

Basic Personal Care MOT

“We are really worried about what will happen to our son’s basic care when we are dead and gone. What we need is an ‘MOT checklist - type thing’ so that we can be sure that he will be supported properly.”

Parent of adult with a learning disability in Nottingham.



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Basic Personal Care MOT

The aim of this document is to provide advice and guidance to staff assisting people with a learning disability, in aspects of basic personal care.

This is a guide to supplement policy and guidance in the development of personal support plans. The support plan should be developed with the person wherever possible or their representative and form part of their person centred plan.

Summary MOT Certificate

Name: _____

This certificate provides a checklist of the basic personal care needs being assessed.

Assessment date: _____

Next review date: _____

Name of reviewer: _____

No.	Issue		Passed
1.	Personal hygiene	Is a plan needed?	
		Is a plan in place?	
		Has the plan been reviewed?	
2.	Oral hygiene	Is a plan needed?	
		Is a plan in place?	
		Has the plan been reviewed?	
3.	Fingernail and hand care	Is a plan needed?	
		Is a plan in place?	
		Has the plan been reviewed?	
4.	Toenail care and foot care	Is a plan needed?	
		Is a plan in place?	
		Has the plan been reviewed?	
5.	Shaving	Is a plan needed?	
		Is a plan in place?	
		Has the plan been reviewed?	
6.	Hair care	Is a plan needed?	
		Is a plan in place?	
		Has the plan been reviewed?	
7.	Clothing	Is a plan needed?	
		Is a plan in place?	
		Has the plan been reviewed?	

Copy given to: _____

(e.g. a copy of this completed checklist may be given to a carer, inserted in Health Action Plan or given to independent auditors)

Summary checklist

(This list is not exhaustive and allows space for personal additions.)

Task	Daily	Weekly	Monthly - 6 Monthly	6 Monthly - Yearly	Yearly
Wash/Bath/shower	X				
Wash hair	X	If not daily			
Shave – assuming not growing a beard	X	If not daily			
Check cleanliness of clothing and appropriateness for the weather	X				
Change underwear and socks	X				
Comb/brush hair	X				
Check fingernails, clean and trim	X	X			
Cut/file toenails		X	X		
Visit podiatry			X	X	
Check feet	X				
Clean down wheelchair/aids, etc.	X				
Clean teeth	Twice daily				
Apply creams, etc.	As prescribed				
Cut hair			X	X	
Visit dentist				X	
Visit to optician					2 yearly
Cleaning of glasses	X				
Annual health check				X	X
Medication review				X	X
Hand washing	XXXXXXXX				
Weight			X		
Cervical smear					3-5 years
Changing of sanitary pads whilst menstruating	Minimum 3-4 hours daily except at night				

1

Personal hygiene

Personal hygiene, such as bathing, is very much dependent on the culture in which you live. In some cultures it is expected that you will wash your body at least every day and use deodorants to stop body smells. Other cultures have different expectations.

Sweat is odourless, but if sweat is left on the skin then bacteria that normally live on the skin break it down. This releases chemicals that give unpleasant smells. Some areas of the body such as armpits and genitals are more likely to produce odour because the sweat glands in these areas are slightly different. Careful attention to both male and female genital areas is necessary to avoid unpleasant odours or infection. These glands produce proteins and oily substances that bacteria feed on. The symptoms are an unpleasant smell that may be worse in hot and sweaty conditions. The smell will disappear with a shower or bath but will return if a person puts on unwashed clothes that are covered in old sweat and bacteria.

Areas to be addressed when devising a personal hygiene plan:

1. Does the person prefer a bath or shower?
2. What is the best time to have a bath or shower?
3. Are there times in the day when the person needs extra assistance in keeping clean e.g. after dinner?
4. What verbal and/or physical assistance is required by the individual? Does the person require a skills assessment?
5. Does the person become anxious or agitated when bathing? How can this be minimised?
6. What action will be taken if the person refuses to bathe? How long they will be left without bathing and what alternatives are available?
7. Does the person have any skin conditions that require treatment?
8. What toiletries does the person prefer to use?
9. Does hair washing need to be included?
10. Can the person clean their genital area without assistance? If not how will the person be assisted?
11. Does the person need extra assistance during menstruation?
12. Does the person wear antiperspirant/deodorant?
13. Does the person use aids (such as wheelchair, glasses, hearing aid, etc.) that need cleaning and maintaining? If so, consider frequency and approach.

Remember:

- Consider the person's cultural needs.
- The necessity for clean underwear and socks in maintaining personal hygiene.

2

Oral hygiene

Oral hygiene is the practice of keeping the mouth clean and is considered to be the best means of preventing cavities and other dental disorders. It also helps to prevent bad breath (halitosis). Oral hygiene is necessary to maintain the health of both teeth and mouth - daily as well as routine professional dental care is essential. Good oral hygiene ensures that teeth have fewer cavities, are clean and have minimal plaque deposits whilst gums are pink healthy and firm.

A healthy mouth contributes to the overall wellbeing of the individual.

Brushing

Brushing is essential for cleaning teeth and gums effectively. Use a toothbrush with soft, nylon, round-ended bristles that will not scratch and irritate teeth or damage gums.

Make sure the person is comfortable and their head is supported if you are brushing their teeth. If possible make sure the person is seated.



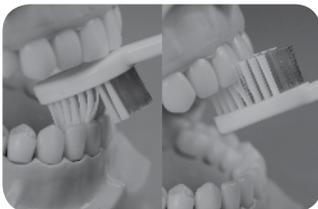
1



2



3



4



5

1. Place bristles along the gum line at a 45-degree angle. Bristles should contact both the tooth surface and the gum line.
2. Gently brush the outer tooth surfaces of 2-3 teeth using a vibrating back & forth rolling motion. Move brush to the next group of 2-3 teeth and repeat.
3. Maintain a 45-degree angle with bristles contacting the tooth surface and gum line. Gently brush using back, forth, and rolling motion along all of the inner tooth surfaces.
4. Tilt brush vertically behind the front teeth. Make several up & down strokes using the front half of the brush.
5. Place the brush against the biting surface of the teeth & use a gentle back & forth scrubbing motion. Brush the tongue from back to front to remove odour-producing bacteria.

Remember:

- Always thoroughly rinse the toothbrush after use.
- Never share toothbrushes.
- Use disposable gloves if you are assisting a person in attending to their personal hygiene.
- Replace the toothbrush every three to four months.

Researchers have established that thousands of microbes grow on toothbrush bristles and handles. Most are harmless but others can cause cold and flu viruses, the herpes virus that causes cold sores and bacteria that can cause periodontal infections.

Oral hygiene

Areas to be addressed when devising a support plan for oral hygiene:

1. What verbal and/or physical assistance is required by the person? Does the person require a skills assessment?
2. Where is the best place to support the person in brushing their teeth?
3. When is the best time is to support someone brushing their teeth?
4. Consider what tooth brushing products are going to be used. Are they readily to hand?
 - a. What flavour toothpaste does the person prefer?
 - b. What size toothbrush would be best?
 - c. Would an electric toothbrush be better?
5. What risks may be involved and how may they be reduced?
6. Does the person experience any known gum or mouth conditions that may affect tooth brushing? If gums bleed, continue to brush but seek dental advice.
7. If the person has difficulty spitting and/or swallowing consider alternatives to rinsing.
8. Determine frequency of full dental checks and associated support needs to ensure successful visits.
9. If an individual refuses to access dental checks a full team meeting is to be convened and an approach which evidences duty of care developed.
10. If a person is able to brush their own teeth do not always assume that they have the skills and ability to brush thoroughly – extra help may be needed to remove the plaque.
11. Changes in behaviour, eating, talking, smiling, etc. may be associated with teeth or mouth problems. Always assess changes in behaviour and act accordingly.
12. Consider the person's diet and the effects on oral hygiene.

3

Fingernail & hand care

Nails grow approx 3mm a month. Hands need to be washed thoroughly with soap and water before and after every meal and after visiting the toilet. Fingernails need to be checked on a daily basis to check for dirt collecting underneath them and cleaned as necessary.

An emery board can be used for filing down rough nail surfaces. An emery board should not be used to scrape the natural nail surface at all as it will make smooth fingernails rough. Use the emery board on the end of the nail in order to give it a consistent shape and make the tip of the nail smooth.

Trimming fingernails

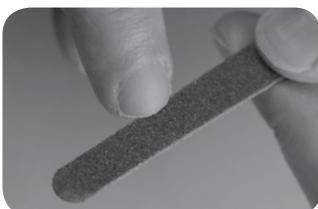
A fingernail clipper is used to reshape or shorten nails more efficiently than with an emery board. The clipper is designed to fit nail shape and is able to cut the fingernail tip surface without having enough force to do cutting damage.

Healthy nails need trimming at least once a month. Never trim nails to the quick, which is the place where fingernail cartilage meets skin.

Assess an individual's skill and risks before allowing them to cut their own nails. Some fingernails are hard, and will need some sharper fingernail cutters to cut through them.

Remember:

- Each person should have their own nail clippers, scissors and emery board.
- Seek medical advice if the person's nails appear to be damaged or diseased before cutting.
- Only file nails when the person's nails are dry.
- Always file the nails in one direction.



Fingernail & hand care

Areas to be addressed when devising a care plan for trimming nails

1. Is the person independent with no risk issues regarding sharp objects?
2. Is the person likely to scratch themselves or others? If so, nails should be kept as short as possible to prevent injury.
3. What action will be taken if the person refuses and what is the contingency plan?
4. Does a desensitisation plan need to be devised?
5. Can the person have nails filed daily rather than struggle to cut nails?
6. Does the person have dirty fingernails? What are they dirty with and how diligent do staff need to be? How are staff going to clean them?
7. What is the best time of the day to trim nails?
8. Where is the best place to cut nails? Remember you will need to collect and dispose of cut nails.
9. Would the person enjoy a manicure?
10. What verbal and/or physical assistance is required by the person? Can they do this independently?

4

Toenail & foot care

Examine feet daily for dryness, breaks in the skin, calluses, etc. Apply a moisturising foot cream if skin is dry and rough (except in between toes) and check the length of toenails. Ensure that shoes and hosiery fit feet and are comfortable. Change hosiery daily. Hosiery should be made of natural fibres.

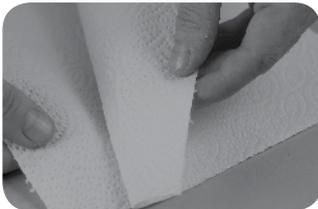
Wash feet every day. Always test the water temperature.

Pat dry, don't rub, feet dry and be sure to dry between and under the toes.

Soaking feet is soothing and beneficial, but to avoid dry skin never soak for more than ten minutes.

If a person has access to podiatry services ensure that they regularly attend appointments.

Cut or file your nails straight across and never shorter than the end of the toe. Use toenail clippers, scissors, a rounded diamond-chip nail file or an emery board. Ensure that nails are dry and only file in one direction.



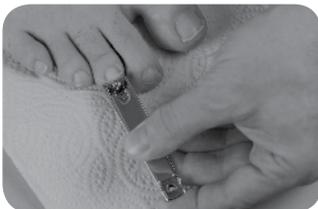
A



B



C



D



E

Steps:

1. Spread tissue or newspapers on the ground to catch nail clippings. **(Image A)**
2. Hold toe clippers in one hand, grasping the foot with the other
3. The foot should be placed over the tissue or newspaper. **(Image B)**
4. Cut big toenail straight across. **(Image C)**
5. Repeat for other toes. **(Image D)**
6. Gather the tissue or paper with clippings and throw away. **(Image E)**
7. Inspect ground for loose clippings.
8. File nails to remove any sharp or rough edges.

Remember:

- Do not cut a person's nails if they have diabetes, poor circulation or any other known physical condition which advises podiatrist input.
- See the doctor right away if you notice any of the following:
 - a. Any breaks in the skin that don't heal or become infected.
 - b. Unusual colour changes in any part of the leg or foot.
 - c. Pain in legs or feet at rest or walking.
 - d. Hot, red, swollen areas on legs or feet.
 - e. Any other significant change.
- Each person should have their own scissors, nail clippers and emery board.
- It is easier to file frequently than to leave the nails for long periods.

Toenail & foot care

Areas to be addressed when devising a plan for toenail and foot care:

Nails should be trimmed on a monthly basis.

1. Does the person require a podiatrist?
2. Is there an infection that needs treating?
3. When is the best time to try to cut nails i.e. just after a bath or shower?
4. If the person is independent what checks are in place to ensure that the feet are being cared for?
5. Is there any prescribed treatment?
6. What is the best equipment to use?
7. Are there any concerns about behavioural difficulties?
8. What action are you going to take if the person refuses and the toenails are too long that they are affecting mobility?
9. How do staff communicate to the person that they are going to trim nails?
10. What verbal and/or physical assistance is required by the individual - is further assessment required?

5

Shaving

Shaving is the removal of body hair (most commonly facial hair) and can be done with a manual wet razor (wet shaving) or an electric razor (dry shaving). Individuals may choose to remove hair from other areas of their bodies. Choices regarding removal of body hair can be influenced by a variety of things including gender, culture and fashion trends.

How to wet shave

The following describes how to wet shave.



A



B



C



D



E



F

1. Wet the face with warm water. A wet washcloth may be held against the beard for a few minutes to soften the skin.
2. Fill the sink basin or bowl halfway with warm water.
3. Get out a new razor or replace the used blade in the regular razor. Do not share razors or use rusty blades.
4. Put shaving cream into the hand and apply it to the beard in upward circular motions. The amount needed may vary depending on the thickness of the beard, but the area to be shaved should be covered uniformly. **(Image A)**
5. Shave downward, the way the whiskers grow, from sideburns toward the jaw bone using long, even strokes. Apply light but firm pressure, pulling skin taut before each stroke. **(Image B)**
6. Rinse the razor with warm water after every stroke or two to keep it from getting clogged with hair. **(Image C)**
7. Shave the area around the chin. Shave upwards as necessary to make the area smooth. When shaving under the chin, pull the razor from throat area towards the chin. **(Image D)**
8. Shave the upper lip, keeping skin tight by curling the lip over front teeth. **(Image E)**
9. Wash off any excess shaving cream and examine the face for straggling hairs. Check the edge of jaw, around ears, and near lips and nostrils for missed hairs. Go back with the razor to shave any hairs missed. **(Image F)**
10. Drain and wash out the basin and apply cold water or aftershave as desired.

Remember:

- Shave as often or as rarely as the person feels is appropriate.
- Double-blade razors give a closer shave than single-blade but are harsher on the skin. It may be worth experimenting with both.
- If an electric shaver is used follow the manufacturer's instructions.
- Do not share a razor.
- Use disposable gloves if you are shaving someone else.

Shaving

Electric Shaving

1. Electric shavers may be easier to use than wet razors.
2. Make sure there is enough light in the room.
3. Plug in the shaver or check that batteries work.
4. Press the shaver firmly on the face using circular motions.
5. Shave each area of face until it looks and feels smooth.
6. Put shaving lotion on the face if desired.
7. Clean the shaver head and put away.
8. Do not use the electric razor for more than one person.
9. Ensure that the cord of the electric shaver is not damaged.
10. Do NOT wet the gentleman's face before shaving.
11. Do NOT use shaving cream. Only use a pre-shave lotion which is meant to be used with electric shavers if desired.

Areas to be addressed when devising a plan for shaving:

1. What verbal and/or physical assistance, if any, is required by the individual?
2. Is it better for the person to have a wet or dry shave?
3. Does the person has sensitive skin? What are the necessary actions to take if so?
4. Are there additional skin conditions that may need to be considered when supporting shaving?
5. Where is the best place to support the person shaving?
6. Protect clothing if the person chooses to shave once dressed.
7. What shaving products are going to be used (remember many aftershave lotions sting) and are they readily to hand?
8. Are there any risks involved? What are they and how may they be reduced?
9. If the person is prescribed and taking blood thinning medication such as Warfarin do not use a wet razor.
10. If someone chooses to grow a beard, plan for care of the beard to include trimming, washing and conditioning of skin.
11. Do not be tempted to shave the facial hair of a woman. Consider alternatives at all times.
12. Consider if it is appropriate to shave a woman's legs or underarms and how that decision is made.

6

Hair care

Hair care includes hair cuts where the hair is trimmed and restyled and also washed. Often hair washing is carried out as part of the bathing or showering routine.

Hair cutting: Scalp hair grows 3mm per week on average. The frequency of hair cutting is dependent on the style chosen and how quickly the hair looks untidy and is difficult to manage. On average most people have their hair cut every 8 to 10 weeks.

Hair washing: Certain cultures dictate hair washing frequencies from daily to monthly therefore it is advisable to check with individuals before you offer to assist. Hair should be washed to remove dirt and dust. The scalp releases oil to lubricate itself and this can act as a trap to the particles making the hair appear dark and unpleasant to touch and smell. Hair can be conditioned after washing to give it protection.

A guideline to washing hair is from a daily basis to once a week depending on hair type and also the request of the individual.

Essential times when the hair should be washed more frequently:

- After exercise or if the person has been sweating
- If the person has food /substances in their hair
- If hair products are used such as hair gel, etc.
- If the hair is becoming matted and difficult to brush or comb

Hair brushing /combing: This should be done on at least a daily basis to prevent the hair becoming tangled and knotted.

Dandruff: If a person has a flaking scalp don't just assume that it is dandruff. It is important to seek medical advice as it could be an indication of other conditions such as fungal infections, psoriasis, head lice or dermatitis. The correct treatment for the condition can be prescribed by the GP.

Remember:

- It is important to check hair for head lice on a frequent basis.
- Consider different cultural needs in maintaining hair needs.
- Consider different treatments required by different hair types.
- Hair brushes and combs should never be shared.

Hair care

Areas to be addressed when devising a hair washing plan:

1. How often should hair be washed (e.g. daily basis)?
2. How is a person reminded to wash their hair?
3. What verbal and/or physical assistance is required by the individual? Is a skills assessment required?
4. If the person is independent what checks are in place to ensure that this is done?
5. Does the person have a scalp condition?
6. If the person refuses what action are staff to take and how long is the individual going to be left without washing their hair?
7. Does the person prefer a bath or shower?
8. What is the best time of the day if there are difficulties?
9. What products does the person prefer and need?
10. How often does the person go to the hairdressers or barbers?
How might a person be best supported?
11. Does the person enjoy having their hair styled?

7

Clothing

It is essential that certain clothes are changed on a daily basis i.e. underwear and socks.

Clothes will begin to smell very quickly if they have sweat, stale food or fluids on them. It is important to check clothing at regular intervals during the day and give an opportunity to change. Clothes need to fit the person correctly and be comfortable.

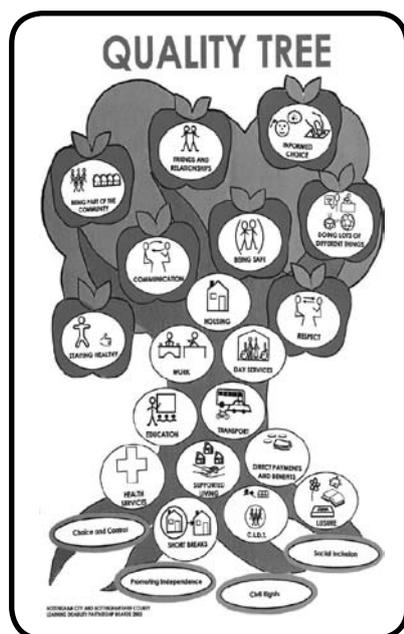
It is essential that the person has appropriate footwear that is safe and fits correctly.

Areas to be addressed when devising a care plan for clothing

1. What choice is the person able to make for themselves?
2. What verbal and/or physical assistance is required by the individual? Is a further assessment needed?
3. Are there certain types of clothes that are more comfortable?
4. Are there risk issues e.g. ligaturing?
5. Is the clothing appropriate for the weather or temperature?
6. Will the person change clothes if they are dirty?
7. Does the person recognise that clothes are dirty?
8. Does the person have difficulty walking? Do they need specialist footwear?
9. Does clothing fit properly or need altering to body shape?
10. Does the person use aids or adaptations that affect clothing?
11. Will the person rip clothes, if so what will be the action of the staff?
12. Will the person remove clothes and refuse to redress?
13. What needs to be considered when supporting someone in making clothing choices e.g. age, gender, activity, purpose, etc?

Remember:

- People wear clothes for functional reasons as well as fashion reasons.
- Clothes must be replaced and repaired as required.
- What people wear can give messages to others - careful consideration needs to be taken when choosing clothes for others.



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