

Supporting and Involving Carers Guidance

2011

Version	0.6
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Date Approved:	4 th April 2011
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Next due for revision:	2015
Target Audience:	All staff
Location of Policy:	Nursing Policies and Procedures
Related Policies	<p>Consent Policy (2011)</p> <p>Deprivation of Liberty policy and procedure (2011) - draft at time of consultation on this policy</p> <p>Discharge Policy (2011) – draft at time of consultation on this policy</p> <p>Equality and Human Rights Policy (2009)</p> <p>Mental Capacity Act interim procedural guidance (2011) – draft at time of consultation on this policy</p> <p>Safeguarding Adults Policy (2009)</p> <p>Safeguarding Children & Young People Policy (2009)</p>

Document Version Numbering

Version No.	Updated by	Updated On	Description of Changes
0.1	Darryl Chapman, Acute Liaison Nurse for Vulnerable Patients	December 2010	<p>Consulted with Westminster Carers Partnership Group; Westminster Carers Network; Westminster Learning Disability Partnership. H&F Mencap; H&F Disability Team; K&C Learning Disability Team; and CPG Heads of Nursing.</p> <p>Made policy more generic from learning disability carers to general carers policy and some other minor changes.</p>
0.2	Sean Crawford, Interim Diversity Project Manager	January 2011	Significantly reduced size of document and incorporated comments from Nursing Director and Associate Director of Nursing.
0.3	William Gage, Lead Nurse for Practice Development & Innovation	10 th February	A number of amends concerning alignment with other policies.
0.4	Adult Safeguarding Board	23 rd February 2011	None.
0.4	Hammersmith & Fulham Links Readability Group / Kensington & Chelsea Physical Disability Group /Westminster LiNK	March 2011	A range of comments on grammar and order of document.
0.4	Consultation comments from staff - SOURCE	Consultation closed 23 rd March 2011	A range of comments.
0.4	Adult Safeguarding Board	23 rd March	Meeting cancelled – no comments received by email
0.5	Quality & Safety Committee	4 th April 2011	Comment concerning 2.4 and general managers allocating resources
0.6	Representatives of Lead Therapists	5 th May 2011	Request to ensure Therapy Leads and Medical Leads included in section 2.6

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1. Summary

- 1.1 This guidance sets out the Trusts approach to meeting the needs of carers whilst they are using the Trust's services.
- 1.2 By 'carer', we mean someone who cares for or takes responsibility for another person who needs help because of a disability, long term condition, or the effects of old age. This can range from help for a few hours a week to around the clock caring. Within this definition there are three distinct groups of carers:
- Adults who care for other adults (family or professional carer).
 - Parent carers – parents (or guardians) of disabled children and young people up to 18 years of age who have additional care needs. When the child reaches 18, the parent, in law and policy, becomes the carer of an adult.
 - Young carers – children and young people under 18 years of age who look after a family member, friend or neighbour who has an illness or disability.
- 1.3 The guidance relates to clinical and patient care. The needs of Trust employees who provide informal care outside of their work for their own family is not within the scope of this document (covered in the Carers Policy - Workforce).

2. Roles and Responsibilities of Staff

2.1 All staff within the organisation will:

- Recognise the contribution of carers as expert partners in care, ensuring that carers are involved and treated with dignity.
- Enable carers, along with the person they support, to design care and support which meets the patient's needs.
- Seek to identify caring roles undertaken by either the patient, or the patient's carer that will not be undertaken by the patient being in hospital.
- Signpost the carer to the PALS service where issues cannot be resolved locally.

2.1 PALS Officers will:

- Provide support, advice and guidance to carers with regards to services and support provided by the Trust as well as signposting to external sources of support and advice.
- Facilitate the speedy resolution of concerns raised by carers by listening, providing information, liaising, and negotiating with staff colleagues.
- Provide information to carers in relation to the Trusts processes, including in alternative formats as required.

2.2 Hospital based social workers and discharge team workers

- Will signpost carers to carers support groups or for carer's assessments (social care) where appropriate.

2.3 Emergency Care Professionals

- Will take steps to identify if a patient admitted to the department is also a carer to a family member or friend.
- If so, whether an emergency carer's plan has been agreed or any other arrangements put in place.

- 2.4 The General Manager for each Clinical Speciality will ensure that adequate resources are available to provide appropriate care to all patients, including those with additional support needs.

2.5 The Head of Nursing for each Clinical Programme Group or the nominated lead in each corporate directorate will Ensure that the guidance is understood and implemented in their wards or departments.

2.6 The Head of Therapy and Medical Leads for each Clinical Programme Group or the nominated lead in each corporate directorate will ensure that the guidance is understood and implemented in their departments.

3. Roles and Responsibilities of Carers with Staff

3.1 Set out below are some of the roles that may be undertaken by carers.

- Support the patient to make decisions (consent) relating to care and treatment. When the carer is a paid professional the Trust is obliged to appoint an Independent Mental Capacity Advocate under the Mental Capacity Act (2005). See Trust's Deprivation of Liberty Safeguards Policy and Procedure (section 9).
- Facilitate effective communication, including supporting the patient to comprehend information.
- Support the clinical team to agree a care plan which appropriately meets the patient's specific needs.
- Provide support emotional support; in particular during clinical investigations or treatment or advise clinical staff on best approaches.
- Assist clinicians in making 'best interest' decisions; where the patient lacks the capacity to make a specific decision.
- Supporting the clinical team to monitor pain control.

3.2 Although the carer may want to undertake the following responsibilities, during admission to hospital it remains the responsibility of professional staff to ensure the following:

- Undertaking a comprehensive assessment which takes into account any unique disability related needs.
- Care planning and review.
- Personal care and bathing –carers may assist where appropriate.
- Postural management.
- Manual handling.
- Supporting/monitoring nutritional and fluid intake –carers may assist where appropriate.
- Administration of medication.
- Assessment and management of pain relief.
- The co-ordination of discharge arrangements.

3.3 Where it is has been agreed that carers will remain with the patient in order to provide essential support, it is essential that arrangements are made to ensure that they are provided with drinks, refreshments and breaks from caring.

3.4 A high percentage of carers feel compelled to stay with the person they support to comfort and reassure them but also to ensure their safety. Staff must emphasise to carers that an admission to hospital provides them with an opportunity for respite from caring and ask for relevant information which will enable this.

3.5 Other practical considerations include the need to ensure privacy, dignity and confidentiality of other patients. Staff will need to be clear with carers that there may be occasions where they may be asked to leave the bay if necessary; in order to maintain the privacy, dignity and confidentiality of other patients in the bay.

4. Recognising Carers of Patients with Complex Needs

- 4.1 The Trust is committed to providing care which is both personalised and appropriate to patients needs. This aim extends equally to those patients who have complex disabilities or additional support needs. Such patients are frequently reliant on carers to meet either their health or care needs; including day to day activities in hospital. It is essential therefore the Trust utilises this knowledge and experience in order to plan and deliver care for those with complex support needs.
- 4.2 It should be recognised that where a patient has been assessed lacking capacity to make a decision regarding their care, treatment, or discharge; clinicians are required under the [Mental Capacity Act](#) (2005) to involve carers, next of kin, or people who know the patient well before delivering any care or treatment. Please see Trusts Mental Capacity Act procedural guidance and Deprivation of Liberty Safeguards policy and procedure.
- 4.3 Carers of patients with particularly complex needs may be concerned that the nursing team will be unable to meet their needs. This may be heightened where carers have had poor experiences during previous admissions. Careful consideration should be given to how the needs of such patients are met during a hospital admission and the role(s) that carers will undertake.
- 4.4 Decisions about what level of support carers provide in the hospital setting must be made on a case by case basis. However the following points may be useful to consider when making such decisions:
- The degree to which the patient will accept care from unfamiliar people.
 - The complexity of the patients needs; including any challenging behaviour or anxiety.
 - The need for carers to take a break from caring.
 - The capacity and capability of the ward team to provide appropriate care.
- 4.5 The ward may wish to consider sourcing additional staff support in order to provide safe and appropriate care for patients with complex support needs; particularly those patients with challenging behaviour.
- 4.6 Lack of clarity around the role of carers and the roles and tasks that will be undertaken by hospital staff can compromise the continuity of care and patient safety. It is therefore essential that a detailed assessment is undertaken and documented as part of the plan of care for these patients. It is critical that effective communication is maintained between the patient, carers and professional staff at all times. Where potential disagreements arise it is important to involve senior members of the clinical team at the earliest opportunity.

5. Identifying Carers with Additional Caring Responsibilities

- 5.1 Every attempt should be made to identify patients and carers who may have additional caring roles on admission, whether for a planned admission or on an emergency basis. Clinical staff should explore with patients and their carers any caring roles that they may have.
- 5.2 Carers may carry with them a means to identify that they have caring responsibilities and that others rely on them to provide informal care (e.g. Westminster borough residents have an emergency carers card scheme). In some cases carers may have agreed a Carers Emergency Plan with regards to any plans that they have made in the event that they are unable to provide planned care.
- 5.3 Furthermore, regard should be given to the needs of those who intend to take on a caring role for a family member or friend following a hospital admission or change in health status.

Such individuals may not readily acknowledge that they have a caring role; rather defining themselves as a parent, son, daughter or friend.

- 5.4 Carers frequently provide care to vulnerable people, however it should be remembered that carers themselves may indeed be vulnerable. Any care, treatment, or discharge plan should take into account the needs or capacity of carers as well as sources of potential support (including replacement care). Please refer to the Safeguarding Adults Policy in these instances.

6. Signposting Carers to Sources of Support

- 6.1 It is essential that carers are provided with information about sources of support available to them. Such support may be via local or national support groups; related to a specific disease or condition; or from statutory bodies such as social care (via a carers assessment). In addition, individual wards and departments should ensure that they can also provide information to carers on local or national groups or support networks relevant to their clinical area.
- 6.2 Opportunities for such discussions should arise during pre-admission appointments, discharge, attendance at accident and emergency, or clinic consultations.
- 6.3 It is important to remember that hospital admission or disease progression may have a significant effect on the type, level and frequency of care provided by carers.
- 6.4 A list of contacts relevant to carers is provided below.

There are some excellent local carer networks and at the time of publication of this policy, the following websites provide information:

Hammersmith & Fulham residents:

http://www.lbhf.gov.uk/Directory/Health_and_Social_Care/Carers/Adult_carers/35912_Carers.asp

Kensington & Chelsea residents:

<http://www.rbkc.gov.uk/healthandsocialcare/peoplefirst/lookingaftersomeone.aspx>

Westminster residents:

<http://www.carers-network.co.uk/>

National information includes:

Carers UK - <http://www.carersuk.org/Home>

Direct.gov, Caring for Someone -

<http://www.direct.gov.uk/en/CaringForSomeone/index.htm>

Contact a Family

Contact a Family is a national charity which provides support, advice and information for families caring for children with disabilities or special needs. It maintains national and regional databases of parent support groups and produces a range of fact sheets and information packs covering issues such as benefits, special educational needs and health.

<http://www.cafamily.org.uk/>

7. Monitoring Compliance with the Guideline

When will this guideline be audited?	Compliance with the policy will be monitored by annual surveys with carers. Any deficiencies will be reported to the relevant Committee who will monitor an improvement action plan.
Who will be responsible for auditing this guideline?	Corporate
Are there any other specific recommendations for audit?	No

8. Review

When will this guideline be reviewed?	Please give person/post Equality & Human Rights Manager
Please indicate frequency of review:	4 yearly
Date of next review	Please give month/year April 2015

9. Training

Training required for staff	No
If yes, who will provide training	Not relevant
When will training be provided?	Not relevant
Date for implementation of guideline	Upon ratification

10. References and related documentation

10.1 Related Trust Policies:

- Consent Policy (2011)
- Deprivation of Liberty policy and procedure (2011) - draft at time of consultation on this policy
- Discharge Policy (2011) – draft at time of consultation on this policy
- Equality and Human Rights Policy (2009)
- Mental Capacity Act interim procedural guidance (2011) – draft at time of consultation on this policy
- Safeguarding Adults Policy (2009)
- Safeguarding Children & Young People Policy (2009)

10.2 National Documents

- Carers and Disabled Children Act (2000)
- Carers (Equal Opportunities) Act (2004)
- 'Carers at the heart of 21st-century; families and communities' (2007)
- Mental Capacity Act (2005)
- Disability Discrimination Act (1996, 2005).

11. Guideline Detail

Start Date: (April 2011)	Upon ratification
n/a	Divisional Guidelines Group Dates approved (if applicable) N/A
4 th April 2011	Quality and Safety Committee
Have all relevant stakeholders (Trust sites, CPGs and departments) been included in the development of this guideline?	<p>Please give names/depts This policy has been circulated and consulted upon by the following stakeholders:</p> <p>CPGs, all staff via Source, Equality & Diversity Committee, Mental Health/Mental Capacity forum, and the Safeguarding Adults Board.</p> <p>Local Involvement Networks (LINKs) are made up of individuals and community groups, such as faith groups and residents' associations, working together to improve health and social care services. The draft guidance has been sent to Kensington & Chelsea LINK Westminster LINK and Hammersmith & Fulham LINK</p> <p>Following local and Trust-wide consultation this policy will be approved by the Quality and Safety Committee.</p>
Related documents:	<p>This guideline is to be read in conjunction with the following policy documents:</p> <p>Consent Policy (2011)</p> <p>Deprivation of Liberty policy and procedure (2011) - draft at time of consultation on this policy</p> <p>Discharge Policy (2011) – draft at time of consultation on this policy</p> <p>Equality and Human Rights Policy (2009)</p> <p>Mental Capacity Act interim procedural guidance (2011) – draft at time of consultation on this policy</p> <p>Safeguarding Adults Policy (2009)</p> <p>Safeguarding Children & Young People Policy (2009)</p>
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Document review history:	see page 2
Next review due	2016
THIS GUIDELINE REPLACES:	Not applicable

12. Intranet Housekeeping

Key words	Carers
Which CPG does this belong to?	Nursing Directorate
Which subdivision of the guidelines spine should this belong to?	Nursing: Policies and Procedures
Title for the intranet if different from the document (<i>please note that documents sit alphabetically so should not start with "guideline for..."</i>)	Supporting & Involving Carers Guidance

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