diversity, including gender, gender identity, and sexuality and must ensure that Service Users are enabled to



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maintain and develop their personal identity.

Therefore, the following principles apply:

- Staff will refer to the Service User in their chosen and preferred identity at all times
- If Service Users are transitioning into their preferred gender identity, staff will support accordingly to ensure that the transition is as smooth as possible. This may involve close partnership working with other health care professionals
- Service Users will be able to wear clothes appropriate to their expressed gender identity and this may need to be established on a day-to-day basis
- Service Users can update their name and title within their personnel/care records at any stage without the need for a Gender Recognition Certificate. (This does not include the ability to change national insurance and pension data as this will require a Gender Recognition Certificate). If a Service User requests to change their name and title, staff must discuss this with
- Staff will make every effort to ensure that the Service User's gender status and transition history remain confidential at all times and that they are not disclosed without their express permission

Any observation of discrimination, exclusion or inequality of a Service User due to their sexual identity must be reported in a timely manner to . Staff can refer to PM14 - Staff Rota Policy and Procedure and the Equality and Human Rights policy for further details.

5.8 Minimising the Risk of Inappropriate Sexual Behaviour

The following principles can support reducing the risk of incidences occurring relating to sexual behaviour:

- A sufficient history has been established at the initial assessment stage, with a risk assessment in place
- Staff have received appropriate support, training, professional development, supervision and appraisal as necessary (see 5.10)
- Care Plans are detailed to clearly support staff on how they can work with Service Users to meet needs
- Care Plans include how to manage any behaviours that could lead to incidences occurring and how to safeguard against risk

5.9 Management of Incidents

If staff are concerned that **anyone** has been, or is being, exposed to the following, they must immediately ensure the safety of that person if they are at imminent risk and discuss with :

- Unconsenting sexual intercourse or lacking the capacity to consent to sexual intercourse
- Grooming
- Sexual exploitation
- Modern slavery
- Human trafficking
- Forced marriage
- Domestic abuse
- Illegal or explicit access to images

Safeguarding Team will be alerted as well as the Police, where appropriate, and a CQC notification will be made.

will discuss with any legal concerns they may have on any action they propose to take in relation to a Service User.

Where intimate contact becomes an issue, Master Care Ltd will conduct an appropriate risk assessment and ensure that there is a clear strategy in place to try and reduce the risk of reoccurrence. This may involve discussing the situation with other parties – which could include a representative or advocate of the Service User, health or social services professional/s, or, in relevant circumstances, a relative.

5.10 Management of Sexual Disinhibition

Staff need to be aware that sexual disinhibition could be a sign that the Service User has an unmet need and must do the following:

- Try to establish what the unmet need is
- Ensure that the Service User has meaningfully occupation and activity
- Ensure that the Service User has access to a safe, private space and time to themselves to fulfil their





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own sexual needs

- Ensure that regularly reviewed and current behaviour Care Plans and risk assessments are in place
- Where behaviour is uncharacteristic, ensure that a medical assessment is considered to rule out any underlying physical cause

Staff must try and establish the facts on any intimate situation that, in the first instance, raises concern. This way, if there is a genuine misunderstanding or misinterpretation, the situation can be resolved locally and monitored.

Staff will refer to CP33 - Behaviour that Challenges Policy and Procedure for the process to manage sexual behaviours, whilst also considering the following questions:

- When and where did the situation causing concern occur?
- What form did the behaviours take?
- What did the persons involved say or do?
- What else was happening?
- Was there anything specific that seemed to prompt the behaviours?
- Were other people involved?
- What were the responses?
- If it is decided that there is a concern, for whom is this a problem?

5.11 Training and Education

All staff will undertake the relevant induction and training at Master Care Ltd in relation to their role. This includes being aware of the law, guidance in relation to capacity, consent, safeguarding (to include exploitation and abuse) and person-centred care and reading and understanding this policy.

Mandatory Training will Include:

- Understanding dignity and respect in relation to the right to privacy and family life
- Confidentiality
- Professional conduct and boundaries
- Equality, diversity and human rights
- Communication
- Person-centred Care Planning, risk assessment and individual rights
- Capacity and consent
- Legal frameworks

Ongoing:

- Staff will be trained to understand and support the wide variation and complexities in sexuality as part of ongoing training programmes
- Staff will have the skills to respond to situations in a sensitive manner
- Staff will be supported to raise issues and questions regarding training through 1-1s to ensure their understanding and eliminate prejudice
- Resources will be accessed and available to support a greater understanding (refer to the Further Reading section of this policy)
- will nurture a culture where staff are comfortable to discuss sexuality with professionalism. Support, education and supervision will be offered to staff who feel they are unable to support a Service User's right to sexual expression

5.12 Disciplinary Matters

The Equality Act (Sexual Orientation) Regulations make it illegal to discriminate on such grounds in the provision of goods and services. Any observation of discrimination, exclusion or inequality of an individual due to their sexuality must be reported in a timely manner to . If the concern relates to the manager, must be notified. Staff must refer to the Equality and Diversity Policy for further details.

Discrimination on this basis will trigger disciplinary procedures and staff must follow the Discipline Policy and Procedure at Master Care Ltd in these circumstances.





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6. Definitions

6.1 Sexual Disinhibition

Damage to specific parts of the brain can result in people no longer being aware that their behaviours are unacceptable. This could lead to some people being less sexually inhibited in their speech or behaviour. Damage to the brain can also cause increases or decreases in sexual desire. These conditions might lead to people misinterpreting situations or misidentifying someone, resulting in unwanted sexual behaviour

6.2 Gender Recognition Certificate

A Gender Recognition Certificate is the document issued that shows that a person has satisfied the criteria for legal recognition in the acquired gender

6.3 Cognition

The mental action or process of acquiring knowledge and understanding through thought, experience and the senses

6.4 Psychosexual

This term focuses on the psychological aspects of sexuality rather than the physical function

6.5 Sexual Orientation

'Sexual orientation describes a person's physical, romantic, and/or emotional attraction to another person (for example: straight, gay, lesbian, bisexual). Gender identity describes a person's internal, personal sense of being a man or a woman (or someone who does not identify themselves as a man or woman). Simply put, sexual orientation is about who you are attracted to, and gender identity is about your own sense of self' (CQC)

6.6 Capacity

- As defined in the CQC provider guidance glossary of terms: 'The ability by someone to make a specific decision for himself or herself in a given situation. It is assumed that anyone aged 16 or over has capacity unless proven otherwise'
- There are no degrees of capacity: either a person has capacity to make a particular decision or does not. People may have the capacity to make some decisions but not others. Children under 16 are assumed not to have capacity unless they have sufficient understanding and intelligence to enable them to understand fully what is proposed
- Lack of Capacity is defined by the Mental Capacity Act 2005 as: 'People who lack capacity:
 - For the purposes of this Act, a person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or disturbance in the functioning of, the mind or brain. It does not matter if the impairment or disturbance is permanent or temporary. A lack of capacity cannot be established merely by reference to:
 - A person's age or appearance
 - A condition of his, or an aspect of his behaviour, which might lead others to make unjustified assumptions about his capacity'

6.7 Sexuality

'A central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.' (WHO, 2006a)

6.8 Lawful

Legally allowed/authorised

6.9 Consent

Freely being able to agree to something with knowledge to make the decision

6.10 LGBT





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LGBT is an abbreviation for lesbian, gay, bisexual, and transgender



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- Clear information is available for the Service User to support their choices in relation to relationships and sexuality, ensuring that they are aware of both the risks and benefits
- Where there is not consent, or sexual relations have happened without capacity, it must be reported immediately as a safeguarding matter
- Staff will have a clear understanding of their role in supporting Service Users to their right to intimacy and sexual relationships, whilst maintaining professionalism and boundaries
- Staff will respect and support Service Users' chosen gender identity
- Everybody has the right to a private and family life. Master Care Ltd supports the Service User's right to this
- Sex, sexuality and personal relationships are an important part of life and wellbeing and support the Service User's rights



Key Facts - People affected by the service

People affected by this service should be aware of the following:

- Master Care Ltd will keep you safe from harm and abuse and staff will always discuss any concerns they have about your welfare and the impact of relationships with you in the first instance
- Master Care Ltd will support your right to this. As part of this, Master Care Ltd supports your sexuality and personal relationships which are an important part of your life and which contribute to keeping you well
- Everybody has the right to a private and family life



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

UNISON resources for LGBT:

https://www.unison.org.uk/about/what-we-do/fairness-equality/lgbt/

LGBT foundation:

https://lgbt.foundation/who-were-here-for/pride-in-practice

Skills for Care - Supporting personal relationships:

https://www.skillsforcare.org.uk/Learning-development/ongoing-learning-and-development/self-

care/Supporting-personal-relationships.aspx

Social Care Institute for Excellence - The expression of sexuality in dementia:

https://www.scie.org.uk/dementia/living-with-dementia/difficult-situations/sexual-expression.asp

RCN - Fair Care for Trans and Non-binary People:

 $\frac{https://www.rcn.org.uk/professional-development/publications/rcn-fair-care-trans-non-binary-uk-pub-009430}{009430}$

RCN - Older People in Care Homes: Sex, Sexuality and Intimate Relationships (2022): Although this is for staff in Care Homes, the content is useful for domiciliary care:

https://www.rcn.org.uk/Professional-Development/publications/older-people-in-care-homes-uk-pub-010-111 Alzheimer's Society - toolkit Helping care Home Staff Address Taboos:

https://www.alzheimers.org.uk/Care-and-cure-magazine/winter-18/lift-lid-helping-care-home-staff-address-taboos

Hestia - Healthy Relationship Toolkit:

https://www.hestia.org/news/toolkit-launched-to-encourage-conversations-on-healthy-relationships





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Outstanding Practice

To be 'outstanding' in this policy area you could provide evidence that:

- Master Care Ltd acknowledges and promotes LGBT rights and supports national initiatives and awareness events
- Information about sex and sexuality is readily available and in a variety of formats to meet people's needs
- Service Users are supported to make their own choices with information which outlines the benefits as well as risks to sexual choices
- The environment, such as Service Users' rooms, afford people the space and equipment they need to fulfil their sexual needs and personal relationships
- The wide understanding of the policy is enabled by proactive use of the QCS App



Forms

Currently there is no form attached to this policy.

