

Trust Policy

Carers Policy

Policy Summary

This policy sets out Guy's and St Thomas' NHS Foundation Trust carers Policy. This policy sets out a framework to enable clear and effective communication between GSTT and patients' carers.

Document Detail	
Document Type	Trust Policy
Document name	Carers Policy
Document location	Gti/policies
Last Contensis version	1
Effective from	October 2015
Review due date	October 2018
Owner	Amanda Millard: Director of Patient and Carer Experience
Author	Eileen Sills: Chief Nurse
Approved by, date	Trust Nursing & Midwifery Council
Superseded documents	
Related documents	
Keywords	Carer, passport
Supporting references	

Change History		
Date	Change details, since approval	Approved by

Review History		
Date	Review details	Approved by

1. Summary

- 1.1 Guy's and St Thomas' NHS Foundation Trust (GSTT) recognises and values the vital role that carers play in the health and wellbeing of the people they care for. This policy sets out a framework to enable clear and effective communication between GSTT and patients' carers.
- 1.2 The policy also aims to guide staff in raising awareness and informing good practice about carers needs.
- 1.3 GSTT recognises that carers can give valuable information on the patient's condition, needs and wishes. They may also wish to help with in-patient care and may be involved with the patients care after discharge.

2. Policy Statement

- 2.1 It is the policy of the Trust that:
- 2.2 All carers will be identified, involved, informed respected, supported, and trained if appropriate, as partners in care throughout the patient's pathway.
- 2.3 All carers who are GSTT employees will be supported and assisted to maintain a balance between paid work and caring responsibilities to promote their health and well-being through the implementation of the **Staff Carers Passport**.
- 2.4 All carers will be given information in an accessible format appropriate to their individual needs and access to the **Carers Passport**
- 2.4 The Trust will apply this policy fairly, appropriately and according to the individual needs of the carer.

3. Scope

- 3.1 This policy applies to all employees directly involved in patient care and all employees involved in improving the patient and carer experience.
- 3.2 This policy also applies to all employees who are carers and their line managers.
- 3.3 This policy sets out detailed guidance with reference to other GSTT policies to enable staff to communicate effectively with both patients and carers to make a hospital stay as uncomplicated as possible. Verbal and written information enhances this and in return staff may also need to learn from carers who are often experts in the patients' care management.
- 3.4 GSTT recognises that carers may be admitted as patients themselves and so may require advice and support regarding their expected recovery and the implications this may have for the person they care for, as well as in relation to the care provision for the person they care for whilst they are an inpatient.
- 3.5 The policy is supported by the **carer's information leaflet** which must be made available in all areas, outlining what carers can expect when the person they are caring for comes into hospital.

4. Aim

4.1 The purpose and key objectives of this policy is to:

- Improve and ensure a positive and supportive patient and carer experience through close liaison between all GSTT staff, and the provision of information and collaborative discussion when looking after patients. -
- Set out clear guidance and procedures which staff are required to follow in the implementation of this policy.
- Provide an overarching framework across the services provided by GSTT which will complement other strategies and initiatives aimed at. Promoting and delivering carer involvement in patient discharge.
- Ensure that carers feel fully informed about the services provided at GSTT, the opportunities for support and training, and their rights as carers.

5. Definitions

5.1 Whilst there is no universal definition of what a carer is GSTT defines a carer as defined by the Carer Trust:-

- Anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or addiction cannot cope without their support
- Anyone can become a carer; carers can come from all walks of life, all cultures and can be of any age. Many feel they are doing what anyone else would do in the same situation; looking after their mother, son or best friend and just getting on with it.

5.2 Support may also be provided by a care worker but any references to carers throughout this policy concern relatives or friends providing care and support.

5.3 However, it is acknowledged that in some circumstances patients may not be supported by anyone.

- Carers have rights, including the right to refuse to take on or resume the responsibility for caring for someone and the right to independent assessment of their caring role.
- Carers also have needs for information about the condition of the patient.
- Carers are themselves often in poor health, as a direct result of the physical and emotional stress of being a carer.
- Carers have the right to an assessment of their needs and may be able to get extra help and financial support. They should be able to discuss this with a member of staff who can signpost them appropriately to the social work team, or a local Carers' Centre.

6. Duties and responsibilities

6.1 It is the duty of GSTT to identify, inform, involve, and support carers as detailed in this policy.

- **Chief Nurse**
The Chief. Nurse is the responsible Director accountable for the overall implementation of this policy.
- **Heads of Nursing/Department**
The Heads of Nursing/Department in each Directorate have responsibility for coordinating .the implementation of this policy across their Directorates.
- **Matrons**
The Matrons are responsible for ensuring that the requirements and standards of this policy are effectively managed across their areas of responsibility and that their staff are aware of and implement them.
- **Sister/Ward Managers**
Ward sisters/Managers are responsible for ensuring that the requirements and standards within this policy are effectively manages

- within their clinical areas as.
- **Emergency Care Staff**
Are responsible for identifying if a patient admitted to the department is also a carer to a family member or friend. If so, whether an emergency carers plan has been put in place.
- **PALS Team**
The PALS Team are responsible for providing reports identifying any carers issues arising from the PALS queries and concerns data.

They will also ensure the following:

- They will provide support, advice and guidance to carers in relation to services provided by GSTT as well as signposting to external sources of support and advice such as local carers associations and organisations.
- They will facilitate the speedy resolution of concerns raised by carers through listening, providing information, liaising and negotiating with Directorates.
- They will provide information to carers in relation to all GSTT processes and in alternative formats if required.
- **All Clinical Staff**
All clinical staff are responsible for following the procedures and guidance in this policy to ensure that carers are identified, informed, involved and supported by:
 - Recognising the contribution of carers as expert partners in care, ensuring that carers' are involved and treated with dignity.
 - Enabling carers, along with the person they support to design care and support which meets the patient's needs.
 - Signposting carers' to support organisation and /or workers
 - Signposting the carer to PALS services where issues cannot be solved locally or further information and support may be provided.
 - Report to the safeguarding team any concerns in relation to cares/patients being subject to abuse - (See Safeguarding Adults at Risk policy)

7. Identification of Carers

7.1 Staff should be aware of and ensure following steps are adhered to:

- **Carers** need to be identified as early as possible; their GP may not have identified
- Carers details should be recorded in the admission documents
- The patients consent (or otherwise) regarding disclosure of personal information about their diagnosis, treatment and care needs must be documented.
- Consideration of the need for interpreters when holding discussion with carers according to their needs.

- Patient should be asked if they are a carer or if they have carers and if they want this person to remain their carer.

7.2 Where carers wish to deliver care to the patient whilst they are in hospital the boundaries about what is expected of hospital staff and what is safe for a carer to do in a hospital setting should be openly discussed, agreed and documented in the Carers Passport

7.3 The details below indicate the areas of responsibility that this might include:

7.4 Although the carer may want to undertake the following responsibilities during a patients stay in hospital, staff should use their professional judgement to negotiate whether it will be appropriate for the carer to assist:

- Undertaking comprehensive assessment which takes into account any unique disability related needs
- Care planning and review
- Personal Care and bathing- carers may assist where appropriate
- 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
- Where it has been agreed that carers will remain with the patients in order to provide support, they should be provided with drinks, refreshments and breaks from caring

7.5 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 when they may be asked to leave if necessary in order to maintain the welfare of other patients.

8. Information and the issue of consent

8.1 Carers need to know that GSTT cannot always fulfil some of the needs of carers and remain within the law...

- Disclosure of personal information to a carer can only be made with the patients consent and they may change their mind at any time - (see Consent policy)
- If the patient is incapable of making this decision GSTT staff have a duty to act in the best interests of the patients and this must be documented in the patient notes: (See Mental Capacity Act Procedures for guidance)

9. Disclosing information to the carer

9.1 Carers will need information specific to the patient in order to assess if they will be able to meet the care needs at home; staff should:

9.2 Offer carers' information about:

- The medical condition of the patient
- Ongoing care needs
- What training may be available to the carer?
- A discharge plan - verbal and written
- How to get help in looking after someone - via a carers Assessment

10 Carer Information

10.1 Inform Carers about their rights to:

- A Carers assessment.
- Refuse to take on certain aspects of caring for the patient after discharge
- Source of support, such as carer organisations or self-help groups
- Challenge decisions and access to PALS or make a complaint
- Their rights as set out in The Care Act 2014

10.2 Refer patients to a social worker or to a carer organisation who will be able to offer information about:

- The financial implications of caring
- Services - those that are free and those with charges
- Services available through social services
- Support available to carers' including respite care
- Carers' Centre

10.3 The Carers Pack - available for download and printing if necessary on the DaD webpage of the GSTT intranet.

11. Involving carers in healthcare and planning for discharge

11.1 It is important to view carers as partners in the provision of healthcare by:

- respecting and listening to their views - longer-term carers are likely to have valuable expertise and be skilled in caring for the patient
- ensuring that they have the relevant information needed to plan effectively for their caring role
- making a clear agreement about roles and responsibilities of the carer - such that specific tasks in care and treatment are agreed upon between health professionals and carer and who is responsible for each task.
- relatives or carers may be required to stay overnight - for example in situations where the patient is very young, vulnerable, very upset and emotional, has dementia or a learning disability. In these situations, in consultation with the Ward Manager and reference to the Carers Passport and Information Leaflet the carer may spend the night with the patient. They must be able to safely stay alone and take care of their own needs.
- if the patient is being cared for by a child under the age of 18, social services should be contacted to ensure they are appropriately looked after. Young carers cannot stay overnight.
- Ensure that carers are involved and consulted, not just informed at all stages of the patient's journey. This includes:
 - making the decision to discharge the patient (See Discharge Policy).
 - discussing and agreeing practical alterations and preparations for the discharge at home. Carers may need time to make different working arrangements
 - agreeing the time of discharge, even the estimated date of discharge
 - giving the carer sufficient notice of the patient's discharge
 - acknowledging the carers own needs, considering the circumstances leading to their taking on the caring role
 - considering a referral for a carers assessment

11.2 And at all times

- Be careful not to make any assumptions, especially those often based on the carer's gender, or the relationship between patient and carer.
- Even if the carer is or has been a healthcare professional, do not assume that they will be able or willing to cope with any and all caring responsibilities.

12. Monitoring and Audit

12.1 Incidents, complaints and PALS cases will be monitored for any cases of carer or patient complaints about joint care arrangements or carer's issues

12.2 A quarterly carers audit will be undertaken using existing processes and reported to the Quality Committee

1. Key process/part of this policy for which compliance or effectiveness is being monitored	2. Monitoring method (i.e. audit, report, on- going committee review, survey etc)	3. Job title and department of person responsible for leading the monitoring	4. Frequency of the monitoring activity	5. Monitoring Committee responsible for receiving the monitoring report/audit results etc.	6. Committee responsible for ensuring that action plans are completed
---	---	--	---	--	---

NB Impact Assessment to be completed when policy finalised and agreed.