

UT COMPLIANCE

A TRADING NAME OF UNIQUE TENDERS LIMITED

POLICY DOCUMENT

Moving and Positioning Policy

UT Compliance

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1. Scope

1.1 Purpose

This policy sets out the framework by which ensures that all moving and positioning activities involving service users are carried out safely, with dignity, and in accordance with current UK legislation, best practice guidance, and the requirements of the Care Quality Commission (CQC). The policy aims to minimise the risk of injury to both service users and staff during any moving and positioning task undertaken in a domiciliary care setting.

1.2 Application

This policy applies to all employees, agency workers, volunteers, and contractors engaged in the delivery of care and support services on behalf of . It applies to all moving and positioning activities undertaken in the homes of service users, including transfers, repositioning, assisted mobility, and the use of moving and handling equipment.

1.3 Scope of Moving and Positioning Activities

Moving and positioning encompasses a wide range of activities carried out during the provision of domiciliary care, including but not limited to:

- Assisting service users to move from bed to chair, chair to commode, or between other surfaces
- Repositioning service users in bed to prevent pressure damage and promote comfort
- Supporting service users with standing, walking, and transfers using mobility aids
- Using mechanical lifting equipment such as hoists, stand aids, and transfer boards
- Assisting with personal care tasks that require repositioning, such as washing, dressing, and toileting
- Supporting service users during rehabilitation exercises as directed by physiotherapists or occupational therapists
- Emergency repositioning following a fall or unexpected change in the service user's condition

1.4 Principles Underpinning This Policy

All moving and positioning activities must be guided by the following overarching principles:

- The safety and wellbeing of service users and staff are paramount at all times
- Service users must be treated with dignity and respect during all moving and positioning activities
- Risk assessments must be completed before any moving and positioning task is undertaken
- Staff must only carry out moving and positioning tasks for which they have been trained and assessed as competent
- Individual care plans must detail specific moving and positioning requirements, including equipment to be used
- Service users should be encouraged and supported to maintain their independence and mobility wherever possible

1.5 Exclusions

This policy does not cover the manual handling of objects or supplies. While general principles of safe handling apply, the specific risk assessment and procedural requirements set out in this policy relate exclusively to the moving and positioning of people. For manual handling of objects, staff should refer to the separate Manual Handling Policy.

1.6 Integration with Care Planning

Moving and positioning requirements form an integral part of each service user's individual care plan. The care plan must clearly document the assessed needs, preferred methods of transfer, equipment required, the level of assistance needed, and any specific considerations such as pain management, skin integrity, or behavioural factors that may affect the approach to moving and positioning.

2. Legal and Regulatory Framework

The following legislation and regulations provide the legal foundation for this policy and must be adhered to by all staff:

Legislation / Regulation	Requirements
Health and Safety at Work etc. Act 1974	Places a general duty on employers to ensure, so far as is reasonably practicable, the health, safety, and welfare of employees and others affected by work activities. Requires provision of safe systems of work, adequate training, and supervision.
Manual Handling Operations Regulations 1992 (as amended)	Requires employers to avoid hazardous manual handling operations so far as is reasonably practicable, assess the risk of injury from manual handling that cannot be avoided, and reduce the risk of injury to the lowest level reasonably practicable.
Management of Health and Safety at Work Regulations 1999	Requires employers to carry out suitable and sufficient risk assessments, implement preventive and protective measures, provide health surveillance where appropriate, and ensure employees are competent and adequately trained.
Provision and Use of Work Equipment Regulations 1998 (PUWER)	Requires that all work equipment, including hoists, slings, and mobility aids, is suitable for its intended use, properly maintained, inspected at appropriate intervals, and used only by trained personnel.
Lifting Operations and Lifting Equipment Regulations 1998 (LOLER)	Requires that all lifting equipment used for lifting persons is thoroughly examined at least every six months by a competent person, is safe and fit for purpose, and that examination reports are retained.
Care Act 2014	Establishes the duty to promote individual wellbeing, including physical and mental health, personal dignity, and control over day-to-day life. Requires person-centred approaches to care and support.
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	CQC fundamental standards, including Regulation 12 (safe care and treatment), Regulation 15 (premises and equipment), and Regulation 18 (staffing), directly relevant to moving and positioning practices.
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	Requires the reporting of specified workplace injuries, occupational diseases, and dangerous occurrences to the Health and Safety Executive (HSE), including those arising from moving and handling activities.

Legislation / Regulation	Requirements
Workplace (Health, Safety and Welfare) Regulations 1992	Requires that workplaces, including the service user's home where care is delivered, are maintained in a condition that does not pose risks to the health or safety of staff or service users.
Human Rights Act 1998	Protects the right to dignity, privacy, and respect. Moving and positioning must not be carried out in a manner that infringes upon the human rights of service users.
Mental Capacity Act 2005	Provides the legal framework for assessing capacity and making decisions on behalf of individuals who lack capacity. Relevant where a service user may refuse or be unable to consent to moving and positioning interventions.
Equality Act 2010	Requires reasonable adjustments to be made for individuals with protected characteristics, including disability. Moving and positioning approaches must accommodate the individual needs and preferences of all service users.

3. Definitions of Key Terms

The following definitions apply throughout this policy:

Term	Definition
Moving and Positioning	Any activity involving the movement or repositioning of a service user, whether by physical assistance, mechanical equipment, or guided instruction, to facilitate care delivery or promote comfort and wellbeing.
Manual Handling	Any transporting or supporting of a load (including the lifting, putting down, pushing, pulling, carrying, or moving thereof) by hand or by bodily force.
Risk Assessment	A systematic process of evaluating the potential risks associated with a moving and positioning task, taking into account the individual, the task, the load, and the environment (TILE assessment).
TILE Assessment	A structured risk assessment framework considering the Task, Individual (staff member), Load (service user), and Environment to identify and mitigate risks.
Hoist	A mechanical device used to lift and transfer a service user, typically from one surface to another, using a sling attachment. Includes mobile hoists, ceiling track hoists, and standing hoists.
Sling	A fabric support device attached to a hoist that cradles the service user during a lifting operation. Slings are individually prescribed and must not be shared between service users without appropriate decontamination.
Transfer Board/Slide Sheet	An assistive device used to facilitate the lateral transfer of a service user between surfaces, reducing friction and the physical effort required by staff.
Stand Aid	A mechanical device that assists a service user to move from a seated to a standing position and facilitates short transfers while the service user bears some weight through their legs.
Repositioning	The process of changing a service user's position, typically in bed or in a chair, to relieve pressure, promote comfort, and reduce the risk of pressure ulcer development.

Term	Definition
Competency Assessment	A formal evaluation of a staff member's knowledge, skills, and ability to safely carry out specific moving and positioning tasks, including the correct use of equipment.
Ergonomic Assessment	An assessment of the working environment and practices to ensure that moving and positioning tasks are designed to minimise physical strain and reduce the risk of musculoskeletal injury to staff.
Person-Centred Approach	An approach to care that recognises the individual preferences, needs, dignity, and autonomy of the service user and ensures that they are actively involved in decisions about their care, including how they are moved and positioned.
Banksman Approach	A coordinated technique where one staff member takes the lead role in directing and coordinating a two-person moving and positioning operation, ensuring clear communication and synchronised actions.
Thorough Examination	A detailed inspection of lifting equipment carried out by a competent person in accordance with LOLER 1998, to ensure the equipment is safe and fit for continued use.
Falls Recovery	The process of assisting a service user who has fallen to return to a safe and comfortable position, using appropriate equipment and techniques to minimise the risk of further injury.

4. Policy Statement

4.1 Commitment

is committed to ensuring that all moving and positioning activities are carried out safely, effectively, and with full regard for the dignity, comfort, and preferences of service users. The organisation recognises its legal obligations under health and safety legislation and its duty to protect both service users and staff from avoidable harm. will provide adequate resources, training, equipment, and supervision to enable staff to carry out moving and positioning tasks safely and competently.

4.2 Core Principles

The following core principles underpin all moving and positioning activities delivered by :

- Avoidance of hazardous manual handling operations wherever reasonably practicable, in accordance with the Manual Handling Operations Regulations 1992
- Comprehensive risk assessment of all moving and positioning tasks, reviewed regularly and following any change in the service user's condition or circumstances
- Person-centred care that respects the autonomy, dignity, and preferences of service users at all times
- Provision of suitable and well-maintained equipment to support safe moving and positioning
- Ongoing training, competency assessment, and professional development for all staff involved in moving and positioning activities
- A culture of open reporting and continuous improvement, where incidents, near misses, and concerns are reported without fear of blame
- Collaborative working with health professionals, including physiotherapists and occupational therapists, to ensure evidence-

based approaches

4.3 Zero Tolerance of Unsafe Practices

operates a zero-tolerance approach to unsafe moving and positioning practices. Staff must not undertake any moving or positioning task for which they have not been trained, assessed as competent, or where the risk assessment indicates that the task cannot be carried out safely. Staff who identify unsafe practices are expected to intervene, cease the activity, and report the concern immediately.

4.4 Service User Involvement

is committed to involving service users in all decisions regarding their moving and positioning care. Where a service user has the mental capacity to make decisions, their informed consent must be obtained before any moving or positioning activity is undertaken. Where a service user lacks capacity, decisions must be made in their best interests in accordance with the Mental Capacity Act 2005, and relevant parties (including family members and advocates) must be consulted as appropriate.

5. Roles and Responsibilities

The following table sets out the roles and responsibilities for moving and positioning within :

Role	Responsibilities
All Staff	Attend and complete all mandatory moving and positioning training and refresher sessions Only carry out moving and positioning tasks for which they have been trained and assessed as competent Follow individual care plans and risk assessments for each service user Conduct dynamic risk assessments before each moving and positioning task Report any incidents, near misses, equipment faults, or concerns immediately to the Duty Manager Use equipment correctly and in accordance with manufacturer’s instructions and training received Maintain their own physical fitness and report any health conditions that may affect their ability to carry out moving and positioning safely Seek guidance from senior staff or healthcare professionals when uncertain about a moving and positioning task
Registered Manager ()	Holds overall accountability for the safe implementation of this policy across the organisation Ensures adequate resources, staffing levels, and equipment are available to support safe moving and positioning Reviews and approves all moving and positioning risk assessments and procedures Ensures compliance with CQC fundamental standards, including Regulation 12 (safe care and treatment) Commissions external training and equipment servicing as required Reports to the CQC, local authority, and other regulatory bodies as required following serious incidents Leads the annual policy review and ensures continuous improvement based on audit findings and incident data Ensures LOLER thorough examinations are completed on schedule and records maintained
Duty Manager	Provides day-to-day operational leadership for moving and positioning activities Coordinates staff deployment to ensure adequate support is available for complex moving and positioning tasks Responds to and manages incidents related to moving and positioning, including completing initial investigations Conducts regular spot checks and observations of staff moving and positioning practice Supports staff with dynamic risk assessments and decision-making in the field Escalates concerns about equipment, staffing, or service user safety to the Registered Manager Ensures that care plans are updated promptly following changes in a service user’s moving and positioning needs Facilitates debriefs following moving and positioning incidents or near misses

Role	Responsibilities
Safeguarding Lead ()	Identifies and responds to safeguarding concerns arising from moving and positioning activities, including unexplained injuries or signs of neglect Makes safeguarding referrals to the local authority where moving and positioning practices may constitute abuse or neglect Advises staff on safeguarding implications related to moving and positioning, including consent and capacity issues Ensures that moving and positioning practices do not infringe upon the rights or dignity of service users Provides guidance on proportionate interventions where service users resist or refuse moving and positioning
Health and Safety Officer ()	Develops and maintains moving and positioning risk assessment templates and procedures Conducts workplace and environmental risk assessments for moving and positioning in service users' homes Monitors compliance with health and safety legislation, including LOLER and PUWER requirements Investigates moving and positioning incidents and near misses, identifying root causes and recommending corrective actions Submits RIDDOR reports to the HSE as required following reportable moving and positioning incidents Coordinates the maintenance, inspection, and thorough examination schedule for all moving and positioning equipment Reviews and updates generic moving and positioning risk assessments in response to legislative changes or best practice updates
Data Protection Officer ()	Ensures that all records relating to moving and positioning risk assessments, care plans, and incident reports are processed in compliance with UK GDPR and the Data Protection Act 2018 Advises on the lawful basis for processing health-related personal data in the context of moving and positioning assessments Manages data subject access requests related to moving and positioning records Ensures appropriate retention periods are applied to moving and positioning documentation Manages data breach reporting in relation to moving and positioning records
Care Staff / Support Workers	Carry out moving and positioning tasks in accordance with individual care plans, risk assessments, and training received Report changes in a service user's mobility, weight, skin condition, or general health that may affect moving and positioning requirements Check equipment before each use and report any defects or concerns immediately Communicate clearly and reassuringly with service users throughout all moving and positioning activities Document all moving and positioning activities, including any deviations from the care plan, in the daily care records

6. Procedures

6.1 Risk Assessment

A comprehensive moving and positioning risk assessment must be completed for every service user before any moving and positioning activity is carried out. The risk assessment must use the TILE framework and address the following:

- **Task:** What is the nature of the moving or positioning activity? Does it involve lifting, lowering, pushing, pulling, carrying, or repositioning? What is the duration and frequency of the task?
- **Individual (staff):** What are the physical capabilities and limitations of the staff member(s)? Are there any health conditions, injuries, or pregnancy considerations? Have they received appropriate training?
- **Load (service user):** What is the service user's weight, height, and body shape? What is their level of mobility, cooperation, and understanding? Are there pain considerations, contractures, or attachments (catheters, drains)?
- **Environment:** Is the space adequate for the equipment and the task? Are there obstacles, uneven flooring, poor lighting, or restricted access? Is the surface stable and at an appropriate height?

Risk assessments must be reviewed at minimum every three months, or sooner if there is a change in the service user's condition, following an incident or near miss, when new equipment is introduced, or when the care environment changes.

6.2 Care Planning for Moving and Positioning

Each service user's care plan must include a detailed moving and positioning section that specifies:

- The assessed mobility level and any relevant medical conditions affecting movement
- Specific techniques to be used for each type of transfer or repositioning activity
- Equipment required, including the type, size, and setting for each piece of equipment
- The number of staff required for each moving and positioning task
- The service user's preferences, including preferred methods, timing, and communication approaches
- Pain management considerations and any positions to be avoided
- Skin integrity and pressure area care requirements linked to repositioning schedules
- Consent and capacity considerations, including any best interest decisions in place
- Emergency procedures specific to the service user, including falls recovery protocols

6.3 Pre-Task Preparation

Before commencing any moving or positioning activity, staff must:

1. Read and familiarise themselves with the service user's care plan and moving and positioning risk assessment.
2. Communicate with the service user, explain what is going to happen, and obtain their consent.
3. Assess the immediate environment for hazards such as wet floors, trailing cables, clutter, or insufficient space.
4. Check that all required equipment is available, clean, in good working order, and appropriate for the service user.
5. Ensure the correct sling size and type is available where a hoist is to be used.
6. Confirm that sufficient staff are present to carry out the task safely in accordance with the care plan.
7. Position furniture and equipment to allow safe access and egress.
8. Adopt a safe posture and prepare physically for the task, applying ergonomic principles.

6.4 Safe Moving and Positioning Techniques

Staff must adhere to the following principles during all moving and positioning activities:

- Maintain a stable base of support with feet shoulder-width apart and knees slightly bent
- Keep the load (service user) as close to the body as possible to reduce spinal stress
- Avoid twisting the spine; move the feet to change direction rather than rotating the trunk
- Use smooth, controlled movements; never jerk or rush a transfer
- Communicate clearly with the service user and any assisting colleagues throughout the manoeuvre, using the banksman approach where two or more staff are involved
- Encourage the service user to assist as much as they are safely able to, supporting their independence
- Use equipment in accordance with manufacturer's instructions and training received

- Stop immediately if the service user reports pain, distress, or if the task cannot be completed safely

6.5 Equipment Use and Management

ensures that all moving and positioning equipment is properly managed in accordance with PUWER and LOLER requirements:

- All hoists and lifting equipment are subject to thorough examination by a competent person at least every six months in accordance with LOLER 1998
- Slings are inspected before each use by the care worker and formally inspected in line with the manufacturer's recommendations
- Equipment maintenance records are maintained by the Health and Safety Officer and made available for inspection
- Defective equipment must be taken out of service immediately, clearly labelled as defective, and reported to the Duty Manager
- All equipment must be cleaned and decontaminated between service users in accordance with infection prevention and control procedures
- Staff must receive training specific to each item of equipment they are required to use, and their competency must be formally assessed and recorded
- Service users' own equipment (e.g., wheelchairs, walking frames) must be included in the risk assessment and checked for safety before use

6.6 Falls Prevention and Recovery

Falls prevention is an integral component of safe moving and positioning. Staff must:

- Identify and document fall risk factors in the service user's risk assessment, including medication effects, environmental hazards, footwear, and visual impairment
- Implement preventive measures identified in the risk assessment and care plan
- Never attempt to catch a falling service user, as this may result in injury to both the service user and the staff member
- If a service user falls, remain calm, reassure the service user, and assess for injury before attempting any recovery
- Use appropriate falls recovery equipment (e.g., inflatable lifting cushion, Camel or Elk lifting aid) where available and in accordance with training
- If the service user is injured or unable to be safely recovered, call the emergency services (999) and remain with the service user, keeping them warm and comfortable
- Complete an incident report and notify the Duty Manager and Registered Manager following any fall

6.7 Repositioning and Pressure Area Care

For service users assessed as being at risk of pressure damage, the following repositioning procedures apply:

- Repositioning schedules must be documented in the care plan based on the assessed level of risk using a validated tool such as the Waterlow Score or Braden Scale
- Repositioning must be carried out at the intervals specified in the care plan, typically every two to four hours for service

users at high risk

- Staff must use appropriate repositioning techniques and slide sheets to minimise friction and shear forces on the skin
- The service user's skin must be checked at each repositioning, and any changes in skin integrity must be documented and reported
- Positioning aids such as profiling beds, pressure-relieving mattresses, and cushions must be used as specified in the care plan
- All repositioning activities must be recorded in the daily care notes, including the position adopted, the time, and any observations regarding skin condition

6.8 Lone Working and Moving and Positioning

Where a staff member is working alone in a service user's home, the following additional safeguards apply:

- The care plan must clearly specify which moving and positioning tasks can be safely carried out by a single carer and which require two or more staff
- Lone workers must not attempt any moving and positioning task designated as requiring two carers
- Lone workers must have access to a means of communication (mobile phone) and know how to summon assistance in an emergency
- Where the risk assessment identifies that a moving and positioning task cannot be safely carried out by a lone worker, must ensure that double-up staffing is provided
- Lone workers must complete dynamic risk assessments before each task and cease any activity that cannot be carried out safely

7. Training and Development

7.1 Mandatory Training Requirements

All staff who may be involved in moving and positioning activities must complete the following training:

- Induction training in moving and positioning principles, completed before the staff member carries out any moving and positioning tasks with service users
- Annual refresher training in safe moving and positioning techniques, including updates on equipment and best practice
- Practical competency assessment, demonstrating the ability to carry out specific moving and positioning techniques and use equipment safely
- Equipment-specific training whenever new equipment is introduced or when a staff member is required to use equipment they have not previously been trained on
- Falls prevention and recovery training, including the use of falls recovery equipment
- Risk assessment training, covering the TILE framework and the completion of individual moving and positioning risk assessments

7.2 Competency Assessment

Following training, each staff member must be assessed as competent before carrying out moving and positioning tasks unsupervised. Competency assessments include:

- Practical observation of the staff member carrying out moving and positioning tasks in a simulated or supervised environment
- Knowledge assessment covering legislation, risk assessment, safe techniques, equipment use, and emergency procedures
- Ongoing assessment through spot checks, supervision, and observation carried out by the Duty Manager or designated senior staff
- Revalidation of competency following any period of absence exceeding three months, or following a moving and positioning incident

7.3 Continuous Professional Development

supports continuous professional development in moving and positioning through:

- Access to specialist training courses delivered by qualified moving and positioning trainers
- Opportunities to shadow experienced colleagues and observe best practice in the field
- Regular team meetings and briefings where moving and positioning topics are discussed, including lessons learned from incidents and near misses
- Engagement with external health professionals, including physiotherapists and occupational therapists, to enhance knowledge of specific techniques and conditions
- Subscription to relevant professional resources and updates from bodies such as the Health and Safety Executive and Skills for Care

7.4 Training Records

All training and competency assessment records are maintained centrally by and are available for inspection by the CQC. Records include the date of training, content covered, trainer details, competency assessment outcomes, and the date of the next scheduled refresher. It is the responsibility of the Registered Manager to ensure that training records are kept up to date and that no staff member carries out moving and positioning tasks without current, valid training.

8. Monitoring and Review

8.1 Monitoring Framework

operates a robust monitoring framework to ensure ongoing compliance with this policy and the continuous improvement of moving and positioning practices:

- The Duty Manager conducts regular spot checks and direct observations of staff carrying out moving and positioning tasks in service users' homes
- The Health and Safety Officer reviews all moving and positioning incident reports, near misses, and equipment defect

reports on a monthly basis

- Internal audits of moving and positioning risk assessments, care plans, and training records are carried out quarterly
- Service user and family feedback on moving and positioning experiences is actively sought and reviewed
- Equipment inspection and maintenance records are audited against LOLER and PUWER requirements

8.2 Quality Indicators

The following quality indicators are monitored to assess the effectiveness of moving and positioning practices:

- Number and severity of moving and positioning-related incidents and injuries (staff and service users)
- Percentage of staff with current, valid moving and positioning training and competency assessments
- Timeliness of risk assessment reviews following changes in service user condition
- Compliance with repositioning schedules for service users at risk of pressure damage
- Equipment maintenance and thorough examination compliance rates
- Service user satisfaction scores related to moving and positioning care

8.3 Policy Review Schedule

This policy is reviewed annually by the Registered Manager in consultation with the Health and Safety Officer, or sooner in response to legislative changes, significant incidents, CQC inspection findings, or changes in best practice guidance. The review process includes analysis of incident data, audit findings, training compliance data, and feedback from staff and service users. All revisions are communicated to staff and incorporated into training programmes.

8.4 Continuous Improvement

is committed to the continuous improvement of moving and positioning practices. This is achieved through a cycle of assessment, planning, implementation, monitoring, and review. Lessons learned from incidents, complaints, audits, and inspections are used to drive improvements in policy, procedures, training, and equipment provision.

9. Reporting Concerns

9.1 Staff Duty to Report

All staff have a professional and legal duty to report any concerns related to moving and positioning practices. This includes incidents, near misses, equipment failures, unsafe working conditions, observed poor practice, and any situation where a service user's safety or dignity may be compromised. Failure to report concerns may result in disciplinary action and may constitute a regulatory breach.

9.2 Reporting Channels

Staff may report moving and positioning concerns through the following channels:

- Direct verbal report to the Duty Manager on shift, who will coordinate the immediate response and escalate as required
- Written incident report submitted via the organisation's incident reporting system within 24 hours of the event
- Report to the Registered Manager () for matters requiring strategic oversight or regulatory notification
- Report to the Health and Safety Officer () for equipment-related concerns or workplace safety issues
- Report to the Safeguarding Lead () where moving and positioning concerns involve potential abuse or neglect of a service user

9.3 Whistleblower Protection

fully supports and protects staff who raise genuine concerns about moving and positioning practices in good faith. Staff are protected under the Public Interest Disclosure Act 1998 (PIDA) and will not be subjected to any form of detriment, victimisation, or disciplinary action as a result of raising concerns. Staff may also raise concerns externally to the CQC, the Health and Safety Executive, or the local authority if they believe their concerns are not being addressed internally.

9.4 Investigation Procedures

All reported concerns and incidents related to moving and positioning are investigated in accordance with the following procedure:

1. The Duty Manager secures the immediate safety of the service user and staff, and preserves any evidence.
2. An initial assessment is carried out within 24 hours to determine the severity and scope of the incident.
3. A full investigation is conducted by the Health and Safety Officer or Registered Manager, as appropriate, within seven working days.
4. Root causes are identified and corrective actions are agreed and documented.
5. Outcomes are communicated to the reporting staff member and all affected parties.
6. RIDDOR reports are submitted to the HSE where the incident meets the reporting threshold.
7. CQC statutory notifications are submitted where required under the Health and Social Care Act 2008.
8. Lessons learned are shared with the wider staff team through briefings, supervision, and training updates.

10. Risk Assessment Framework

10.1 Generic Risk Assessments

maintains a suite of generic risk assessments for common moving and positioning tasks encountered in domiciliary care. These provide a baseline assessment of risk for standard operations and are supplemented by individual risk assessments specific to each service user. Generic risk assessments are reviewed annually by the Health and Safety Officer and updated in response to legislative changes, new equipment, or emerging best practice.

10.2 Individual Risk Assessments

An individual moving and positioning risk assessment is completed for each service user prior to the commencement of care and is reviewed in line with the schedule set out in Section 6.1. The individual risk assessment takes into account the specific needs, abilities, preferences, and home environment of each service user and forms the basis for the moving and positioning section of their care plan.

10.3 Dynamic Risk Assessment

In addition to formal documented risk assessments, staff are trained and expected to carry out dynamic risk assessments before and during each moving and positioning activity. A dynamic risk assessment involves a rapid, on-the-spot evaluation of the immediate situation, including the service user's current condition, the environment, equipment availability, and any new or changed risk factors. If the dynamic assessment identifies a risk that cannot be managed safely, the staff member must not proceed with the task and must report the situation to the Duty Manager immediately.

11. Safeguarding Interfaces

11.1 Safeguarding and Moving and Positioning

Moving and positioning activities have significant safeguarding implications. Inappropriate, rough, or undignified handling of a service user may constitute physical abuse or neglect under the Care Act 2014. ensures that:

- All moving and positioning activities are carried out with respect for the dignity and rights of the service user
- Staff are trained to recognise the signs and indicators of abuse or neglect that may be identified during moving and positioning, including unexplained bruising, skin tears, or expressions of fear
- Any safeguarding concerns identified during moving and positioning are reported immediately to the Safeguarding Lead and managed in accordance with the Safeguarding Adults Policy
- Where a service user resists or refuses moving and positioning, staff must not use force or coercion but must seek to understand the reason for refusal and explore alternative approaches

11.2 Consent and Capacity

Informed consent must be obtained from the service user before each moving and positioning activity. Where a service user lacks the capacity to consent, decisions must be made in accordance with the Mental Capacity Act 2005, following a formal capacity assessment and best interest decision-making process. The involvement of family members, advocates, and relevant professionals must be documented.

12. Information Governance

12.1 Record Keeping

All moving and positioning assessments, care plans, incident reports, equipment records, and training records must be

maintained in accordance with the organisation's Data Protection and Information Governance Policy. Records containing personal data are processed lawfully under Article 6(1)(c) (legal obligation) and Article 9(2)(h) (health and social care purposes) of the UK GDPR.

12.2 Data Retention

Moving and positioning records are retained for a minimum of eight years following the end of the care episode, or longer where required by law (for example, where a claim for personal injury may be made). Equipment inspection records are retained for the lifetime of the equipment plus five years. The Data Protection Officer () is responsible for ensuring compliance with retention schedules.

12.3 Confidentiality

All information relating to service users' moving and positioning needs is treated as confidential and shared only on a need-to-know basis with those directly involved in the provision of care, or as required by law. Service users have the right to access their moving and positioning records in accordance with the UK GDPR and the Data Protection Act 2018.

13. External Notifications

13.1 CQC Notifications

is required to notify the CQC of certain events related to moving and positioning, including serious injuries to service users or staff, allegations of abuse, and events that affect the ongoing provision of safe care. Notifications are submitted by the Registered Manager in accordance with the Health and Social Care Act 2008 (Registration) Regulations 2009.

13.2 RIDDOR Reporting

The Health and Safety Officer () is responsible for submitting RIDDOR reports to the HSE where a moving and positioning incident results in a reportable injury, including fractures, injuries requiring hospital treatment, or injuries resulting in an employee being incapacitated for more than seven consecutive days. Reports must be submitted within the statutory timeframes (10 working days for most incidents, 15 days for over-7-day incapacitation).

13.3 Local Authority Notifications

Where a moving and positioning incident gives rise to safeguarding concerns, the Safeguarding Lead () will make a referral to the local authority Safeguarding Adults Team in accordance with the Safeguarding Adults Policy and the Care Act 2014.

14. Related Policies

This policy should be read in conjunction with the following related policies and procedures:

- Health and Safety Policy
- Manual Handling Policy (Objects)

- Risk Assessment Policy
- Safeguarding Adults Policy
- Incident Reporting and Management Policy
- Equipment Management and Maintenance Policy
- Infection Prevention and Control Policy
- Lone Working Policy
- Training and Development Policy
- Data Protection and Information Governance Policy
- Falls Prevention and Management Policy
- Pressure Ulcer Prevention Policy
- Mental Capacity and Consent Policy
- Complaints and Compliments Policy
- Whistleblowing Policy

Document Control

Field	Detail
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Policy Owner	, Registered Manager
Approved By	
Distribution	All staff involved in the delivery of care and support services
Classification	Internal — Confidential

Policy Approval & Review

APPROVED BY Not Specified	SIGNATURE <i>No signature on file</i>
REVIEW DATE 1 January 1970	NEXT REVIEW DATE 4 March 2027