

Support Provision

Aim

Ormerod aims to ensure that it provides a person centred, **safe, responsive, caring and effective** service that identifies with CQC's 5 key lines of enquiry through a **well-led** service provision.

Background

Ormerod recognises that Regulations 9,10,11,12,13 and 14 of the Care Quality Commission (Registration) Regulations 2009 sets out standards that we are required to meet when providing support.

Ormerod is committed to fully complying with the above regulations. The procedures below provide details of how we propose to ensure compliance in practice.

Policy and Procedure

This document details how Ormerod will meet its responsibilities and apply the standards when carrying out care provision. This document applies to all persons, staff, volunteers and agency whom the Ormerod Trust engages.

The standards that apply;

- Regulation 9 – Person- centred care
- Regulation 10 – Dignity and respect
- Regulation 11 – Need for consent
- Regulation 12 – Safe care and treatment
- Regulation 13 – Safeguarding service users from abuse and improper treatment
- Regulation 14 - Meeting Nutritional and Hydration requirements
- Regulation 15 - Premises and equipment

Support Provision

Forms and other documents that are relevant;

- Assessment of needs form
- My personal needs care plan
- Communication management plan
- My mobility needs care plan
- My medication needs plan
- My health care plan
- Home management care plan
- My work, leisure, social and educational management plan
- Friends and relationships care plan
- Financial management plan
- My behavioural support plan
- Hospital passport
- Dental passport
- Opticians passport
- Risk Assessment form
- PEEPs
- Mental Capacity Assessment form
- Benefits and Burdens Forms
- Restrictive practice analysis form
- Service user agreement
- Person centred plan
- The Dignity Code
- Environmental / Household risk assessment
- Manual Handling risk assessment

New packages of care / support

A new service may be commenced;

- following an **initial assessment** of the service users needs by the service manager.
- If the operations manager agrees in writing that Ormerod has the resources and skills to provide the package of support.

The assessment should;

- identify what support the service user requires.
- include an **environmental / household and manual handling risk assessment**
- identify any current use or potential requirements for the use of **technology** that could enhance service delivery and promote independence.
- provide evidence to enable the service manager to make any necessary referrals or signpost the service user to other services as required.

Support Provision

Transition into an Ormerod service;

The designated manager should;

- oversee the transition work.
- Ensure a written **transition plan** is developed involving the service user, their family / representatives, the local authority, other health and social care providers etc.
- complete the documentation identified in the above box which form the care plan / service users file with the service user, their family or representatives.
- Ensure that the care plan / file uses a person centred, **holistic approach** considering the service users **physical, mental, emotional, social needs, personal history, interests and aspirations** and that it is **outcome focused** to ensure the service users **well-being** is met.
- Complete where necessary **mental capacity assessments** and **best interest processes and documents**.
- Complete **risk assessments** related to the service users identified needs.
- Provided service users and their families with a **welcome pack** containing, a **service user guide, a statement of purpose, information** about how to make a **complaint** or raise a **concern**, information about **forums, groups and advocacy**, details of who to **contact** during and out of office hours.
- Introduce staff to the service user.
- Ensure two copies of the **service user agreement** are completed, signed, one copy is left with the service user, the second copy is filed at head office.

Completing the documents;

Information recorded;

- should identify **what** the service user can do for themselves
- **when** and **how** the service user needs support
- should be **outcome focused**.

- Only documents identified as required in the initial assessment should be completed.
- The documents and information should focus on the person centred model / approach which puts the **service user at the centre of the service and involves them in decisions that affect all aspects of their life**.
- The plans should meet the service users **individual preferences** ensuring that **religious, cultural, spiritual and social needs** are met.
- The service user, their family or representative should be asked to read and sign the documents once they have been completed.

Keeping service users records in their homes;

Support Provision

- Copies of care plans / files should be kept in the service users home unless otherwise requested and documented in the care plan
- Where a service user does not wish to have documents kept within their home the manager is responsible for ensuring there is an alternative method for staff to access and read the documents.
- If a domiciliary service is being provided the manager should explain that the information is **confidential** and should suggest that the service user may wish to keep the documents in a **safe and private** place within their home. Support should be offered to assist with this if required.
- If a supported living service is being provided the service user should be asked if they wish to keep their file in their own room and arrangements should be made to support the service user store it securely.
- The manager should explain that staff providing support to the service user will need to access the documents and read them in order to provide the support agreed.

Prior to providing support

The manager should;

- Ensure **staff read and sign** all the relevant information in the service users care plan / file to enable them to provide safe, effective, caring and responsive support.
- Ensure staff have the **skills, competencies, experience, knowledge and equipment** that are required to enable them to provide safe, effective, caring and responsive support.
- Where this is not possible staff should read and sign the documents within the service users home on their arrival.

Providing support in a service users home

On arrival at the service users home staff **should**;

- remember that it is the service users home
- observe the agreement for accessing the property.
- ensure that they are always respectful of the service users **privacy**.
- (domiciliary services) should use their i-connect phones or their PIN to **log their visit** on the electronic monitoring system
- read the **communication book, diary, daily report log** and / or have a **verbal handover** from the staff team (if this is appropriate).
- take **responsibility** for looking after the property and belongings in the service users home. Any accidents or damage should be reported using an accident and incident reporting form.
- Support service users to **answer their own front door, open their own post** and **answer their phone** unless their care plans state otherwise.

Support Provision

- Enable service users **friends and family** who visit them are made to feel welcome at any time.

Staff should **NOT**;

- **access or use** a service users property without the service users consent or permission.
- **use** the service users home for **meetings or other non-service user administrative tasks**.
- access the home when the service user is **not present**.
- allow their **own family, friends or pets to visit** the service users home without prior authorisation from the service manager. The service manager will only authorise such visits if they would be in the service users best interest and if the service user, their family or representative agrees following the implementation of a risk assessment.
- **Restrict the service users right of access** to areas of their own home (e.g. staff sleep rooms) unless there is a documented assessed risk and an agreement has been made following the Mental Capacity Act 2005 to restrict the service users right of access.

Accessing a service users home in an emergency

Where there is a **written agreement** with the service user, their family / representative;

- Service users homes may have an external key safe outside their property.
- Ormerod can use this to gain emergency access to the property in cases where contact cannot be made with the service user or where the service user is ill.
- the key code will be kept on record at the head office.
- Emergency access should be **authorised by the on-call manager**.
- The key must be returned to the safe after use and the numbers should be turned to ensure that the code cannot be easily found.

Providing support

Staff should;

- Provide **person-centred support** as detailed in the service users care plans taking care to ensure the service users **preferences, religious, cultural, spiritual and social needs** are met
- support service users in ways that enables them to be as **independent** as they wish to be and in ways that meets the agreed outcomes detailed in the care plan.
- Enable service users to make **choices**; use their preferred means of **communication** to support **decision making**.
- Provide support at the **preferred pace** of the service user, support should be **respectful, dignified, empathic, compassionate, caring and safe**.

Support Provision

- ask **permission / explain** what support they are providing prior to commencing support, this should be communicated using the service users preferred means of communication.
- **seek confirmation** that the service user is happy with the support being provided.
- Maintain **privacy**; especially when supporting with personal and intimate care, when the service user receives visitors or wishes to spend time alone.
- ensure that the service user **consents to** the care / support being undertaken and should recognise that the service user has the **right to withdraw consent** at any time. Should this occur the staff member should **stop and respect the service users rights**.
- Support service users to exercise their **rights, prevent discrimination and promote equality**.

Prior to finishing a shift

The staff member should;

- ensure that all tasks have been **completed** as planned and that the service user is happy with the support.
- **record** information about the shift in the service users daily report, future planned appointments should be recorded in the diary and non-confidential information should be recorded in the communication book.
- Where possible provide a face to face **verbal handover** to the next staff member arriving on duty.
- **Safety and security checks** should be made as identified in the service users home management plan.
- (Domiciliary staff) should use their i-connect phones or PIN to **log off shift** on the electronic monitoring system.

Completing records

When completing records staff should be mindful of the **culture and values** that Ormerod promotes including **respect, dignity, compassion, empathy, equality and diversity**.

These values and the culture should be reflected in any form of communication whether written, verbal, electronic, non-verbal.

Where possible the staff member should **involve and engage the service user** in completing the documents.

In addition all written / electronic documentation must be;

- **concise**
- **factual**
- **relevant**

Support Provision

- **accurate**
- **legible**
- **signed**
- **dated**
- **timed**
- **written in black ink**
- **crossed out with a single line i.e. not scribbled out or covered with correction fluid.**

Concerns and changes

If a staff member identifies a concern or a change in a service users need this should be immediately **reported to the duty or on-call manager**. The concern or change may relate to the service user, their care plan / file or their environment. The staff member should also complete and **submit a written report**.

Please see ** below.

Review of Support

Care / support packages should be reviewed as follows for;

New packages of care / support;

- Weekly for the first 4 weeks
- At 3 months
- At 6 months

Current packages of care / support;

- Every 12 months

**Packages of care / support where concerns have been raised or where changes have been identified;

- Within 48 hours of the concern or change being raised to the on-call / duty manager
- Weekly for the next 3 weeks
- At 3 months

Completing a review

The service manager is responsible for completing reviews and should;

- Ensure reviews are completed within the **identified time frames**
- **Involve** the service user, their family / representative, staff and other relevant people in the review process (if the service user wishes / consents)
- Ensure that any changes to the support are **agreed** with the service user, their family / representative

Support Provision

- Ensure the care plan / files are **updated** with any changes both in the service users home and the head office
- Ensure details of the review including the date and the name of the person completing the review is **recorded** on the documents.
- Ensure that others with a 'need to know' are **informed** of any changes to the service users care / support plan.

Service users leaving Ormerod

At times a service user may have a change in circumstances and require support that Ormerod is unable to offer.

Sometimes a service user may choose to leave Ormerod and use a new provider or make alternative arrangements.

The service manager should;

- be **supportive** of the service users, their family / representatives **decision**
- Be **supportive** of the staff team and enable them to work **positively and constructively** through a transition plan.
- Be **professional and responsive** to the requirements of the local authority / CCG / other social and health professionals / providers
- **Work collaboratively** with the new provider
- Ensure **information is shared** as appropriate with any new provider
- Ensure copies of the service users **care plan / file are archived** at head office

The service manager should also complete the following actions ensuring that each task is signed by themselves, a representative of the new provider service and the service user, their family or representative.

- an inventory of the service users **possessions**
- a **finance** inventory accounting for all monies, bank cards, bank books, bank statement etc.
- a **medication** inventory ensuring all medication is accounted for.
- An inventory of all **documentation** that is to be handed over to the new provider e.g. tenancy agreements, passports etc.

Copies of these inventories should be given to the **new service provider, the service user, their representative / representative**, the original copy should be **retained on file at head office**.

Applicable legislation and guidance

- Health and Social Care Act 2008 (Regulated Activities Regulation) 2014

Support Provision

- The Care Act 2014
- Care Quality Commission (Registration) Regulations 2009
- Mental Capacity Act 2005
- Mental Health Act 1983
- Data Protection Act 1998
- Autism Act 2009
- Equality Act 2010
- Human Rights Act 1998
- Medicines Act 1968
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- The Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- The Manual Handling Operations regulations 1992
- Food Safety Act 1990
- The Food Safety and Hygiene (England) Regulations 2013
- Safeguarding Vulnerable Adult Groups Act 2006
- The Control of Substances Hazardous to Health Regulations 2002
- The Hazardous Waste (England and Wales) Regulations 2005