

## Research into the use of hoisting equipment by care workers.

### **Introduction and background.**

As a Moving and Handling advisor the researcher is frequently required to advise on various aspects of Moving and Handling, including provision of equipment such as hoists and slings and instructing both formal and informal carers in how to use the equipment safely and effectively. The researcher is also asked to review cases where others have assessed for and provided equipment, and to review care packages in respect of safe and appropriate Moving and Handling practices. Service users require hoisting because they lack, or have lost, the ability to weight bear and carry out a standing transfer, whether independently or with assistance.

The researcher undertook this project following numerous enquiries from service purchasers, providers and users on the subject of how many carers should be present during a hoisting transfer. It appears that it is now a generally accepted practice for care providers to always supply two carers where hoisting is involved because it is perceived as a safety issue. The researcher is not opposed to safety and will always advocate safe systems of work and safe working practices, however there is little evidence to support the argument that using two carers will make hoisting operations safer, and indeed the media report a number of cases where two carers were present and serious accidents occurred (Appendix 3). Many of these cases resulted in prosecutions which are detailed on the HSE Prosecutions website.

It may be useful at this point to clarify what is meant by the term 'hoist' as there are several types;

- 'Active' hoists, also known as Standing Hoists are used to transfer the user to and from the bed, chair, toilet and so on by assisting the user to a standing position by means of a sling placed around the lower back. The sling then passes under the arms and is attached to a carry- or spreader-bar on the hoist's lifting boom. The boom is raised by an hydraulic arm which pulls the user to a stand, with the user's feet on the floor or footplate throughout the manoeuvre. The user is required to have some weight bearing ability, and should be able to participate in the stand. Active hoists have a wheeled chassis and are manoeuvred by the operator.
- 'Passive' hoists, also known as mobile or full-sling hoists also assist the service user to transfer to and from the bed, chair, toilet and so on, but do not require any active involvement from the user. The hoist uses a full length sling which supports the entire body of the user, in either a seated or reclined position, and is attached to the hoist spreader bar. The user is lifted completely off the ground during the transfer. Passive hoists also have a wheeled chassis and are manoeuvred by the operator.

- 'Ceiling Track' or 'Overhead' hoists are a variation of the passive hoist. These have the lifting motor connected to a system of tracking which is attached to the ceiling of a room. The user is still transferred by means of a full body sling attached to a spreader bar but as the motor runs along the track the operator does not need to manoeuvre a chassis. In some cases the user is able to operate the controls of a ceiling track hoist. It is sometimes argued that the risks to the operator are lower when using a ceiling track hoist because they do not have to manoeuvre a heavy chassis. However, it must be remembered that the operator is still required to apply and remove a sling and manage the transfer which may include moving other equipment such as wheelchair and commode, with potentially complex positioning needs.

There is a significant cost to those purchasing care, which may of course include the service user, if two carers are supplied to operate hoists possibly several times a day over the course of many weeks, months or even years. The costs are not just in paying for the time of the care workers but also in the on-costs of National Insurance and tax, holiday and sickness pay, uniforms, travelling expenses, training and so on. There are costs to care providers in organising two people to be in the same place at the same time, again potentially several times a day which can be a significant logistical challenge - countless 'care hours' are wasted while waiting for the second person to arrive. Many service users already feel that their privacy is being compromised by having carers coming into their home several times a day, and this is exacerbated by the presence of two carers, who may of course not be the same two every time. The use of a hoist may also be a source of some anxiety and the service user could feel overwhelmed by the combination of people and equipment. Moreover, it can be argued that in having to provide two carers for some care packages, that provision for other service users may be restricted or unavailable because of the lack of resources i.e. carers.

The question of whether it is appropriate for informal carers (i.e. the service user's family members) to be the second carer is also considered as part of the research, as this could have an impact on the logistics and costs of some care packages. However, it should be stressed that this is only where they are willing and able to assist, and it should not be seen as a substitute for appropriate provision by a care agency.

With current concerns over the economy and rising costs, purchasers will need to look at every opportunity to ensure that outgoings are as cost-effective as possible. As long as 'suitable and sufficient' risk assessments are carried out and safety is never compromised there may be many instances where the service users care needs can be safely managed by one carer or, perhaps, one formal carer with assistance from an informal carer where this is appropriate. This should not be seen as a 'reduction in service' - which is unlawful without good reason - but as the same care package i.e. the same number of visits for the same

length of time per visit, with one carer instead of two where the risk assessment identifies that this is appropriate.

In view of this the researcher felt it was of interest to find out where the policy of automatically supplying two carers has come from, because initial reading of relevant legislation and research into case law has not identified any case where the law specifies a number of people to operate a hoist. The only guidance found was that a 'suitable and sufficient' risk assessment should be carried out by 'trained and competent' persons, and that hoist operators should have 'appropriate' training or instruction. This guidance is repeated in numerous places and is freely available to anyone who is interested (see also Appendix 2).

A reason often cited by care providers is that the two carer policy is a requirement of their insurance cover. Now insurance companies can only act within the bounds of current and relevant legislation and therefore cannot dictate that care providers have policies other than those which the law already requires. It is also very clear that the law frowns upon 'blanket' policies, and indeed considers them unlawful, advocating individual assessment of a specific situation, and balanced decision making.

So, if the law does not demand that two carers be present for hoisting transfers and insurance companies may not dictate that two carers are present, where does the policy come from and what implications does it have?

### **Research Aims.**

The purposes of this study are to;

- Consider how the law is being interpreted by insurance companies and care providers.
- Consider whether insurance companies and care providers are applying 'blanket' policies which are usually considered unlawful.
- Explore whether 'suitable and sufficient' risk assessments are being carried out and if they are being appropriately applied to individual circumstances.
- Address the subject of training to identify what is felt to be 'adequate' for formal carers.
- Identify whether informal carers can work alongside formal carers, and what training is required to ensure their competence when hoisting.
- Provide some clarity on the relevant legal requirements and identify firm and reasonable guidelines that will ensure appropriate care provision, safety and cost effectiveness for service users, carers, providers and purchasers.

## **Research questions**

The research questions asked were;

- What is your policy on using two care workers when hoisting service users?
- What hoisting training should care workers have?
- Should informal carers (e.g. family members) be accepted as 'second carers'?
- If 'No' please state why
- If 'Yes', how would you ensure they are safe/trained (please specify)?
- Should specific risk assessments be carried out for informal carers?
- Who carries out your risk assessments?

## **Background - Literature review**

Although there are many publications providing advice on the supply and use of hoisting equipment there appears to be no authoritative guidance on the number of people required to safely operate such equipment.

Hignett et al (2003. pp123-131.) cite eight previous studies on the use of hoists. However, these are principally based around how respondents felt about using hoists and reasons for non-use, and were predominantly hospital-based and gave very little evidence of research into community based situations. Seven studies into the design of hoists and three focusing on the design and use of slings are also cited, though again the majority are biased towards respondents from hospital settings.

Michael Mandelstam gives his opinion on this subject stating that; *'Unnecessary expenditure, by local authority or service user, may also result from over simple rules imposed by care providers' giving the example of a 'blanket policy imposed by care provider: A care provider tries to impose a two-pronged policy to the effect that if any service user requires assistance with a transfer, then a hoist must be used, and two paid staff must always be present... it takes account neither of the individual need of the service user, nor of the level of risk to staff. It could also result in unnecessary expenditure (where the risk does not demand two staff) by the local authority or by service users who have been assessed as able to pay for home care services'.*

Mandelstam also cites an example of care agencies carrying out their own risk assessment which identifies that a service user must be hoisted rather than manually transferred because *'it (the care agency) knows its staff to be insufficiently competent and therefore at greater risk of injury' and an example of care agencies applying a blanket policy of refusing to work with informal carers 'unless in every case the informal carer goes on a formal training course'.* (H.O.P 5. 2005. p27). This despite the fact that their own staff very often do not attend a

formal *hoisting* training course, but feel that including such training briefly in a general Manual Handling course is sufficient.

Mandelstam recommends that careful risk assessment should be carried out to identify any safety issues connected with a specific hoisting procedure. However, his recommendations only endorse current legal requirements as stated in L.O.L.E.R; P.U.W.E.R and the Health and Safety at Work Act. This course of action is also recommended in the HSE publication – Handling Home Care (2002. HSE Publications), though there is a suggestion (p27) that one carer is sufficient in specific situations.

### **Methodology.**

The key respondents in this study were insurance companies and care providers. The researcher also contacted hoist manufacturers to ask what advice they give to purchasers and users of the equipment. A questionnaire was devised for each group (Appendix 1) and sent out with a covering letter explaining the reasons for the research to;

- 31 Insurance companies advertised as specialising in domiciliary care
- 42 Domiciliary care providers in Shropshire and Telford and Wrekin.
- 8 mobile hoist manufacturers

There was slight variation in the wording of the questions to reflect the role of the respondents (Appendix 1).

Questions required specific answers which could be quantified, though respondents were invited to add further comments qualifying their responses.

The questions were drafted to reflect the research aims by determining:

- what respondents understanding and/or interpretation of the law is,
- whether blanket policies are being applied and, specifically,
- what level of training and risk assessment is standard

In addition, the researcher asked some questions with regard to the use of informal carers to assist care workers. Many informal carers use hoisting equipment by themselves in between care visits and are willing to assist paid carers. There are positive aspects to this as the cost of the care package could potentially be reduced, and the need for getting two carers to the same client at the same time possibly several times a day could be avoided. However, care agencies are often reluctant to accept informal carers and the researcher was interested in the reasons for this.

A summary of the information received is presented and discussed in the following section. Further comments made by respondents are detailed in Appendix 1.

Database searches of the internet were carried out using advanced search options; search terms included 'hoist', 'patient lift' plus 'incident', 'accident', 'injury', 'operation', 'safety', 'two carers', 'legislation', 'risk assessment', training'. Other searches included legal databases; newspaper archives; websites of regulatory and advisory bodies such as HSE and RoSPA; and searches of relevant published literature.

The researcher also contacted Michael Mandelstam – an independent legal consultant who is generally regarded as the authority on manual handling in social care. He felt it is an area that warrants further investigation as it does appear that blanket policies are being applied. His view is that *'balanced decision making is essential in the context of manual handling....this means balancing the safety (and human rights) of paid staff with the assessed needs and human rights of service users'* (HOP5 p15).

### **Timescale.**

The research was conducted over a three month period as follows:

- Part 1; preparation and dispatch of questionnaires.
- Part 2; receipt of completed questionnaires; follow-up telephone conversations with respondents; initial collation of respondent's information.
- Part 3; collation of information and preparation of report.

Respondents were;

- 3 Major Insurance companies\*
- 18 Domiciliary care providers
- 7 Hoist manufacturers

\*Note; Although 31 insurance companies were initially contacted, none completed the questionnaire and the researcher was informed that they are brokers and therefore subject to direction from 'parent' companies. The researcher was advised to contact these parent companies for further information. The information was subsequently collected by telephone conversation with the three major insurance companies identified as key players in domiciliary care insurance. The same questions were asked.

### **Reliability and Validity.**

The care agencies which responded to the questionnaire are based in different areas of Shropshire, some small independents, some part of larger regional or national groups. The latter have 'corporate' policies and procedures which are the same wherever they operate,

but it was interesting to note that independent providers gave very similar replies to the questions which indicates that Shropshire care agencies are representative of regional and national provision. This suggests that if this research were replicated in other areas the results would be comparable.

Questionnaires were timed to arrive mid-week, and the questions were arranged in a format requiring a response selected from a given set of categories.

The population for this research was restricted to specific groups of people i.e. care workers, using equipment which is relevant to people providing or receiving care services, and people involved in the manufacture of hoisting equipment. This assumes a reasonable knowledge of the equipment, of care procedures and of relevant legislation and how it translates into organisational policy.

Insurance companies as national providers have a much broader general remit not solely confined to cover for care providers, and they do not necessarily have an in-depth understanding of the nature of care work or of hoisting equipment. However their policies remain the same whether delivered at national, regional or local level and they also demonstrate a good knowledge and interpretation of relevant legislation.

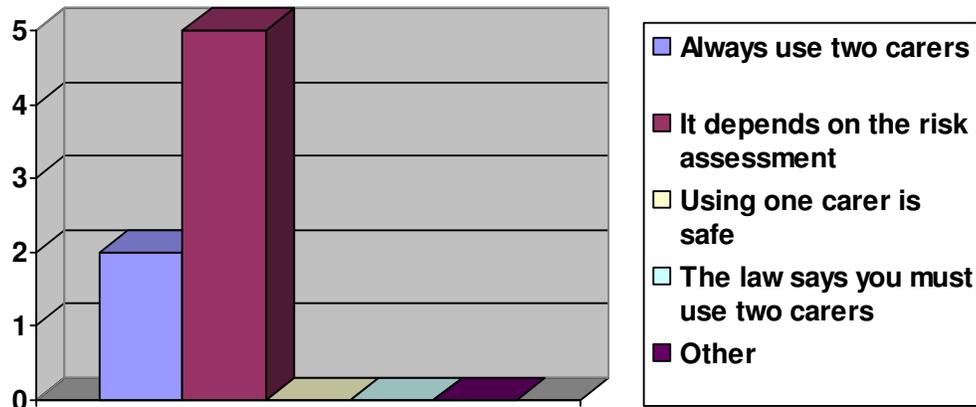
**Summary of information collected from respondents:**

Key; HM = Hoist Manufacturers; IC = Insurance Companies; CP = Care Providers

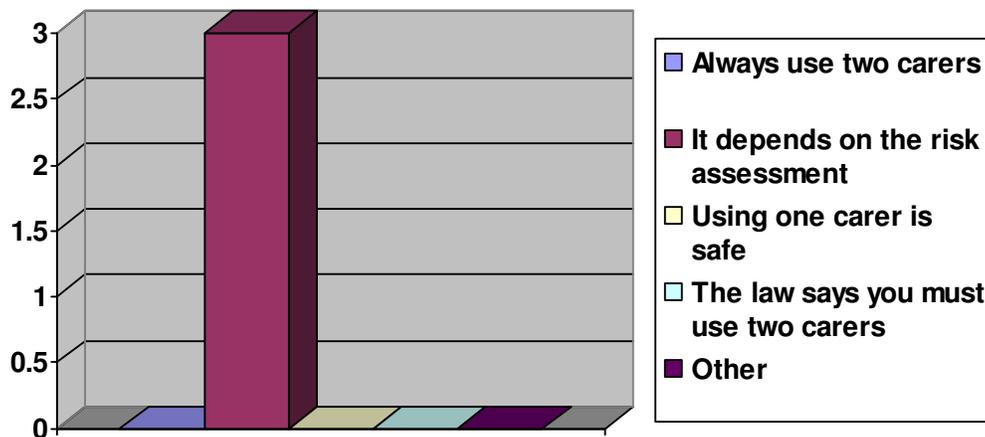
**Policy.**

*'The number of handlers required to assist in hoisting depends on a detailed risk assessment'*  
 (HOP 5 p194)

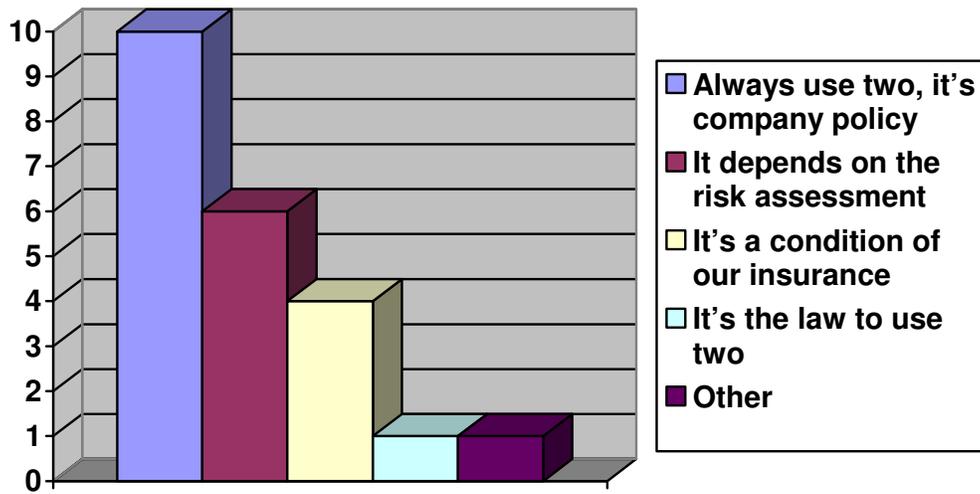
It is clear that the overwhelming majority of hoist manufacturers identify that it is the risk assessment which should identify the need for a particular procedure (Fig 1a). Insurance companies are also very clear on their requirements (Fig 1b) and, during telephone conversations with their representatives, it was clear that they are fully aware of the relevant legislation and what they may or may not stipulate. However, care providers appear to be already applying a blanket policy with their response, which could suggest some misunderstanding or misinterpretation of the law (Fig 1c).



**Fig; 1a. (HM) What would be your recommendation when hoisting service users?**



**Fig; 1b. (IC) What would be your recommendation when hoisting service users?**



Fig; 1c. (CP) What is your policy on using two care workers when hoisting service users?

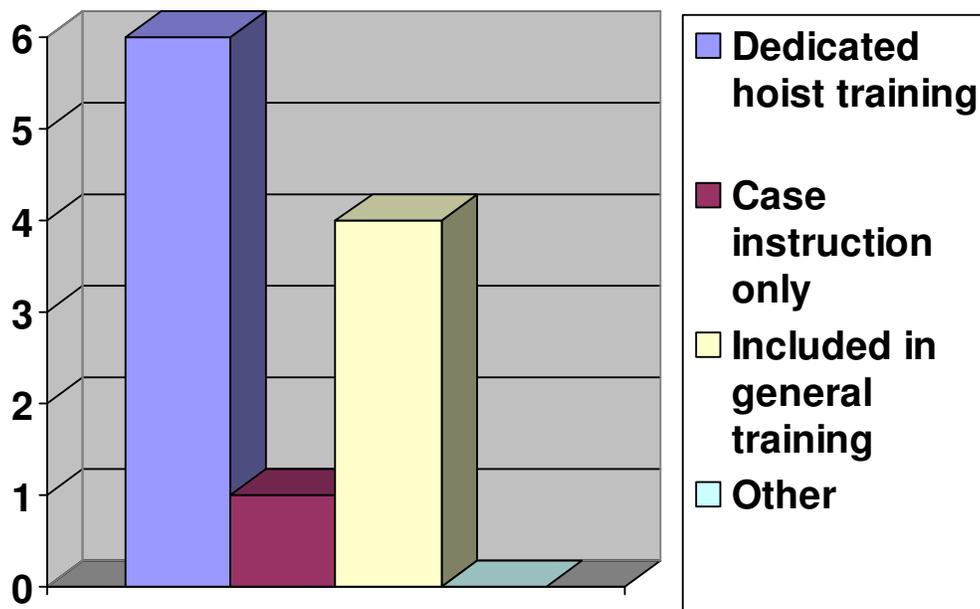
**Training.**

Insurance companies (Fig 2b) and most hoist manufacturers (Fig 2a) recommend a dedicated hoist training course whereas care providers are happy for hoisting to be included in a general Manual Handling training course (Fig 2c). As many Manual Handling training courses are a half day or less, or delivered by video clips with no practical elements, it could be suggested that there is insufficient time to fully explore all the safety and practical issues around hoist operation.

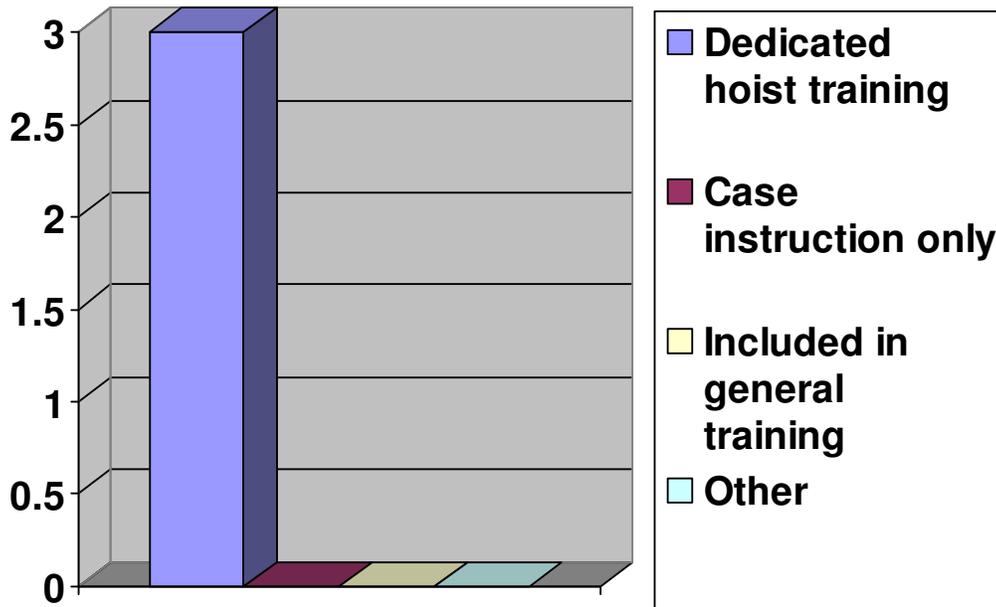
*‘Sufficient time must be allowed to permit explanation, demonstration and practice, both in the classroom and the workplace.*

(Norwich Union 2006).

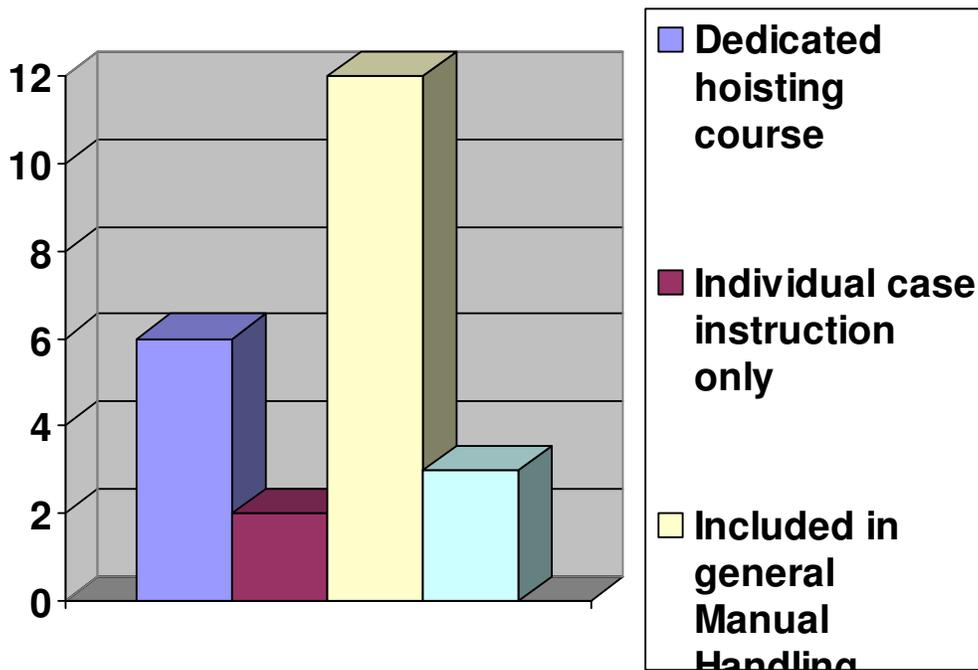
The benefits of a dedicated course are that it gives the learner the opportunity to try a range of hoists and slings; they can practice various hoisting transfers and have their practice observed and corrected if necessary by qualified trainers. There will be opportunities to have questions answered, and the importance of risk assessment and planning of transfers can be emphasised.



**Fig; 2a. (HM) What hoisting training would you recommend that care workers have?**



Fig; 2b. (IC) What hoisting training would you recommend that care workers have?

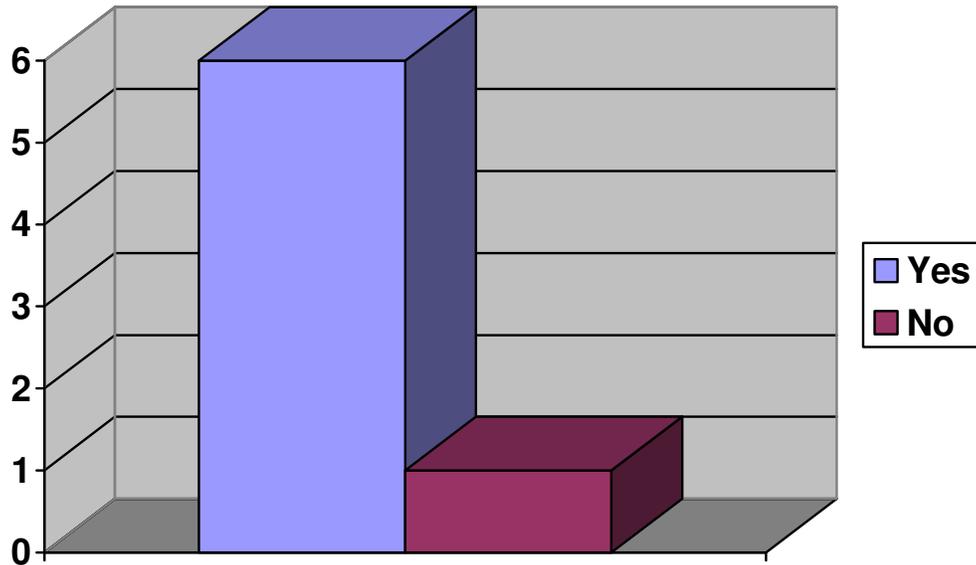


Fig; 2c. (CP) What hoisting training do your carers have?

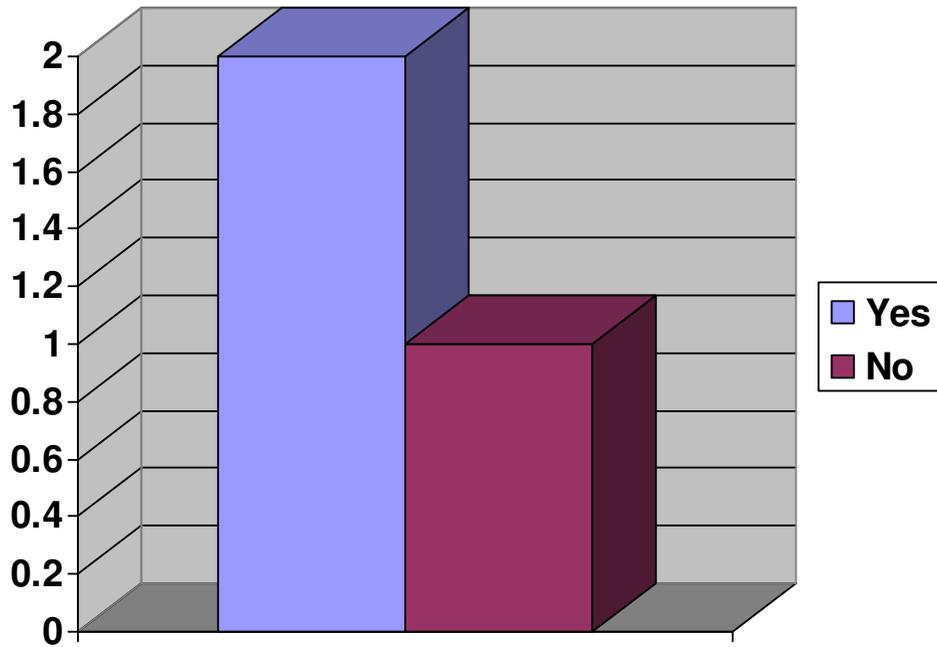
**Informal carers.**

Hoist manufacturers and insurance companies are divided on this (Fig 3a and 3b) but the majority are happy to accept informal carers with the proviso that they are trained in the safe and appropriate use of the equipment.

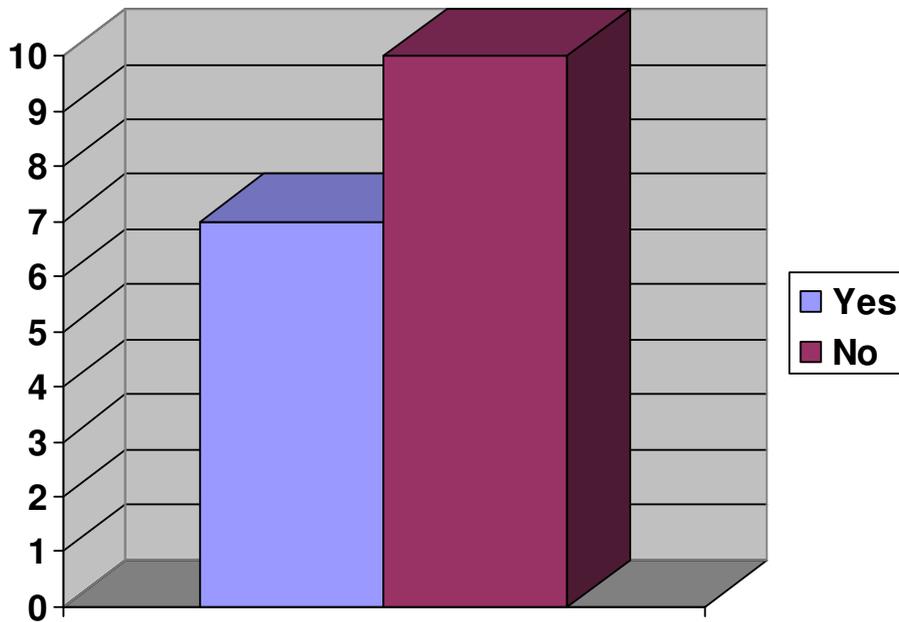
Care providers are more ambivalent but they, too, add the proviso that where informal carers are involved they must have been suitably trained in correct procedures (Fig 3c). This is a reasonable suggestion for, after all, formal carers are expected to be trained in the use of equipment. However, it is probably not appropriate for informal carers to attend a full course, but to have individual instruction within the area where the hoist is to be used.



**Fig; 3a. (HM) Would you recommend the use of informal carers?**



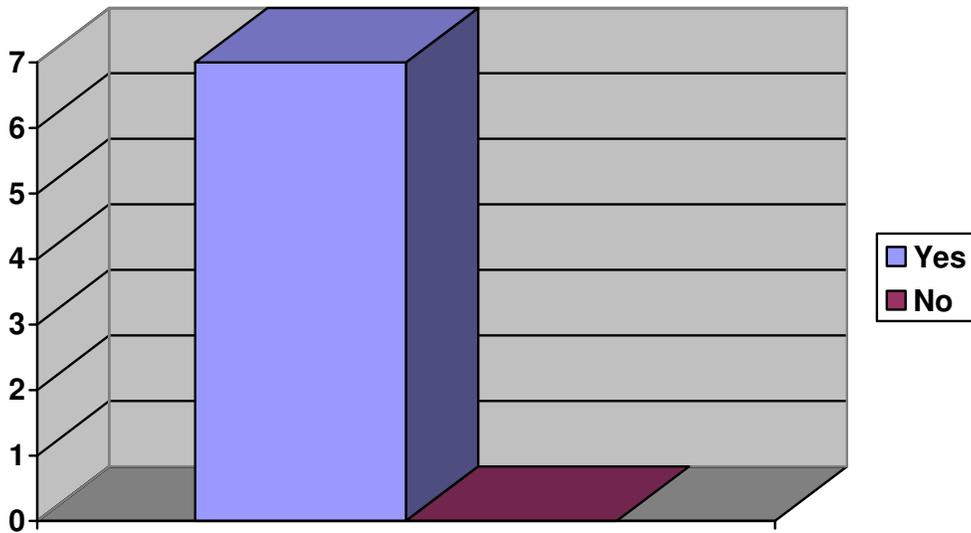
Fig; 3b. (IC) Would you recommend the use of informal carers?



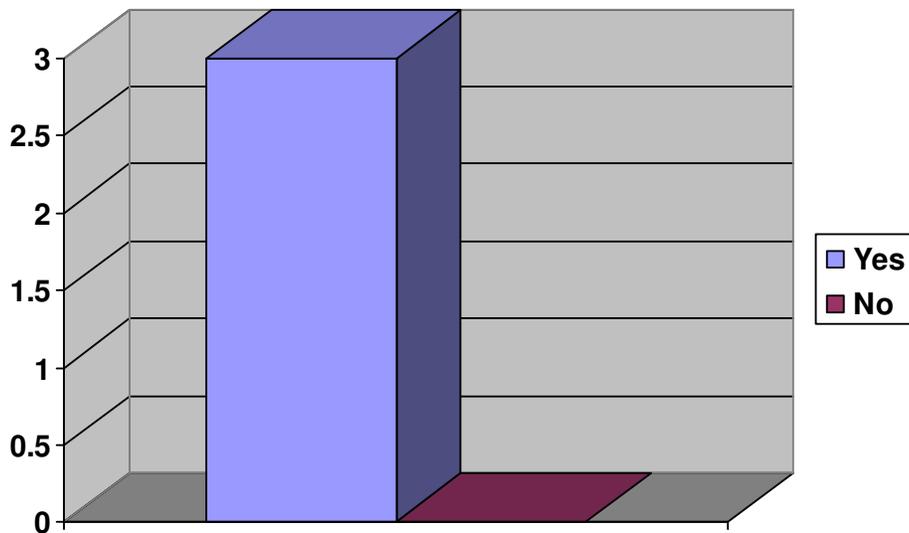
Fig; 3c. (CP) Do you accept informal carers as 'second carers'?

**Informal carers risk assessment.**

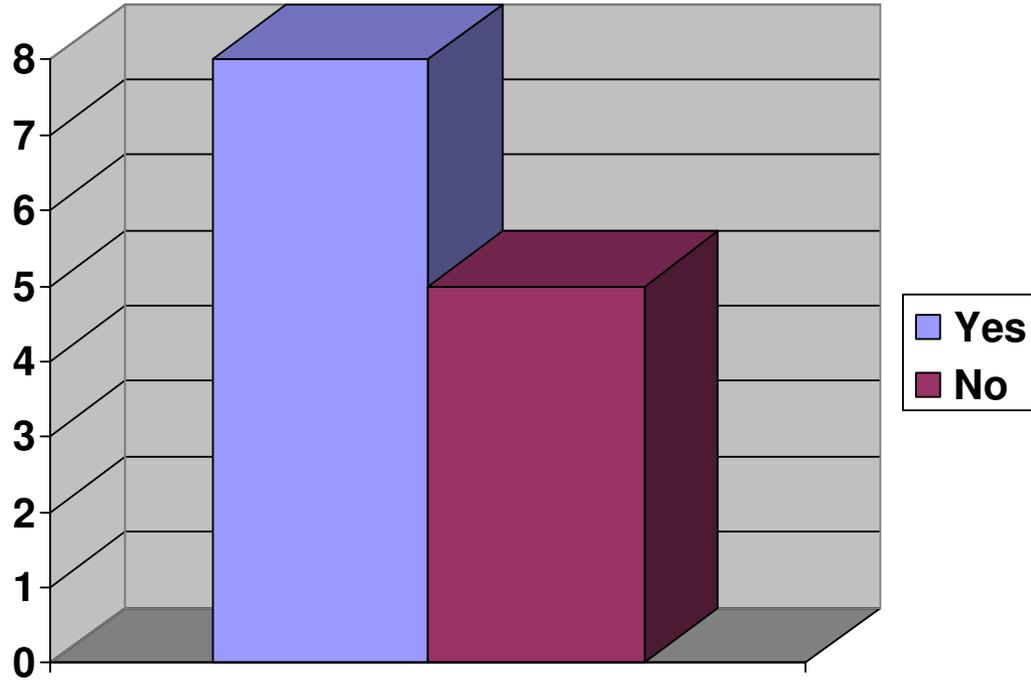
Insurance companies and hoist manufacturers appear to be quite clear on this point and all agree that a specific risk assessment should be carried out (Fig 4a and 4b). However, care providers are divided (Fig 4c). Again, it is reasonable to expect a specific risk assessment to be carried out as it should then identify any concerns regarding the safety, health and/or ability of the informal carer.



**Fig; 4a. (HM) Would you recommend a specific risk assessment for informal carers?**



**Fig; 4b. (IC) Would you recommend a specific risk assessment for informal carers?**



Fig; 4c. (CP) Do you carry out a specific risk assessment for informal carers?

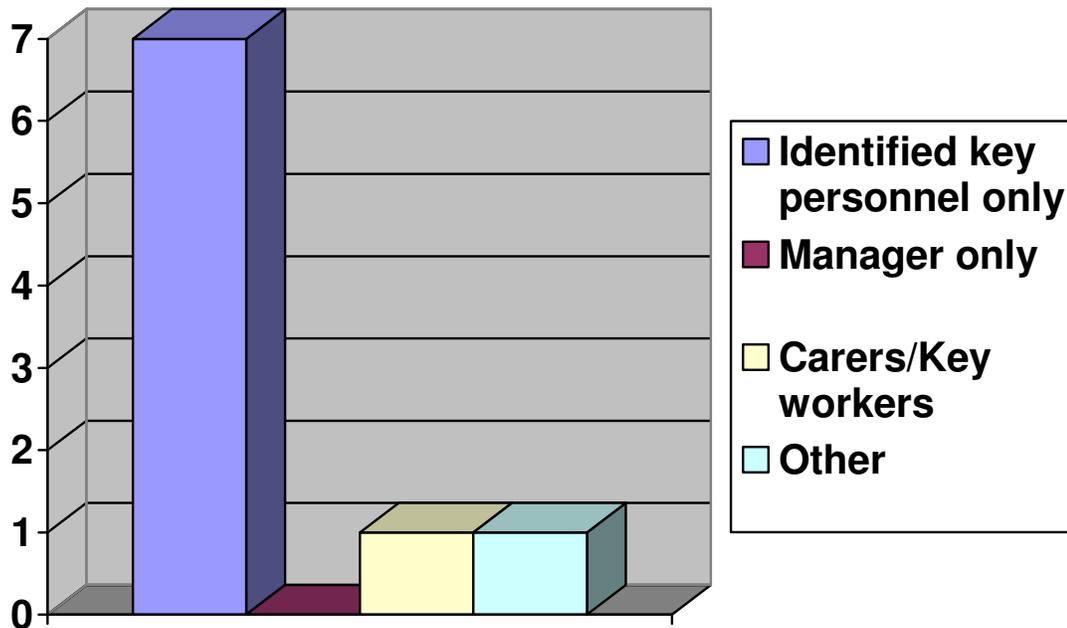
**Risk Assessors.**

The figures here show that the majority of all groups agree that identified key personnel should be responsible for risk assessment. Although there are no specific requirements in law for the level of training a risk assessor should have, guidelines suggest that; *'Risk Assessors require training to ensure that they understand the process of risk assessment and the necessary documentation'*

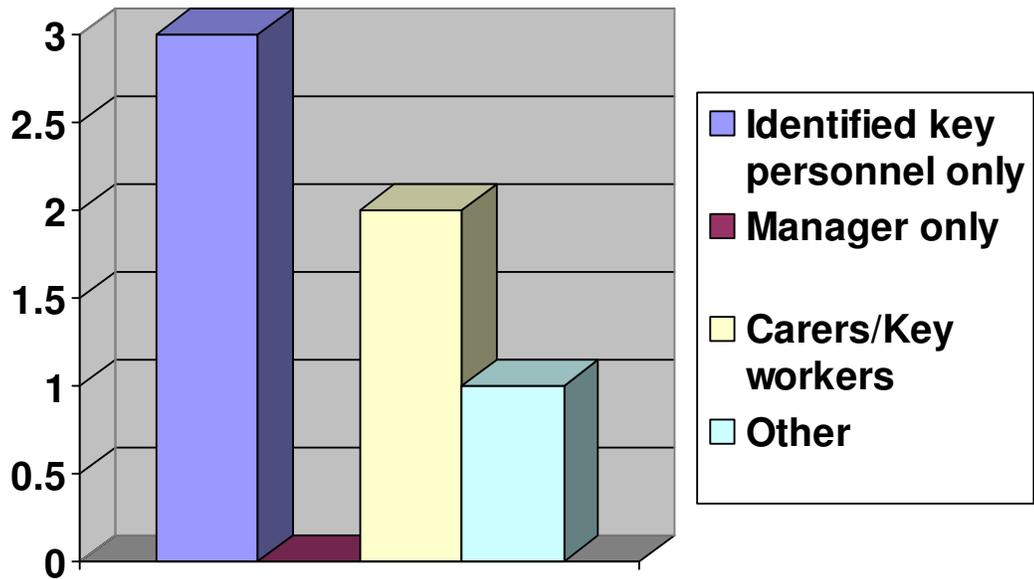
And that *'A meaningful assessment can only be based on a thorough understanding of:*

- *The type of manual handling task to be performed*
- *The people involved*
- *The loads to be handled*
- *The working environment in which the task will be carried out '*

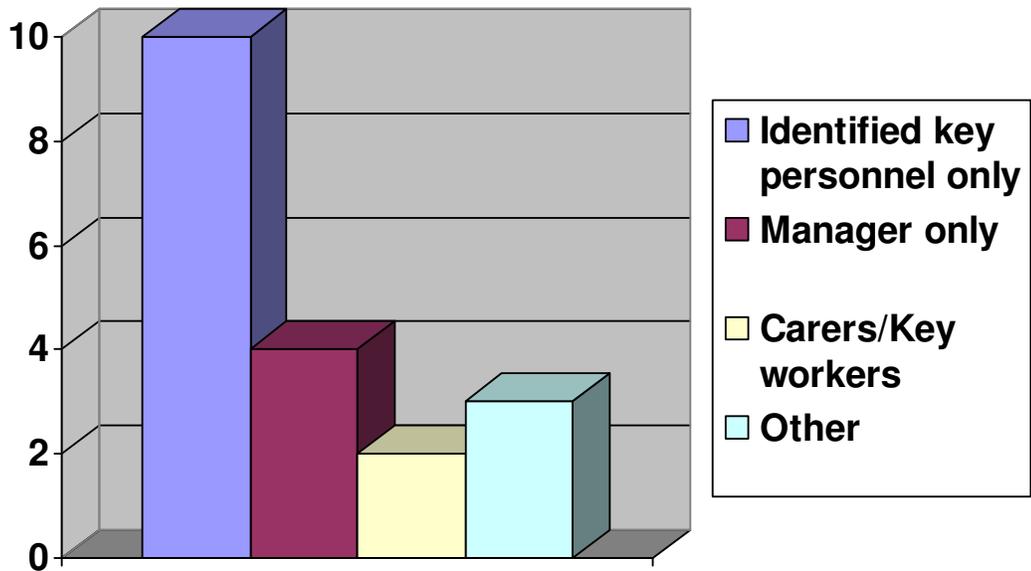
(RoSPA 2008 p26)



Fig; 5a. (HM) Who should carry out risk assessments?



**Fig; 5b. (IC) Who should carry out risk assessments?**



**Fig; 5c. (CP) Who carries out your risk assessments?**

(Note: Where 'Key Personnel' or 'Other' was chosen, specific job roles were identified such as supervisor, moving and handling trainer, health and safety advisor).

The information gathered from the questionnaires and subsequent discussion with insurance companies shows that insurance companies appear to be interpreting the legislation appropriately and are clear on their requirements, recommending thorough risk assessment by key personnel, and dedicated training for those using hoisting equipment. They are happy to accept informal carers where appropriate, provided they are trained in the use of the equipment and included in the risk assessment process. There is no suggestion of blanket policies being applied or specific demands being made of care providers to supply a stated number of carers to operate hoists.

Hoist manufacturers, perhaps unsurprisingly, also have a good understanding of the legislation and the necessity for proficient risk assessment. They, too, are happy to accept informal carers - subject to training and risk assessment. However, they feel that training for care providers could be either specific or included in general moving and handling courses, though again the majority make no specific demands on using a certain number of carers to operate a hoist.

In view of the above, it could be argued therefore that it is care providers who are misinterpreting or misunderstanding legislation, and the answers to the first question (Fig 1c) appear to bear this out. They are happy to include hoist training within general training but less happy to accept informal carers. While they demonstrate an understanding of the need for risk assessment their further comments on the questionnaires appear to place more importance on training (Appendix 1) and insurance cover.

It is clear from the responses that recurring themes are risk assessment and training, and the following section will consider these, first in the context of relevant legislation and then individually.

## **Legislation.**

There is a range of relevant legislation which provides information and guidance to ensure good practice and safe systems of work which includes;

- Health and Safety at Work Act. 1974.
- Management of Health and Safety at Work Regulations. 1999.
- Manual Handling Operations Regulations. 1992.
- Provision and Use of Work Equipment Regulations 1998.
- Lifting Equipment and Lifting Operations Regulations. 1998.
- Care Standards Act. 2000.
- Domiciliary Care; National Minimum Standards Regulations. 2002.

The key features of each Act or Regulation in respect of risk assessment, training and use of equipment are detailed in Appendix 2.

However, it should be noted that there are also regulations which directly affect how a care provider should manage their responsibilities in respect of health and safety, particularly moving and handling, and these are outlined below.

Within the Domiciliary Care; National Minimum Standards Regulations, Key Standards 11 and 12 require that;

11.1 The registered person ensures that the agency has systems and procedures in place to comply with the requirements of Health and Safety legislation.

11.3 The registered person appoints one or more competent persons to assist the agency in complying with their Health and Safety duties and responsibilities including;

- Identifying hazards and assessing risks
- Preparing health and safety policy statements
- Introducing risk control measures
- Providing adequate training and refresher training.

12.1 The registered person ensures that an assessment is undertaken, by a trained and qualified person, of the potential risks to service users and staff associated with delivering the package of care.

12.4 The registered person ensures that a *separate moving and handling risk assessment* is undertaken by a member of staff who is trained for the purpose, whenever staff are required to help a user with any manual handling task.

When such a risk assessment has been carried out Standard 12 continues;

12.8 Two people fully trained in current safe handling techniques and the equipment to be used are always involved in the provision of care when the need is identified from the manual handling risk assessment \*.

\*Note the wording '*when the need is identified from the manual handling risk assessment.*' The Standards quite clearly require that an individual risk assessment is carried out to determine the appropriate level of service provision, not that a blanket policy is applied regardless of the circumstances.

With regard to training;

Standard 19.5 All staff are provided with the required training on health and safety including manual handling.

These are key directives and should form the basis of sound health and safety practices for domiciliary care agencies, and indeed Section 29 of the Domiciliary Care Agencies

Regulations 2002 states that 'a contravention or failure to comply with regulations 4 to 6 and 11 to 25 shall be an offence'.

In addition to the legislation National Occupational Standards are also used to inform employers and employees;

*'National Occupational Standards are benchmarks of performance. They provide the means for assessing performance in a job: they are work-related statements of the ability, knowledge, understanding and experience that an individual should have to carry out key tasks effectively. Anyone in an occupation covered by Standards can use them to determine what level of competence is required and more importantly whether their own performance meets that industry expectation.'*

(NOS website)

**National Occupational Standards;**

Those relevant to risk assessment and moving and handling – including use of equipment such as hoists – are;

- HSC (Health and Social Care) 223 – Contribute to moving and handling of individuals
- HSC 360 – Move and position individuals
- HSC 450 – Carry out risk assessment
- HSC 3117 – Risk assessment in the workplace

## **Risk Assessment.**

*'In a three-year period, from April 2004 to April 2007, the HSE and local authorities received reports of approximately 92 incidents involving falls to patients or service-users, in the health and social care sector, where a hoist or sling was involved. The HSE is warning health and social care employers to ensure that risks assessments are carried out to determine the suitability of equipment used in everyday tasks'.*

(Birmingham Mail December 2008)

It is very clear that risk assessment is key to identifying the hazards and level of risk involved in moving and handling activities. Once hazards have been identified the assessor can decide on the likelihood of harm occurring and what control measures can be put in place to reduce the risks.

However, advice given within the legislation can appear ambiguous; risk assessment must be 'suitable and sufficient' and be carried out by 'competent' or 'suitably trained and qualified' persons. There is no national standard for people involved in risk assessment and there are many organisations offering risk assessment training.

In their own leaflet '5 Steps to Risk Assessment' the HSE advise managers that;

*'This is not the only way to do a risk assessment, there are other methods that work well, particularly for more complex risks and circumstances. If you run a small organisation and you are confident you understand what's involved, you can do the assessment yourself. You don't have to be a health and safety expert. If you work in a larger organisation, you could ask a health and safety advisor to help you. If you are not confident, get help from someone who is competent. In all cases, you should make sure that you involve your staff or their representatives in the process. They will have useful information about how the work is done that will make your assessment of the risk more thorough and effective'.*

While the '5 Steps to Risk Assessment' provides a sound basis for the process, it is reasonable to suggest that risk assessments for moving and handling of people require additional specific knowledge and skills.

Carole Johnson, writing in the Handling of People, 5<sup>th</sup> Edition, observes;

*'Although the HSE Guidance on the MHOR states that all manual handling risk assessments should be completed by a competent person and that the assessments should be based on common sense, it is largely believed that people handling assessments require a greater skill, because people are more complicated than loads. There is a strong move towards competency and therefore the risk assessor for manual handling of people would be wise to*

*complete courses that give them the assessment skills they require and evidences their qualification to assess moving and handling situations. There is an increasing need too for the handler to demonstrate competency in moving and handling skills and the desire for a manual handling 'driving test', at least at a basic level is often requested by employees and employers alike'.*

(HOP 5. 2005. p 100)

Most people who work in a particular industry will be able to identify the hazards involved in their own job and who is likely to be affected by them, and indeed many care workers are required to complete a 'hazard identification checklist' when they are placed with a new service user, although it should be emphasised that this is far from being a risk assessment. However, deciding on a risk rating can be complex and this is where further skills are required. There can be a tendency to put a 'high' risk rating on an activity without due consideration of the reality of a situation and how likely it really is that an accident or incident will occur.

In relation to hoisting of service users the assessment should be carried out by someone who has a good understanding of the potential hazards and who has received sufficient training to recognise and apply a realistic level of likelihood and impact, and it could be argued that, given such realistic risk assessment and effective control measures, the likelihood of an accident happening is actually very low.

Mandelstam comments on the proper management of risk as being a key aspect in reduction of manual handling injury;

*' A trawl through manual handling case law in health and social care over the past fifteen years or so (Mandelstam 2002) would seem to reveal that the main reason for manual handling injury is not due to the taking of well managed, higher risk. It is instead due, whether in the presence of higher or lower risk, to the absence of proper risk management – in terms of adequate allocation of resources, expertise, assessments, care plans, staffing, training, information, supervision and equipment etc. The gulf between properly managed and unmanaged risk is vast; indeed it is clearly arguable that higher risk well managed will ultimately pose a lower risk of injury than lower risk poorly managed'.*

(HOP 5 p28).

The commonly used 'TILEE' format reflects the primary factors which should be considered within a specific moving and handling risk assessment: Task, Individual (the carer), Load (the service user), Environment and Equipment.

Observation of hoisting transfers in the community shows that the following problems are examples of what might be identified under those headings;

- Task; Service Users are now more likely to remain in their own home even though they may have significant care needs. Consequently, carers spend a large part of their working time moving and handling service users and this is increasingly carried out using hoisting equipment. Frequency and duration of hoisting transfers must be considered.
- Individual; Repetition of heavy tasks, lack of specific training and inadequate or non-existent risk assessments may contribute to the potential for accident or incident. Carers own physical capabilities should be considered, including any pre-existing injuries or health conditions.
- Load; In line with the rest of the population, a number of service users are classified as within the 'obese' range of body mass. This added to the weight of the hoist means that care workers may be required to manoeuvre significant loads - weights of standard active and passive hoists range between 32kg and 48kg. Other factors to consider are the service user's health condition, whether they have orthoses or prostheses, and whether there are cognitive or behavioural difficulties.
- Environment; People's own homes are, in the main, not designed to accommodate and use hoisting equipment. Many properties are small, with narrow doors and corridors, and it is common to find the downstairs sitting room also being used as bedroom and bathroom. Consequently, active and passive mobile hoists are being used in a very restricted space. Carpeted floors increase the difficulty of manoeuvring a hoist.
- Equipment; Community Stores supply a small range of standard active and passive hoists and slings. However, where there are particular needs local specialist equipment advisors may arrange for non-standard equipment to be supplied, which care workers may be unfamiliar with.

So, it is clear that thorough risk assessment is the starting point in identifying the need for specific handling methods and equipment, and identifying how many carers are required and, more importantly, why.

Questions that should be asked are what benefit it will be to have a second person, what role will they have, what are they contributing to the hoisting transfer?

If it is the case that the service user is very heavy, there are constraints within the environment or there are problems with slings then these underlying issues need to be addressed and other options explored to resolve the problem rather than just supplying two carers.

If two are supplied because, as Mandelstam suggested *'it (the care agency) knows its staff to be insufficiently competent and therefore at greater risk of injury'* (HOP 5 P27), or at greater risk of contributing to injuring the service user the issues of training, and support from supervisors and managers, need to be addressed.

Furthermore, where two carers are supplied managers should be checking whether this has in fact improved the situation, that the second carer is involved in the transfer and is making a positive contribution rather than being present to carry out tasks which are unrelated to the hoist transfer, possibly even in another room.

Risk assessment requires employers to reduce risks to the 'lowest level reasonably practicable'. In other words the cost of further control measures should not outweigh the benefits of applying them.

In the case of hoisting, the following questions could be asked;

- Is there a significant level of risk (what are the risks and to whom) in the first place?
- What evidence is there that using two carers will reduce the risk?
- Have other options been considered?
- Does the cost of supplying two carers justify a possible reduction in risk level?

It could be argued that using two carers could actually increase the risks;

- There could be confusion over who carries out which part of the procedure, each might assume that the other had carried out necessary checks etc.
- There could be different working practices, levels of skill and knowledge, particularly where two agencies are sharing the care package. Who decides which of the two is using best practice?
- Two carers may be more concerned with their own conversation than concentrating on the service user's transfer.

## **Training.**

There have been many studies carried out on the content and efficacy of moving and handling training, some focusing specifically on PCT's and nursing staff, others including community care workers. Their conclusions are – in general terms - very similar;

*'The results of the systematic review indicate there is very little evidence supporting the effectiveness of both technique and educational based manual handling training. There was evidence that principles learnt during training are not applied in the workplace'.*

(Loughborough)

*'Training in manual lifting techniques has often been inappropriately regarded as the primary means of avoiding injury. The provision of training in manual lifting techniques in isolation can be misleading.*

(Norwich Union)

However, it should be noted that they are not dismissing training but suggesting that it should have a different, more specific, focus;

*'Effective training has an important part to play in reducing the risk of manual handling injury but it should not be regarded as a substitute for a safe system of work. Ergonomics interventions that include risk assessment, observation of workers, tailored training and task/equipment redesign have been shown to be beneficial. Survey respondents felt that manual handling training is more effective if it is tailored to specific industry and task demands. Practical elements in training were believed to reinforce learning, particularly if tailored to individual job demands'.*

(Loughborough)

And that;

*'Training should encourage the workforce to assess risk and there needs to be careful monitoring of working practices. The risk of injury from a manual handling task will be increased where workers do not have the information or training necessary to enable them to work safely'.*

(Loughborough)

And specifically;

*'It is essential that where, for example, mechanical handling aids are available, training is provided in their proper use'.*

(Loughborough)

It is clear that comprehensive, specific and regular training, delivered by qualified and experienced trainers is essential to ensure care workers achieve competence in the use of hoisting equipment. Trainers should preferably have a good knowledge of the demands of the care workers job role, and the constraints which may affect their working environment, and should ensure that all aspects of the transfer are considered: preparation of the environment, communication with the service user, applying and removing slings to minimise discomfort, appropriate sling settings for different transfers and planning the movement of the hoist and other equipment to reduce postural compromise and musculo-skeletal stresses.

*'If handlers are inadequately trained and do not use the equipment regularly they will lack proficiency and confidence in the use of hoists and slings. They may, therefore, choose to avoid using the equipment, or they use it incorrectly or incompetently'*  
(HOP 5 p193).

On the subject of who is deemed competent to deliver moving and handling training;

*'More than 75% of companies surveyed conduct in-house manual handling training rather than out sourcing training to consultants. If in-house personnel are used to act as trainers, suitable checks should be made to ensure that they have understood the information given to them and have reached an adequate level of competence. Employers should ensure they keep sufficient records to show who has been trained, when the training was carried out and what the content of the course was'.*  
(Loughborough 2007 pp iii- iv)

*'It is important that those providing the training are qualified to do so and that managers fully understand the principles behind such training. Only in this way would it be possible to get away from the belief that showing employees videos was the same as training them'.*  
(RoSPA 2000)

The National Back Exchange recommends that training should include:

- Spinal mechanics and function
- Importance of back care and posture, risk factors of back pain
- Current relevant legislation
- Assessment of risks
- Importance of ergonomic approach
- Principles of normal human movement
- Dealing with unpredictable occurrences
- Use of equipment and problem solving.

(NBE 2002)

And it is important to remember that;

*'Training is an ongoing process and the continuation of training by review or refresher courses must be planned and implemented. Appropriate supervision must be provided to ensure training is put into practice'.*

(Norwich Union 2006)

## **Conclusion.**

Where service users are unable to weight bear, are classified as within the obese or bariatric ranges or have physical features which present manual handling difficulties, hoisting equipment has proved invaluable for safe, effective and dignified transfers, which would otherwise require at least two people to manage by manually holding, lifting and manoeuvring. It is clear, however, that this research has highlighted key areas of concern around the use of hoists, particularly with regard to risk assessment and training, and many of the cases included in Appendix 3 identify poor or non-existent risk assessment and training as contributory factors to the accidents and injuries sustained by the service users.

As has been shown in the responses to the questions asked in this research insurance companies and hoist manufacturers are not applying, or advocating that others apply, blanket policies with regard to carrying out hoisting transfers. Their additional comments indicate that they strongly advise appropriate and specific training and sound risk assessment. Informal carers may be accepted where appropriate to work alongside formal carers provided they are suitably instructed in the use of the equipment, included in the risk assessment and covered by an appropriate level of insurance. These are reasonable conditions which will help to ensure safety of both service user and care worker, and appropriate use of equipment.

Care providers seem to have less understanding of legal obligations, and by applying the 'company policy' rule it could be argued that they are, in effect, using a blanket policy which disregards individual situations and individual needs. In particular, care providers should ensure that they are complying with Section 12 of the National Minimum Standards with regard to risk assessment and identification of individual need.

If care providers are prepared to draw on informal carers to work alongside their staff it is reasonable to suggest that insurance cover is considered, and this would need to be discussed with an insurance company to ensure appropriate cover. However it is unlikely that it would be necessary or appropriate for informal carers to attend the same training courses that care workers attend, rather that they should receive instruction in use of the equipment in their own, individual situations.

It is clear that sound risk assessment carried out by occupationally competent and experienced people is essential to provide thorough information to assist with the preparation for, and planning of, transfers to ensure that risk factors are minimised. In the case of hoisting transfers, the risk assessment should be carried out by people who are familiar with hoists and can identify where potential problems lie, but who also have a good understanding of the risk assessment process.

Assessors should consider the whole situation in order to identify where and what the difficulties are, to decide on a risk rating and to decide what control measures are appropriate to reduce the risks, including the reasons for supplying two carers. There is some good advice in The Handling of People: Chapter 9 – Manual Handling risk assessment – theory and practice.

Where assessors identify that there are particularly difficult situations or exceptional circumstances it may be advisable for them to seek further, specialist advice.

It is also clear that specific training in the use of a range of hoists and slings is strongly recommended and will ensure that operators are aware of, and can apply, safe practices, thus contributing to a reduction in accidents and incidents.

Carers should have the opportunity to learn how to;

- Plan transfers to minimise movement of the hoist
- Use the principles of effective movement when moving the hoist
- Apply and remove slings to ensure comfort and reduce the risk of skin damage
- Place other equipment such as commodes and wheelchairs to enable easier transfer
- Ensure comfortable transfers and good positioning on the bed, commode or chair and have the opportunity for sufficient practice and discussion as part of the training day.

Of course training has cost implications, not just the cost of the course itself but the added costs of releasing carers to attend, and care providers would doubtless prefer to purchase courses which cover moving and handling and hoisting together. However, they should perhaps balance these costs against the positive impacts of training; reduced sickness absence, higher staff morale, the enhanced reputation of the care provider and the quality of the service they provide.

### **Recommendations.**

The research suggests that there is a need for a national standard in hoist training and moving and handling risk assessment, and that specific training should be undertaken by risk assessors to ensure they have the knowledge and skills necessary to carry out their duties effectively and with confidence.

Where sound risk assessment and specific training are in place, it can be argued that there may be many instances where a service user can be safely hoisted by one carer or, where appropriate, one carer and a family member.

The outcomes of this research suggests that those providing care packages should perhaps look more closely at the circumstances and needs of the individual, and how these can best be met to ensure safety of the service user and carers, and cost-effective provision of care and allocation of resources.

Providers should ensure they have robust policies and procedures in place to meet their legal responsibilities, particularly in respect of moving and handling risk assessment and specific training of care workers to operate hoisting equipment.

Purchasers may wish to consider meeting with providers and working toward some standardisation of risk assessment and training to ensure consistency for all workers and service users.

**Further research opportunities.**

It should be noted that this research was carried out on a small scale. Although the hoist manufacturers and insurance companies are representative of national provision, the care agencies are based in Shropshire only. In addition, the time scale was quite short, taking only 3 months from the commencement of the project to the final report.

The researcher feels that the answers generated by the questionnaires have highlighted areas where further research is justified, for instance:

- A comparison of the policies of care providers on a regional or national scale.
- Consideration of accident, incident and injury statistics resulting from the use of active, passive and ceiling track hoists to investigate whether there are higher risk factors attached to the use of a specific type.
- Consideration of hoist accident, incident and injury statistics based on whether one or two carers were involved.
- Regional or national policies on the acceptance of informal carers.



## **Appendices**

Information from all respondents included in the survey.....page 35

Legislation.....page 45

Accidents and incidents involving use of hoisting equipment.....page 48

Bibliography.....page 52



**Appendix 1 - Information from all respondents included in the survey.**

**Care Providers.**

**1) What is your policy on using two care workers when hoisting service users?**

We always use two carers, its company policy	10
--	----

Comments; <ul style="list-style-type: none"> <li>• Best safe practice to use 2 carers to assist with moving hoist and supporting service user.</li> </ul>	
---	--

It depends on the Risk Assessment	6
-----------------------------------	---

Comments; <ul style="list-style-type: none"> <li>• Depending on type of hoist</li> <li>• Sole carer hoisting would only apply where a fixed ceiling track hoist was being used in a service users own home, and where a specific risk assessment deems this appropriate.</li> </ul>	
---	--

Using two carers is a condition of our insurance	4
--	---

The law says you must use two carers	1
--------------------------------------	---

Other (please specify)	1
------------------------	---

**2) What Hoisting training do your care workers have?**

Dedicated hoist training course	6
---------------------------------	---

Individual case instruction only	2
----------------------------------	---

Included in general manual handling course	12
--	----

Other (please specify)	3
------------------------	---

Comments;

- Every 12 months
- Individual case instruction if required.
- Individuals are shown, observed and assessed. It is only when employee and employer are satisfied with the abilities they are able to do hoisting. Also manual handling training is compulsory.
- Also may have meeting with manual handling specialist
- Some on-site training with actual equipment.

**Informal carers.**

**3) Do you accept informal carers (e.g. family members) as ‘second carers’?**

Yes	7
-----	---

Comments;

- I would have to ask my insurance company, provided informal carer was insured and trained and an agreement signed and risk assessment done. All these factors have to be taken into account before a decision can be made.
- If received full training from ourselves

No	10
----	----

If ‘no’ please state why

Comments;

- Insurance purpose
- Insurance issues. Unless they hold a training certificate or are specifically trained by us.
- Not trained to standards as staff are
- They will not be trained to the same standard and they are not covered with out insurance policy.
- As they have no formal training in manual handling and our insurance states all care workers have to be trained in manual handling and we are not allowed to use informal carers or double ups.

If 'yes', how do you ensure they are safe/trained?

<p>Comments;</p> <ul style="list-style-type: none"> <li>• Trained by our in-house manual handling trainer</li> <li>• Ensure training is given by physiotherapist/OT/moving and handling specialist when equipment is supplied on site.</li> <li>• Practice observed and assessed every six months by company manual handling trainer. If competence in question, or if the informal carer declines to co-operate, a second staff member is required.</li> <li>• Informal carers have to adhere to best practice and sign a document to that effect.</li> <li>• Only agree to use them if OT/Physio etc have agreed to it and shown informal carers what to do.</li> <li>• Training given in house if required. Trainer on staff.</li> <li>• Our course would be acceptable.</li> </ul>
--

**4) Do you carry out a specific risk assessment for informal carers?**

Yes	8
-----	---

<p>Comments;</p> <ul style="list-style-type: none"> <li>• If informal carers are used.</li> <li>• A full risk assessment is always carried out</li> </ul>
---

No	5
----	---

<p>Comments;</p> <ul style="list-style-type: none"> <li>• Not used as part of care</li> </ul>
---

**Risk Assessment.**

**5) Who carries out your risk assessments?**

Identified key personnel only (please specify job role)	10
---	----

Comments;	
<ul style="list-style-type: none"> <li>• Health and Safety Advisor and manager</li> <li>• Manager, Assistant Manager or senior carers.</li> <li>• Co-ordinators/managers</li> <li>• Senior carer/trainer</li> <li>• Operations Manager</li> <li>• Manual handling trainer and manager</li> <li>• Response team, Service Manager, Training Officer.</li> <li>• Care supervisor</li> <li>• Manager and Co-ordinator.</li> <li>• Manager or Care Co-ordinator.</li> </ul>	

Manager only	4
--------------	---

Carers/Key workers	2
--------------------	---

Other (please specify)	3
------------------------	---

Comments;	
<ul style="list-style-type: none"> <li>• Trained risk assessors including managers and supervisors</li> <li>• Manager/team leader</li> <li>• Manager/Deputy Care Manager and Business Director/Moving and Handling Trainer.</li> </ul>	

**Any other comments.**

Comment;	
<ul style="list-style-type: none"> <li>• We work to CSCI regulations in all of these subjects.</li> <li>• When using a hoist to transfer a service user from chair to bed and vice versa a 90 degree angle needs to be achieved. It is difficult for one carer to perform this task without pulling back muscles. The second carer can assist with this manoeuvre and ensure safety of service user. Also getting service user positioned in chair with one carer would be extremely difficult. The use of hydraulic hoists also increases risk of injury to carer and service user.</li> </ul>	

**Hoist Manufacturers**

**1) What would be your recommendation when hoisting service users?**

Always use two carers.	2
It depends on the Risk Assessment	6
Using one carer is safe.	0
The law says you must use two carers	0
Other (please specify)	0
Comments;	

**2) What Hoisting training would you recommend that care workers have?**

Dedicated hoist training course	6
Individual case instruction only	1
Included in general manual handling course	4
Other (please specify)	0
Comments;	

**Informal carers.**

**3) Would you recommend that informal carers (e.g. family members) could assist as 'second carers'?**

Yes	6
-----	---

Comments;

- Only if they have adequate insurance if an accident occurs where the carer is injured.
- Any carer with suitable and sufficient training can be an informal carer.

**If 'yes', what would you recommend to ensure they are safe/trained?**

- Must have insurance and have hoist training
- Would need to be trained by a Manual Handling specialist on techniques, and supplier re product functionality.
- Can identify correct positioning of product; Identify if product is in good condition; Identify if product is applied correctly; They are confident to carry out safe transfer.
- The risk assessment should take into account the person(s) carrying out the procedure.
- A training course/session on how to operate the relevant equipment e.g. hoist and slings
- Appropriate training course by competent person

No

1

**If 'no' please state why;**

- They may not be aware of the dangers should incorrect procedures be carried out. Inexperienced/Untrained. It may not always be appropriate for family members to assist during procedures such as toileting a person.

**4) Would you recommend that a specific risk assessment is carried out for informal carers?**

Yes

7

No

0

**Risk Assessment.**

**5) Who should carry out risk assessments?**

Identified key personnel only

7

Manager only	0
--------------	---

Carers/Key workers	1
--------------------	---

Other (please specify)	1
------------------------	---

Comments; <ul style="list-style-type: none"><li>• Qualified personnel only.</li></ul>
---

Any other comments;
---------------------

**Insurance companies.**

**1) What would be your recommendation when hoisting service users?**

Always use two carers	0
-----------------------	---

It depends on the risk assessment	3
-----------------------------------	---

Using one carer is safe	0
-------------------------	---

The law says you must use two carers	0
--------------------------------------	---

Other (please specify)	0
------------------------	---

Comments; <ul style="list-style-type: none"> <li>The law does not specify a number, it depends on the risk assessment.</li> </ul>	
---	--

**2) What Hoisting training would you recommend that care workers have?**

Dedicated hoisting course	3
---------------------------	---

Comments; <ul style="list-style-type: none"> <li>The law says that people must be trained in how to use equipment.</li> </ul>	
---	--

Individual case instruction only	0
----------------------------------	---

Comments; <ul style="list-style-type: none"> <li>This would be okay for informal carers.</li> </ul>	
---	--

Included in general manual handling course	0
--	---

Comments; <ul style="list-style-type: none"> <li>As long as there was time to cover all safety aspects and practice using the hoist.</li> </ul>	
---	--

Other (please specify)	0
------------------------	---

Comments;

- Specific training would be the best option.

**Informal carers.**

**3) Would you recommend that informal carers (e.g. family members) could assist as 'second carers'?**

Yes	2
-----	---

Comments;

- As long as they are trained how to use the hoist properly, and they should have insurance in case there is an accident.

No	1
----	---

If 'no' please state why;

- They do not have the same training as carers do, and might not be covered by insurance.

If 'yes', what would you recommend to ensure they are safe/trained?

Comment;

- It would not always be suitable for them to go on a carers training course, but a moving and handling advisor, or an OT or physio should make sure they know how to use the hoist.

**4) Would you recommend that a specific risk assessment is carried out for informal carers?**

Yes	3
-----	---

Comments;

- All aspects of a situation should be included in a risk assessment.

No	0
----	---

Comments;

**Risk Assessment.**

**5) Who should carry out risk assessments?**

Identified key personnel only	3
-------------------------------	---

Comments; <ul style="list-style-type: none"> <li>• Best to be done by people who know the situation, know the service user and are properly trained in risk assessment.</li> </ul>
--

Manager only	0
--------------	---

Comments; <ul style="list-style-type: none"> <li>• Managers probably would not have a good knowledge of every person and environment.</li> </ul>
--

Carers/key workers	2
--------------------	---

Comments; <ul style="list-style-type: none"> <li>• As long as they have training.</li> </ul>
--

Other (please specify)	1
------------------------	---

**Any other comments.**

Comment;
----------

## **Appendix 2 - Legislation.**

### **Health and Safety at Work Act 1974;**

General duties of employers to their employees.

- It shall be the duty of every employer to ensure, so far as is reasonably practicable, the health, safety and welfare at work of all his employees.
- the provision and maintenance of plant and systems of work that are, so far as is reasonably practicable, safe and without risks to health;
- the provision of such information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of his employees;
- Except in such cases as may be prescribed, it shall be the duty of every employer to prepare and as often as may be appropriate revise a written statement of his general policy with respect to the health and safety at work of his employees and the organisation and arrangements for the time being in force for carrying out that policy, and to bring the statement and any revision of it to the notice of all of his employees.

General duties of employees at work.

It shall be the duty of every employee while at work

- to take reasonable care for the health and safety of himself and of other persons who may be affected by his acts or omissions at work; and
- as regards any duty or requirement imposed on his employer or any other person by or under any of the relevant statutory provisions, to co-operate with him so far as is necessary to enable that duty or requirement to be performed or complied with.

### **Management of Health and Safety at Work Regulations 1999;**

The Management of Health and Safety at Work Regulations places a duty on employers to;

- Assess and manage risks to their employees and others arising from work activities

Employers must also make arrangements to;

- Ensure the health and safety of the workplace, including making arrangements for emergencies, adequate information and training for employees, and for health surveillance where appropriate.
- Employees must work safely in accordance with their training and instructions given to them.

Employees must also notify the employer or the person responsible for health and safety of any serious or immediate danger to health and safety or any shortcoming in health and safety arrangements.

### **Manual Handling Operations Regulations 1992;**

The Regulations establish the following clear hierarchy of control measures:

- Avoid hazardous manual handling operations so far as is reasonably practicable
- Make a suitable and sufficient assessment of any hazardous manual handling operations that cannot be avoided.
- Reduce the risk of injury from those operations so far as is reasonably practicable.

Where possible, you should provide mechanical assistance, for example a hoist. Where this is not reasonably practicable, look at ways of changing the task, the load and working environment.

\*Note; The UK courts have defined "reasonably practicable" as meaning that the cost of reducing the risk further would be grossly disproportionate to the benefit gained.

### **Provision and Use of Work Equipment Regulations 1998;**

In general terms, the Regulations require that equipment provided for use at work is;

- Suitable for the intended use
- Safe for use, maintained in a safe condition and, in certain circumstances, inspected to ensure this remains the case
- Used only by people who have received adequate information, instruction and training
- Accompanied by suitable safety measures, e.g., protective devices, markings, warnings

### **Lifting Equipment and Lifting Operations Regulations 1998;**

In using any lifting equipment the requirements of LOLER must be met. For example all lifting equipment must be:

- Sufficiently strong, stable and suitable for the proposed use. Similarly, the load and anything attached must be suitable
- Positioned or installed to prevent the risk of injury, e.g. from the equipment or the load falling or striking people
- Visibly marked with any appropriate information to be taken into account for its safe use, e.g. safe working loads. Accessories, e.g., slings, should be similarly marked

Additionally, you must ensure that:

- lifting operations are planned, supervised and carried out in a safe manner by people who are competent;
- where equipment is used for lifting people it is marked accordingly, and it should be safe for such a purpose

- Where appropriate, before lifting equipment (including accessories) is used for the first time, it is thoroughly examined. Lifting equipment may need to be thoroughly examined in use at periods specified in the Regulations (i.e. at least six-monthly for accessories and equipment used for lifting people and, at a minimum, annually for all other equipment) or at intervals laid down in an examination scheme drawn up by a competent person. All examination work should be performed by a competent person
- following a thorough examination or inspection of any lifting equipment, a report is submitted by the competent person to the employer to take the appropriate action

**Care Standards Act 2000;**

- The main purpose of the Act is to reform the regulatory system for care services in England and Wales. Care services range from residential care homes and nursing homes, children's homes, domiciliary care agencies, fostering agencies and voluntary adoption agencies through to private and voluntary healthcare services (including private hospitals and clinics and private primary care premises). For the first time, local authorities will be required to meet the same standards as independent sector providers.

**Domiciliary Care; National Minimum Standards Regulations 2002;**

- These are a progression from the Care Standards Act and have been drawn up to ensure that all aspects of care provision are subject to a certain standard, giving providers clear guidelines on how to achieve this.

### **Appendix 3 – Accidents and incidents involving use of hoisting equipment.**

- A Birmingham health care trust has been fined £20,000 after an elderly patient died when she fell through a hoist which was too big for her. Ninety-year-old Alice Belle hit her head and died shortly after the accident at Moseley Hall Hospital. The court heard Mrs. Belle fell as two auxiliary nurses used a sling and a battery-operated lifting hoist to move her from a commode to her bed in March 2006. No system was in place at the time for allocating slings to patients and it had been left to the nurses to make a judgement. Investigating inspector Amanda James said: “Alice Belle was a frail and vulnerable 90-year-old for whom the large sling, used at the time of the accident, was unsuitable. “The moving and handling risk assessment in place at the time did not specify which sling should be used for the patient. “A suitable risk assessment, carried out by competent staff, would have identified and recorded the appropriate type and size of sling and this should then have been communicated to all staff involved in moving and handling the patient. “South Birmingham Primary Care Trust failed in its duty by exposing the patient to grave risk. It is essential to ensure that all equipment, including hoists and slings, is appropriate for the individual being moved or handled. It is also vital that professional carers and nursing staff receive adequate information, instruction and training in the correct selection and safe use of that equipment.”

[www.birminghammail.net](http://www.birminghammail.net) January 2008

- A 90-year-old woman died ten days after she fell from a hoist being operated by two carers, an inquest heard yesterday. Widow V H, from Penwithick, near St Austell, fell up to three feet from a hydraulic hoist while carers were trying to move her from her bed to a chair. She suffered a fractured collarbone, lacerations to the head and severe bruising of her head, face and right side of her body.

[www.thisiswesternmorningnews.co.uk](http://www.thisiswesternmorningnews.co.uk) March 2008

- A coroner has returned a verdict of accidental death in the case of the 79-year-old lady who fell from her bath hoist and fractured her hip, whilst in the care of two care workers. She was taken to hospital where she died after surgery. Relative’s residents feel that the incident was just part of a much wider pattern of alleged negligence at the home. The relatives, who are still awaiting publication of the findings, instigated an investigation.

[www.richmondandtewickhamtimes.co.uk](http://www.richmondandtewickhamtimes.co.uk) July 2002.

- A 95-year-old grandmother died after a string of major failings at one of Bupa's private nursing homes. C W had a care plan, but staff failed to consult it. Their negligence included using the wrong hoist to lift her and only one person, who was inadequately trained, looking after her. The confused and disorientated pensioner was eventually injured after she fell and fractured her shoulder while being lifted back into her wheelchair after a bath. Although the post-mortem concluded the fracture was a "secondary cause of death", the systems in the care home were clearly unsafe and breached the Health and Safety at Work Act. Since the incident in November 2003, Abbotsleigh Mews Residential and Nursing Home in Sidcup, Kent has corrected its various shortcomings, ensuring workers not only consult a patient's care plan before bathing and using a hoist, but making it more readily accessible.

[www.irwinmitchell.com/news](http://www.irwinmitchell.com/news)

- A residential care home in St Albans has been fined £10,000 due to an accident at work, which led to the death of a 56 year old man who was staying there. The incident occurred at MacIntyre Care Home on 26 February 2007. An inadequately trained carer used a hoist to lift the resident from his chair to the bed, but the hoist had not been attached correctly, which then caused the man to fall. A Health and Safety Executive Inspector, Rubeena Surnam said: This was a needless death. I hope it demonstrates to care home employers that they need to take positive steps to identify the risks in their workplaces and manage them. Employers must be sure they adopt safe systems of work and care staff are trained in the use of equipment such as hoists and aware of the potential risks involved.

[www.injuriesdirect.com](http://www.injuriesdirect.com) November 2008

- Mrs. I M had lost the use of her left side after a stroke and needed a hoist to be moved. But staff were inadequately trained and she was 'covered in bruises' from accidents. The 78-year-old died a year after leaving the home.

[www.dailymail.co.uk](http://www.dailymail.co.uk) September 2007

- An elderly blind and disabled woman from Banff was badly injured while being lifted in a hoist because the local authority and her sheltered care provider failed to ensure adequate training for their carers. Their negligence resulted in A G (now 86), a resident of Banff's Doocot View very sheltered housing complex, suffering serious injuries to her leg, wrist and back. Aberdeenshire Council admitted that they had failed to ensure that DCS carers were adequately trained in the use of medical hoists for moving infirm residents and Deveron Care admitted failing to instruct their carers adequately in the use of such devices. DCS carers are now required to attend mandatory courses in the use of hoists which 80% of the current care staff have successfully completed, including the carer who was on duty on the night of Mrs G's accident.

[www.banffshire-journal.co.uk](http://www.banffshire-journal.co.uk) March 2008

- I am relatively disabled with arthritis and live with my brother who has had a severe stroke, he is cared for in a hospital bed and requires a hoist to get him up, before he was discharged from hospital, three home carers went to the hospital to receive some instruction mainly on the hoist, however within a few weeks two of these home carers had moved on and the remaining one had to teach others how to care for him. On two different occasions, two carers arrived to get him up but neither had ever operated a hoist so he had to be left in bed all day.
- We have very highly dependent people, some unable to articulate their needs, being cared for by untrained people, with no clinical support, their line managers not being health care professionals. The quality of the moving and handling training, when given is of questionable standard, a few hours delivered by two home care organisers. Submission from Western Isles carers, users and supporters network.

Accessed April 2009 [www.scottishparliament.uk](http://www.scottishparliament.uk)

- An investigation has been carried out to discover why an elderly woman slipped in her home while in the care of council contractors. Ivy Bellamy, 91, injured herself and was taken to hospital after falling from a hoist, despite being looked after by two carers from Care UK Harrow, based in College Road. Carers visit users' homes to help maintain their independence. A council spokeswoman said an investigation had been carried out into the incident, including a re-enactment. The re-enactment found that two care workers did everything correctly, and Mrs Bellamy's sons, who were present, stated they were happy for Care UK to continue to provide care for their mother. "However, there was concern over slipping in the toileting sling and it was decided to remove its use."

[www.harrowobserver.co.uk](http://www.harrowobserver.co.uk) August 2008

Example of cases in Shropshire – 2008.

- Mrs S has a progressive neurological condition and is hoisted for all transfers. She has a complex care package which is shared between private carers and an agency. The private carer, who has been instructed in safe handling by Mrs S's husband – a nurse instructor - safely and competently hoists Mrs S on her own. The care agency supplies two carers at each visit. The carers receive in-house training from their employer. Again, an independent Moving and Handling assessment was requested. However, the assessor felt there was a dilemma in this case because although Mrs S had no particular physical, psychological or emotional concerns and *could* be safely hoisted by one person, the level of training and competence of the two agency staff gave cause for concern.
- Mr A lives alone in a small bungalow. He had his right leg amputated above the knee, and on his discharge from hospital was supplied with a passive hoist and sling because he was unable to stand and transfer himself. A care package was set up to provide two carers, four times a day, seven days a week. Some months later an independent Moving and Handling assessment was requested by Mr A's social worker who was questioning the continuing need for two carers. The Moving and Handling advisor found that Mr A had regained much of his former strength and ability and for some time had been able to stand and transfer himself with supervision from one carer. The agency continued to insist on two carers because – regardless of the fact that it is not being used - there is a hoist in the property.

## **Bibliography.**

- Care Standards Act. 2000.
- Domiciliary Care; National Minimum Standards Regulations. 2002.
- Health and Safety at Work Act. 1974.
- Lifting Equipment and Lifting Operations Regulations. 1998.
- Management of Health and Safety at Work Regulations. 1999.
- Manual Handling Operations Regulations. 1992.
- Provision and Use of Work Equipment Regulations 1998.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations. 1995.
- The Workplace (Health, Safety and Welfare) Regulations. 1992.
- 'People Handling Summit'. October 2000. [www.rospa.com](http://www.rospa.com)
- *Handling Home Care*. 2002. HSE Publications.
- Haslam Cheryl et al. 2007. *Manual handling training; Investigation of current practices and development of guidelines*. Loughborough University for HSE Publications.
- Havering Primary Care NHS Trust. 2005. '*Policy for the use of Hoists*'
- Hignett Sue, Crumpton Emma, Ruzsala Sue, Alexander Pat, Fray Mike, Fletcher Brian. 2003. *Evidence-Based Patient Handling – Tasks, Equipment and Interventions*. Pp123-131. London. Routledge.
- Hignett Sue. 2005. '*Measuring the Effectiveness of competency-based education and training programmes in changing the manual handling behaviour of healthcare staff*'. Health and Safety Executive.
- HSE Prosecutions Website; [www.hse.gov.uk/prosecutions](http://www.hse.gov.uk/prosecutions)
- HSE Statistics website; [www.hse.gov.uk/statistics](http://www.hse.gov.uk/statistics)
- *Independence, Well-Being and Choice*. 2005. Department of Health.
- IOSH Managing Safely. Version 3.0. Institute of Occupational Safety and Health.
- Leicestershire County and Rutland NHS Primary Care Trust. 2007. '*Code of practice for using hoists to move patients*'.
- Mandelstam Michael. 2001. '*Provision of Equipment by the NHS; Legal aspects*'. Royal Shrewsbury Hospital NHS Trust.
- Mandelstam Michael. 2002. *Manual Handling in Health and Social Care – An A-Z of Law and Practice*. London. Jessica Kingsley.
- Mandelstam Michael. 2005. '*Manual Handling: Law, Practice and Balanced decision making*' Smith Jaqui (Ed). 2005. *Guide to the Handling of People – 5<sup>th</sup> Edition*. London. Backcare.
- Mandelstam Michael. 2005. *Community Care Practice and the Law –Second Edition*. London. Jessica Kingsley.

- Mandelstam Michael. February 2001. '*Safe Use of Disability Equipment and Manual Handling; Legal Aspects-Part 2, Manual Handling*' British Journal of Occupational Therapy. 64(2).
- Manual Handling Assessments in Hospitals and the Community 1996. Revised 2003. RCN. London.
- *Manual Handling in Nursing and Residential Care Homes*. Ref No 5017 (v6) 2006. Norwich Union Risk Services Leaflet.
- National Occupational Standards website; [www.ukstandards.org](http://www.ukstandards.org)
- NBE Training Guidelines. Revised version. 2002. National Back Exchange.
- Northamptonshire Healthcare NHS Trust. 2008. '*Guidelines for the safe use of electric patient lifting hoists*'.
- Safer People Handling Risk Assessment. Issue 1. RoSPA. 2008.
- Skills for Health website; [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)
- Smith Jaqui (Ed). 2005. *Guide to the Handling of People – 5<sup>th</sup> Edition*. London. Backcare.
- Winchcombe Maggie and Dalrymple Kirstie. 2000. *Handle with Care – An evaluation of Moving and Handling and Hoist Assessments in Shropshire*. London. DLCC.
- [www.banffshire-journal.co.uk](http://www.banffshire-journal.co.uk)
- [www.birminghammail.net](http://www.birminghammail.net)
- [www.dailymail.co.uk](http://www.dailymail.co.uk)
- [www.harrowobserver.co.uk](http://www.harrowobserver.co.uk)
- [www.injuriesdirect.com](http://www.injuriesdirect.com)
- [www.irwinmitchell.com/news](http://www.irwinmitchell.com/news)
- [www.richmondandtwickenhamtimes.co.uk](http://www.richmondandtwickenhamtimes.co.uk)
- [www.scottishparliament.uk](http://www.scottishparliament.uk)
- [www.thisiswesternmorningnews.co.uk](http://www.thisiswesternmorningnews.co.uk)

