Person-Centred Care and Active Support Policy

Supportive Bridge Ltd | Community Support and Healthcare Staffing | Bradford, England

Also covers levels of support, engagement and keyworking.

POLICY AT A GLANCE

- **Working with, not doing for:** Active Support means we help people take an active part in their own lives, rather than doing everything for them.
- **Four principles:** every moment has potential; little and often; graded assistance; maximising choice and control.
- **Four levels of support:** independent, prompting and guidance, hands-on practical support, and close support. The level is agreed for each activity, not for the person as a whole.
- **Always the least support that works,** and always the least restrictive. More support is not better support.
- **Everyone has a keyworker:** a named worker who knows them well, holds their support plan together and checks how things are going.
- **Reviewed regularly:** in the first four weeks, then at least every six months, and whenever needs change.
- **Within our scope:** hands-on support does not include personal care, which we do not provide. If a person's needs change so that they need personal care, we tell the office and the funding authority.

SERVICE DETAILS (fill in before issuing)

Registered Manager	
Nominated Individual	
Office phone	
Out-of-hours / on-call number	
Date issued	
Next review date	

This summary is a quick guide only. All staff must read and follow the full policy on the following pages.

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1. PURPOSE

1.1 This policy explains how Supportive Bridge Ltd ("Supportive Bridge", "we", "us") decides, records and reviews how much support each person needs, and how our workers engage with people so that support builds independence rather than taking it away.

1.2 It is based on the Active Support approach, which changes the style of support from "caring for" someone to "working with" them, so that people take an active part in their own lives (BILD).

1.3 It reflects Regulation 9 (Person-centred care) and Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and the wellbeing duty in the Care Act 2014.

2. SCOPE

2.1 Supportive Bridge Ltd operates two arms, and this policy applies to both: our **healthcare staffing service**, supplying care and support workers to care homes, hospitals and other providers; and our **community support service**, where our own support workers visit adults and older people in their own homes, including council housing, on morning and evening shifts, to support them with daily living.

2.2 Supportive Bridge does **not** provide personal care. Personal care is a regulated activity under the Health and Social Care Act 2008 and we will provide it only if and when we are registered with the Care Quality Commission. Our support workers provide non-personal support such as companionship, meal preparation, shopping, domestic help, prompting, and support to get out and about. This policy is written to meet both local authority provider assurance requirements and the standards we will be assessed against at CQC registration.

2.3 This policy applies to every person we support, including older people, disabled people, people living with dementia, people with a learning disability or autism, and people with mental health needs.

2.4 Where our workers are supplied to a client organisation, they follow that organisation's support plans and agreed support levels for the people there, and apply the principles in this policy to the way they engage with people.

2.5 Failure to follow this policy may lead to action under our Disciplinary Policy.

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3. KEY TERMS

Term	What it means
Active Support	A way of working that gives people the right amount of help, at the right moment, so they can take part in everyday activities rather than having things done for them.
Level of support	How much help a person needs with a particular activity, from doing it independently to needing a worker alongside them throughout.
Graded assistance	Giving the smallest amount of help that lets the person succeed, and stepping back as soon as they can manage.
Engagement	Interacting with the person: talking, listening, encouraging and doing things together, rather than working silently around them.
Keyworker	A named worker who knows the person well and takes the lead on keeping their support plan up to date and their goals moving.
Quality of life	The person's own view of their life, in the context of their culture, values, goals and expectations (WHO).
Positive Behaviour Support (PBS)	A person-centred, human rights-based framework that aims to improve quality of life and reduce behaviours of concern by understanding why they happen and changing what surrounds the person, rather than controlling the person.

3.1 **Our position on PBS.** We follow PBS principles: we look for the reason behind distressed behaviour, we change what we can about the situation rather than trying to control the person, and we focus on quality of life. We do not currently offer full PBS provision, which needs specialist assessment, individual PBS plans and staff trained to deliver them. We will only accept packages requiring formal PBS once we have staff trained and assessed to that standard, and this policy will be updated first.

4. THE FOUR PRINCIPLES OF ACTIVE SUPPORT

Principle	What it means in practice
Every moment has potential	Ordinary moments are opportunities. Making tea, sorting post or folding washing can all be done together rather than by the worker alone.
Little and often	Taking part in part of an activity counts. A person who cannot cook a whole meal may still stir the pan, choose the seasoning or set the table.
Graded assistance	Start with the least help: a look, a word, a gesture, a demonstration, then hands-on help only if it is needed. Step back as soon as the person can manage.
Maximising choice and control	Offer real choices throughout, in a form the person understands, and follow the person's lead about how and when things are done.

4.1 Doing too much for someone is not kindness. It removes skills, confidence and control, and over time it makes people more dependent. Workers should always ask themselves: what can this person do for themselves, and what is the least help they need from me?

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5. OUR LEVELS OF SUPPORT

5.1 Support levels are agreed **activity by activity**, not for the person as a whole. A person might be fully independent with dressing, need prompting with medication, and need a worker alongside them when out in the community.

Level	What it means	Example
1. Independent	The person completes the activity themselves. The worker may be nearby but does not help.	The person makes their own breakfast while the worker puts the shopping away.
2. Prompting and guidance	The person does the activity with verbal prompts, reminders, encouragement, a demonstration or a checklist.	The worker talks the person through the steps of using the washing machine.
3. Hands-on practical support	The worker does part of the task with or for the person, while the person stays as involved as possible.	The worker chops the vegetables while the person stirs and chooses what goes in.
4. Close support	The worker stays with the person throughout the activity, ready to step in quickly, because of an assessed risk.	The worker stays with the person while they cross busy roads on the way to the shops.

5.2 **Important limit on level 3.** Hands-on practical support in our service covers practical tasks such as cooking, cleaning, laundry, shopping and paperwork. It does **not** include personal care. Workers must not physically help a person to wash, bathe, dress, use the toilet, or with continence care, eating and drinking, or mouth, skin, hair and nail care.

5.3 If a person asks for that kind of help, or their needs change so that they plainly need it, the worker explains kindly that they are not able to do it, makes sure the person is safe and comfortable, and tells the office the same day. The Registered Manager then contacts the person's family, social worker or funding authority so that the right support can be arranged.

5.4 Close support (level 4) must never become a way of controlling or watching over someone. Any support level that limits a person's freedom must be justified, agreed and reviewed under our Positive and Safe Support Policy.

6. AREAS OF SUPPORT WE RECORD

6.1 For each person we record their agreed level of support across these areas:

- **Daily living:** meals and drinks, shopping, cleaning, laundry, household tasks and routines (excluding personal care);
- **Communication:** how the person expresses themselves and understands others, and what helps, including any communication aids or accessible formats;
- **Emotional wellbeing:** what keeps the person well, what upsets or worries them, early signs of distress, what helps them feel calm, and positive risk-taking;
- **Physical health:** prompting and support with appointments, prompting medicines as agreed in the support plan, health monitoring where this is part of the plan, and noticing and reporting changes in health;
- **Being part of the community:** relationships with family and friends, interests and activities, faith and culture, using local facilities and transport, learning, volunteering and work, and safe use of phones

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and the internet.

6.2 The support plan records, for each area, what the person can do, what help they need, exactly how to give that help, and what the person is working towards.

7. AGREEING SUPPORT LEVELS

7.1 Support levels are agreed at the initial assessment, with the person and, with their consent, their family, advocate, social worker and any professionals involved. Where the person is moving from hospital, another service or a family placement, we gather information from them beforehand so support starts safely.

7.2 Support levels must be based on what the person actually needs and wants, not on the number of hours commissioned or on what is easiest for the rota. Where we believe the commissioned hours do not match the person's needs, the Registered Manager raises this in writing with the funding authority and records the response.

7.3 The goal is always to increase independence over time. Every support plan should include at least one thing the person is working towards, and how workers will help them get there.

8. COMMISSIONED HOURS AND STAFFING RATIOS

8.1 The support plan sets out how each person's commissioned hours are used across the week, so that the person, their family and the funding authority can see what the hours buy.

8.2 Where a person needs more than one worker for an activity, the support plan records this clearly as 1:1 or 2:1, says which activities it applies to, and gives the reason. Two workers are arranged where a risk assessment shows it is necessary, and the arrangement is reviewed like any other support level.

8.3 The office keeps a daily allocation record showing which worker supported which person and for how long. This supports safe staffing, accurate invoicing and any funding audit by the council.

8.4 If we believe a person's commissioned hours are not enough to meet their assessed needs safely, the Registered Manager raises it in writing with the funding authority, records the response, and reviews whether we can continue to support the person safely.

9. CARE DELIVERY OBSERVATION

9.1 Where a person's support follows a specialist guideline written by a health professional, such as a speech and language therapist, occupational therapist, physiotherapist or nurse, the Registered Manager or Care Coordinator observes a worker delivering that support against the guideline, using the Care Delivery Observation Record (Appendix C).

9.2 Observations are carried out as part of routine spot checks and management visits, at a frequency based on the person's needs and any risks. The completed record is kept with our quality assurance records, feedback is given to the worker at the time, and any shortfall is addressed through supervision, retraining or a change to the support plan.

10. CAPACITY AND CONSENT

10.1 Where a person has capacity to make decisions about their support, the level of support is agreed with them and they may choose to accept more or less help. Their choices are respected and recorded, including choices others might consider unwise.

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10.2 Where an assessment shows that a person lacks capacity in relation to a particular decision about their support, we follow the Mental Capacity Act 2005: we involve them as fully as possible, consult those who know them, and make the decision in their best interests in the least restrictive way. The assessment and decision are recorded.

11. KEYWORKERS

11.1 Every person we support has a named keyworker, and a named second worker who covers when the keyworker is away. The keyworker:

- gets to know the person well and builds a trusting relationship;
- makes sure the support plan, risk assessments and "Getting to Know Me" information are accurate and up to date;
- spends agreed one-to-one time with the person to talk about how things are going, and records it on the Keyworker Session Record (Appendix B);
- tracks the person's goals and makes sure progress is being made;
- raises concerns about health, wellbeing, finances or safeguarding with the office;
- helps the person prepare for reviews and speaks up for their views when they want that.

11.2 A keyworker does not work alone. They are supported by the Care Coordinator and Registered Manager, and any concern is dealt with by the service, not by the keyworker on their own.

12. REVIEWING SUPPORT LEVELS

12.1 Support levels are reviewed:

- within the first **four weeks** of support starting, when needs often become clearer;
- at least every **six months** after that, with the person and the people involved in their support;
- whenever the person's needs, health or circumstances change, including after a hospital stay, a fall, a bereavement or a significant incident;
- whenever the person, their family, a worker or a professional asks for a review.

12.2 At each review we look at whether support can be reduced anywhere, as well as whether more is needed. Reducing support where a person has gained confidence or skills is a good outcome, and should be recorded as one.

12.3 The review is recorded on the Support Level Summary Record (Appendix A), shared with the person in a format they understand, and sent to the funding authority where they ask for it. The Registered Manager is responsible for making sure reviews happen on time.

13. ENGAGEMENT: HOW WORKERS SHOULD WORK

13.1 Support is not only about tasks. How workers engage with people matters just as much. Workers should:

- greet the person warmly, use their preferred name, and give them their full attention;
- talk with the person throughout, explaining what is happening and asking what they would like;
- give the person time to answer and not finish their sentences for them;
- use the person's preferred way of communicating, including pictures, objects, gestures or communication aids;

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- notice and respond to how the person seems, not only to what they say;
- never work silently around a person, use their phone for personal reasons during a shift, or treat the visit as a list of tasks to get through.

13.2 Where a person is quiet, withdrawn or does not communicate verbally, workers should keep engaging and keep offering choices, and record what the person responds to.

14. RECORDS

14.1 Agreed support levels, the rationale for them, and any restriction are recorded in the support plan and on the Support Level Summary Record. Keyworker sessions and reviews are recorded. Daily notes should say how the person took part, not just what the worker did: for example, "chose the meal and buttered the bread while I cooked", not "meal given".

14.2 Records are kept in line with our Support Records and Record Keeping Policy.

14.3 An easy read version of this policy and of the Support Level Summary Record is available, so that people we support can understand and take part in decisions about their own support. Other accessible formats are provided on request, in line with our Equality, Diversity, Dignity and Respect Policy.

15. ASSESSMENT TOOLS

15.1 Some assessments are carried out by health professionals rather than by us, for example malnutrition screening (MUST) or pressure area risk assessment (Waterlow). Where a professional has used such a tool, we keep a copy with the support plan and follow the plan they give us, and our workers report any change that may affect it.

15.2 Where it helps, we may use a community participation tool to look at the range and quality of a person's activities and relationships over time, so that support is not only about tasks at home.

16. TRAINING AND COMPETENCE

16.1 All workers complete training in Active Support, person-centred support, communication and the Mental Capacity Act during induction (linked to the Care Certificate), and are assessed as competent before working alone with a person whose support plan they have not been briefed on.

16.2 **No worker may support a person unsupervised until their competency has been assessed as meeting the required standard.** Competency assessments are completed during induction, repeated whenever the Registered Manager decides it is needed, and recorded on the staff file.

16.3 Competence in Active Support is checked through observation during spot checks and discussed in supervision and appraisal, and refreshed at least every year.

16.4 Workers supporting people with a learning disability, autism or dementia receive additional training relevant to those needs.

17. MONITORING AND REVIEW

17.1 The Registered Manager checks during audits and spot checks that support levels are recorded, reviewed on time and being followed, and that daily notes show genuine engagement and involvement.

17.2 The Nominated Individual reviews a summary at least quarterly as part of our governance and quality assurance.

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17.3 This policy is reviewed every year, or sooner if the law or guidance changes, or if feedback or an incident shows it needs to change.

18. LEGISLATION AND GUIDANCE

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, especially Regulation 9 (person-centred care), Regulation 10 (dignity and respect), Regulation 12 and Regulation 13
- Care Act 2014 and the Care and Support Statutory Guidance (wellbeing principle)
- Mental Capacity Act 2005 and its Code of Practice
- Equality Act 2010 and Human Rights Act 1998
- British Institute of Learning Disabilities (BILD): Active Support
- Department of Health: Positive and Proactive Care (2014)
- NICE guideline NG21: Home care
- NICE guideline NG93: Learning disabilities and behaviour that challenges: service design and delivery
- NICE clinical guideline CG142: Autism spectrum disorder in adults
- CQC: Right support, right care, right culture (statutory guidance)
- CQC: Out of sight - who cares? (2020) and Progress report (2022)
- Bild Centre for the Advancement of Positive Behaviour Support (CAPBS)
- Skills for Care: Care Certificate standards

19. RELATED POLICIES AND FORMS

Related policies: Support Planning and Risk Assessment; Positive and Safe Support (Reducing Restrictive Practice); Consent and Mental Capacity; Equality, Diversity, Dignity and Respect; Nutrition and Hydration; Medication; Support Records and Record Keeping; Safeguarding Adults; Staff Training and Competency; Supervision and Appraisal.

Forms: Support Level Summary Record (Appendix A); Keyworker Session Record (Appendix B); Care Delivery Observation Record (Appendix C); Getting to Know Me checklist; Support Plan; Initial Assessment; Active Support Competency Assessment; Daily Allocation Record; easy read versions of this policy and the Support Level Summary Record.

20. DOCUMENT CONTROL

Version	Date	Approved by	Role	Reason
1.0			Nominated Individual	New policy for local authority assurance and CQC registration

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APPENDIX A: SUPPORT LEVEL SUMMARY RECORD

Complete with the person at assessment and at every review. Levels: 1 independent, 2 prompting and guidance, 3 hands-on practical support (not personal care), 4 close support.

Name: _____ Keyworker: _____ Date: _____ Next review: _____

Area of support	Level (1-4)	1:1 or 2:1	What the person can do, and exactly what help they need
Daily living: meals and drinks			
Daily living: shopping and money			
Daily living: cleaning, laundry, household			
Communication			
Emotional wellbeing and coping			
Physical health, appointments and medication prompts			
Getting out, activities and community			
Relationships, family and friends			
Technology, phone and internet			

What is this person working towards? _____

Has any support been reduced since the last review? If so, what? _____

Agreed with (person / family / advocate / social worker): _____

Signed (person): _____ Signed (Registered Manager): _____

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APPENDIX B: KEYWORKER SESSION RECORD

Record each one-to-one session with the person. Write their words, not a summary of your own view.

Name / date / keyworker	
How does the person feel things are going?	
What has gone well since last time?	
What is not working, or what would they change?	
Progress on their goals	
Any worries about health, money, safety or relationships?	
Anything they want raised with the office or at their review?	
Actions agreed, by whom and by when	

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APPENDIX C: CARE DELIVERY OBSERVATION RECORD

Use when a person's support follows a specialist guideline from a health professional. Observe, feed back at the time, and keep with quality assurance records.

Person supported / date / time	
Worker observed	
Observed by	
Which specialist guideline or plan is being followed? (who wrote it, date)	
What was observed? (describe what the worker actually did)	
Was the guideline followed in full? If not, what differed?	
Did the worker engage well with the person? (Active Support principles)	
Feedback given to the worker at the time	
Actions: retraining, supervision, change to the plan, or none needed	
Signed (observer) / signed (worker) / date	

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