



## Adults and Family Wellbeing

**Title: Guidance Policy – Delivering Dignified Domiciliary Care (15 minute calls)**

**Date: 08/05/2014**

- 1. Purpose:** The aim of this policy is to ensure when allocating time to care calls that careful consideration is given to the appropriateness of the time identified especially in relation to 15 minute care calls. In addition that service user needs are appropriately assessed in order to provide high quality, flexible and responsive Care services to meet the assessed needs of those people in Buckinghamshire who require support services in order to remain in their own home.

This guidance has been developed to support staff in establishing consistently good and safe practice in the use of 15 minute care calls.

- 2. Objective: Buckinghamshire County Council is committed to care being delivered in a dignified way in order to promote the independence and well-being of the client. Specific tasks and outcomes for a 15 minute call should be determined through a person centred approach, taking into account how the client would like to be treated in order to maintain dignity in a way that is meaningful to their wishes and values. Buckinghamshire County Council aims:**

- To provide a customer centred approach to assessment, which defines personal and practical care
- To ensure a consistent countywide standard of care that meets the CQC Standards (Not Just a Number – Feb 2013) and National Minimum Standards for Domiciliary Care
- To maintain support for people living in their own home
- To promote dignity and respect through supporting the client in a way that they feel consideration is given to their needs and abilities.
- To promote independence, working within the client's range of abilities and competencies
- To promote the health, safety, welfare and quality of life of people living in their own home
- Make best use of resources, including outcome focus provision of care

- 3. Provision** is according to an agreed package, following an assessment against the eligibility criteria, and may include:

- A minor element of personal care for example **one** of the following: wash hand & face; cream legs & apply stockings/socks if the client is able to manage the rest of their personal care independently.
- Preparing a meal which the client is able to eat independently.
- Helping into and out of bed
- Check call/security check.
- Assistance with medication in conjunction with other suitable tasks

**Care managers are encouraged to use their discretion and professional judgement when determining the appropriateness of the above giving consideration to the client's level of independence and mobility. Every element of domiciliary care is a complex procedure calling for a range of interpersonal skills, understanding and assessment of client need.**

**4. In order to maintain dignity and promote independence it is considered that some elements of personal care cannot be delivered in a dignified way within a 15 minute time frame – this includes:**

- Bathing/showering/ help with a full wash
- Encouragement and support to eat a prepared meal
- Assist to dress/undress

In addition there are some elements of personal care which may take more than 15 minutes dependent upon the circumstances of an individual person during any given visit on any given day, i.e. Using the Toilet. In these circumstances it is imperative that care providers have the authority to ensure that care staff stay and support an individual in a dignified and respectful manner for as long as is needed.

**5. Responsibilities**

- Both the council and the providers have responsibilities to appropriately assess care needs and to review at regular intervals to evidence how the delivery of care both assures an individual's wellbeing as well as supporting them to achieve and /or sustain levels of independence.
- Providers must ensure that:
  - Any changes in a client's care need should be reported and acted upon. This includes notification of changes in time taken to complete tasks and provision amended accordingly.
  - They notify BCC using the change notification procedure of any long term variation in care needs or time of the calls.
  - Where care ceases for any reason and the provider is the first agency to be aware they must notify BCC using the change notification procedure.

- Care Managers must ensure that:
  - They liaise with the care provider at every review utilising the gateways of 1 week; 6 weeks and 1 year as well as any identified reassessment needs outside of the set review times to determine that the tasks assessed correspond with those assessed and delivered by the provider.
  - Where care ceases for any reason and BCC are aware and have received no notification from providers, care managers should notify providers in a timely fashion.
  - Care providers understand and provide care in ways which support the client in meeting their medium to long term progress towards independent living.

## 6. Considering support plan needs.

When assessing the client's needs care managers should consider:

- The client's own assessment of their physical and mental health, disabilities or impairments and current needs.
- Both the immediate needs and capability of the client and the progress towards independence they would like to make in the medium to long term.
- The client's capability of any identified areas of support required using the table below:

1. = No help needed
2. = Help needed, but needs are met by other people/services
3. = Client to be prompted/encouraged to do this for themselves
4. = Client needs help to do this
5. = Client needs this activity performed for them/on their behalf

- The list of activities in appendix 2 which on their own could be considered appropriate for a 15 minute call along with the core activities outlined in Appendix 1. However, where a client has limitations due to their cognitive and/or physical abilities even some of these activities may not be appropriate for a 15 minute call.
- Where more than one care and support activity from those in appendix 2 are being considered for a 15 minute call there needs to be a realistic assessment of what can be allocated considering the following:
  - ❖ The core activities that need to be completed
  - ❖ Client's capabilities and their desired outcomes
  - ❖ Time required to complete the primary activity from appendix 2

- ❖ Time available to realistically carry out any further activity from appendix 2 whilst maintaining the client's dignity, comfort and privacy.
- Any external community, voluntary and paid services available and that all appropriate information is available at assessment; is discussed with the client and, where suitable, signposted. Optimum use of these services can alleviate or reduce the need for a care package to be put into place.
- Telecare /Telehealth provision and a referral made as appropriate

## **7. Implementation:**

To be successful, we need to ensure that this Guidance Policy is communicated effectively both within AFW and to our commissioned providers and their sub-contractors.

We will need clear evidence that this policy has been understood and is being complied with by all stakeholders, and that this is reflected through both ongoing profiling of commissioned care and through increased levels of satisfaction and assurance by service users and their family members/carers.

## **Appendix 1: Core Activities**

There are a number of core activities that a carer will need to carry out at every care call. Assessments should take these into account when considering the appropriate amount of time to allocate to a call. These activities include;

- Accessing client's home (may include use of key safe or time taken for the client to answer the door)
- Verification of carer identity; logging in for EDC
- Greeting client and initial check on health & wellbeing
- Review of support plan and records
- Discussing with the client their preferences regarding the support they are due to receive
- Risk assessment of the environment and support to be provided
- Establish verbal or implied consent
- Safely put on, remove and dispose of appropriate personal protective equipment
- Effective hand washing before and after interventions (including food preparation)
- Provide assistance whilst at all times maintaining the client's dignity, comfort and privacy
- Report the support required and the client's current condition
- Leave the client's home secure

## Appendix 2

### Care and support activities

<b>Nutrition</b>	<b>Medication (see note1 below)</b>	<b>Mobility</b>	<b>Personal care Activities</b>	<b>Domestic activities</b>	<b>Monitoring wellbeing and safety</b>
Prompt for meal/drink	##Prompt for medication	Assist in/out of bed	Prompt for personal hygiene	Washing up & tidying kitchen	Safety/security check
Support to make meal/drink	##Administer medication	Assist with transfers	Assist with minor element of washing	Empty bins	Telecare check
Prepare meal/drink	Applying creams/lotions	Assist to mobilise around the house	Emptying of catheter bag	Empty & clean commode	
	Administer eye drops				

**NOTE 1: ## If this is the sole purpose of the care visit then the health needs of the service user need to be discussed with the relevant Health Commissioning partner**