

TRUST CORPORATE POLICY
RECOGNISING AND SUPPORTING CARERS AS PARTNERS IN CARE

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| APPROVING COMMITTEE(S) | Trust Policies Committee | Date approved: | 19/03/2015 |
| EFFECTIVE FROM | Date of approval | | |
| DISTRIBUTION | CAG clinical Directors, CAG directors of Nursing, Hospital site Matrons, Hospital Matrons, Ward Managers, Clinical site Managers | | |
| RELATED DOCUMENTS | Close Observation of Care of Patients with Behavioural Disturbance Consent for Treatment and Examination Policy, Protection of Adults at Risk of Harm (Safeguarding) | | |
| STANDARDS | The Carers (Recognition and Services) act 1995 The Carers (Equal Opportunities) Act 2004 Recognised, valued and supported: Next steps for the Carers Strategy 2010 NHS England's Commitment for Carers 2014 Mental Capacity Act 2005 Equalities Act 2010 NHS Constitution The Triangle of Care Carers Included: A Guide to Best Practice for Dementia Care Dementia: Supporting People with Dementia and their carers in Health and Social Care (NICE Guidelines CG42) 2006 | | |
| OWNER | Chief Nurse | | |
| AUTHOR/FURTHER INFORMATION | Patricia Handley Lead Nurse Learning Disabilities | | |
| SUPERCEDED DOCUMENTS | | | |
| REVIEW DUE | Three years after approval | | |
| KEYWORDS | Carers, reasonable adjustments, Learning Disabilities, dementia, | | |
| INTRANET LOCATION(S) | http://bartshealthintranet/Policies/Policies.aspx | | |

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|---------------------|----------------------------|---|
| CONSULTATION | <i>Barts Health</i> | CAG Directors of Nursing Hospital Site Matrons Clinical Site Management (bed Management) Hospital Matrons Consultant Nurse Older People Facilities Manager Barts Health Dementia Strategy Group |
| | <i>External Partner(s)</i> | Learning Disability Steering Group Tower Hamlets Learning Disability Service |

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| | | <p>Newham Health Team for People with a Learning disability Waltham Forest Learning Disability Service</p> |
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| <p>SCOPE OF APPLICATION AND EXEMPTIONS</p> | <p>Included in policy: <i>For the groups listed below, failure to follow the policy may result in investigation and management action which may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees, and other action in relation to organisations contracted to the Trust, which may result in the termination of a contract, assignment, placement, secondment or honorary arrangement.</i></p> |
| | <p>This policy applies to all Trust staff. This policy does not apply to workers provided by independent contractors providing a contract for service to the Trust or any other workers. Those working for CHL and its Service Providers are not expected to comply with this policy.</p> |
| | <p>Exempted from policy: <i>The following groups are exempt from this policy</i></p> |
| | <p>This policy is not applicable to paid carers with the EXCEPTION of personal assistants who the patient employs and chooses to continue to utilise during hospital stay to ensure safe, effective care. If it considered that a patient requires additional 1-1 support under our Close Observation of Patients with Behavioural Disturbance Policy and that this can only be safely delivered by patients own carer please refer to this policy.</p> |
| | <p>This policy applies to patients being treated in any adult ward or department</p> |

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1. INTRODUCTION AND AIMS OF THIS POLICY

- 1.1 The aim of this policy is to ensure that the Trust recognises, values and utilises the contribution that carers bring to the patient and the organisation, and supports practical measures which are the reasonable adjustments required for the carer to continue their role.
- 1.2 Family and informal carers play a vital and increasing role in our society. Many of our most vulnerable patients are totally reliant on the support of family, informal and/or paid carers in their everyday lives. When a patient comes into hospital who is routinely dependant on a carer, some continuity of support is often essential to the recovery of the individual. Some patients, in particular those with a learning disability, may have a life long dependency, others may only have required carers at a later stage in their lives. Without the involvement of a carer, the ability to offer safe, effective and equal treatment can be severely compromised. Patients who require everyday support are patients who are at increased vulnerability in an unfamiliar hospital environment, and this often puts carers under particular stress when they are no longer able to care for the person in their usual way. The NHS constitution and NHS Commitment to Carers recognises the importance of carers, and our need to ensure they are seen as partners in care. Throughout this policy carer will be used to denote family or informal carer.
- 1.3 *Note: Exceptionally, there may be safeguarding concerns about the involvement of a particular individual in the patient's care. In these cases, advice should be taken from the Safeguarding Team as some aspects of this policy may not be applicable.*

Role of carer

- 1.4 The role of the carer as defined under this policy is to:
- Contribute expert knowledge of the patient by completing Hospital Passport (for people with Learning Disabilities) or Forget me Not (for people with Dementia) with a view to supporting staff in assessment and care planning and in making any reasonable adjustments required for the patient
 - Provide communication support between staff and patient
 - Provide reassurance and emotional support to the patient
 - Support decision making and be involved in decision making process when the patient does not have capacity to consent to proposed treatment (see *Consent for Treatment and Examination Policy*)
 - In some cases, support the provision of some or all aspects of basic personal care. It must never be assumed that carers will wish to do this, but where they do, this should be clearly negotiated and documented and integrated with the patient's plan of care and the carer's plan completed (see Appendix 4)
 - Support the discharge process
- 1.5 The policy will detail the practical support the Trust offers to carers.
- 1.6 The policy supports the Trust in meeting its legislative requirements.

Definitions

1.7 The following terms are used throughout this policy:

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| Family Carer | A family member who delivers day to day support - this could be a parent, spouse, adult child sibling or other family member. |
| Informal Carer | A person who is involved with and gives significant support to another person irrespective of whether they live with that person or not. |
| Paid carer | This is a carer who delivers care in the context of a supported living environment, residential or nursing home, or the persons own home – they may be providing 1-1 hours and be employed by an agency through a contract with the local authority or clinical commissioning group. |
| Personal Assistant | A personal assistant is usually a carer that is employed by the individual with a learning disability or family, through direct payments (Personal Budget) via the local authority or Continuing Health Care (Personal Health Budget). They generally offer support to the individual in own home and in community settings. |
| Carers plan | Plan for carer outlining the role and tasks that carers may carry out – this should be written together with the carer |
| Carer Badge | A badge that the carers wear throughout the admission to identify them and support their role as partners in care - it is given to carers that continue to play an active role and would be present outside of usual visiting times. |
| Reasonable Adjustments | An action required to ensure that a person does not receive less favourable treatment as a result of a protected characteristic Disability and Age apply to this policy – carers are protected by association |
| Open visiting | Visiting hours are extended across 24hrs if this is required for safe effective care of the patient |
| Power of Attorney (POA) | A legal procedure which gives carers Power of Attorney to make decisions on behalf of the patient- the decisions may relate to finance and affairs and/or welfare decisions (section 4) |

2 PROCESS

| Step | Action to be taken | By whom | Comments |
|------|--|--|--|
| 1. | When a Patient is admitted to the ward who is dependent on carers on a daily basis staff must find out who the primary carer for the patient is and this information needs to be recorded and shared with the multidisciplinary team | Ward manager or nurse in charge or admitting nurse | Likely to be a patient with, learning disabilities, older person or a person with , dementia. The roles usually undertaken by the carer need to be recorded along with any known pressures on the carer e.g. parent with young family, young carer or an increase in the person's needs that the carer is having difficulty managing. |
| 2. | Ask carer to complete Hospital passport if not already available (learning disabilities) or Forget me Not document (Dementia or other patients with communication problems) Discuss and agree specific role and tasks (refer carer plan) that the carer may wish to carry out during the stay of the patient and record this in carer's plan – a copy should be in record and with the carer Discuss information and support needs of carer and make appropriate referrals e.g. social services if required | Ward manager or nurse in charge | Carer Plan – Appendix 4 This recognises carers contribution and enable them to work as partners This may include carrying out practical tasks such as personal care, help with eating or drinking but could be staying with the patient to provide support when these tasks are carried out by nursing staff or providing reassurance, support and company during the day/ night to the patient. |
| 3. | Establish if carer has any Powers of attorney | Ward manager or nurse in charge | |
| 4. | Discuss and agree hours of access | Ward manager or nurse in charge | 24hr access will be required for some patients |
| 5. | Discuss and agree breaks on a daily basis for the carer | Ward manager or nurse in charge | It is important to reassure carer of the support to be provided to the patient whilst carer is not present. Many carers lack confidence in leaving if they are not adequately reassured |
| 6. | Discuss carer arrangements for food and drink on a daily basis | Ward manager or nurse in | |

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| | (Include use of any ward facilities that may be open to carers) | charge | |
| 7. | If staying overnight staff to offer Sleeper Chairs to carer | Ward manager or nurse in charge | Appendix 6 |
| 8. | If staying overnight staff to discuss and agree arrangements with carer to meet own personal care needs. For carers at Royal London – overnight accommodation may be available from James Hora House (a small charge is suggested for this) – Tel 0203 5946501 | Ward manager or nurse in charge | |
| 9. | Give out Carer badge so that carer is easily identified (it should be given to carers where they are actively involved and are in the ward beyond the normal visiting hours). | Ward manager or nurse in charge | Wards where it is evidenced that carers frequently offer support will be given supply. Clinical site managers will also have a supply |
| 10. | Conduct a “Ward Induction” with the carer, , covering aspects such as location of facilities, meal times, expectations around infection control, general safety, fire exits, confidentiality, etc | Ward manager or nurse in charge | |
| 11. | Staff to review role and tasks with carer on a regular basis and record changes on carer plan | Ward manager or nurse in charge | Time should be given to the carer to encourage sharing and receiving of information. Carers often find it difficult to monitor their relative or friend’s progress or to impart information on busy wards |
| 12. | The role and tasks are to be communicated to the nurse looking after patient at each handover | Ward manager or nurse in charge | |
| 13. | All staff who come into contact with the patient are aware of the role and task of carer | Nurse looking after patient | It is essential that all clinical staff are aware of the role of the carer |
| 14. | Provide carer with Carer (see <i>Information Leaflet</i>) | Ward manager or nurse in charge | |

3 CONFIDENTIALITY AND SHARING INFORMATION

Giving information to carers

- 3.1 If the patient has capacity to consent to information sharing, information about their diagnoses, clinical treatment etc can only be given to carers with the agreement of the patient. Overwhelmingly patients want their carers to be involved and aware of what is happening to them, so they can support patients to make decisions. Carers can always receive non confidential information from staff such as information that is already in the public domain about health conditions, the workings of the Mental Health Act (1983) and the Mental Capacity Act (2005) and local services available for carers and people with dementia, learning disabilities etc.
- 3.2 If the patient does not have capacity to consent to information sharing, information should be shared with the carer when it is in the best interest of the patient to do so. This should be at first contact and regularly thereafter unless there is an established reason not to eg safeguarding involving family member.

Receiving information from carers

- 3.3 Carers are likely to know the history of the person in detail and be in a good position to give the clinical team information about what has led to their admission to hospital or need for treatment, how their cognitive impairments affect them at home or in hospital and what factors may influence their recovery or affect their experience. Carers should be encouraged to share this information, and the value of this information should be acknowledged.
- 3.4 Where information provided by the carer is of relevance to the patient's treatment or care planning, this should be recorded in the patient's healthcare record. It is subject to the same expectations in relation to information sharing as any other information about the patient, as summarised above.
- 3.5 Any concerns about information sharing should be discussed with the Information Governance Team and/or Safeguarding team.

4 CARER INVOLVEMENT IN DECISION MAKING

- 4.1 In any situation where the patient lacks capacity, there is a legal requirement under the Mental Capacity Act to consult their informal or other carers in determining what is in their best interests.
- 4.2 Where the patient has capacity to consent to such involvement, carers may be involved in discussions leading to clinical decisions, with the patient's consent.
- 4.3 If the patient is under 18 but on an adult ward please refer to Capacity to Consent Policy.

Special roles established in relation to decision making

- 4.4 Occasionally, a carer may have the legal right to make specific decisions on behalf of an adult patient, as provided for under the Mental Capacity Act or previous legislation, ie

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- Enduring Power of Attorney (residual from previous legislation)
- Lasting Power of Attorney for finances (Mental Capacity Act)
- Lasting Power of Attorney for health and welfare (Mental Capacity Act)
- Appointment as a Deputy by the Court of Protection (Mental Capacity Act).

4.5 In each of the above cases, the carer’s legal right to make decisions about the patient is dependent upon legal documentation being in place and registered with the Court of Protection.

4.6 If it appears that any of these provisions may apply, the carer should be asked to provide copies of the relevant documentation which should be submitted to the Legal Services Team for review and validation. Where the documentation is validated, the Legal Services Team will advise clinical teams as to which decisions are covered by the provision that is in place. (See Consent for Treatment and Examination Policy).

5 CARER SUPPORT

5.1 All carers should be offered a referral to or information about carer support services from their local authority. Please offer carer information (see *Carers Leaflet*). If the carer provides a lot of care and support they are entitled by law to a carers assessment from their local authority.

5.2 The purpose of a carers assessment is to ensure the carers’ own needs are recognised and met and that they are aware of their rights to support, financial and other help in carrying out their carer responsibilities. (Carers’ needs assessments are the responsibility of the specific local authority and staff should make a referral to social services for these if required).

6 DUTIES AND RESPONSIBILITIES

| | |
|--|---|
| All staff working in the Trust | Carry out activities in line with this policy, as directed by their manager. |
| Ward Managers or Nurse in Charge | <p>Ensure carer’s plan completed when a patient is admitted who is dependent on carers for day to day life, and whose carer is expecting to spend time with them in hospital</p> <p>Ensure that an appropriate staff member carries out a “ward induction” with the carer</p> <p>Ensure that all staff on the ward are aware of the carer’s plan and of the content of this policy</p> <p>Remind staff to complete a review with the carer at least once during each shift</p> <p>Ensure that the carer receives all relevant practical support, for example in obtaining a Carer’s ID, accessing canteen etc</p> |
| Learning Disabilities Lead Nurse Consultant Nurse | Advise and support staff in implementing this policy; work with ward teams and carers to resolve any issues that arise |

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| Older People | |
| Information Governance Team | Advise on issues relating to information sharing |
| Legal Services Team | Advise on legal issues relating to consent, powers of attorney or deputyship under the Court of Protection |
| Committees | The Operational Safeguarding Adults Committee will be responsible for reviewing the effectiveness of this policy and for reviewing any concerns escalated to it in relation to this policy. |

7 MONITORING THE EFFECTIVENESS OF THIS POLICY

| Issue being monitored | Monitoring method | Responsibility | Frequency | Reviewed by and actions arising followed up by |
|---|--------------------------|-----------------------|------------------|---|
| Carer plan record of the role and task that carers agree to carry out | Audit | Ward manager | | Operational Safeguarding Adults Committee |

END

Appendix 1: Change Log

| Change Log – Carers policy | | |
|---|--------------------------|--|
| Substantive changes since previous version | Reason for Change | Author & Group(s) approving change(s) |
| New Policy | | |
| | | |

Appendix 2 – Impact assessments

Equalities impact checklist - must be completed for all new policies



equalities

Organisational impact checklist - must be completed for all new policies



Organisational
impact assessment

Appendix 3 – Additional guidance and information

Legislation

1. The Carers (Recognition and Services) Act 1995
<http://www.legislation.gov.uk/ukpga/1995/12/contents>
2. The Carers (Equal Opportunities) Act 2004
3. Mental Capacity Act 2005
4. Equalities Act 2010

Other documents

5. Recognised, valued and supported: Next steps for the Carers Strategy 2010
<https://www.gov.uk/government/publications/recognised-valued-and-supported-next-steps-for-the-carers-strategy>
6. NHS England's Commitment for Carers 2014 <http://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf>
7. NHS Constitution
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf
8. Department of Health (2013) Information: to share to not share. The information governance review (The Caldicott Principles)
9. **Citizens Advice Bureau guide to “Managing Affairs for someone else”**
http://www.adviceguide.org.uk/england/relationships_e/relationships_looking_after_people_e/managing_affairs_for_someone_else.htm#ordinary_power_of_attorney

Appendix 4 – Care Plan

This plan should be developed and read in conjunction with the Trust Carers Policy, a copy of which should be given to the carer

| | | | |
|-----------------|--|------|--|
| Name of Patient | | Ward | |
| Name of carer | | Date | |
| Relationship | | | |

This plan needs to be fully discussed and negotiated with carers of patients who are normally dependent on them for everyday life. There will almost certainly be some aspects to the plan below that carers will want to play a part in. It is important to stress at the outset that we **DO NOT EXPECT** carers to give physical care or support the patient with eating and drinking, toileting etc, but recognise that some may wish to continue to do so. All care will be delivered by nurses unless otherwise negotiated with carers.

| Role /Task | Yes | No | Comments |
|---|-----|----|----------|
| Provide communication support between patient and hospital staff | | | |
| Provide reassurance and emotional support | | | |
| Support decision making for consent to treatment | | | |
| <i>Provide physical care including -</i> | | | |
| Washing and changing | | | |
| Support to eat and drink (If so specify which mealtimes) | | | |
| Support to use the toilet or change continence wear | | | |
| Support to mobilise | | | |
| Support administration of medication (The overall responsibility remains with the ward) | | | |
| Other: | | | |

| <i>Carer arrangements</i> | | | |
|---|--|--|--|
| Carer arrangements discussed/ agreed | | | |
| Hours of access discussed | | | |
| Breaks for the carer (frequency and arrangements during absence) | | | |
| Arrangements for carer's food and drink (Include use of any ward facilities that may be open to carers) | | | |
| If staying overnight offer Sleeper Chair to carer | | | |
| If staying overnight agree arrangements with carer to meet own personal care needs. | | | |
| If staying overnight have they been given carer ID badge | | | |

Ward induction

| | |
|---|----------------------------------|
| <p>To include:</p> <ul style="list-style-type: none"> • Location of relevant facilities, eg toilets, kitchens etc • Infection control requirements • Safety, fire exits etc • Confidentiality | <p>Completed (sign and date)</p> |
|---|----------------------------------|

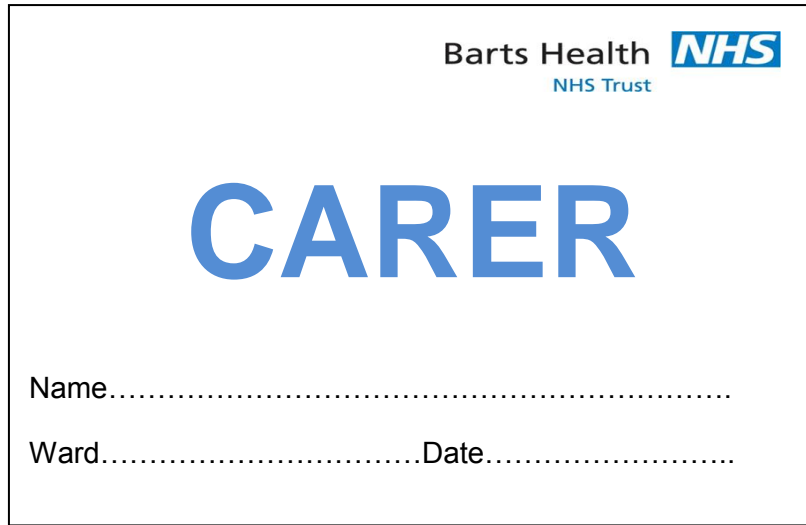
Signed Nurse in Charge/ ward manager

Carer

The plan needs to be reviewed at each shift change and/or if there is a change in patient or carer status

Please give a copy to carer and place a copy on record.

Appendix 5 – Carer Badge – Specimen Illustration



Appendix 6 – Sleeper Chairs for Carers Who Remain Overnight

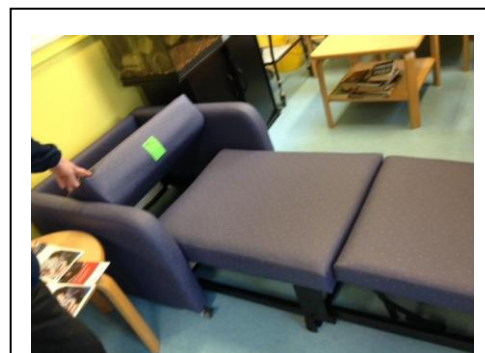
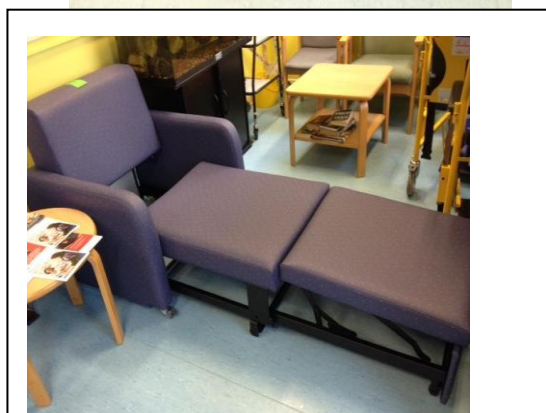
Sleeper chairs were funded through the Bart’s Charity for carers of patients with a learning disability.

| Hospital | Accessing chairs |
|--|---|
| Newham University Hospital | Held in Store Room F05AA07 opposite discharge lounge (East ham ward have key- so do security and site officers – please contact them). |
| Royal London Hospital (also for London Chest, Mile End and St Barts Hospitals) | Held in Ward 11F Store room x1 and 12E storeroom. Please contact porters for use. |
| Whipps cross Hospital | Stored in the Discharge Lounge and clinical site management office Contact Discharge Lounge Manager Mon Fri 9-5 and out of hours site security or site management team. |

Please ensure the chairs are returned to the above locations after use.

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Operation of the Chairs



Any concerns re Chairs please contact Patricia Handley Lead Nurse Learning Disabilities
Tel- 0207377 7000 ext 46928 mobile 07713099156
Email; Patricia.Handley2@bartshealth.nhs.uk