

CARERS POLICY

This policy provides clear guidance for staff, patients and carers on the involvement of carers in care delivery in the hospital setting to promote a positive and supportive carer experience.

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1. INTRODUCTION

Kingston Hospital NHS Foundation Trust is committed to improving carers' experiences of health care services through the encouragement of their participation in care delivery. While recognising the important contribution made by carers to patient care, The Trust acknowledges that admission to hospital can be very stressful and it is therefore essential that carers are included in decisions affecting care and have access to support during this time.

1.1 Background

The Carers (Recognition and Services) Act 1995 recognises the need to assess the ability of carers to provide care. The carer has the right to request the local authority to undertake an assessment before they make their decision as to whether the needs of the person call for the provision of any services, the assessment will also determine the carer's ability to provide and to continue to provide care for the person.

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

The Healthcare for All Report (2008) states "Families and other carers should be involve 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."

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

The Francis Report (2013) states the "provision of the right information to patients and their families, at the right time is vital."

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

The Triangle of Care for Dementia (2013) states that "Meaningful involvement and inclusion of carers can lead to better care for people with dementia".

Kingston Hospital NHS Foundation Trust actively encourages the involvement and representation of service users and carers in Trust groups and committees such as the Dementia and Delirium Group and the Patient Experience Committee.

2. TRUST EQUALITY STATEMENT

The Trust is committed to promoting equality, valuing diversity and protecting Human Rights. It is committed to eliminating discrimination against any individual on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation, as well as to promote positive practice and value the diversity of all individuals and communities.

3. OBJECTIVES

This policy provides clear guidance for staff, patients and carers on the involvement of carers in care delivery in the hospital setting to promote a positive and supportive carer experience.

The Trust will ensure that carers experience compassionate service and that they feel empowered and fully involved in the patient's care.

Carers will feel fully informed about services, opportunities for support and their rights as carers.

Carers will receive information in a way that they understand and in an accessible format. Carers will be involved in the decisions regarding the best way to communicate with, and inform them.

4. SCOPE OF THE POLICY

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

5. DEFINITION

Carers

While there is no universal definition of what a carer is, Kingston Hospital NHS Foundation Trust defines a carer as someone who looks after a relative, friend or neighbour who due to illness, disability or frailty is unable to manage alone. Illness may be physical or mental or be a result of substance abuse or addiction. It recognises that a carer:

- Can be male or female.
- Can be any age (some carers are children who are shouldering caring responsibilities inappropriate for their age such as looking after an ill or disabled relation e.g. parent, brother or sister).
- Can be spouses who become carers.
- Can be parents/guardians/foster parents who are also their children's carers, e.g. where the child has special needs requiring more help than is usual for their age or requires specific treatments from parents or guardians. In all cases parental responsibility must be established before proceeding.
- Can come from any religious or racial background.
- Does not necessarily live with the person they are caring for.
- Can be in part-time or full-time employment or studying.
- Has 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
- Needs information about the condition of the patient, i.e. The person they will be caring for after discharge, and training which will support them in their caring role.
- May themselves be in poor health, possibly as a direct result of the physical and emotional stress of being a carer.

6. CARER: BACKGROUND INFORMATION

Many people who are carers do not necessarily recognise themselves as carers. They are parents, children, partners, friends or neighbours doing what needs to be done to maintain the quality of life for those that they are looking after. They may not realise that support is available to them in their caring role. It is vital that carers are identified and supported.

Carers provide paid or unpaid care and support and this can include the following:

- Personal care (washing, bathing, dressing, feeding).
- Cooking.
- Shopping.
- Housework.
- Budgeting, financial support and collecting benefits.
- Emotional support.
- Supervision to keep the person safe from harm.
- Collecting and administering medication.
- Supervision with mobility and help using the stairs.
- Advocacy.
- Acting as an interpreter.
- Explaining information to children, young people, people with learning disabilities or neurodevelopmental disorders

Carers have the right to an assessment of their needs and may be able to get extra help, financial support if they provide regular and substantial care and could include access to respite services. They can discuss this with a member of staff who can signpost them appropriately to the social work team.

Carers should have the opportunity to be supported and involved whatever their age, gender, sexuality, disability or religion. Many children are carers and should be acknowledged as such. The important part is recognising and valuing carers as partners in the well-being and recovery or ongoing care of the patient. Their involvement is important, not least because of the emotional bond between carers and the people they care for. Good information enables carers to become partners in the provision of care and supports them in helping the person they care for.

7. ROLES AND RESPONSIBILITIES

7.1 Trust Staff

- All paid and unpaid carers of patients, or carers who are patients, will be identified at the earliest opportunity on admission or attendance at Outpatient departments
- All employees who have direct patient contact have a responsibility to share information about a patient's care and future care with the carer.
- All carers will be respected, empowered and kept fully informed. Carers will be treated as partners in the care of a patient, so that with the patient's permission, all carers will be included in discussions about plans for current and future care. If the patient does not accept the 'carer' role and does not want carers involved, then as long as they have the capacity to make this decision, their views will be respected.
If, however, the patient lacks capacity a full capacity assessment will be completed and decisions made with the carer in the patient's best interest.

- All staff working in wards and departments will ensure that carers are aware of how they can actively participate in the delivery of care in the hospital setting and staff will work in partnership with the patient and carer to establish the Carers Agreement (Appendix 1).
- All staff should be aware of the Forget-Me-Not scheme for patients with dementia and their carers. Staff should actively encourage carers to complete the “Important Things About Me” document, with the patient as appropriate (Appendix 2), assisting them if help is required. Staff will ensure that for all patients with dementia the forget-me-not over bed sign will be displayed to alert staff that the patient has a suspected or confirmed diagnosis of dementia. The family or carer may opt out of use of the forget-me-not symbol over bed sign. Staff should ensure that the patient, family and carer are aware of the sign and the benefits of its use. Staff will ensure that family and/or carers of patients with dementia have access to the Forget-Me-Not Scheme Carer’s Card.
- The Trust is signed up to John’s Campaign and therefore welcomes carers onto the wards, according to the needs of the person with dementia and not limited to stated visiting hours. The Trust recognises that hospital stays can be detrimental to people living with dementia and having a carer present can improve the patient experience. Carers are not expected to carry out nursing duties whilst visiting their loved ones but may do so if they wish. Fold-up beds and sleeper chairs are available for family carers wishing to stay overnight with their loved ones.
- All staff should be familiar with the “My Hospital Passport” scheme for patients with learning disabilities which provides information on the patient’s likes and dislikes. The ‘passport’ can be obtained from the Community Learning Disability Team or GP, and completed by patient and or carer supported by the ward nursing staff.
- All carers will be supported to be involved in key decisions and have the opportunity to express any fears and concerns about maintaining their caring role. All carers will be encouraged to visit their G.P. and be provided with information on where to obtain support, carer’s break funding and a carer’s assessment, via the appropriate Social Services team.
- All Trust staff should ensure that carers have access to the carers information booklet that provides practical information about hospital facilities and useful telephone numbers where support can be obtained (Appendix 3). Carers of patients with dementia should also receive the leaflet *Information for patients with dementia and their carers* containing information about dementia, our Forget-Me-Not Scheme, and relevant support information (Appendix 4).
- All ward and departmental leads will ensure that the Carer’s Charter is displayed (Appendix 5) demonstrating the Trust’s commitment to promoting a positive experience for carers.

7.2 Patients, Carers and Visitors

Patients, carers and visitors should be aware of the policy in order that they feel empowered to participate in care delivery in the hospital setting.

8. GENERAL GUIDANCE ON CARERS’ INVOLVEMENT IN CARE DELIVERY IN HOSPITAL

The Trust encourages the participation of carers/visitors in routine daily activities. Any assistance provided should be with the patient's agreement where possible; this is seen as complementing the care, treatment or therapies provided by clinical staff and should not be regarded as a substitute.

Where the patient wants the carer to continue to be involved in their care while in hospital (and the carer is in agreement), the expectations and boundaries for all parties should be openly discussed and documented in the carers agreement (Appendix 1). The agreement must be retained in the ward/department.

All carers will be identified, involved, informed, respected, supported, trained as appropriate and treated as partners in care, throughout a patient's pathway including the discharge process.

Opportunity for a patient's carer to be supported to discuss their future role as a carer will be provided. Young Carers will be identified and given appropriate help and support.

All carers will be given information in an accessible format appropriate to their individual needs.

Every opportunity will be provided for the carer to discuss any concerns they may have.

Carers should be offered choices about and allowed time to consider:

- Taking on the role and responsibility as a carer within the hospital setting and on the patient's discharge home.
- Continuing with the caring role following discharge.

The Trust will ensure that carers are involved at all stages of the patient's journey and this will include:

- Asking about the patient's preferences on admission.
- Making the decision to discharge the patient.
- Providing the carer with adequate notice of the patient's discharge.
- Discussing and agreeing practical alterations and preparations for discharge home - carers may need additional time to make alternative work arrangements.
- Agreeing the estimated date of discharge and the time of discharge.

The staff will provide support to carers by ensuring that carers are:

- Instructed on how to care safely to benefit both the patient and carer, including medication administration and other care needs.
- Provided with practical help in preparation for discharge.
- Informed about relevant services in the community that could help them in their caring role; e.g. Kingston Carers Network.
- Aware of their right to a Carer's Assessment and how it could help them
- Aware of financial benefits available such as Personal Independent Payments (formerly the Disability Living Allowance), Attendance Allowance, Carer's Allowance and Carer's Credit.
- Informed about the multi-faith pastoral care offered by Kingston Hospital Chaplaincy service. The chaplains will be able to link carers with community-

based faith organisations who will be able to offer pastoral care local to the carer's home.

- Aware of the Patient Advice and Liaison Service (PALS) available to them as carers.
- Given information on how Trust volunteers can support them and the person(s) they care during their time in hospital.

9. SAFEGUARDING ADULTS

Carers as well as the person being cared for could be subject to safeguarding concerns as a result of abuse. Abuse may occur as a result of deliberate intent, negligence, and ignorance or as a result of omissions of care. If abuse is suspected staff are responsible for escalating any concerns about adult patients and / or carers at risk in their care, in accordance with the Trust's Safeguarding Adults Policy.

10. DISTRIBUTION AND IMPLEMENTATION

This policy will be communicated to all relevant staff via appropriate nursing and midwifery and clinical staff forums. Patients, visitors and carers will be advised that this policy will be available in ward areas and via the Trust website.

11. REFERENCES

Carers (Recognition and Services) Act 1995
Putting Patients First 2007
Healthcare for All Report 2008
The National Carers' Strategy 2008 (refreshed 2010)
The Francis Report 2013
The NHS Constitution
The Triangle of Care Carers Included: a guide to best practice for dementia care 2013

Associated Trust Documents

Dementia Strategy
Safeguarding Adults Policy & Procedure
Visiting Times Policy

APPENDIX 1 – Carer’s Agreement

Carer’s Agreement

Patient’s Name	MRN
Date of Agreement	Review Date(s) (minimum weekly review)

Guidance Notes

- *This agreement is a written agreement between you and the nursing staff which sets out the ways in which you would like to maintain your role as carer while the person you care for is in hospital.*
- *The agreement describes in detail the practical ways in which we can work together for the benefit of the patient; it specifies the aspects of care that hospital staff undertake to provide during the current admission along with those that you will give.*
- *Carers agreeing/wanting to provide care does not remove any obligation of care from the hospital and its staff.*
- *Carers Where more than one person acts as carer for the same patient, they should also sign the agreement overleaf (Other Carers); where this applies, a main carer should be designated to co-ordinate a carers’ rota in consultation with nursing staff.*
- *The agreement of the patient should be documented where they are able to express their wishes.*
- *The agreement and its contents may be reviewed at any time at the request of any of the participants.*

Arrangements for visiting and / or staying on the ward (e.g. what days / times, overnight)
Personal Care: What carer will do (e.g. washes, baths / showers, dressing etc.)
Personal Care: What hospital staff will do
Mealtimes / Feeding: How carer will be involved
Medications: How carer can help with administering medication

Examination, Treatment & Consultation: How carer can be involved (e.g. present at ward round, aids communication, provides reassurance etc.)
Useful Information for staff about patient's condition & preferences
Discharge Arrangements: How carer will be involved in decision-making
Who carer should speak to if they are concerned about the patient or their own role as carer

Signature of Patient (if able)	
Name of Main Carer (PRINT)	Signature
1.	1.
Name(s) of Other Carer(s) (PRINT)	Signature
2.	2.
3.	3.
4.	4.
Name / Designation of Staff Member	Signature

This agreement must be retained with the patient's records in the ward / department.

APPENDIX 2 - Important Things About Me

<http://home/khintranet/NEWlinkview2.php?screenw=1164&DeptID=148&mainFrame=http://home/khintranet/html/dementia/ForgetMeNotSchemeMaterial.html&SectionID=772>

Carers Information Booklet

Admission to Kingston Hospital

Kingston Hospital NHS Foundation Trust recognises and values the role that carers play in the health and well - being of the people they care for. We realise that coming into hospital can be unsettling and can alter the routines that you are used to at home (this is particularly relevant in patients with dementia or learning disabilities). Wherever possible we will try and accommodate the patients' and your needs whilst providing care and treatment that has necessitated their admission. We are committed to working with carers and patients to make the hospital stay as uncomplicated as possible. We are keen to improving carers' experiences of health care services through the encouragement of carers' participation in care delivery.

It is important that when a patient comes into hospital they tell us who their carer is and provide us with their contact details. If you look after your partner, relative or friend, giving them help with their day to day living, please let us know that you are their carer. This information is vital so that we can involve you as well as your relative / friend in all stages of their admission, in particular the discharge planning process.

On admission the nurse will talk to the patient to assess their usual level of independence and their preference for how their care is delivered. We aim to maintain and promote independence. Your opinion is helpful to the nursing staff in understanding what level of independence is realistic. Carers of people with dementia will be introduced to the 'forget-ne-not' dementia care scheme. And carers of people with learning disabilities will be introduced to 'my hospital passport'.

Carers involvement in care delivery in the hospital setting

The nurses will talk to you, as the patient's carer, and agree with you what aspects of care you would like to be involved in. We would like to treat you as a partner in the care of your partner, relative or friend. You should not feel that you have to provide personal care; however if you and your relative / friend would like this then please talk to the nurse about what you would like to do and how often you would like to do it. Discussing and agreeing the level of your involvement as a carer with the nurses helps to avoid any confusion and ensures the patient receives the assistance they need.

When you have agreed the aspects of care you would like to be involved in this will be recorded in the Carers Agreement and located in the patient's bedside nursing documentation folder. If at any time you decide to change the level of your involvement, these changes will be made in the Carers Agreement.

The nurses will do their best to follow your relative / friends established routines. However sometimes it will not be possible to keep to the same routine you have at home because the nurses also need to look after other patients on the ward.

Sometimes staff will need to use equipment such as a hoist during patient care and it is only hospital staff that can provide this care.

If your relative / friend requires equipment when they are discharged and you need to learn how to use it, you will be taught how to do so before your relative / friend is discharged.

Diagnosis and treatment

Due to the private nature of healthcare, staff cannot discuss any patients' medical details without having the patients consent to do so.

Discharge

It can be a very anxious time if you are thinking about caring for someone who is being discharged from hospital and who can no longer care for themselves in the same way as before. You may not have considered yourself as a carer until now and so will need to come to terms with a completely new situation. Or you may have been caring for someone at home but are now unsure whether you can provide the extra care they need after their hospital stay. Before your relative / friend leaves the hospital you will be asked whether you need more information or support to help you care for them. It is important that you discuss your concerns with the nursing and medical staff so that they are able to help you. Please discuss your concerns if you feel you are unable to undertake any aspect of the caring role.

General information for carers

As a carer it is your right to have your needs assessed and this is achieved by having a Carers Assessment. The assessment is completed by a social worker and it is a good opportunity to talk to somebody about how you feel about caring and how you might be helped. Please ask the nurse about how to get in touch with a social worker if you think it may be of benefit.

All areas have local Carers' Centres, they provide advice, support and information to carers, you can usually find the details in the local phone book.

Useful carers support

Local Areas

Age Concern Kingston Community Contact for Dementia (all boroughs)
020 8408 8170

Alzheimer's Society
0300 222 1122
www.alzheimers.org.uk

Kingston Carers Network
020 3031 2751
The Noble Centre
109 Blagdon Road
New Malden, Surrey KT3 4BD
www.kingstoncarers.org.uk

Richmond Carers Centre
020 8867 2380
5 Briar Road
Twickenham
Richmond upon Thames TW2 6RB
<http://www.richmondcarers.org/>

Crossroads Care (Richmond and Kingston)
020 8943 9421
1 Beverley Court
26 Elmtree Road
Middlesex TW11 8ST
www.richmonduponthames@crossroads.org.uk

Crossroads Care (Surrey)
0148 344 7770
Resident's House
Community Walk High Street
Esher, Surrey KT10 9RA
www.surrey@crossroads.org.uk

Sutton Carers Centre
020 8296 5611
Benhill House
12-14 Benhill Avenue
Sutton, Surrey SM1 4DA
www.carers.org/sutton

National

Age Concern
www.ageuk.org.uk

Age UK
Advice Line
0800 169 6565
www.ageuk.org.uk

Carers Direct
0808802 0202
www.nhs.uk/carersdirect

Carers Trust
www.carers.org - help and advice for carers

Carers UK
Carers Line 0808 808 7777
www.carersuk.org- help and advice for carers

Macmillan Cancer Support
0808 808 0000
www.macmillan.org.uk

Mind
www.mind.org.uk – help and advice for carers caring for people with mental health problems

Parkinsons Society
0800 800 0303
www.parkinsons.org.uk

Support for young carers

Children's Society

www.childressociety.org.uk

Young Carers – support for carers aged 16 – 30 years

www.caringalone.org.uk

Young Carers

www.youngcarers.net

Useful information

Refreshments

Hospital Dining Room (canteen)

The Dining Room is located on the Ground Floor (Level 2) Kingston Surgical Centre.

Dining Room opening hours are 7:00am to midnight, Monday to Sunday. Lunch is served daily from 12 noon to 3.00pm.

Vending Machines

Food vending machines are located on Level 3, Esher Wing by the lifts.

Hot and cold drinks vending machines are located throughout the hospital.

Coffee Shop

Hot and cold drinks can also be purchased at the Costa Coffee concession located in the hospital shop at the main entrance of the Bernard Meade Wing.

Opening hours:

Monday to Friday 7.30am until 5.30pm

Saturday and Sunday 10.00am until 5.00pm

Closed on Bank Holidays

Local Services

The hospital shop is located at the main entrance, in the Bernard Meade Wing and offers a limited range of newspapers, magazines, greetings cards, confectionary and refreshments.

There is a second-hand bookstall to raise funds for the Friends of Kingston Hospital and a WRVS coffee shop located in the Outpatients Department.

Sainsbury's Local

Located near Norbiton station
76 Coombe Road
Norbiton

Opening hours:
Monday to Sunday, 7.00am – 11.00pm

Chaplaincy Service

The hospital multi-faith prayer room and chapel are on Level 4 of Esher Wing
If you wish to see a Chaplain or a religious leader of a particular faith please let the Nurse in Charge know.

Patient Advice and Liaison Services

The PALS office is situated at the junction of the link corridor and Bernard Meade Wing.
Direct Line: 020 8934 3993
Email: pals@kingstonhospital.nhs.uk

APPENDIX 4 - Information for Patients with Dementia and their Carers

<http://home/khintranet/NEWlinkview2.php?screenw=1164&DeptID=148&mainFrame=http://home/khintranet/html/dementia/ForgetMeNotSchemeMaterial.html&SectionID=772>

Click on '[Dementia Information Leaflet for Carers](#)'

Carers’ Charter

This charter demonstrates the commitment of Kingston Hospital NHS Foundation Trust to improving Carers’ experiences of health care services. We recognise and value the role that carers play in the health and well-being of the people they care for.

Kingston Hospital makes three commitments to carers:

<p>We will work with you as a partner</p>	<ul style="list-style-type: none">• This means we will -• Respect your role as an expert in the care and support of the person who uses our service• Listen to what you say and communicate clearly with you• Respect carers' and patient confidentiality and work with you to overcome barriers to giving support and sharing information• Actively encourage carers involvement in care delivery in the hospital setting• Provide excellent individualised care for people with dementia and learning disabilities
<p>We will support you to get help and assistance when you need it</p>	<ul style="list-style-type: none">• This means we will -• Respond in a timely way to your needs• Provide support which meets your individual needs• Signpost you to relevant information and advice and enable you to get help from carer support services
<p>We will ensure our staff are aware of carers needs</p>	<ul style="list-style-type: none">• This means we will -• Ensure our staff can identify carers and recognise their role as partners• Enable our staff to respond quickly and flexibly• Involve our staff in developing information, support and other services for carers

November 2013

MONITORING SHEET

Element to be Monitored	Person Responsible	Method	Frequency	Reporting Arrangements
Carers Charter to be displayed in all wards and departments	Ward/Dept sister/ charge nurse	Environment walkarounds	Monthly, as per routine	As per routine environment walkaround reports
Carers information booklet to be available in all wards and departments	Ward/Dept sister/ charge nurse	Environment walkarounds	Monthly, as per routine	As per routine environment walkaround reports
<i>Information for patients with dementia and their carers</i> leaflet and Forget-Me-Not Scheme Carers Passport to be available in all wards and departments	Ward/Dept sister/ charge nurse	Environment walkarounds	Monthly, as per routine	As per routine environment walkaround reports
Forget-me-not over bed sign and Important Things About Me to be utilised appropriately in all wards and departments	Ward/Dept sister/ charge nurse	Environment walkarounds	Monthly, as per routine	As per routine environment walkaround reports
Complaints and PALS enquiries relating to joint care arrangements or carers issues	Complaints Department	Review of complaints and PALS enquiries	Monthly	Patient Experience Committee

VERSION CONTROL SHEET

Version	Date	Author	Status	Comment
1	11.11.13	Cathy Pullen Corporate Nursing Projects	Approved	New Policy
1.1	14.02.14	Cathy Pullen Corporate Nursing Projects	Approved	Final Approved Version
2.	2017	Duncan Burton Director of Nursing & Patient Experience	Approved	
3	May 2022	Lydia Russell, Dementia & Delirium Specialist Nurse	Approved	Updated Trust Equality Statement and formatting. No other changes.