SHSCT HELPING FAMILY MEMBERS/FRIENDS TO PROVIDE CARE FOR THEIR RELATIVE/FRIEND

Policy and Procedure
August 2014

OPPC PRIMARY CARE DIVISION
August 2014
<table>
<thead>
<tr>
<th>Name of Policy:</th>
<th>SHSCT Helping Family Members/Friends To Provide Care for their Relative/Friend</th>
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<tbody>
<tr>
<td>Purpose of Policy:</td>
<td>The purpose of this policy is to provide clear guidance for Managers and Health and Social Care staff to support family members/friends commonly referred to as “carers” to care for their relative/friend in a range of settings to promote independence and choice.</td>
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<tr>
<td>Directorate responsible for Policy</td>
<td>OPPC Directorate</td>
</tr>
<tr>
<td>Name &amp; Title of Author:</td>
<td>Teresa Ross Head of Physiotherapy Services SHSCT and AHP Lead OPPC Brian Beattie Assistant Director of Primary Care OPPC</td>
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<tr>
<td>Does this meet criteria of a Policy?</td>
<td>Yes</td>
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<tr>
<td>Who does Policy relate to?</td>
<td>All managers and staff across all directorates/divisions working with family members/informal carers in the planning for and delivery of care.</td>
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<tr>
<td>Staff side consultation?</td>
<td>Yes</td>
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<tr>
<td>Equality Screened by:</td>
<td>Teresa Ross</td>
</tr>
<tr>
<td>Date Policy submitted to Scrutiny Committee:</td>
<td>22 September 2014</td>
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<tr>
<td>Members of Scrutiny Committee in Attendance:</td>
<td>Vivienne Toal, Head of Employee Engagement &amp; Relations (Chair), Anita Carroll, Assistant Director of Acute Services – Functional Support Services, Dawn Ferguson, Practice Education Co-ordinator (Acting), Carmel Harney, Assistant Director of Allied Health Professionals, Governance &amp; Workforce Planning, Melanie McClements, Assistant Director of Older People’s Services, Stephen McNally, Director of Finance &amp; Procurement, Stephen Wallace, Project Manager, Medical Directorate, Catherine Weaver, Head of ITS Programme Management</td>
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<td>Policy Approved/Rejected/Amended</td>
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<td>Communication Plan required?</td>
<td>Yes/no/not applicable</td>
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<td>Training Plan required?</td>
<td>Yes/no/not applicable</td>
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<td>Implementation Plan required?</td>
<td>Yes/no/not applicable</td>
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<td>Any other comments:</td>
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<td>Date presented to SMT</td>
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<tr>
<td>Director Responsible</td>
<td>Director of OPPC</td>
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<td>Date received by Employee Engagement &amp; Relations for database/Intranet/Internet</td>
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<tr>
<td>Date for further review</td>
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In depth consultation with Trust Legal Advisors at BSO has informed the content of this policy and procedure.

Circulation List:

This policy was circulated to the following staff and groups for consultation:

Representatives of Nursing, AHPs, Social Work, Domiciliary Care, from all Directorates (OPPC/MHLD/CYPS/ACUTE),
Moving and Handling Corporate Team,
Subject Experts for Moving and Handling Training,
Occupational Health Service
Corporate OPPC Team
Nursing, AHP and Social Work Trust Governance Leads
Regionally with Trust Legal Advisors for final approval/comments
Health and Safety Lead in Trust

Following SMT approval this Policy Document will be circulated to the following:

All Trust staff and will be available on the Trust Intranet site (for public release under the Freedom of Information Act 2000)
### CONTENTS

**SHSCT POLICY HELPING FAMILY MEMBERS/FRIENDS TO PROVIDE CARE FOR RELATIVE/FRIEND POLICY**

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>2.0</td>
<td>Purpose and Aims</td>
<td>4</td>
</tr>
<tr>
<td>3.0</td>
<td>Statement</td>
<td>5</td>
</tr>
<tr>
<td>4.0</td>
<td>Definition of a Carer</td>
<td>5</td>
</tr>
<tr>
<td>5.0</td>
<td>Scope</td>
<td>5</td>
</tr>
<tr>
<td>6.0</td>
<td>Responsibilities</td>
<td>5</td>
</tr>
<tr>
<td>7.0</td>
<td>Monitoring and Review</td>
<td>7</td>
</tr>
<tr>
<td>8.0</td>
<td>Support and Further Advice</td>
<td>7</td>
</tr>
<tr>
<td>9.0</td>
<td>Equality and Human Rights</td>
<td>7</td>
</tr>
<tr>
<td>10.0</td>
<td>Copyright</td>
<td>7</td>
</tr>
</tbody>
</table>

**SHSCT HELPING FAMILY MEMBERS/FRIENDS TO PROVIDE CARE FOR RELATIVE/FRIEND PROCEDURE**

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.1</td>
<td>Introduction</td>
<td>8</td>
</tr>
<tr>
<td>11.2</td>
<td>Who is a Carer</td>
<td>8</td>
</tr>
<tr>
<td>12.0</td>
<td>Moving and Handling Risk Assessment</td>
<td>8</td>
</tr>
<tr>
<td>13.0</td>
<td>Consideration of Family Member/Friend as a Carer. Carers Medical/Physical Fitness</td>
<td>9</td>
</tr>
<tr>
<td>14.0</td>
<td>Training in Moving and Handling Procedures</td>
<td>9-11</td>
</tr>
<tr>
<td>15.0</td>
<td>Monitoring and Review</td>
<td>11-12</td>
</tr>
<tr>
<td>16.0</td>
<td>Other Considerations</td>
<td>12</td>
</tr>
</tbody>
</table>

Appendix 1 Moving and Handling Training Record
Appendix 2 Family Member/Friend/ Carers checklist
Appendix 3 Information for Family Member/Friend/Carers checklist
1.0 INTRODUCTION

1.1 This policy aims to support the partnership between Trust staff, Independent sector, Agency and Family members/Friends, to assist in caring for relatives/friends of all ages in a range of settings.

1.2 The first point of care delivery should be with the family with the Trust assisting where there is an identified need for more complex support.

1.3 Given the changing pattern of health and social care and the ethos of providing care in the community, the role of family and friends as carers, is important to this provision.

1.4 This policy will set out a series of actions that need to be taken in order that the partnership between family members/friends and other partner agencies to care can be facilitated and supported.

2.0 PURPOSE AND AIMS

2.1 The purpose of the policy is to assist staff to identify opportunities to facilitate Family members/Friends to care for or to assist staff in providing care for patients in the community, and for key staff working with the family to provide training and support at a time that suits the carers and the service in which staff work.

2.2 The objectives are:

2.2.1 To assist family member/friend to develop the skills and ability needed to protect themselves and to provide safe effective care for their relative/friend.

2.2.2 To enable family members/friends to protect themselves and safely assist others to provide safe effective care in selected tasks/areas.

3.0 STATEMENT

The Trust believes that Family members/Friends should be supported to provide safe effective care on their own or if necessary in partnership with Trust, agency or other staff. This policy and accompanying procedure seeks to firmly embed this practice within the Trust.

3.1 A “carer” includes any person, such as a family member, friend or neighbour, who chooses to give regular, ongoing assistance to another person without payment for the care given.

3.2 Family members/Friends may carry out moving and handling transfers on their own or act as the “second carer” alongside Trust, Independent Sector or Agency staff.
3.3 To assist in this process the health care professional must ensure that the carer is capable of safely carrying out or assisting to carry out the transfer/technique and must complete a carer’s assessment to assess their needs.

3.4 It is essential that the Health and Safety of the patient/clients, family members/friend and all staff providing the care is considered and the necessary support given to enable the family member/friend to care for their own relative/friend.

4.0 Definition of A Carer:

A carer is defined as “anyone who, without payment, on a regular unpaid basis, provides help and support to a family member or friend who may not be able to manage without help because of frailty, illness or disability. “The delivery of such care may require the carer to carry out moving and handling activities. (Reference: Carers and Discharge Guidance 2010 DHSSPSNI)

N.B. Carers can be adults caring for other adults, parents caring for ill or disabled children, or young people under the age of 18 who care for another Family member/friend.

5.0 SCOPE

5.1 This policy applies to all staff, and carers within the Trust, Independent Sector and partner agencies undertaking care tasks independently or assisting staff in providing care for family or friend in the Trust.

6.0 RESPONSIBILITIES

6.1 Trust Board
The overall responsibility for these arrangements lies with Trust Board.

6.2 Chief Executive
The Trust Board’s responsibility for ensuring implementation is managed through the Chief Executive.

6.3 Director of Older People and Primary Care (OPPC)
The Chief Executive has appointed the Director of OPPC as the identified Lead Person for the implementation of this policy relating to helping family members/informal carers to care within the Trust. This includes responsibility for establishing and monitoring the implementation of this Trust policy on Family member/Friends/Informal Carers.

6.4 Directors
The Chief Executive requires Directors to establish and monitor the implementation of these arrangements and compliance within their area of responsibility.
6.5 **Managers** are responsible for:

6.5.1 Ensuring that staff and partners in care are aware of the arrangements for family and friends to provide care.

6.5.2 Ensuring that clinical staff are supported to enable them to provide training to family members/friends prior to them taking on the caring role.

6.5.3 Ensuring that records of moving and handling risk assessments, carers assessments, safe systems, safe use of equipment and training/demonstrations are completed, shared and maintained for family members/friends and trust, care and agency staff.

6.6 **Staff** must:

6.6.1 Comply with the policy and the related procedure.

6.6.2 Ensure that they complete all relevant documentation including moving and handling risk assessments, carer’s assessments, relevant training, documentation, safe systems for equipment/transfers and monitoring and carry-out reviews within the required time-frames.

6.6.3 Advise Managers of any difficulties they are having with the agreed care plan/process.

6.6.4 Keep their Manager/partner agencies updated about the number of packages that are provided by or involve family members/friends when they have been agreed and formalised.

6.6.5 Keep a record of all training delivered and completed. This should include: names/titles of all persons trained and the trainers, relationship with the patient, the dates, times, venue and content of the training.

6.6.6 Ensure the care plan in place reflects the assessment findings and ensures the use of safe systems and safe use of equipment to protect the patient, the family member/friend and any staff involved.
7.0 MONITORING AND REVIEW

7.1 The Trust is committed to ensuring that all policies and procedures are kept under review to ensure that they remain compliant with all relevant legislation and reflect organisational development.

7.2 This document will be reviewed by the Assistant Director (AD) of Primary Care and the Head of Physiotherapy within two years or earlier in light of any changes in statutory legislation and/or operational experience, that prevents these arrangements being implemented as intended.

8.0 SUPPORT AND FURTHER ADVICE

8.1 Further information and advice with regard to the implementation of this policy is available from the Trust Moving and Handling Team.

8.2 This policy and procedure should also be read in conjunction with other relevant Trust policies and procedures, for example:

- Moving and Handling/Risk Assessment Policy
- Bed Rail Policy
- Post Falls Pathways
- Care Planning Processes
- Corporate Mandatory Training Policy
- Trust Health and Safety Policy
- Service Level agreements/contracts with partner agencies
- Carers Assessment Directive
- Carers And Discharge A Practical Guide For staff DHSSPSNI 2010
- Direct Payments/self Directed Support

9.0 EQUALITY AND HUMAN RIGHTS

This document has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Using the Equality Commissions screening criteria, no significant equality implications have been identified. It is therefore not subject to equality impact assessment.

This document has been considered under the terms of the Human Rights Act 1998 and was deemed compatible with the European Convention Rights contained in the Act.

10.0 COPYRIGHT

The supply of information under the Freedom of Information does not give the recipient or organisation that receives it the automatic right to re-use it in any way that would infringe copyright. This includes, for example, making multiple copies, publishing and issuing copies to the public. Permission to re-use the information must be obtained in advance from the Trust.
PROCEDURE TO SUPPORT FAMILY MEMBER/FRIEND TO PROVIDE CARE FOR THEIR RELATIVE/ FRIEND

11.0 INTRODUCTION

11.1 This procedure aims to set out a series of actions that require to be taken in order that the Trust can assess the appropriate use of family members/friend to provide care for their family member/friend.

11.2 WHO IS A CARER?
A carer is defined as:
“Anyone who, without payment, on a regular unpaid basis, provides help and support to a family member or friend who may not be able to manage without help because of frailty, illness or disability. (Reference Carers and Discharge Guidance 2010 DHSSPSNI)
N.B. Carers can be adults caring for other adults, parents caring for ill or disabled children, or young people under the age of 18 who care for another Family member/friend.

Family members/Friends may carry out care including moving and handling transfers on their own or act as the “second carer” alongside Trust, Independent Sector or Agency staff.
To assist in this process a carer’s assessment must be completed with the carer to assess their needs prior to undertaking care role.

It is essential that the Health and Safety of the patient/clients and all carers/family members/friends providing the care is considered and the necessary support given to enable the carer to provide safe effective care for their relative/friend.

12.0 Moving and Handling Risk Assessment

12.1 A Moving and Handling Risk Assessment (MHRA) for the patient must be completed using the Trusts Risk Assessment Proforma in compliance with the SHSCT’s Moving and Handling/Risk Assessment Policy.

12.2 The MHRA will be completed by a Nurse, Occupational Therapist or Physiotherapist. In some instances all three of these professionals may be involved in the assessment process.

12.3 The MHRA will identify the relevant risk factors in providing the care and the necessary support for the patient/family members/carers.

12.4 Using the information from the MHRA, an Individualised Care Plan (ICP) should be written up, advising on the tasks to be completed and
accompanied by the safe systems to be used to carry out the tasks safely and to manage the risk factors.

12.5 The ICP should be updated to take account of the MHRA, equipment used, the safe Systems, any changes in the patient/client condition/circumstances and all documents should be held in one file and shared with all partners in care.

12.6 The safe system(s), ICP must be shared/ provided and explained to the Family Member/Friend at the outset to ensure they have received sufficient information/instruction to carry out the tasks they have chosen to assist with/carry out.

12.7 The MHRA should be reviewed at appropriate intervals or when circumstances change. If the clients mobility or condition deteriorates and the moving and handling techniques need to change this should be reported to the Service Commissioner by the Family Member/Friend and if involved Trust staff and a reassessment requested from the appropriate Health Professional.

13.0 Consideration of Family Member/Friend/Carers Medical/Physical Fitness

13.1 The Family Member/Friend/Carer should have a Carer’s assessment carried out prior to taking up the caring role, to identify their needs and to discuss any concerns regarding their ability to undertake moving and handling tasks. If any physical or medical issues are raised during this discussion, the family member/friend should be advised to discuss this with their GP prior to undertaking the agreed tasks. This advice is included in the information sheet provided to the Family Member/Friend/ICarer (Appendix 3)

13.2 During the onsite training session the Nurse/Occupational Therapist/Physiotherapist should record the ability of the carer(s) to safely complete the necessary moving and handling tasks. If there are any safety concerns, this must be reported to the service commissioner. The carer(s) must not commence these tasks until all concerns have been satisfactorily addressed.

13.3 The carer must comply with the Trust’s care plan/safe systems at all times i.e. when carrying out tasks on their own or with Trust/Independent Sector/Agency staff.

13.4 Where a care package is started, all employees should be advised to report to their supervisor/line manager any concerns they have regarding the ability of the carer to safely complete the tasks.

14.0 Training in Moving and Handling Procedures

14.1 The carer will receive training/instruction from the keyworker/professional in the moving and handling techniques and
safe use of any equipment to be used prior to commencing the moving
and handling tasks. (The clinician providing the training must have
completed their mandatory Moving and Handling Training and
refresher Training)

14.2 This training/instruction will only relate to that particular person and
will not cover the carer for undertaking other tasks not specified or to
work with other patients/clients/friends.

14.3 The Carer will be observed carrying out the moving and handling
techniques and given the necessary correction/instruction to ensure
they can safely complete the tasks.

14.4 This may involve observing demonstration of techniques, safe use of
equipment on another care worker before actually handling the
relative/client.

14.5 The ability of the Family Member/Friend(s) to safely complete the
Moving and handling techniques should be recorded using the
Carers Moving and Handling Record (Appendix 1)

14.6 The Family Member/Friend(s) will sign the form to confirm that they
are confident to complete the tasks outlined (Appendix 1).

14.7 If there are concerns regarding the carer(s) ability to safely carry out
the procedure following instruction/demonstration it must be reported to
the service commissioner. The carer must not commence carrying out
the tasks until all concerns have been satisfactorily addressed.

14.8 If the clients mobility or condition deteriorates and the moving and
handling techniques need to change, this should be reported to the
Service Commissioner by the Family Member/Friend and/or if involved
Trust staff and a reassessment requested from the appropriate Health
Professional. This may require additional instruction/ training if the
moving and handling
procedures or equipment changes.

14.9 Moving and Handling training in the Acute setting

Moving and Handling training started in the hospital, must consider
both the potential variance in the equipment and/ or the safe systems
to be used in the community setting. The training given in the acute
setting will allow the principles of safe handling to be carried through
into the community as an interim solution to cover the 24/72 hour
period, until community services can assess the person in their own
home.

14.10 The Family Member/Friend will only be able to undertake the specific
Handling tasks and use only the specific equipment covered in the
training within the hospital setting. This training is an interim step until
community staff have reviewed and updated the tasks/training in the community setting.

14.11 The content of the training completed in the hospital setting must be recorded formally and shared with the commissioner to ensure that the Family Member/Friend are only carrying out or assisting with the tasks they have received training in.

14.12 The Family member/Friend/Carer’s check list (Appendix 2) outlines all the necessary steps that require completion.

15.0 Monitoring and Review

15.1 Ongoing monitoring of the care package/care plan is essential to ensure the quality of care and the safety of all involved. The carer(s) will be reviewed initially by the community health professionals involved and will then be monitored by the service commissioner, who will alert the relevant health professional if concerns are raised.

15.2 The frequency and timescale for review will be set by the Health professional completing the assessments. This will depend on the individual circumstances; the level of moving and handling risk and complexity of the care provided but should be at least on an annual basis. This review should involve observation of the Family Member/Friend/Carer working with the patient and where appropriate, Trust /Agency/Independent sector staff.

15.3 Trust /Independent sector/Agency Staff working with Family Members/Friend(s)/Carer(s) must be made aware of their responsibility to report any concerns or difficulties with the arrangements to their line manager immediately and where unsafe practice is being encouraged, to refuse to take part. If the Trust/Independent sector/Agency employee feels there is unsafe practice or the carer is unwilling or unable to complete the task as advised, they must cease or not start the procedure at all. In such circumstances staff should make the patient safe and comfortable and contact their line manager and the commissioner of the service as a matter of urgency.

15.4 The Family Member/Friend/Carer(s) should be made aware of the procedures for reporting concerns or difficulties back to the Community Health Professional who carried out the Moving and Handling Risk Assessment (MHRA) through the Commissioner of the service. (Contact details should be provided).

15.5 Domiciliary Care Supervisors (when involved) will monitor the quality and safety of care and liaise with the appropriate Community Health Professional if issues/concerns arise.
15.6 If a review of the risk assessment identifies a necessary change in the safe systems to be utilised this may require additional training/demonstration to be provided.

16.0 OTHER CONSIDERATIONS

The Trust needs to consider the sharing of this policy and procedure with independent sector partners to agree implementation of practice and necessary action plans to be put in place to meet their service needs and contract compliance. Following this work we may require additions to the policy.
## Appendix 1

**Family Member/Friend/Carers: Moving and Handling Training Record**

<table>
<thead>
<tr>
<th>Name(s) of Family Member(s)/Friend/Carer(s)</th>
<th>Name(s) of Health Professional</th>
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<td>Address</td>
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<table>
<thead>
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I confirm that I have received training in the procedures outlined above and feel confident in my ability to carry them out.

Family Member/Carers Name________________________ Signature________________________

Family Member/Carers Name________________________ Signature________________________

Family Member/Carers Name________________________ Signature________________________

Date______________
Appendix 2 Family Member/Friend/Carers Check list

- Carers Assessment Record

- Manual Handling Risk Assessment (MHRA), Individual Care Plan (ICP) and safe systems completed and shared with Family Member/Friend/carer, commissioner and other relevant partners.

- Instruction/Training provided for Family Member/Friend/Carer(s)

- Family Member/Friend/Carer(s) observed carrying out the tasks safely and effectively

- Family Member/Friend/Carer(s) signed training record

- Information sheet provided

- Monitoring/Review timescale identified and recorded.
Appendix 3: Information for Family Member/ Friend/Carers

The Southern Health and Social Care Trust will provide you with the necessary advice and information to support you in your role of carer whether caring on your own or alongside Trust/Independent/Agency staff.

This will include:

- Written advice (Moving and Handling Risk assessment, Individual Care Plan/Safe Systems) on the safe method of transfers
- Advice on the practical management of moving and handling risks
- Demonstration and training in moving and handling tasks and any equipment to be used
- Advice and support if patient/client’s needs change

Your Responsibilities

- If you feel that undertaking moving and handling tasks may aggravate a medical or physical condition, discuss this with your GP prior to undertaking the role.
- Follow the agreed Individual Care Plan left in the home and use the Trust safe systems at all times.
- Advise the Trust if problems arise in carrying out the agreed care/care plan