

Care and Health Support Policy

This Policy deals with the assessment planning and delivery of people's care and health needs. There are supplementary policies and guidance documents that have significant impacts on people's health and care needs. These are cross referenced throughout the policy documents.

This policy refers throughout to "people". Please note this refers to all children, young people and adults who use Hesley Group services.

1 Outcomes:

This policy aims to meet the following outcomes:

- People benefit from having their health and social care needs properly met by trained and competent staff.
- People are placed at the centre of the planning and support processes so they receive person centred care.
- People benefit from care and support that fully takes account of their specific individual and diverse needs.
- People benefit from consistent approaches and all support plans are delivered in line with agreed approaches (e.g. Communication, Behaviour and Occupational Therapy plans).
- People enjoy an active and healthy fulfilling lifestyle.
- People's changing health and care needs are identified and provided for.
- People have access to urgent health care services when required.

2 Why we need a policy:

- We must have a policy to provide a framework so that everyone knows what they should be doing and why.
- We must have a policy to ensure people are supported safely and in accordance with best practice.
- We must have a policy so people are protected from poor standards of care and abusive practices.
- We must have a policy so that staff and people using services benefit from safe working practices.
- We must have a policy to comply with the law.

3 Assessment and Transition

People will have an initial assessment before being accepted into the service (see Referrals, Contracts and Admissions, P&S 1.1).



Printed on: _____ (Date) By: _____ (Name)
Signature: _____

People will have a transitional plan, that will support them smoothly as they start to receive a service from Hesley Group. This will include basic specialist support plans as appropriate from Applied Behaviour Analyst, Psychologist, Speech and Language Therapist or Occupational Therapists.

The transition plan will require immediate registration with a General Practitioner locally, as required in regulation. Everyone coming into the service will also be registered with a dentist and an optician. The transition plan will also set out how people's known health care needs are to be met, for example epilepsy or nutritional matters, any initial screening and routine health care planning such as dental, optical and health care checks for specific identified health care needs or symptoms.

A screening must have taken place in respect of whether the placement is likely to meet the criteria for a DOLS application for authorisation of a Court of Protection best interests DOL order. For more information, see Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA DOLS), [P&S 6.4B](#).

The level of specialist input from other health care professionals and Hesley Group Therapeutic Services will vary dependent on the needs of the individual concerned.

4 Planning and Delivery of Care and Support

People's individual needs should be assessed, planned for and reviewed in a person-centred way from the outset and on an ongoing basis as the person's needs and wishes change and develop. This is to allow for effective and consistent care and support throughout the time that the person receives a service from Hesley Group.

People's best interests, wishes and feelings will be central to the planning process. Consultations will take place with other relevant parties as and when needed to help ensure this is the case.

Plans will fully take account of and implement professional advice – for example medical advice, giving prescribed medicines and delivering agreed behaviour support, communication, physiotherapy and occupational therapy plans (internal or external).

Care and support will be given by staff with the necessary skills, knowledge and ability. Staff will receive the training they need to do the job (see Hesley Group Learning and Development Policy, [Per 3.1](#)).

No person will be taken into a service if we do not have, or cannot readily obtain, the necessary resources to meet their assessed needs. See also Referrals, Assessments, Contracts and Admissions Adult Services, [P&S 1.1](#).

People's changing personal and healthcare needs will result in referral to and collaboration with other appropriate agencies in order to seek the best possible outcomes.

5 Practice Guidance Introduction

5.1 Assessment and Transition

Each person will receive an initial assessment prior to receiving a service from Hesley Group. The admission processes for adults are outlined in policy [P&S 1.1](#). The assessment will be



carried out by a member of the Clinical Services team and a designated manager from the service requested. The Registered Manager for the service will have the definitive say as to whether someone will be given the service they have requested, based on suitability, once the relevant assessment information has been properly evaluated. All placements are signed off by the relevant Operational Director.

This assessment will result in an initial summary of identified need from which initial support plans will be formulated.

A detailed Transition Plan for people coming into one of our services should be agreed and put into effect.

When people are looking to move out of Hesley Group services or between Hesley Group services, staff and managers must co-operate fully with the agreed Transition Plan and provide appropriate assistance to the person and their family to ensure the transition goes well.

Specialist equipment in use or being considered will be discussed in detail with the placing authority and agreed. For example, mobility aids, a person's own communication aids, use of computers, feeding equipment, etc.

There are other forms of equipment that could be deemed intrusive or restrictive and must be properly assessed for. For example, Hesley Group considers it is not appropriate to have electronic surveillance equipment placed in a School or in an Adult residential service unless it is demonstrably for the purpose of safeguarding and promoting the welfare of the child/adult concerned, or other children attending the school or adults in a residential care service. The person's funding authority must agree to the use of the measure in question, the person involved must have consented to its use or, if following an assessment of capacity, a detailed "best interests" assessment is followed (see Capacity and Consent MCA Policy, [P&S 6.4A](#), and Hesley Group Policy on the Use of Surveillance in Residential Care Settings, [P&S 2.8](#)). It must be judged as being the most proportionate response to a known risk to health and wellbeing. In the case of adults aged 18 and over a Deprivation of Liberty Safeguards assessment should be obtained. Examples may be: audio/video recording or observation/listening devices, pressure pads, epilepsy monitoring equipment, specialist harnesses.

Specialist equipment needed but not already provided must be discussed during transition and the appropriate arrangements made for provision of such equipment if deemed necessary. Significant additional resources must be signed off by the relevant Operational Director. (See Referrals, Assessments, Contracts and Admissions for Children's and Adult Services, [P&S 1.1](#).)

5.2 Planning and Consent for Care and Support

Each person will have their own series of support plans that cover all identified need in relation to a) Health and b) General Care and Support. These will be kept under regular review to make sure they remain current, Review Policy (Adults), [P&S 1.2A](#).

Care and support plans for therapeutic services such as behaviour, communication and occupational therapy plans will also be contained within the support plan files. All staff will work together to ensure a multi-disciplinary approach is maintained to delivering people's care and support.



Care and support plans must include the use of any specialist equipment, for example, mobility aids, communication aids, eating equipment, safety equipment such as harnesses, monitors for epilepsy and pressure mats, etc., and under what circumstances these are to be used and why. These plans must be kept under regular review.

The care and support planning process for each person should involve the individual as closely as possible or their representatives, and should consider the capacity of the individual to consent to the plan as well as work with their agreed communication style or tools provided. Specialist input should be requested as needed, either externally or through Hesley Group's internal referral system for clinical services assessment/re-assessment.

Consent will be sought or in the absence of capacity to give consent "best interests" decisions made. The process for this will be dependent on the complexity of the decision needed and in line with Hesley Group Policies Capacity and Consent, MCA, etc. The person's wishes and feelings should at all times inform the planning and delivery of their care unless there are inherent risks identified and it is demonstrably not in their best interests (see Hesley Group Policy Mental Capacity Act 2005 – Capacity and Consent, P&S 6.4A, for people aged 16 and over).

Where a person has been appointed as Court Appointed Deputy for Health and Welfare please work to Working with Court Appointed Deputies for Personal Welfare Policy and Guidance, P&S 6.4C.

Assessment of Needs – Culture, Diversity and Identity; A separate assessment document has been developed to assist us with identifying and planning for people's specific needs in relation to culture, diversity and identity. This is situated at P&S 5.3.4.

Assessment and Screening for malnutrition – please use the online MUST Tool situated at <http://www.bapen.org.uk/screening-and-must/must-calculator>.

5.3 Delivery of Care and Support

Each person will have a set of Support Plans, Risk Assessments, HELP Profile, etc., as set out in Detailed Practice Guidance for Developing, Implementing and Reviewing Support Plans, P&S 5.3.1, and a record of care given. All the documentation will be contained in the individual's Iplanit folders and accessible on their tablet. The daily record should reflect an overview of the outcomes agreed in the Support Plans and comment progress toward meeting the outcomes agreed. Wherever possible staff should work with the child, young person or adult concerned to help complete the record – for example, work with them to find out what they have enjoyed the most or what they liked least, what you and the person concerned think has worked well or not so well, and why this may be, then record it. Where, for example, an incident has been recorded on an Incident Form there is no need to repeat everything a second time, provided it is cross referenced, e.g. "incident occurred on minibus – see incident and accident forms". Include date and time of the incident.

Managers and staff will work to the agreed Support Plans and ensure any changes necessary to meet people's needs are made appropriately.

Managers and staff will work to ensure care and support is delivered in line with other related plans, for example, Individual Risk Assessment and Management Plans, Behaviour Support

Plans, HELP Profiles and Individual Crisis Management Plans, OT plans and Communication Plans.

Where the person is aged 16 years or above the issues of capacity should have been explored adequately, both during the planning process and as the plans are being applied (see Mental Capacity Act 2005 – Capacity and Consent, [P&S 6.4A](#)). Any decisions made about the person's care and support must be demonstrably in the person's best interest. This may involve consultation with other relevant parties. This is especially the case where a plan may involve some restriction of choice, for example, "healthy eating" plans, the use of restrictive interventions and environmental alterations.

Where the person is aged under 16 years, parental consent should be sought (or the consent of people with parental responsibility).

The support planning and support plan review process should follow the Detailed Practice Guidance attached to this policy at [P&S 5.3.1](#).

5.4 Daily Recording

5.4.1 How Should I Write?

- Unless the person is completing an entry for themselves you should write ABOUT how you supported the person, for example "XX was supported to go shopping", NOT "I went shopping".
- Make concise, clear entries so that what you write is easy for someone else to read and understand.
- Print your name next to all signatures.
- Complete all entries for the shift before going off duty.
- Record fact not opinion - Write what happened and how. Fair, accurate records should not reflect your own feelings or opinions.
- Avoid using abbreviations - write what happened in full. Very often the abbreviations people use are not ones that are professionally recognised, but ones that have been made up.
- Involve the person when writing up the record and wherever possible, complete it together. This will encourage the person to be involved and consulted in the planning and let us know what they thought of their day, what they enjoyed, what was not so good, etc.
- Aim to make entries as you go along – you don't need to wait until the end of the shift.

5.4.2 What Should I Write?

- Make sure that you sign in to Iplanit to show that you are on shift.
- Check up on any issues recorded by the previous day's team to make sure action is taken as required and recorded.
- Make sure you enter any matters requiring action or monitoring and alert the manager who is handing over. This is to make sure things get picked up by staff working the next day and action is taken.
- Clinicians and therapists should write a brief summary of any visit/direct involvement or assessment work; they should also note any monitoring needed.
- Write about how the person's needs have been met, or not met, in relation to their support plans and cross reference as necessary to the support plan update and review



sheets. Reflect how you have encouraged independence, involved and respected the person as an individual and promoted their privacy and dignity.

- Specific reasons why any of the person's needs were not met if this was the case.
- Any unusual situations or risks you have identified and the name of the person to whom these have been reported. This is to make sure people are made aware of risks and action is taken to address them and keep people safe from harm.
- A record of activities undertaken and notes of how they went, what the person thought about them.
- A record of activities that were offered to the person but not undertaken and notes of why they were not undertaken.
- A record of meals, drinks and snacks offered as well as those eaten and drunk. This is so that we can judge whether the person is having adequate food and hydration.
- Any changes implemented/appointments/arrangements that have been made/attended.
- Reflect on what has gone well, what not so well – and why?

5.4.3 Why Should I Write?

Good record keeping helps protect a person who is using our service's welfare by promoting:

- high standards of care/support
- continuity of care/support
- better communication and sharing of information between team members
- an accurate account of care planning and service delivery
- identification and management of risks and early detection and prevention of problems.

IF YOU ARE UNSURE OF ANYTHING PLEASE ASK YOUR LINE MANAGER.

5.5 **Accessing Urgent Healthcare Services (e.g. Hospital Dental Care)**

Experience tells us that NHS resources are increasingly limited. In the event of an individual needing urgent treatment and a delay in accessing it will cause protracted pain, self-injury, and risk of injury to their staff team, **this MUST be brought to the attention of the Registered Manager or their Deputy at the earliest possible opportunity.** The most likely example is a need for urgent dental treatment at hospital that requires general anaesthetic, but this does not preclude other urgent conditions. The Registered Manager will discuss the situation with the relevant Operational Director (or in her/his absence another senior manager of the Executive Team). If the circumstances indicate and there is likely to be a delay that impacts seriously on the person and by default their staff team, a one-off payment may be agreed by the relevant Director or other member of Hesley Group Executive to fund the anaesthetic privately.

5.6 **Epilepsy Care and Support**

Please see Seizure Recording Form, P&S 5.3.2, and Seizure recording form available on Iplanit. Choking in Seizure Protocol, P&S 5.3.3, and Procedures and Guidance for the Safe Administration of Buccal Midazolam, P&S 5.6.1a. There is also an Epilepsy Initial Assessment that should be completed at admission to the service or when epilepsy is diagnosed. See P&S 1.1.29.

5.7 **Management of Head Injuries**



Please see Information & Guidance for Managing Head Injuries (poster), P&S 5.3.5, and Head Injuries Monitoring Checklist, P&S 5.3.6, which should be completed post-injury.

5.8 Hospital Passport

Each person receiving a service will have a hospital passport which is regularly reviewed alongside the support plans and kept up to date and available for staff to take in the event of a hospital admission. Please see:

Emergency Communication Passport - Doncaster, [P&S 5.3.7](#)

Hospital Passport Guidance (Hospital Traffic Light Assessment), [P&S 5.3.7a](#) (pro forma and guidance)

Hospital Summary Covid-19 - Doncaster, [P&S 5.3.7b](#)

Emergency Communication Passport – All About Me, Barnsley, [P&S 5.3.8](#)

Hospital Summary Covid-19 – Barnsley, [P&S 5.3.8a](#)

Emergency Communication Passport - My Hospital Passport - North Yorkshire, [P&S 5.3.9](#)

Hospital summary Covid-19 - North Yorkshire, [P&S 5.3.9a](#)

Hospital Communication Passport – All other areas, [P&S 5.3.10](#)

Date of this Policy	Next planned review date
31/09/2023	31/09/2024

6 Standard Forms, Letters and Documents

- 6.1 Detailed Practice Guidance for Developing, Implementing and Reviewing Support Plans, P&S 5.3.1
- 6.2 Seizure Recording Form, P&S 5.3.2
- 6.3 Choking in Seizure Protocol, P&S 5.3.3
- 6.4 Culture, Diversity and Identity Needs Assessment, P&S 5.3.4
- 6.5 Information and Guidance – Head Injuries (Poster), P&S 5.3.5
- 6.6 Head Injuries Monitoring Checklist, P&S 5.3.6
- 6.7 Emergency Communication Passport - Doncaster, P&S 5.3.7
- 6.8 Hospital Passport Guidance (Hospital Traffic Light Assessment), P&S 5.3.7a
- 6.9 Hospital Summary Covid-19 - Doncaster, P&S 5.3.7b
- 6.10 Emergency Communication Passport – All About Me, Barnsley, P&S 5.3.8
- 6.11 Hospital Summary Covid-19 – Barnsley, P&S 5.3.8a
- 6.12 Emergency Communication Passport - My Hospital Passport - North Yorkshire, P&S 5.3.9
- 6.13 Hospital summary Covid-19 - North Yorkshire, P&S 5.3.9a

6.14 Hospital Communication Passport – All other areas, P&S 5.3.10

7 Other Policies and Documents to be Referred to

- 7.1 Referrals, Assessments, Contracts and Admissions Adult Services, P&S 1.1
- 7.2 "How I Take My Medication", P&S 5.6.8
- 7.3 Individual Risk Assessment and Management Policy and Guidance, P&S 6.11
- 7.4 Hesley Group Safe Administration of Medicines Policy, P&S 5.6E
- 7.5 Positive Behaviour Support Policy – Adult Services, P&S 5.1A
- 7.7 Review Policy – Adult Services, P&S 1.2A
- 7.9 Restrictive Intervention Reduction Policy & Guidance, P&S 5.2
- 7.10 Communication, P&S 5.5
- 7.11 Mental Capacity Act 2005 – Capacity and Consent, P&S 6.4A
- 7.12 Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA DOLS), P&S 6.4B
- 7.13 Death of a Person We Support, P&S 5.4
- 7.14 Compliments, Concerns and Complaints, Corp 10.1
- 7.15 Hesley Group Policy on the Use of Surveillance in Residential Care Settings, P&S 2.8
- 7.16 Hesley Group Learning and Development Policy, Per 3.1
- 7.17 Epilepsy Initial Assessment and Risk Assessment Tool, P&S 1.1.29

8 Useful Sources of Practice Information

- 8.1 MUST Tool (Nutritional Risk Assessment)
<http://www.bapen.org.uk/screening-and-must/must-calculator>
- 8.2 Regulations for service providers and managers, CQC
<http://www.cqc.org.uk/content/regulations-service-providers-and-managers>
- 8.3 Social Care Institute of Excellence (SCIE), www.scie.org.uk

