

Title: **Carers Policy** Version:1  
 Classification:  
 Directorate: Professional Practice  
 Due for Review: 08.12.2017  
 Responsible for review: Katy Heard, Carers Lead [Document Control](#)  
 Ratified by: Jane Viner, Director of Nursing, Professional Practice and People's Experience  
 Dr John Lowes, Medical Director  
 Jacque Phare, Director of Nursing and Professional Practice  
 Applicability: Trustwide

## Contents

1.	<a href="#">Purpose</a> .....
2.	<a href="#">Introduction</a> .....
3.	<a href="#">Roles and Responsibilities</a> .....
4.	<a href="#">Main Body of the document</a> .....
5.	<a href="#">Training and supervision</a> .....
6.	<a href="#">Monitoring and Auditing</a> .....
7.	<a href="#">References</a> .....
8.	<a href="#">Equality and Diversity</a> .....
9.	<a href="#">Further Information</a> .....
10.	<a href="#">Appendices</a> .....
11.	<a href="#">Document Control Information</a> .....
12.	<a href="#">Mental Capacity Act and Infection Control Statement</a> .....
13.	<a href="#">Quality Impact Assessment (QIA)</a> .....

### 1 Purpose

1.1 This policy aims to ensure that South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health and Care NHS Trust demonstrate a culture of respect for Carers, for their knowledge and experience. The Trusts will proactively support and work in partnership with Carers, in order to achieve the best outcomes for both the Carers and the people for whom they care. The definition of a Carer is included in Section 4.

### 2 Introduction

2.1 "People must always come before numbers. Individual patients and their treatment are what really matters. Statistics, benchmarks and action plans are tools – not ends in themselves. They should not come before patients and their experiences. This is what must be remembered by all those who design and implement policy for the NHS" <sup>1</sup>

2.2 This policy is written against a national backdrop of the Francis, Berwick and Keogh Reports, all of which emphasise the importance of treating individuals and their Carers with dignity and respect, and listening to what they say. The Care Act and Children and Families Act 2014 also enshrine in law the rights for Carers of any age to have access to an assessment and

---

Quote by Robert Francis QC in his presentation of The Francis Report (2) 12 Feb 2013

appropriate support. This policy is relevant to all Trust staff, with particular responsibilities outlined below.

- 2.3 National research shows that involving Carers in a person's support, particularly in hospital discharge and re-ablement services, has significant benefits to patients / service users and reduces costs to NHS organisations. It can reduce admissions / readmissions to hospitals or care homes, promote early discharge and improve the patient / service user and Carer experience.
- 2.4 Carers should be actively involved in a person's care, and consideration given to making appointments at times that enable their participation. Particular efforts should be made to include Carers who may be working or in education and may therefore not be available during normal working hours.
- 2.5 Effective support for Carers requires a 'whole system' approach, with all health and social care agencies working together to identify Carers, to treat Carers as expert partners in care, and to direct them to appropriate support.
- 2.6 South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health and Care NHS Trust have given a formal commitment to an integrated approach to meet the needs of Carers. By implementing best practice, we wish to promote the health and well-being of Carers, and establish a reputation for working in real partnership with Carers.
- 2.7 This Policy has to be considered with the Trusts' policies on information sharing, capacity and consent, as well as relevant legislation at Appendix A such as the Carers right to an assessment in their own right. Even if the patient /service user does not want information to be shared with a Carer, or refuses any other support or care, their Carer is entitled to receive help and support in their own right, and to have their views treated with respect.
- 2.8 Where members of staff are Carers, they will be supported in their role as referenced in the Trusts' Flexible Working Policies. As employers of large numbers of people, the Trusts will proactively offer flexible employment suitable to Carers.
- 2.9 This policy will set standards to ensure that Carers' experience of care and support within Torbay's Health community is a positive one.

### **3 Roles and Responsibilities**

- 3.1 The responsibilities and training requirements for each staff role are outlined below
- 3.2 All clinical staff should have a basic understanding of the definition of who is a Carer and a commitment to treating them with respect.
- 3.2 Front-line staff should have Level 1 Carers Awareness Training, enabling them to
  - identify Carers (including those who do not recognise themselves as Carers),
  - record this if required,
  - know where Carers can access information and support, and
  - ensure that Carers' basic needs are met eg appointment booking, giving Carers contact card.
- 3.3 Assessing staff should have Level 2 Carers Awareness Training, enabling them to
  - identify Carers (including those who do not recognise themselves as Carers, and secondary Carers especially Carers under 25)
  - record Carers details and their views as appropriate,
  - be sensitive to the needs of Carers and their willingness and ability to be involved in someone's care
  - involve Carers in any information-giving, assessment, care / discharge planning as agreed with the patient / service user.

- offer a Carer an assessment in their own right, or advise them how to obtain this
  - provide copies of written information to the Carer if requested (and agreed with patient)
  - be clear what tasks the Carer is doing, whilst ensuring that they realise that this is not an obligation, and that they should have regular breaks and support
  - where medication, medical procedures or manual handling are to be undertaken at home, to ensure that Carers are given appropriate training, including recognising risks and deterioration
  - even where the patient / service user has capacity and does not wish the Carer to be involved, to know that the Carer is entitled to an assessment and support in their own right and to treat their views, experience and knowledge with respect
  - advise Carers how to access appropriate information and support
  - involve Carers in contingency planning, such as if they become unable to care
- 3.4 Line Managers / Recruitment Staff should
- ensure that staff have had appropriate training and treat Carers with respect
  - ensure staff who are Carers are supported via Flexible Working Policy
  - encourage the employment of Carers
- 3.5 Professional Practice / Policy Staff should
- ensure the involvement of Carers in all relevant staff guidance and policy
- 3.6 All Staff should
- ensure that Carers are respectfully engaged, communicated with, and consulted with.
  - ensure that Public Consultation includes Carers
- 3.7 Carers Lead should
- advise and support the Trusts in the actions required to support this policy
  - review this policy as required
- 3.8 Chief Executives, Heads of Department should
- ensure that the Trusts demonstrate a culture of respect for Carers

## **4 Key Principles for the Carers Policy**

The Care Act 2014 defines a Carer as someone who provides or intends to provide care for another person needing care. This policy covers all Carers (details at Appendix B) and outlines three key principles:

### **4.1 Identification of Carers at the first Opportunity**

### **4.2 Involvement of Carers**

### **4.3 Information, Advice and Support to Carers**

4.1.1 Identification of Carers at the first opportunity can only be achieved with good staff awareness and a robust means of recording and sharing information.

4.1.2 It is essential that Carers are identified as early as possible, before caring begins to impact on their life. There are three critical points for the identification of Carers:-

- At the point of diagnosis (or probable diagnosis where diagnosis is likely to be a lengthy process) of a condition which is likely to require support or care,
- During emergency, transfer or planned admission of a person to hospital which may result in a need for support or care,

- At a point of deterioration in the patient's /service user's condition due to ageing, long-term condition, substance misuse or increased vulnerability, when support or care is required.
- 4.1.3 There will be Carers who do not readily identify themselves as such, for many different reasons - they do not recognise the term 'Carer'; they may perceive that requiring outside help means that they have failed; families with children and young people providing care may be concerned about the involvement of agencies; or they may have cultural reasons for not identifying themselves. A proactive approach by staff is essential to ensure that all Carers are given appropriate advice and support.
- 4.1.4 On identification of a Carer, it is important that staff should be aware that not all Carers will feel willing or able to continue in their caring role and that sensitive negotiation may be required to agree their level of involvement.
- 4.1.5 Upon identification, Carers will be given relevant information about their rights and support as outlined in 4.3 below.
- 4.1.6 If someone is admitted to hospital who is a Carer themselves, then sufficient information should be taken to enable support to be arranged for the person for whom they care.
- 4.1.7 Robust systems for recording Carers and for sharing this information appropriately across the Health community must be developed. Within the hospital, there must be a system for easily identifying those patients with a carer who should be involved.
- 4.1.8 Front-line staff will be given Carers Awareness Training, at a level appropriate to their role. This will happen as part of the induction process and should be renewed every three years.
- 4.2.1 Carers will be involved in both support of the individual patient / service user and in development and evaluation of services. Responsibilities of staff are in Section 3, and procedural guidance will be developed.
- 4.2.2 Discussions must take place separately with both the patient / service user and Carer about the level of involvement that they want.
- 4.2.3 If there are issues of capacity or vulnerability, guidance is outlined in the Safeguarding Vulnerable Adults and Mental Capacity Act Policies.
- 4.2.4 A discussion should take place as early as possible with the Carer about the fact that they are considered to be a Carer and that there is support available to them.
- 4.2.5 Apart from the implications of Paragraphs 4.2.2 and 4.2.3, the Carer should be treated as part of the team, being involved in decisions, providing expert advice and personal knowledge. Particular consideration should be given to involving working Carers and Carers who are parents.
- 4.2.6 For many people, particularly those taking on caring for the first time, discharge from hospital can be a stressful transition, full of uncertainties and unknowns. Particular attention will therefore be paid to improving Carers' involvement in this process.
- 4.2.7 In hospital, it should be made clear to the Carer whether they are welcome to visit at any time, or at certain times to be agreed with ward staff.
- 4.2.8 Where a Carer wishes to undertake aspects of someone's care, this will be encouraged, clearly acknowledged in a care plan, but with a clear message that it is not an expectation, and that the Carer should take regular breaks.

- 4.2.9 Carers will be involved in discussions about medication, medical procedures or responsibilities that are to be undertaken at home. Carers will be given appropriate training to undertake these safely, and to identify risks.
- 4.2.10 The Trust will develop mechanisms to fully involve Carers in consultation about and evaluation of services that affect them.
- 4.3.1 Information, Advice and Support to Carers must be given in a way that is most useful and accessible to them, including to those who do not see themselves as Carers.
- 4.3.2 Staff must work using a 'whole family approach' to ensure that all Carers are identified, and can then receive appropriate support. It is well-evidenced that many Carers neglect their own health and well-being, so particular attention must be made to support Carers who are at most risk themselves, including Carers under 25.
- 4.3.3 Where the patient gives consent, Carers will be given information about the individual's condition, treatment, medication and care pathway.
- 4.3.4 Carers will also be informed how to access support in their caring role. Staff members who undertake assessments will ensure that Carers who may need support are offered an assessment in their own right.
- 4.3.5 The use of volunteers to support Carers will be developed. This will include support through hospital discharge processes, and back into the community.
- 4.3.6 Clear and consistent arrangements will be in place across the Hospital to address practical issues such as parking and access to refreshments.

## **5 Training and Supervision**

- 5.1 Carers Services will be responsible for developing Carers Awareness training which will be available in a variety of formats. It is to be considered as essential training, levels will be dependent on role as outlined in Section 3, and will form part of induction processes.

## **6. Monitoring and Auditing**

- 6.1 Linked to the policy is an action plan for promoting the principles embodied herein including targets for awareness training. This action plan will be reviewed and updated at least on an annual basis by the Carers Lead within Professional Practice, and reported via Experience and Engagement channels.
- 6.2 A review of this document will be conducted every three years or following a change to associated legislation and is the responsibility of the Carers Lead.

## **7. References**

- 7.1 This policy has been drafted in accordance with the principles of legislation outlined in Appendix A. Under the Freedom of Information Act 2000, the document is classified as 'OPEN'.

## **8. Equality and Diversity**

- 8.1 This document complies with the South Devon Healthcare Foundation Trust and Torbay and Southern Devon Health and Care NHS Trust Equality and Diversity statements.

## 9. Further Information

- 9.1 Links to policies:
  - Information Sharing
  - Capacity and Consent
  - Staff Flexible Working Policy
  
- 9.3 Forms/Recording Documentation will be developed.

## 10. Appendices

The following Appendices are attached to and form part of this document:

- Appendix 'A'    Legislation
- Appendix 'B'    Definition of a Carer Appendix A

## **Appendix A Legislation**

**Carers (Recognition and Services) Act 1995**

**Carers and Disabled Children Act 2000**

**Carers (Equal Opportunities) Act 2004**

**Equality Act 2010**

**Care Act 2014**

**Children and Families Act 2014**

## Appendix B Definition of a Carer

- 1 The Care Act 2014 defines a Carer as someone who provides or intends to provide care for another person needing care.
- 2 Carers can be of any age and care without pay (other than benefits). When we say 'of any age', it should be remembered that there are many young Carers of primary school age and above. Particular attention must be given to Carers under the age of 25, as they have distinct needs
- 3 Below is a list of groups of Carers that are encompassed by this policy. It should be noted that, in many cases, there may be more than one Carer involved in a person's care.

### Carers covered by this policy

- Potential or new Carers (including those resulting from person's admission to hospital)
- Hidden Carers – not previously identified or engaging with services
- Carers of people with any disability, learning disability, mental ill health, dementia, drug or alcohol misuse, frailty, illness or long-term condition, or blood-borne virus
- Carers who are also members of staff
- Carers of any other people who lack capacity
- Carers of people at high risk of hospital admission
- Carers of people receiving end of life care
- Carers of people attending A&E who are not subsequently admitted
- Carers of people who are outpatients or day surgery patients
- Carers of people with complex conditions not elsewhere specified
- Young Carers and Young Adult Carers – Carers under 25
- Parent Carers
- Male Carers
- Older Carers
- Working Carers
- BME Carers and Carers with cultural and spiritual requirements
- Lesbian, Gay, Bisexual and Transsexual Carers
- Travelling or gypsy Carers
- Carers with disabilities/medical conditions
- Carers who are patients themselves

11. [Document Control Information](#)
12. [Mental Capacity Act and Infection Control Statement](#)
13. [Quality Impact Assessment \(QIA\)](#)

## 11. Document Control Information

*This is a controlled document and should not be altered in any way without the express permission of the author or their representative.*

*Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.*

*If printed, this document is only valid for the day of printing.*

<b>Ref No:</b>			
<b>Document title:</b>	Carers Policy		
<b>Purpose of document:</b>	Update Carers Policy In light of Legislative Changes		
<b>Date of Original issue:</b>	24.02.14	<b>Next review date:</b>	8.12.17
<b>Version:</b>	2	<b>Last review date:</b>	
<b>Author:</b>	Katy Heard		
<b>Directorate:</b>	Professional Practice		
<b>Equality Impact:</b>	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
<b>Committee(s) approving the document:</b>	Workstream 2, Engagement and Experience		
<b>Date approved:</b>	24.2.14		
<b>Links or overlaps with other policies:</b>	All SDHCFT Trust Strategies, policies and procedure documents		

	<i>Please select</i>	
	Yes	No
<b>Does this document have training implications?</b> <i>If yes please state:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have financial implications?</b> <i>If yes please state:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Is this document a direct replacement for another?</b> <i>If yes please state which documents are being replaced:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

### Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
Dec 2014	2	Care Act compliance	

12.

### The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

### Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

13.

**Quality Impact Assessment (QIA)**

<i>Please select</i>				
<b>Who may be affected by this document?</b>	Patient / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input checked="" type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input checked="" type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input checked="" type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Others ( <i>please state</i> ):			

Does this document require a service redesign, or substantial amendments to an existing process? No	<input type="checkbox"/>
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>	

<b>Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?</b>	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		

*If you answer yes to any of these strands, please complete a full Quality Impact Assessment.*

<b>If applicable, what action has been taken to mitigate any concerns?</b>	
--	--

<b>Who have you consulted with in the creation of this document?</b>  <i>Note - It may not be sufficient to just speak to other health &amp; social care professionals.</i>	Patients / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input checked="" type="checkbox"/>
	General Public	<input checked="" type="checkbox"/>	Voluntary / Community Groups	<input checked="" type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input checked="" type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input checked="" type="checkbox"/>	Carers	<input checked="" type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input checked="" type="checkbox"/>
	Details ( <i>please state</i> ):			