Chaperone Policy

Introduction

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as ‘we statements’, they show what is needed to deliver high-quality, person-centred care.

When they refer to 'people' we mean people who use services, their families, friends and unpaid carers. This includes:

- people with protected equality characteristics
- those most likely to have a poorer experience of care or experience inequalities.

Elizabeth Finn Homes (EFH) will commit to the following quality statements for:
Learning culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

Safeguarding

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Involving people to manage risks

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

Consent to care and treatment

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

Kindness, compassion and dignity

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

Treating people as individuals

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

Independence, choice and control

We promote people’s independence, so they know their rights and have choice and control over their own care, treatment and well-being.

Responding to people’s immediate needs

We listen to and understand people’s needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

Care provision, integration, and continuity

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Equality Statement

EFH is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Policy Statement

This policy is for all staff involved in administering care to residents in our homes.

All consultations, examinations, investigations, and procedures can cause anxiety and distress to a resident, when that becomes intimate involving the breasts, genitalia or rectal area of either males or females then this can be particularly intrusive causing embarrassment and feelings of vulnerability.

Providing a chaperone can provide reassurance and comfort to the resident during this time.

This policy and procedure are provided for the regulated activity of accommodation for persons who require nursing or personal care.

The Policy

All residents are entitled to have a chaperone present, not just for intimate procedures but any time they wish.
Ideally this should be of the same sex as the resident, however this is not always possible and should be discussed with the resident and outcomes documented.

All staff involved in direct care with a resident should have training commensurate with their role which should include the following:

- What is meant by the term chaperone,
- What is an ‘intimate examination,’
- Why chaperones need to be present,
- The rights of the resident,
- Their role and responsibilities, and
- Policy and mechanism for raising concerns.
- It is important that chaperones should place themselves inside the screened-off area rather than outside of the curtains/screen (as they are then not technically chaperoning).

All staff undertaking chaperone responsibility will be aware of their role, including the following:

- Reassure the resident if they experience distress.
- Protect the resident's dignity and confidentiality at all times.
- Offer emotional support at an embarrassing or uncomfortable time.
- Facilitate communication, especially if there is a language barrier.

A chaperone also provides a safeguard for both resident and healthcare professional or staff member and can discourage unfounded allegations of improper behaviour.

In rare circumstances, the chaperone may also protect the healthcare professional or staff member from physical attack. Family and friends are not impartial chaperones and should not be used as a formal chaperone but may be present for the procedure/examination if the resident wishes them to do so.

Decisions regarding chaperones must be fully documented in the resident's care plans and notes including offering of chaperones and declining if this is the case.

This policy is relevant to all staff providing care and support to the residents within the organisation's care. The policy will be read in conjunction with the organisation's policies on 'Safeguarding Adults,' and 'Mental Capacity' and their procedures.

EFH is committed to providing a safe, effective, caring, responsive and well-led service to all its residents and their families.

This policy will be adhered to by all staff that may be required to either carry out an intimate procedure or be asked to chaperone another person undertaking a procedure, especially if that involves the breasts, genitalia or rectal area of either males or females.

The policy will also apply to situations not necessarily perceived as intimate or embarrassing but nevertheless may require a chaperone, e.g. personal care activities which require sensitivity regarding cultural and/or religious observances.

Staff must be sensitive to cultural values and religious observances of residents, and their specific requirements must be fully understood and supported including the use of interpreters to support the individual.

Definition and Role of a Chaperone

The role of a chaperone is complex, there are no common definitions. Following an investigation in 2004 during the conviction of a doctor for indecent assault four different definitions were given to the committee:

1. 'A chaperone provides a safeguard against humiliation, pain or distress during an examination and protects against verbal, physical, sexual or other abuse.'
2. 'A chaperone provides physical and emotional comfort and reassurance to a patient during sensitive and intimate examinations or treatment.'
3. 'An experienced chaperone will identify unusual or unacceptable behaviour on the part of the other healthcare professional.'
4. 'A chaperone may also provide protection for the healthcare professional from potentially abusive patients.'

The Care Quality Commission defines the chaperone as:

- 'A chaperone is an impartial observer who is present during an intimate examination of a patient.' For the purpose of this policy, it is related to residents.

An intimate examination/procedure may have different meaning to different people. Usually, an intimate examination or procedure relates to the breast, genitalia or rectal area. However, some residents may regard any examination, touch or even close contact to be intimate, e.g. listening to the chest via a stethoscope or using a light in a darkened room to look at the back of the eye, as this involves very close contact with the face.

The chaperone should ideally be of the same sex as the resident where possible. The chaperone must not leave the room whilst the examination/procedure is taking place and must be in a position to witness the examination or procedure directly. They must not be outside the curtain or door as they would not be able to witness any wrongdoing and are not able to support the resident.

The role of the chaperone is to:

- Reassure the resident if they experience distress.
- Protect the resident's dignity and confidentiality at all times.
- Offer emotional support at an embarrassing or uncomfortable time.
- Facilitate communication, especially if there is a language barrier.

A chaperone also provides a safeguard for the resident, healthcare professional or staff member and can discourage unfounded allegations of improper behaviour.

In rare circumstances, the chaperone may also protect the healthcare professional or staff member from physical attack.

Trans Residents

Transgender (trans) people should be offered equality of access to services, e.g. availability of a chaperone, as stated in the government publication 'Equality Act 2010: guidance,' and as discussed in 'Gender reassignment discrimination,' published by the Equality and Human Rights commission.

It is important to ask people's preferences for the gender of the chaperone and any other personal choices that they may have to ensure they feel safe and comfortable during any personal care or other intimate activity, e.g. their pronouns.

Ensuring that trans residents feel safe and can trust the care staff is important, as many have had negative experiences or faced discrimination in the past which can impact on their access to health and care services.

Remote Consultations and Chaperone Considerations

The resident having a remote consultation will require the same chaperone requirements as a face-to-face consultation, in some ways the chaperone will be providing a more interactive role as they may have to expose areas of the body for the practitioner to either view via video-link or be photographed to be sent into the requesting practitioner.

The chaperone may also be required to be an advocate for the resident if it is felt by the resident that a face-to-face consultation is more appropriate. Where issues of capacity are involved then decisions will be made in the best interests of the resident in line with the Mental Capacity Act 2005, which may include a best interests meeting.

The resident may not feel comfortable having a photograph of an area of their body being shared whether the healthcare professional deems it be intimate or not, the resident may have a differing view which should be respected as, ultimately, the resident has the right to be comfortable with the whole process. Religious and cultural considerations must also be taken into account as perception may differ.

Who Can be a Chaperone?

Chaperones are usually referred to as Formal or Informal Chaperones.

For the purposes of residential care, where healthcare professionals are generally not available, then social care staff will be trained to undertake chaperone duties. They will support colleagues and visiting healthcare professionals in providing a chaperone service in support of residents.

Training will include how to:

- Be sensitive and respect the resident's dignity and confidentiality.
- Reassure the resident if they show signs of distress or discomfort.
- Be familiar with the procedures involved in a routine intimate examination.
- Stay for the whole examination and be able to see what the healthcare professional or staff member is doing, if practical.
- Be prepared to raise concerns if they are concerned about the healthcare professional or staff member's behaviour or actions.
- Complete a written incident form if any concerns are raised.

An informal chaperone is a person who would not actively take part in any examination, investigation or procedure. Their role, whether it be a family member or friend, would be at the wish of the resident. They would provide comfort and reassurance and emotional support. An informal chaperone may assist with a practical task, e.g. helping the resident to dress/undress or translation if English is not their first language, but they will not be used as a formal chaperone.

Please see ‘Intimate examinations and chaperones.'

Explanation at induction training for dignity and personal care should include the following, taken from the CQC guidance:

- What is meant by the term chaperone.
- What is an ‘intimate examination.’
- Why chaperones need to be present.
- The rights of the resident.
- Their role and responsibilities. It is important chaperones should place themselves inside the screened-off area rather than outside of the curtains/screen (as they are then not technically chaperoning).
- Policy and mechanism for raising concerns.

What to do if a Chaperone is Not Available?

Advice from both the CQC states that if a resident requests a chaperone and one is not available, then the resident must be able to reschedule within a reasonable timeframe.

This will obviously depend upon the seriousness/urgency of the procedure required, and whether it can be safely delayed. If the delay may cause harm, then this should be clearly discussed with the resident and recorded in their notes. A joint decision with the resident must be made.

If the staff member is not comfortable with the situation of not having a trained chaperone present then they should reschedule the procedure, if it is safe to do so, allowing a trained chaperone to be present as well as the friend/relative if these are the resident’s wishes.

Good practice would be that the discussion regarding chaperones would have been addressed and documented into the care plan prior to the visit but sometimes extenuating circumstances arise. Good communication and record keeping is essential.

Documentation of the chaperone being declined should be documented in the notes including:

- Who the chaperone was,
- What their title is, and
- That the offer was made and declined, and if appropriate why.

References and Further Reading

https://www.skillsplatform.org/courses/4552-chaperone-training-for-health-and-social-care-level-2-online-course-cpd-accredited

Review date	Next Review Date
July 2024	July 2027