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.

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 personalised 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.

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 and a summary care plan before being accepted into the service.

People will have a transitional plan that will support them smoothly as they start to receive a service from the 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 include immediate registration with a General Practitioner locally, as required in the Children's Homes Regulations and the Essential Standards for Quality and Safety. It will also set out how people's health care needs are to be met – the basic screening and routine health care planning such as dental, optical and health care checks to specific health care needs, for example epilepsy or nutritional matters.

Everyone coming into the service will also be registered with a dentist and an optician.

The level of specialist input will vary dependent on the type of service being provided. For example, it is not envisaged that people in supported living services will receive ongoing clinical support from the Hesley Group Clinical Services team.

4 Planning and Delivery of Care and Support

People's individual needs will continue to be assessed for and planned on a detailed basis to allow for effective and consistent care and support throughout the period in which they receive Hesley Group services. The plans will be reviewed regularly to ensure they remain current.

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.

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

Care and support will be delivered by staff with the necessary skills, knowledge and ability. Staff will receive the training they need to do the job.

People will not be taken into a service if we do not have the correct resources to meet their assessed needs.

5 Practice Guidance Introduction

5.1 Assessment and Transition

Each person will receive an initial assessment prior to receiving a service from the Hesley Group. The assessment will be carried out by a member of the Clinical Services team and a designated manager form 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.

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, the Hesley Group considers it is not appropriate to have electronic surveillance equipment placed in a School, Children's Home or in an Adult residential service unless it is demonstrably for the purpose of safeguarding and promoting the welfare of the child concerned, or other children accommodated in the school, children's home or adults 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. It must be judged as being the most proportionate response to a known risk to health and wellbeing. Examples may be: 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.

5.2 Planning Care and Support

Each person will have their own "This is my Care and Support Plan", "How I take My Medications", within two file(s) containing an up-to-date and relevant 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), and Review Policy (Children's Services).

Care and support plans for clinical 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 will 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 best interests decisions made 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.

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.

5.3 Delivery of Care and Support

Each person will have a Daily Journal completed for each month which will be completed by staff on shift and give an overview of the person's day. The journal will 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 Journal – for example, work with them to find out what they have enjoyed the most or what they liked least, 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".

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

Where the person is aged 16 years or above the issues of capacity must be explored adequately, both during the planning process and as the plans are being applied. 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.

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