Article 2: Getting Ready to Start a Package of Home/Domiciliary Care

Once you have selected your care company there are both regulatory and formal processes that must be completed before the care starts. This article seeks to illustrate what those processes are and their importance, helping you to understand how care is put together.

Much of the process is dependent on the client being able to participate and being able to express their choices. Mental capacity is a big subject. Nevertheless, it is important to note that individuals are assumed to have capacity unless there is clear evidence to the contrary. A person 'lacks capacity' if they are unable to make a decision because of an impairment or disturbance of the mind or brain, whether temporary or permanent, at the time the decision needs to be made. Capacity is both time and decision specific. As a rule, most people will be able to make most decisions most of the time. However, a lack of capacity can change over time and a person may have the capacity to make some decisions but not others.

In instances where the client may not have capacity at the time of the assessment nor next of kin nor a representative, a multi-disciplinary team can be formed to make 'best interest' decisions for the client. The team members can include, for example, independent advocates, and health, social care and legal professionals.

There are several staff roles common across social care. They are the registered manager, the care coordinator, the supervisor and the care professional (carer). However, there may be additional roles in accordance with the needs, size and structure of the care company, for example, if they include learning difficulties or childcare in their remit of care services or have centralised back office departments such as HR, payroll and accounts.

The registered manager is responsible for recruitment, training, staff supervision, day-to-day care, reviews, monitoring quality, complaints and managing all the staff

under their supervision to ensure compliance with regulations, standards and guidance.

The regulations state that registered providers must have a registered manager to ensure that people who use services have their needs met. They must properly perform tasks that are intrinsic to their role and possess the necessary qualifications, competence, skills and experience to manage regulated activity.

The care coordinator is responsible for the allocation of care professionals to clients and the creation and sustainability of the care professional's rota to meet the needs identified in care plans. The essential element of this is to create a care professionals' rota to ensure consistency and continuity for the client and not necessarily what's best for the care professional. The client must come first.

Supervisors conduct assessments, develop care plans, deliver training, support the clients and care professionals and implement the directions of the registered manager. They also conduct a range of reviews with the clients to ensure that what should be happening is happening and to the required standard. They also review the care professionals.

The care professionals do the hands-on care, usually as a single carer, but sometimes the care plan requires that they work in pairs, for example, when any moving and handling may be required.

The registered manager or supervisor will make an appointment to meet the client at the location where the care will be provided, which is usually their own home. This meeting is to allow an assessment to take place, to agree the appropriate level of care and how it should be done, and to define the desired outcomes and/or objectives. It can be recorded either as a paper or electronic record.

There are occasions where establishing a full care plan may be difficult to achieve. This is often due to uncertainty relating to how the client may respond because they

may be feeling a loss of independence, may be overwhelmed by what is happening, or may be feeling insecure at having strangers in their home. All of this is understandable. In these instances, the care provider should be very sensitive to these issues and should take steps to introduce the care slowly over a period of time. This ‘acclimatisation’ can also be beneficial to the next of kin, especially when they have been doing some of the hands-on care themselves and find it difficult to ‘step back’ enough to allow the care to take place. Here, the next of kin can carry out some tasks and the care professionals others, until the next of kin feels comfortable enough to step back. It is not unusual for care to be jointly delivered between the care professional and the client’s family.

The risk assessment is designed to identify any risk to the health and well-being of the client, and the health and safety of any staff member and anyone who may be around while the staff member is there and the care is taking place. It is also to ensure that anything needed for the delivery of care is already in place. It considers the immediate and local environment, incorporating the time of day and the season, the client, lone working, activities in the care plan, medication, any equipment and anyone else who may be around. This is achieved by discussion and observation by trained, qualified and experienced staff. Where a problem has been identified, the assessor will discuss this with the client and will agree a course of action in order to ameliorate the risk and to ensure the continued health, well-being and safety of all involved.

While the assessment looks for risks, risk identification should not lead to a situation where the delivery of care is inhibited. The care plan should not be ‘risk averse’; clients are entitled to take risks. Instead, the assessor should assist the client to make informed choices and work to seek appropriate and reasonable resolutions to any given risk, thereby reducing or eliminating the risk.

The assessor must also ensure and evidence that any equipment brought in to assist the client and/or the delivery of care must be within the required test and inspection period. If any equipment is out of its test date it cannot be used until it has valid

inspection notices attached or available. This inspection methodology must be applied to help ensure everyone's health, well-being and safeguarding.

Normally, the assessments are carried out with the client present and participating, having given their consent for the assessment to take place, and, where applicable, having given their consent for another person (a relative or representative) being present. If a person has a Lasting Power of Attorney (LPA), the care provider must satisfy some conditions before acting on direction from a person other than the client.

The provider must be given access to the LPA document as soon as possible in order to fully understand its content and any direction/instructions contained within it. Its content may have an influence on the development of the care plan and assessments. The provider must also obtain evidence that the LPA has been registered with the Office of the Public Guardian.

The provider should take a copy of the LPA in order to satisfy a statutory body that it has been considered and complied with, for example, the Care Quality Commission (CQC). The provider may also require sight of photographic identification to ensure the identity of the 'attorney' in the LPA. This is an essential action on the part of the provider and is done to help assure continued safeguarding of the client.

In instances where the client is not actually at home but is perhaps in hospital awaiting discharge or moving to a new house, etc., an interim inspection can be carried out subject to a fuller inspection taking place later. In these cases, the supervisor will undertake the first care visits in order to enable the assessments to take place and to record them in the prescribed manner.

During the assessments, the assessor gives the client the opportunity to check that an accurate record is being made. Once completed, copies of the assessments, care plan, service user guide and any other related documentation are given to the client or their authorised representative for their records and scrutiny. If any corrections or

changes are required, the documents are amended and reissued without delay. The service user guide is a mandatory document that must be given to the client and is produced by the care company in compliance with regulations. It specifies the terms and conditions of their provision of care, what can and what cannot be done, what to expect, how to make a complaint or commendation, and more besides.

Anyone in receipt of care service is considered to be 'vulnerable' and therefore safeguarding is taken very seriously by the entire care industry. Safeguarding should permeate everything that a care company does. The care company, the CQC and local statutory bodies will be able to advise you regarding what you should expect from a registered care provider. The CQC has an excellent document available on their website entitled 'What you can expect from a good home care agency' to help you.

Safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect. Safeguarding balances the right to be safe with the right to make informed choices; at the same time making sure that the adult's well-being is promoted, including taking into consideration their views, wishes, feelings and beliefs in deciding on any action. Care companies have safeguarding responsibilities, but everyone has a part to play.

It may be necessary to consult with others about a person's care, especially where there is no relative or representative acting for the client. In these circumstances, care providers can liaise with other health professionals, but only where they have gained written and explicit consent to do so and on the basis that it is only for that express purpose. A 'blanket' consent is neither appropriate nor permissible.

The client should also be offered an advanced care plan, which is the voluntary process of discussion about future care between an individual and their care providers in anticipation of a time when any deterioration in the individual's condition has the likelihood of attendant loss of capacity to make decisions and/or the ability to communicate their wishes to others. It can be an upsetting subject to discuss but

many people say that they are relieved to have had the opportunity to discuss it. It is by no means mandatory; it is done by choice.

Once the assessor is happy that the assessment has gone well and is complete, he/she liaises with the registered manager, who reviews the details, and, as long as no issues are raised, instructs the care coordinator to allocate the required care team on a scheduled basis so that the client sees regular care professionals.

Due to modern technology, it is unusual to find assessments being carried out on paper, thereby now allowing for the care plan, medicine administration records, assessments and the care professionals' rota to be instantly available via encrypted software. In addition, the details of each visit, along with any supplementary instructions, are confidentially visible and a record of each visit can be made, including arrival and departure times via near field communication (NFC) technology. This allows the care professional to swipe a tag attached to the care plan at the client's home, enabling the provider to monitor arrival and departure times; part of a larger quality assurance (QA) process.

The use of any software must be compliant with the new General Data Protection Regulations (GDPR). Software has moved on and now most electronic records can be seen in real time by the client or others via an app, but only with explicit consent.

Care plans and assessments are never 'set in stone' and need regular review, and will sometimes need updating in response to changes and occurrences that can take place at any time. For example, the client's general health may deteriorate and so the care will need to be adapted to meet that change. Furthermore, the introduction of equipment may become necessary should a person now require manual handling. In that scenario, the care company will need to assess that the local environment is suitable and safe to use and store the equipment. There are occasions where change may rapidly occur, as is sometimes seen towards the end of a person's life, and so the care plan will need to be ready for the changes and will need to be ready

to incorporate a multi-disciplinary team, including, but not necessarily limited to, nurses, GPs and pharmacies.

The assessment process is an essential and mandatory part of care planning and is focused on achieving the best possible outcomes and objectives for the client. Without it, care would become considerably riskier for all concerned and the risk of failure likely to increase. So, it is essential that the client, those closest to them, any advocate or representative and the care company are comfortable with the end result, thereby allowing care to start.

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For further advice and guidance please contact the following organisations:

Care Quality Commission	www.cqc.org.uk	Tel: 03000 616161
UKHCA	www.ukhca.co.uk	Tel: 020 8661 8188

Biography

Andrew Key has more than 25 years' experience in the health and social care sector and is Managing Director of Choice Care, a Blackburn-based domiciliary care provider. An active participant with differing local and national groups, he has managed to improve local commissioned care through: innovation in the administration of medication in the community; care sector training; the implementation of end-of-life standards culminating in receiving the Six Steps End of Life Accreditation from East Lancashire Hospice; and the development of a Night Care and an Integrated Triage and Response Care Team in Blackburn. In 2018, he was a finalist at the national Great British Care Awards for the category 'Outstanding Contribution to Social Care'.

Choice Care provides a wide range of domiciliary care to people of all ages in their own homes by highly trained, skilled, compassionate home care teams. They are accredited trainers for Parkinson's, Alzheimer's UK, the Stroke Association and others and have excellent working relationships with local care sector organisations. They are an active member of the United Kingdom Home Care Association (UKHCA), are registered with the CQC and are commissioned by Blackburn with Darwen, Lancashire and Bury Councils, the area's Clinical Commissioning Group, insurance companies and private individuals. In August 2016, after nearly two years' work, they blazed a trail in social care to achieve the Six Steps End of Life Accreditation from East Lancashire Hospice. In 2017, one of their care professionals won the category of 'Homecare Carer of the Year' at the national Great British Care Awards.