Protocol for the identification, recording, involvement and support for carers

<table>
<thead>
<tr>
<th>Category:</th>
<th>Protocol</th>
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<tbody>
<tr>
<td>Summary:</td>
<td>Protocol to support the identification, involvement and support for carers</td>
</tr>
<tr>
<td>Equality Analysis</td>
<td>This is a protocol to promote patient safety by involving and listening to carers; promoting awareness of carers and their needs as a supplement to the Carers Policy. See analysis for the carers Strategy.</td>
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<tr>
<td>Valid From:</td>
<td>March 2013 (on going)</td>
</tr>
<tr>
<td>Date of Next Review:</td>
<td>February 2016</td>
</tr>
<tr>
<td>Approval Date/ Via:</td>
<td>March 2013. Clinical Governance Committee</td>
</tr>
<tr>
<td>Distribution:</td>
<td>Ward and Out Patient Managers</td>
</tr>
<tr>
<td>Related Documents:</td>
<td>Oxford University Hospitals Carers Policy, County Carers Strategy (pending) and Equality Objectives,</td>
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<tr>
<td>Author(s):</td>
<td>Equality and Diversity Manager</td>
</tr>
<tr>
<td>Further Information:</td>
<td><a href="http://www.carersoxfordshire.org">www.carersoxfordshire.org</a></td>
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**Lead Director:** Chief Nurse  
**Issue Date:** April 2013

**Introduction**

Protocol for the identification, recording, involving and supporting of carers whilst visiting the Trust. V.3 April 2013.
1. This Trust will contribute to the improvement of Carers’ experiences of health and social care services in Oxfordshire by implementing this protocol.

2. This protocol is required to promote the recognition, identification, support to and inclusion of, Carers or family members, in the care of patients and decisions affecting a patient’s care whilst in hospital.

3. The Francis Report states the “provision of the right information to patients and their families at the right time is vital.” (22)

4. The Healthcare For All Report states “Families and other carers should be involved as a matter of course as partners in the provision of treatment and care, unless good reason is given and Trust Boards should ensure that reasonable adjustments are made to enable them to do this effectively.” Recommendation 3. (23)

5. Putting Patients First (December 2007) requires the NHS to recognize family members and carers as experts and care partners.

6. The NHS Constitution (section 2A) in a pledge to patients, commits the NHS to “work in partnership with you, your family, carers and representatives.”

7. The National Carers’ Strategy 2008 and the Refresh 2010 outlines the need to: support those with caring responsibilities to identify themselves as carers at an early stage, recognize the value of their contribution and involve them from the outset, both in designing local care provision and in planning individual care packages.

8. This Trust will contribute an action plan to the Oxfordshire Carers’ Strategy to provide detail by June 2013, on how this policy will be achieved.

Definition of a carer

9. Carers are people who care, unpaid, for friends or family members who are ill, frail or disabled. Carers impact on and are impacted by all health and social care services. (Oxfordshire Joint Carers’ Strategy Refresh.2013-2016)

9.1 Carers may have a disability and be vulnerable themselves. (E.g. a learning disability, or be frail and elderly.)

9.2 Young Carer: Children and young people under 18, whose life is restricted by the need to take responsibility for a person who is either: chronically ill, has a disability, is experiencing mental distress, is affected by alcohol and/or substance misuse or is elderly or infirm. (Birmingham Crossroads).

Procedure

10. Identify carers and record details on the patient’s electronic records. Ask patients if they have someone looking after them at home. Carers may have a credit sized card to empower them to identify themselves, if not please check on the Trust intranet carer page as to where a card may be accessed.

10.1 Carer’s details can be recorded on the Initial Assessment Form within the Electronic Patient Records.

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11. **Involve.** Agree with patient and carer to fully involve a patient's carer in the care of the patient. This includes keeping carers/next of kin fully involved in the treatment and preferences of the patient and involved in key decisions including the discharge process.

11.1 Good communication is needed through explicit individual conversations, to negotiate the needs of the patient and carer with regard to the promotion of patient safety.

11.2 The registered nurse will negotiate how to involve each individual carer whilst in hospital.

11.3 Explanation will be given of the need to conduct a procedure safely.

11.4 If training has been received by the carer and the carer has been carrying out the procedure at home and wishes to continue; this can be observed and agreed.

11.5 If a procedure is new to the carer, training, observation and completion of the competency should be offered to promote safety and minimize risk of infection – only if the carer expresses a wish to undertake this responsibility whilst the patient is in hospital. Competency can be recorded in the patient notes and on a sheet given to the carer in line with local protocols.

11.6 The Infection Control Team can be called on for support if appropriate.

11.7 A carer should be offered any appropriate training for a procedure to be carried out by the carer on discharge.

11.8 A carer may wish to spend time with the patient and not be directly involved in physical care.

12. Some carers may be vulnerable themselves and need reasonable adjustments to be made in order to understand fully about the patient's condition. The NHS has a duty to provide reasonable adjustments (Equality Act 2010).

13. The term “Reasonable adjustments” can cover whatever adaptation is required to enable equality of access to care and full involvement. This may be help with communication such as British Sign Language; easy read; large print; language interpretation; extra support to relieve anxiety; the ability to stay with a patient to give much needed support and when necessary refreshments on the ward. For example if a patient or carer has a learning disability, is on the Autistic Spectrum; has a disability or is frail and elderly themselves.

14. **Inform:** Carers need support and help to access the information they need. Staff should check that carers fully understand about the care and treatment for the patient.

15. **Support:** All carers should feel supported whilst visiting hospital. Carers should be given contact details of Carers Oxfordshire where information is available on community support; carers assessments and grants.

15.1 Carers Oxfordshire: [www.carersoxfordshire.org](http://www.carersoxfordshire.org). Tel: 0845 0507666.

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15.2 Information leaflets are available from Carers Oxfordshire, from front entrance displays or via the Equality and Diversity Manager.

15.3 Carers can also be encouraged to discuss their needs with their G.P.

16. If a carer is frail, has a disability and vulnerable themselves, they may be referred to Social Services (telephone number above) as they may no longer be able to carry out the role of carer.

Scope

17. This protocol applies to all employees directly involved in patient care and all employees involved in improving patient and carer experiences.

Aim

The purpose of this protocol is to:

17.1 ensure positive and supportive carer experiences.

17.2 ensure that carers accessing the services of this Trust feel supported and are trained appropriately for their role to promote safety.

17.3 ensure carers feel empowered and fully involved in a patient’s care,

17.4 ensure carers feel fully informed about services, opportunities for support, and their rights as carers.

17.5 ensure that carers get the opportunity to discuss any concerns.

17.6 ensure all carers receive information in a way that they understand and in an accessible format.

Responsibilities

18.1 The Chief Executive has overall responsibility to ensure carers are fully involved, informed and have all appropriate support required.

18.2 The Chief Nurse has delegated authority to ensure carers are fully involved, informed and have all appropriate support required.

18.3 The Equality and Diversity Manager will take responsibility for developing carer awareness and leading on initiatives to promote the application of this protocol.

18.4 The Adult Safeguarding Lead and Patient Services Team Manager; and the Children’s Safeguarding Lead have responsibility to create awareness and promote application of this protocol across the Trust.

18.4 All Ward and Department Managers are responsible for ensuring clinical staff are aware of their duties described in this protocol and that carer status is recorded within the electronic patient records.

18.5 Individual ward staff are responsible for the implementation of this protocol including: ensuring all carers are fully involved, as they would wish and are kept fully informed about the patient’s care; carers are given information about support that is available for them as carers and that carers are supported according to their individual needs.

Training

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19. The carers section of the DVD to promote awareness of the needs of people with learning disabilities should be watched by ward staff. Carers awareness sessions can be conducted on request.

Monitoring Compliance

20. Compliance with the document will be monitored in the following ways.

<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Monitoring method</th>
<th>Responsibility for monitoring (job title)</th>
<th>Frequency of monitoring</th>
<th>Group or Committee that will review the findings and monitor completion of any resulting action plan</th>
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<tbody>
<tr>
<td>Involvement of carers</td>
<td>Through regular audit</td>
<td>Ward Manager and Matron with the Patient Services Team.</td>
<td>Annual</td>
<td>Clinical Governance Committee.</td>
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<tr>
<td>Carers needs being met.</td>
<td>PALS and Complaints issues raised. Feedback through involvement with Carers Oxfordshire.</td>
<td>Equality and Diversity Manager Patient Experience Manager</td>
<td>6 monthly</td>
<td>Equality and Diversity Steering Group</td>
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21. Review This protocol will be reviewed in 3 years, as set out in the Policy for the Development and Implementation of Procedural Documents.

Document History

<table>
<thead>
<tr>
<th>Date of revision</th>
<th>Version number</th>
<th>Reason for review or update</th>
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<tbody>
<tr>
<td>March 2013</td>
<td>3</td>
<td>Protocol written to complement Carers’ Policy and County Carers Strategy.</td>
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<td>April 2016</td>
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