

Title

Disability Discrimination Policy and Procedure

Principle

Homekare Community Services is committed to providing care and employment that is free from discrimination. We recognise that disability discrimination — whether experienced by the people we care for or the staff who deliver care — is unlawful, harmful, and incompatible with person-centred care.

We will not discriminate against any person on grounds of disability, and we will take all reasonable steps to ensure that disabled people can access and receive our services on an equal basis. We will make reasonable adjustments to our service delivery and employment practices wherever required to avoid placing disabled people at a substantial disadvantage.

Objectives

This policy applies to all client's, team member's, applicants for employment, volunteers, and contractors. It reflects our obligations under the Equality Act 2010, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Care Act 2014, and the CQC Fundamental Standards.

Disability discrimination is not merely a compliance matter. It directly affects the quality and safety of care. We are committed to a culture in which the rights and dignity of disabled people are upheld at every level of the organisation.

This policy covers:

- The provision of domiciliary care services to disabled people
- Care planning, assessment, and review processes
- Communication and information provision
- Complaints and concerns processes
- Recruitment, selection, and employment of team member's
- Team member's, management, supervision, and disciplinary processes
- Safeguarding processes where discriminatory abuse is involved

Scope

This policy applies to:

- All client's receiving personal care services from Homekare Community Service's, including those with physical, sensory, cognitive, mental health, and neurodevelopmental disabilities

- All HomeKare Community Services team member's in all roles: Director / Nominated Individual, Registered Manager, HR and Compliance Care Manager, Senior Care Team, and Care Team
- Applicants for employment who are, or may be, disabled
- Volunteers and contractors working on behalf of HomeKare Community Services
- Family members and carers of disabled clients where their association with a disabled person may engage equality law

Responsibilities

Role	Responsibilities
Director / Nominated Individual	Has overall responsibility for the organisation's compliance with disability equality law and this policy. • Ensures this policy is approved, implemented, and reviewed • Models inclusive leadership and commits the organisation to disability equality • Ensures adequate resources are allocated for reasonable adjustments and accessible communications • Holds ultimate accountability for discriminatory acts or failures by the organisation
Registered Manager	Responsible for the day-to-day implementation of this policy and for maintaining CQC compliance. • Ensures care plans include disability-specific assessments and reasonable adjustments • Ensures team member's receive appropriate equality and disability awareness training • Investigates complaints and concerns relating to disability discrimination • Oversees safeguarding referrals where discriminatory abuse is identified • Reports to the Director on equality outcomes, complaints, and audit findings • Ensures the Accessible Information Standard is implemented across all client's
HR and Compliance Lead	Responsible for disability equality in employment practices and policy compliance monitoring. • Implements the Disability Confident employer commitments in recruitment and employment • Processes requests from team member's for reasonable adjustments and coordinates health and safety risk assessments for disabled workers • Maintains records of reasonable adjustments and monitors their effectiveness • Monitors and analyses complaints data by disability characteristic

	• Manages annual equality impact assessments of policies • Maintains training records and ensures Oliver McGowan compliance
Care Manager	Responsible for ensuring care delivery is consistent with disability equality requirements. • Ensures care team member's have access to, and understand, individual service users' disability-related needs and reasonable adjustments prior to visits • Coordinates matching of team member's to clients in a manner that respects equality principles • Reports concerns about discriminatory care delivery to the Registered Manager • Supports accessible information provision to client's and families • Participates in care plan reviews to ensure disability-related needs are met
Senior Care Team	Responsible for ensuring equality in care delivery within their allocated visits and for supporting less experienced care workers. • Models respectful, non-discriminatory care and challenges discriminatory language or attitudes • Provides on-the-job guidance to Care Workers on disability-related care needs • Reports any equality concerns to the Care Manager or Registered Manager • Contributes to care plan reviews and reasonable adjustments review
Care Team	Responsible for delivering care that upholds the rights and dignity of disabled people. • Treats all client's with dignity and respect regardless of disability • Does not make discriminatory assumptions about a disabled person's preferences, capacity, or abilities • Follows individual care plans including documented reasonable adjustments and communication preferences • Reports any discriminatory incidents, concerns, or observations to the Care Manager or Registered Manager • Completes all required equality and disability training including Care Certificate Standard 4 and Oliver McGowan Tier 1

Procedure

1. Definitions

Term	Definition
Disability	A physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities (Equality Act 2010, s.6). 'Long-term' means 12 months or more; 'substantial' means more than minor or trivial.
Direct discrimination	Treating a disabled person less favourably because of their disability than a non-disabled person would be treated in comparable circumstances (Equality Act 2010, s.13).
Indirect discrimination	A provision, criterion or practice (PCP) that applies to everyone but puts disabled people at a particular disadvantage, and which cannot be justified as a proportionate means of achieving a legitimate aim (Equality Act 2010, s.19).
Discrimination arising from disability	Treating a person unfavourably because of something arising in consequence of their disability, where the provider knew or ought to have known about the disability (Equality Act 2010, s.15).
Reasonable adjustment	A step taken by a service provider or employer to remove or reduce a substantial disadvantage faced by a disabled person. The duty is anticipatory and ongoing (Equality Act 2010, s.20).
Discriminatory abuse	A category of adult abuse (Care Act 2014, Chapter 14 statutory guidance) where a person is treated unequally or their human rights are violated because of a protected characteristic, including disability. This is a safeguarding concern.
Social model of disability	The understanding that disabled people are disadvantaged not by their impairment but by societal and organisational barriers — including attitudinal, physical, and communication barriers. Barriers are the focus of reasonable adjustments.
Harassment	Unwanted conduct related to disability that has the purpose or effect of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment (Equality Act 2010, s.26).
Victimisation	Treating a person badly because they have made, or may make, a complaint about disability discrimination, or because they have supported such a complaint (Equality Act 2010, s.27).

Accessible
Information Standard
(AIS)

NHS standard (SCCI1605) requiring organisations providing publicly funded care to identify, record, and meet the communication and information needs of disabled people.

2. Reasonable Adjustments Procedure — Service Delivery

2.1 Identifying Reasonable Adjustment Needs

The duty to make reasonable adjustments is anticipatory. HomeKare Community Services will proactively consider what adjustments may be needed for disabled client's as part of the initial assessment and care planning process, and will not wait to be asked.

At every initial assessment, the Care Manager / Registered Manager will:

- Identify whether the client has a disability (one or more impairments meeting the Equality Act definition)
- Assess what barriers the client may face in accessing or receiving care services because of their disability
- Identify what reasonable adjustments are required to remove or reduce those barriers
- Document the agreed adjustments in the client's care plan
- Review adjustments at every care plan review or when circumstances change

2.2 Examples of Reasonable Adjustments in Care Delivery

Disability Type	Examples of Reasonable Adjustments
Physical disability / mobility impairment	Flexible timing of care visits to accommodate medical appointments or fluctuating energy; ensuring appropriate manual handling equipment is in place; adapting visit duration to account for slower pace.
Visual impairment / blindness	Providing written information in large print, audio format, or Braille; verbal description of tasks being performed; consistent routine to aid familiarity with environment.
Hearing impairment / deafness	Providing information in written format or via text message; use of hearing loop where available; referral to communication support (e.g. BSL interpreter) for key conversations.
Learning disability	Using easy read materials and simple language; involving an advocate; using pictures and symbols in care planning; supported decision-making rather than assuming lack of capacity.
Autism	Maintaining consistency in care worker allocation; respecting sensory sensitivities in the home

	environment; clear, literal communication; advance notice of changes.
Dementia / cognitive impairment	Familiar, consistent routines; using the person's preferred name and familiar language; advance care planning; capacity-aware decision-making; emotional reassurance.
Mental health condition	Flexible scheduling during periods of good mental health; crisis support information in the care plan; non-judgmental, recovery-focused approach; involving the person in all care decisions.

2.3 Recording Reasonable Adjustments

All reasonable adjustments agreed with or for a disabled client's must be:

- Documented in the client's individual care plan under a dedicated 'Reasonable Adjustments' section
- Shared with all team member's allocated to that client before they begin care delivery
- Reviewed at each care plan review, or sooner if the client's needs change
- Recorded on the Reasonable Adjustment Record and held on the client's file

Where Homekare Community Services determines that a requested adjustment is not reasonable (having considered its cost, practicality, and impact), the reasons must be documented and the client informed. An alternative adjustment should be explored wherever possible. Any decision not to make a requested adjustment must be reviewed by the Registered Manager.

3. Accessible Information Standard Procedure

3.1 Identifying Communication and Information Needs

Homekare Community Service's will comply with the NHS Accessible Information Standard (SCCI1605). At the point of initial assessment, and at every subsequent care plan review, the following questions will be asked of each client:

- Do you have any difficulty reading, understanding, or communicating in standard written or spoken English because of a disability or health condition?
- What format(s) do you prefer to receive written information in? (e.g. easy read, large print, audio, Braille)
- Do you need any communication support? (e.g. British Sign Language interpreter, communication aid, advocacy)
- Do you have any other communication preferences we should know about?

3.2 Recording and Acting on Identified Needs

Identified communication and information needs must be:

- Recorded on the Accessible Information Needs Record and held on the client's file
- Flagged prominently on the client's care plan so that all team member's are aware

- Met by Homekare Community Services — this includes providing information in alternative formats, arranging communication support, and ensuring care workers understand the client's communication preferences
- Shared with other care providers or health professionals (with the client's consent) where relevant to continuity of care

3.3 Provision of Alternative Formats

Homekare Community Service's will provide care-related written materials — including client guides, care plans, complaint forms, and care review records — in the following formats on request:

- Large print
- Easy Read (plain language with supporting images)
- Audio format
- Electronic format (for use with screen readers or text-to-speech software)
- Other formats as required and agreed with the service user

Where Homekare Community Services cannot provide a specific format in-house, it will make reasonable efforts to source external support (e.g. via local advocacy services or accessible document production services). The Registered Manager must be informed and a solution agreed within 10 working days.

4. Disability Equality in Employment

4.1 Recruitment and Selection

Homekare Community Services is committed to being a Disability Confident employer. In all recruitment and selection processes, Homekare Community Services will:

- Ensure job descriptions and person specifications do not contain criteria that unnecessarily disadvantage disabled applicants
- Offer an interview to disabled applicants who meet the minimum criteria for the post (Disability Confident commitment)
- Provide application forms and recruitment materials in accessible formats on request
- Ask applicants at application stage whether they require any adjustments for the selection process, and ensure those adjustments are provided
- Not ask questions about health or disability before a conditional offer of employment has been made, except where this is necessary to determine whether reasonable adjustments are required for the selection process, or where it is a genuine occupational requirement
- Conduct pre-employment health assessments only after a conditional offer of employment, and only to determine what reasonable adjustments may be required

4.2 Reasonable Adjustments for Disabled Team Member's

Homekare Community Service has a duty to make reasonable adjustments for disabled team member's (and team member's who become disabled during employment) to ensure they are not placed at a substantial disadvantage. The process for requesting and implementing reasonable adjustments is:

- The team member informs their line manager or the HR and Compliance Lead that they have a disability or health condition that may require an adjustment
- A confidential meeting is arranged to discuss the team member's needs (a Return-to-Work conversation or a new Reasonable Adjustment meeting)
- The HR and Compliance Lead commissions a health and safety risk assessment if relevant
- Reasonable adjustments are agreed, documented on the Reasonable Adjustment Agreement for Team Member's, and implemented
- Adjustments are reviewed at regular supervision (at least every three months) and whenever circumstances change
- A formal review is conducted at least annually

Examples of reasonable adjustments for care team member's may include: amended working hours; modified duties; phased return to work after illness; additional rest breaks; provision of specialist equipment; adjusted supervision format; changes to visit schedules to reduce travel demands.

4.3 Disability and Disciplinary/Performance Processes

HomeKare Community Services will ensure that its disciplinary, grievance, and performance management processes are applied fairly to disabled team member's. Reasonable adjustments must be made to these processes where required (e.g. allowing a support person to accompany the team member; providing documents in accessible formats; scheduling hearings at accessible venues and times).

Where a team member's conduct or performance concern arises from, or is connected to, their disability, this will be taken into account before any formal action is considered. The Registered Manager and HR and Compliance Lead must review the situation against the requirements of section 15 of the Equality Act 2010 (discrimination arising from disability) before proceeding.

5. Reporting, Responding to, and Investigating Disability Discrimination

5.1 Reporting Concerns

Any person — including client's, family members, team member's, or external parties — who believes that disability discrimination has occurred must report this. Reports can be made to:

- Any member of HomeKare Community Services team member (who must escalate immediately)
- The Care Manager or Senior Care Team
- The Registered Manager
- The HR and Compliance Lead
- Directly to CQC (as a regulated service): 03000 616161 / www.cqc.org.uk
- Via HomeKare Community Service Complaints and Concerns procedure

Team member's who report concerns in good faith will be protected from any form of victimisation. This is consistent with HomeKare Community Services Whistleblowing Policy.

5.2 Immediate Response

On receiving a report of disability discrimination, the member of the team receiving it will:

- Listen without interruption, ensuring the person feels heard and their dignity is respected
- Record the details on the Discriminatory Incident Log as soon as possible
- Ensure the service user is safe and, if required, provide immediate support
- Escalate to the Registered Manager within 24 hours

5.3 Discriminatory Abuse — Safeguarding Referral

Where the report indicates that a disabled client has experienced discriminatory abuse — treatment that is directly linked to, or motivated by, their disability — this must be treated as an adult safeguarding concern. The Registered Manager or designated safeguarding lead will:

- Complete a safeguarding referral to the Nottinghamshire County Council MASH within 24 hours (or immediately in an emergency)

Nottinghamshire MASH — Safeguarding Referral

Office hours: 0300 500 8080
Emergency out-of-hours: 0300 456 4546

Note: Homekare Community Service operates in Worksop — referrals are to Nottinghamshire County Council, NOT Nottingham City Council.

- Notify the Director / Nominated Individual
- Complete a Safeguarding Referral Form in line with HK-SAF-001
- Where the concern involves a member of staff, immediately consider whether the Persons in Position of Trust (PiPoT) framework applies and notify the NSAB/MASH accordingly
- Preserve evidence and maintain confidentiality
- Keep the client informed of the progress of the referral (subject to any restriction from MASH)

5.4 Internal Investigation

Where a concern does not meet the threshold for a safeguarding referral, or in addition to making a safeguarding referral, the Registered Manager will conduct an internal investigation within 10 working days. This will:

- Review all records including care plans, visit notes, and incident logs
- Interview the client, the relevant team member's(s), and any witnesses
- Determine whether disability discrimination occurred
- Identify what action is required — this may include disciplinary proceedings, additional training, changes to care planning procedures, or apology to the client
- Document findings and actions on the Discriminatory Incident Log
- Report outcomes to the Registered Manager and Director
- Review whether any changes to organisational policy or practice are required

6. Training and Competency

6.1 Mandatory Training Requirements

Training Area	Who Must Complete	Frequency / Notes
Equality and Diversity (including disability)	All team member's	Induction; annual refresher. Care Certificate Standard 4.
Oliver McGowan Mandatory Training — Tier 1	All team member's	Prior to or within 12 weeks of starting. Online via NHS e-Learning for Healthcare (e-LfH).
Oliver McGowan Mandatory Training — Tier 2	Team member's who directly support people with learning disabilities or autistic people	Face-to-face/virtual. Via Oliver McGowan Training Hub (Nottingham) or approved provider.
Accessible Information Standard	Registered Manager, Care Manager, Care Team	Induction; as part of care planning training.
Safeguarding Adults (including discriminatory abuse)	All team member's	Induction; annual refresher. Via NHS e-LfH Levels 1–2.
Supported Decision-Making and Mental Capacity Act	Registered Manager, Care Manager, Senior Team, Care Team	Induction; refresher every 2 years.
Reasonable Adjustments in Practice	Care Manager, Senior Team	As part of care planning training; included induction.
Disability Discrimination Law for Managers	Director, Registered Manager, HR and Compliance Lead	Induction; update when legislation or CQC guidance changes.

6.2 Training Records

All training related to disability equality and this policy will be recorded on individual team member's training records and the Mandatory Training Matrix . The HR and Compliance Lead will monitor compliance and report to the Registered Manager monthly. Any team member who has not completed required training within the specified timeframe will be restricted from unsupervised care delivery until the training is completed.

7. Monitoring, Audit, and Review

7.1 Key Performance Indicators

KPI	Target	Monitoring Method
Percentage of team member's completing mandatory disability equality training within required timescale	100%	Training Matrix; HR records monthly
Percentage of client's with disability-related reasonable adjustments recorded in their care plan (where applicable)	100%	Care plan audit quarterly
Percentage of client's with communication and information needs documented per AIS	100%	AIS compliance audit quarterly
Number of disability discrimination complaints received	Monitor trend; target reduction year-on-year	Complaints log monthly
Number of discriminatory abuse safeguarding referrals	All concerns referred within 24 hours — 100% compliance	Incident log; safeguarding register monthly
Time to implement agreed reasonable adjustments for client's	Within 5 working days of agreement	Care plan review
Time to implement agreed reasonable adjustments for team member's	Within 10 working days of agreement	HR records; supervision notes
Policy review completed within scheduled timescale	Annually — 100%	Governance meeting minutes

7.2 Equality Impact Assessment

An equality impact assessment (EIA) of this policy will be conducted:

- At the time of initial policy approval
- At each annual review
- Whenever there are significant changes to the policy or to the client or team population

The EIA will assess whether the policy, in its design and implementation, has any positive or negative impact on disabled people and whether additional measures are required to promote equality of opportunity. The HR and Compliance Lead is responsible for conducting the EIA and reporting findings to the Registered Manager.

7.3 Policy Review Schedule

This policy will be reviewed annually and updated as required in response to changes in:

- Legislation (Equality Act 2010; Employment Rights Act 2025; Care Act 2014; HSW Act 1974)
- CQC regulatory guidance and Single Assessment Framework updates
- NSAB policy and procedures
- NICE guidelines
- Skills for Care guidance
- Significant incidents, complaints, or safeguarding enquiries
- Audit and KPI findings

Linked Legislation and Guidance

Equality Act 2010	Primary legislation on disability discrimination. Protects disabled people in the provision of services (Part 3) and employment (Part 5). Requires reasonable adjustments. Defines nine protected characteristics.
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	Regulations 9 (person-centred care), 10 (dignity and respect), 13 (safeguarding), 17 (good governance), and 18 (staffing) all impose direct obligations relevant to disability discrimination.
Care Act 2014	Section 1 wellbeing principle requires promotion of dignity, participation, and equal treatment. Chapter 14 statutory guidance identifies discriminatory abuse as a safeguarding category.
Mental Capacity Act 2005	Presumption of capacity; support for decision-making; best interests decisions must not discriminate on grounds of disability. Relevant to cognitive disabilities and neurodevelopmental conditions.
Human Rights Act 1998	Article 8 (right to private and family life); Article 14 (prohibition of discrimination in enjoyment of Convention rights). Disability discrimination may engage both Articles.
CQC Fundamental Standards (Health & Social Care Act 2008)	Regulations 9, 10, 13, 17, 18. CQC Single Assessment Framework Quality Statements on equity, inclusion, and diversity.
NHS Accessible Information Standard (SCCI1605, 2017)	Requires identification, recording, and meeting of communication and information needs of disabled people. Applies to organisations providing publicly funded adult social care.

Health and Safety at Work etc. Act 1974	Duty to protect health, safety and welfare of all employees including disabled staff. Risk assessments must consider disability-related factors.
Management of Health and Safety at Work Regulations 1999	Risk assessments for disabled workers; reasonable control measures aligned with Equality Act reasonable adjustments.
NICE Guidelines (NG96, NG108, SC1)	Evidence-based guidance on person-centred care for people with learning disabilities, dementia, and older people; reasonable adjustments; accessible communication; supported decision-making.
SCIE Guidance	Personalisation and the Equality Act 2010; Tackling Inequalities in Care 2024–2025; co-production principles.
Nottinghamshire Safeguarding Adults Board (NSAB) 2025–2028 Strategy	Safeguarding framework for discriminatory abuse referrals. Referrals to NCC MASH: 0300 500 8080 (office hours).
Oliver McGowan Code of Practice (September 2025)	Mandatory training for staff supporting people with learning disabilities and autistic people. Applies to all HomeKare staff.
UN Convention on the Rights of Persons with Disabilities	Article 19 (independent living), Article 25 (health), Article 26 (rehabilitation). Informs the human rights basis of disability equality in care.
NICE Guidelines (NG96, NG108, SC1)	Evidence-based guidance on person-centred care for people with learning disabilities, dementia, and older people; reasonable adjustments; accessible communication; supported decision-making.
SCIE Guidance	Personalisation and the Equality Act 2010; Tackling Inequalities in Care 2024–2025; co-production principles.
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