

## Document Control

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			Patient Experience Matron
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<b>Main Contact</b>			
Patient Experience Matron North Devon District Hospital Raleigh Park Barnstaple, EX31 4JB			<b>Tel: Direct Dial –</b> <b>Tel: Internal –</b> <b>Email:</b>
<b>Lead Director</b>			
Chief Nurse			
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## 1. Purpose

- 1.1. The purpose of this document is to ensure adherence to the NHS Constitution, National Carers Strategy, Devon Carers Strategy, Improving Health and Wellbeing for people with Learning Disabilities, Mental Capacity Act and Safeguarding Adults and Care Act 2014.
- 1.2. The policy will define who a carer is and how the teams at Northern Devon Healthcare Trust (NDHT) can support the patient and carer relationship at all times to improve the inpatient experience, promote well-being and support the discharge process. This includes all patient groups, with special consideration given to any carers of patients who are living with dementia, or have mental health problems or have a Learning Disability.
- 1.3. Please note that relatives of patients who are admitted from out of area may also require similar support. The policy also describes the responsibilities the Trust has to formal carers, whose clients still require their support in the clinical area, such as those patients who may have a Learning Disability.
- 1.4. The policy includes a section for staff who are carers. The Government's agenda is to provide support to people in their own homes and it has charged health and local authorities to reduce residential and nursing home placement.
- 1.5. The Trust has a statutory duty to involve and consult patients, carers and their families in service planning and delivery, as per Section 242 of the NHS Act 2006. Carers have had the right to recognition since the Carers (Services and Recognition) Act was passed in 1995. They have also had the right to be consulted about their willingness and / or ability to provide or continue to provide care for another person. They have had the right to have a Carers Assessment in their own right since the Carers and Disabled Children's Act 2000, the Care Act 2014 and Families Act 2014. The NHS England document [An integrated approach to identifying and assessing Carer health and wellbeing \(2016\)](#) provides a tool kit for organisations and supports the NHS England paper [Commitment to Carers \(2014\)](#).
- 1.6. The Carers (Equal Opportunities) Act 2004, affecting carers in England and Wales, places a duty on NHS bodies and local authorities to promote the health and welfare of carers and to inform them of their right to an assessment. Ensuring that all service providers within the Trust respect these rights through the implementation of this policy and guidelines which will contribute towards equity for all carers, whether they are themselves patients or are the carers of patients.
- 1.7. Awareness of current legislation can aid the professional when arranging a cared for patient's discharge / transfer especially when discharging the patient home. Discovering and documenting whether a patient has a carer willing to continue or to take on new or greater responsibilities gives the professional a greater understanding of the patient's situation.
- 1.8. The policy applies to all staff, patients, relatives and carers regardless of inpatient or outpatient status.
- 1.9. Implementation of this policy will ensure that:

- The needs of carers are addressed,
- A robust framework is in place to ensure a consistent approach across the whole organisation,
- Our statutory duties as set out in the NHS Constitution are supported; and
- Staff are aware of their obligations to support carers in line with nationally recognised best practice.

## 2. Definitions

### 2.1. Carer

A carer is someone who provides unpaid help and support to another person who could not cope without their help. This could be due to age, physical or mental illness, disability or addiction.

A carer may be a partner, child, relative, friend or neighbour. Carers will be of all ages and situations. For example, a young carer who cares for a parent or sibling or a parent carer of a disabled child.

Many people don't recognise themselves as carers and can struggle to tell someone they are finding it difficult to cope. A carer is not necessarily the closest relative of a patient or their next of kin.

- Anyone can become a carer. Carers come from all walks of life, all cultures, all gender identities and can be any age.
- At least one third of carers are 60 or older; many others care for an older person,
- Carers who are themselves patients may have special needs which will have to be taken into consideration,
- Informal carers have rights, including the right to refuse to take on or continue the responsibility of caring for someone and the right to an independent assessment of their caring role; these are legal rights,
- Carers also have needs for information about the condition of the patient, i.e. should deterioration occur or post discharge information and training which will support them in their caring role
- Good communication to all carers is essential,
- New carers may have quite different concerns and needs than established carers,
- The role of the carer should not be underestimated and should be valued by staff and is usually a very good source of information pertinent to the patient.

### 2.2. Carers Assessment

- 2.3.** A carers' assessment is an assessment of the carers' needs and considers not only what care the carer provides, but also the physical and psychological impact it has on them. The assessment also looks at what help and support the carer is entitled to so that they can better continue in their caring role.

Carers (Equal Opportunities) Act 2004 and Care Act 2014 details that anyone who provides or intends to provide a care on a regular basis can have a carers assessment. Most people contemplating seeking support are likely to be eligible for an assessment. This gives the carer the opportunity to discuss their personal situation and how best Devon Carers can support them. More details can be accessed online on the following link [carers assessment](#)

You can have a carer's assessment if you:

- Live with the person you are looking after,
- Living away from the person you are looking after,
- Care for someone full time; and
- Care for someone as well as working full or part time

Inform carers of their right to a Carers Assessment. To request a carers assessment call Devon Cares direct on 0845 643 4435. This should be done by whoever is overseeing a patient's care and any action taken should be documented in the patient's health record.

### 3. Responsibilities

#### The Trust Board is responsible for:

- 3.1. Ensuring that the policy is implemented with the appropriate training and monitors are in place for adherence to it ensuring the ongoing support for carers is integral within the Trust's services.
- 3.2. Assuring itself and its non-executives that the policy is embedded in practice.

#### Role of the Chief Executive

- 3.3. The Chief Executive has overall responsibility for quality assurance matters and for ensuring processes are in place to provide patients with their legal and fundamental rights.

#### Role of all staff in managerial positions

- 3.4. Managers are responsible for the implementation of this policy within their department. They are responsible for ensuring all staff are aware of the policy guidelines at staff inductions.

#### Role of the Clinicians/Health professionals/Support Workers

- 3.5. All health professionals are to be aware of this policy and of the rights and needs of the carer and ensure they are supported accordingly.

- 3.6.** Carers have an important role in the effective and safe delivery of treatment and care of patients with a disability or illness. This role will often cross the boundaries between the patient's home and the hospital setting. It is the responsibility of all NDHT staff to identify, involve and support carers in the clinical setting for the benefit of our patients.

## **4. Young Carers**

- 4.1.** The Children Act 2004 needs to be considered at all times. A significant number of carers are children or young people.
- 4.2.** A young carer is a child or young person whose life is affected by caring for someone with a physical or learning disability, or who has mental health problems, over and above "just helping out".
- 4.3.** Young carers have caring responsibilities that would normally be expected only of an adult. The person they care for will usually be a parent, a brother or sister, or a grandparent. A young carer may be caring for parents who misuse drugs and alcohol. Many young carers, but certainly not all, are living within one-parent families and can be either a primary or secondary carer, providing a range of care from basic necessary domestic duties to a very intimate care. Most young carers say that they are happy to continue their caring roles, but they do need recognition and support for what they are doing.
- 4.4.** No health care/community care package should rely on the caring role of a young person under the age of 18. All services have a role to play in identifying young carers and ensuring that they are supported and able to make informed choices about the level of caring responsibility that they take on. Trust staff encountering young carers need to be aware that there is a range of services for young carers in Devon. All referrals should be made to Devon Carers online at [www.devoncarers.org.uk](http://www.devoncarers.org.uk) or by phone tel:08456 434435.
- 4.5.** In order that a young carer has their needs assessed a SCLF should be completed and the Safeguarding team will review the need to make a referral to Children Social Care through a MASH enquiry.
- 4.6.** Hospitalisation can be a stressful time for carers, they will need reassurance that the actions taken by health professionals are in the best interests of the whole family. In collaboration with carers, reassurance is to be provided that any issues will be resolved in the best interest of the whole family. Children who are young carers should routinely have their needs assessed under the children Act 1989. Young carer's needs must be considered, so they have the same life chances as their peers.
- 4.7.** Young carers may be vulnerable to abuse and neglect. If there are any concerns regarding the welfare of a child the NDHT Safeguarding Children and young people Policy should be followed.

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## 5. Parents as Carers

- 5.1. Parents are sometimes also their child's carers, in the sense that the child may have special needs and require more care or specific treatments from his or her parents or guardians. In all cases, parental responsibility must be established before proceeding. The children Act 2004 needs to be considered at all times. Good communication between Trust staff and parents (or guardians) who are their child's carer is essential, as is good documentation.
- 5.2. Find out if the parents' caring responsibilities are new or well established and document the information; new carers will almost certainly have quite different concerns and needs compared to those of established carers. Staff may need to learn from parents who are experts in their child's care management. Parents who are also their child's carers need to have their additional role recognised by Trust staff.
- 5.3. Staff should be proactive about offering parents as carer's information and support.
- 5.4. Support may take the form of offering training to a parent or guardian who is also a child's carer. Any training in a technique which will make it easier for the parents as carers to look after their child at home must be carried out by qualified staff following clear teaching plans based on best practice. The disclosure of a young child's personal health information including a realistic assessment of his or her continuing care needs to his or her parents who are also the carers in normally straightforward.
- 5.5. Personal health information concerning a child under the age of 16 can be given to his or her parents or legal guardians, subject to the child's agreement and his or her being assessed against the Fraser guidelines (formally Gillick competent). With older children who have the capacity to comment on their treatment and care management, the situation can be more complex, and may have to take into account a child's own need for privacy and autonomy. Parents, as carers of their child, need information about their child's care requirements to successfully plan managing their caring responsibilities at home. Well-informed staff and good communication between the various parties can normally resolve and conflict between the needs of the young person and those of his or her carers.
- 5.6. In cases of young adults with learning disabilities, the carers still need information even though every effort should be made to involve the patients in decisions about their discharge and care needs at home, as well as the disclosure of personal health information to their parents. The Trusts learning disability Liaison Nurses can be contacted for further advice and support. Check that parents are also the patient's guardians if the young adult has limited capacity to make decisions. This is required to ensure that the parent or guardian has legal responsibility for the 'cared for' young person. The guardians of an adult with learning disabilities will need information about the patient's health, including his or her continuing care needs after discharge.
- 5.7. Where families are divided, staff may need to take specialist advice about how to handle the needs of perhaps two parents who share or intend to share responsibility for their child's care, yet live apart.

**5.8.** If early help is required through a Multi-Agency process then an Early Help Assessment should be used and the child registered on the Right for Children IT system. Please gain the parent/child's consent and complete a SCLF to initiate this with support from the NDHT Safeguarding children team.

## **6. Supporting and involving the carer throughout the patient's hospital journey.**

**6.1.** It is recognised that carers are essential to the wellbeing and recovery of patients, and that their needs must be respected if they are to maintain this role. Carers will have individual circumstances and variable skills that need to be taken account of when planning patient care. There are a variety of ways that carers can support care which can include:

- washing, dressing and assistance with taking medicines
- watching over someone if they can't be left alone
- shopping, cleaning and laundry
- paying bills and organising finances
- provide emotional support by sitting with someone to keep them company

All of these count as being a carer.

**6.2.** The ward sister will ensure that all carers can be clearly recognised by the ward teams. The admitting nurse must make a note in the care plan if the patient is a carer for someone else or has a carer themselves. The roles and responsibilities of the carer must be agreed and clearly defined by the carer and the nursing staff and documented in the patient care plan.

**6.3.** The carer will take responsibility for any patient property when they are present this includes arranging for any valuable to be taken home if appropriate and for the laundering of any clothes. The carer must be aware that they are responsible for their own actions during the care process and the registered nurse is responsible for ensuring that the carer is aware of this. The Trust is responsible for meeting all the care needs of their patients and welcomes any support and information that carers are able to offer to contribute to this.

**6.4.** The ward can provide fluids, and meals can be obtained from the restaurant at NDDH and for community hospitals; the nursing staff on shift will be able to provide advice on local amenities. The carer may find it difficult to leave the ward environment and the nursing staff will need to support the carer with this; ensuring the well-being of the carer is as important as well as the needs of the patient. The nursing staff need to monitor the well-being of the carer being mindful of any carer fatigue. The ward staff will need to consider the spiritual and cultural beliefs of the carer, involving the chaplaincy team as required.

- 6.5. All formal carers will display their identification and wear uniform at all times (if this is normal practice) whilst in the ward environment.

### Moving and Handling

- 6.6. Many carers move and transfer the 'cared for' safely and effectively whilst at home. They may wish to continue this activity during the hospital stay but are under no obligation to do so. The level of involvement in movement/transfer should be instigated and guided by the carer with permission of the cared for.
- 6.7. The Registered Nurse has the duty and obligation to ensure moving and handling best practice is maintained for staff, carer and the cared for. The carer can only be involved in the movement/transfer of the 'cared for' once they have been assessed as capable by the registered nurse, physiotherapist, occupational therapist or the back care team and this must be documented in the patient's notes. The registered nurse should lead any manual handling tasks. The carer may provide support however the registered nurse is responsible for the safety of the carer as well as the patient.
- 6.8. For formal carers who undertake moving and handling independent of the ward team they must be assessed in this task by the registered nurse and this must be documented in the patient's manual handling risk assessment. Assessment of competency must be documented on the medical equipment competency form found on Bob.

### Medication

- 6.9. Many carers administer drugs to the patient safely and effectively whilst at home. They may wish to continue this activity during hospital stay but are under no obligation to do so. The level of involvement in drug administration should be instigated and guided by the carer with permission of the cared for. For more information please refer to the [Self-Administration of Medication Standard Operating Procedure](#) on the trust intranet.
- 6.10. The registered nurse has a duty and obligation to administer medications to patients and can only involve carers in assisting with drug administration once they have been assessed by a registered nurse as capable and if the patient and the carer consent. The registered nurse remains accountable for ensuring prescribed drugs are administered and that administration is documented.

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## Personal Hygiene

- 6.11.** Many carers assist with personal hygiene activities for the patient safely and effectively whilst at home. They may wish to continue this activity during the hospital stay but are under no obligation to do so. The level of involvement in hygiene care should be instigated and guided by the carer with permission of the patient. The registered nurse has the duty and obligation to ensure the patient's hygiene needs are met. The carer can only provide assistance with hygiene activity once they have been assessed as capable by nursing staff and only with consent from the patient, Carers play an absolutely essential role in the journey of the person approaching the end of life and they should be supported throughout and can be involved with personal care after death following an 'expected death' if they wish to do so.

## Eating and Drinking

- 6.12.** Many carers assist with eating and drinking activities for the patient safely and effectively whilst at home. They may wish to continue this activity during the hospital stay but are under no obligation to do so. The level of involvement in eating and drinking assistance should be instigated and guided by the carer with permission of the cared for. The registered nurse has the duty and obligation to ensure the patient nutritional needs are met. The carer can only assist with eating and drinking activity once they have been assessed as capable by nursing staff and only with consent from the patient.

## 7. Consent to disclose information – information for healthcare staff

### Involvement of Family and Carers in decisions

- 7.1.** If a patient is unable to make a specific decision at a specific time due to lacking mental capacity the principles of the Mental Capacity Act (MCA) should be followed. Healthcare staff need to identify if there is a Lasting Power of Attorney (LPA) for health, welfare or legal guardianship. An MCA should be completed and a best interest decision made.
- 7.2.** The MCA places a duty on the decision-maker to consult other people close to a person who lacks capacity, where practical and appropriate, on decisions affecting the person and what might be in the person's best interests. This also applies to those involved in caring for the person and interested in the person's welfare. The decision-maker has a duty to take into account the views of a range of people but importantly anyone involved in caring for the person and anyone interested in their welfare (for example, family carers, other close relatives, or an advocate already working with the person).
- 7.3.** Decision-makers must show they have thought carefully about who to speak to. If it is practical and appropriate to speak to the family and carers, they must do so and must take their views into account. They must be able to explain why they did not speak to a particular person – it is good practice to have a clear record of their reasons. It is also good practice to give careful consideration to the views of family carers, if it is possible to do so.

- 7.4. More information on mental capacity and best interest decision making can be found in the Trust's [Mental Capacity Act Policy](#) and via the multi-agency MCA practice guidance.

### Disclosing information while respecting confidentiality

- 7.5. Decision-makers must balance the duty to consult other people with the right to confidentiality of the person who lacks capacity. So if confidential information is to be discussed, they should only seek the views of people who it is appropriate to consult, where their views are relevant to the decision to be made and the particular circumstances.
- 7.6. There may be occasions where it is in the person's best interests for personal information (for example, about their medical condition, if the decision concerns the provision of medical treatment) to be revealed to carer as part of the process of working out their best interests. Healthcare staff who are trying to determine a person's best interests must follow their professional guidance, as well as other relevant guidance, about confidentiality. Please refer to the Trust's [Confidentiality Policy](#).
- 7.7. Disclosure of and access to information can be complex. Guidance and information is available on the general data protection regulation (GDPR), data protection act 1998, and the Mental Capacity Act does not change or substitute this. Also, professionals and organisations have their own codes of conduct, policies and procedures about confidentiality. These are supported by experts such as Information/Data protection Officers in Social Services and Caldecott Guardians in NHS organisations.

### Responsibilities to carers, relatives and concerned others to report safeguarding vulnerable adults concern

- 7.8. Everyone can play a role in the detection of abuse and neglect. Carers, relatives and concerned others are often in a better position than anyone else to notice changes to someone in their own family or a close friend or neighbour and must be supported to bring these concerns to the attention of someone who is in a position to help. Carers may experience difficulty expressing their concerns.
- 7.9. They should be provided with information on where to go in order to report abuse. Staff should also encourage carers to report any concerns. Every reported incident of abuse or suspected abuse will be taken seriously by all the agencies involved. Northern Devon Healthcare Staff should follow the Trust's [Safeguarding Adult Policy](#) by reporting the concern to Care Direct (0345 155 1007) and raising an incident on Datix. Care Direct are open 0800 – 20:00 Mon to Fri and 0900 – 13:00 Sat. The emergency duty service can be contacted out of hours on 0345 600 0388.
- 7.10. Remember, decisions by staff regarding whether or not to report concerns of abuse is not a matter of individual conscience but are considered a professional duty, Care Act 2014.

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## Vulnerable adults who abuse their carers or others

- 7.11.** There are some instances where vulnerable adults living at home abuse, or pose a risk to, relatives, neighbours or friends who look after them. Carers at risk of abuse from the vulnerable adult usually are unable to take advantage of the remedies available to others being threatened or injured (police action, injunctions etc.) because of the nature of the relationship with the potential abuser and the dependence of the potential abuser on them.
- 7.12.** Such carers need to have any potential or actual risk to their health and well-being recognised and acknowledged by professionals working with the vulnerable adult. A carer's assessment should be completed and the carer should be offered help and support. It must not be assumed that the carer is willing to continue looking after the vulnerable adult and the carer must be given the opportunity to explore their feelings about the situation and to consider their options. Consideration should be given to any measures that could reduce the risk, such as a medical review and medication review for the vulnerable adult, help with behaviour management or an increased care package and consider directing to health Independent domestic violence advisors (IDVA) for advice of protective measures to support.

## 8. Discharge Planning

As well as providing general information about the Trust's services and local carer organisations, carers will need information specific to the patient in order to assess if they will be able to meet the patient's care needs at home.

- Identify carers as soon as possible,
- Follow the Trust's [Discharge Policy](#);
- Ensure that carers are involved at all stages of the patient's journey.

This would include:

- Making the decision to discharge the patient.
- Discussing and agreeing practical alterations and preparations for the discharge at home. Carers may need time to make different working arrangements.
- Agreeing the estimated date of discharge and informing the carer if this changes.
- Giving the carer sufficient notice of the patient's discharge.

View carers as partners in the provision of healthcare by:

- Respecting and listening to their views. Longer-term carers are likely to have valuable expertise and be skilled in caring for the patient.
- Ensuring that they have the relevant information needed to plan effectively for their caring role.

Acknowledge carers own needs, considering:

- The circumstances leading to their taking on the caring role,
- Commitments to other family members,
- Work commitments,

- Cultural differences,
- Communication needs,
- Religious background,
- Gender,
- Relationship,
- Sexual orientation,
- Ethnicity,
- Ability,
- Frailty,
- Disability, and
- Where they live (access, services, housing).

## 9. Guidance for disclosing information to the carer

### 9.1. Offer carers information about

- The medical condition of the patient.
- What the patient's continuing care needs are likely to be.
- The training that might be available to the carer.
- A discharge plan – verbal and written.
- How to get help in looking after someone via a carer's assessment.

### 9.2. Explain to carers about

- A carer's right to a carers assessment,
- A carer's right to recognition and support,
- A carer's right to refuse to take on the responsibility of caring for the patient after discharge,
- Their right to access to signers and or interpreters if required,
- Sources of support, such as carer organisations or self-help groups,
- How to challenge decisions and access PALS or make a complaint,
- Carers right of confidentiality, and
- The importance of both positive and negative feedback.

### 9.3. Refer Carers to Devon Carers for Information, Support and Short Breaks

- A helpline operating Monday to Friday, 8am – 6pm and Saturday, 9am – 1pm,
- Local carers support Workers who can provide face to face support,
- Carers support groups,
- Access to benefits checks,
- Flexible Breaks Grants to enable Carers to take time out,
- Take a break sitting service so that Carers can take regular short breaks,
- The financial implications of caring,
- Services – those that are free, and those with charges,
- Services available through Adult and Community Services (via Care Direct),
- Training to support the carer in their caring role, and

- Information and support available to carers to access other services such as those provided by Adult and Community Services (via Care Direct), Integrated Children's Services, Devon Partnership Trust and local voluntary organisations.

## 10. Accommodation for Carers

- 10.1.** It is the responsibility of the ward staff to advise carers where they can find accommodation if they wish to stay overnight. The ward staff need to ensure that the carers have sufficient rest. For accommodation requests please contact switchboard who has a list of local bed and breakfast accommodation or alternatively individual community hospitals should have lists of local amenities.
- 10.2.** Most areas do have side rooms where carers may be able to stay overnight with the patient in an emergency situation or in the patient's best interests. Please ensure suitable sleeping arrangements are in place i.e. appropriate fold away bed or recliner chair.

## 11. Training Requirements

- 11.1.** Specific training is not required although this is constantly being reviewed in light of audits and surveys being undertaken in other Trusts. The Trust's Customer Care day and Trust Induction will make reference to the carer's policy and the staff members responsibility to have an awareness of the role of carers and to familiarise themselves with the policy.
- 11.2.** The clinical tutors during the course of their work with staff will signpost those to the Carers policy as appropriate.

## 12. Monitoring Compliance with and the Effectiveness of the Policy

### Monitoring Arrangements

Compliance of this policy will be monitored at the safeguarding adults board.

- Annual Trust-wide patient surveys - not service/specialty specific but covering core information issues - to ascertain if patients were informed satisfactorily about the nature of their condition and any procedure they had, the risks involved, alternative treatment options etc.'
- Complaints and incidents and feedback from PALs Team

### Responsibility

- 12.1.** The Deputy Chief Nurse will be responsible for monitoring and reporting to Patient Experience Committee (PEC)

## 13. Equality Impact Assessment

- 13.1. The author must include the Equality Impact Assessment Table and identify whether the policy has a positive or negative impact on any of the groups listed. The Author must make comment on how the policy makes this impact.

**Table 1: Equality impact Assessment**

Group	Positive Impact	Negative Impact	No Impact	Comment
Age			X	
Disability			X	
Gender			X	
Gender Reassignment			X	
Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership			X	
Pregnancy			X	
Maternity and Breastfeeding			X	
Race (ethnic origin)			X	
Religion (or belief)			X	
Sexual Orientation			X	

## 14. References (Optional)

- NHSLA Risk Management Standards
- <http://www.nhs.uk/carersdirect/Pages/CarersDirectHome.aspx>
- [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)
- [www.carersuk.org](http://www.carersuk.org)
- [www.youngcarers.net](http://www.youngcarers.net)
- [www.devonyoungcarers.org.uk](http://www.devonyoungcarers.org.uk)
- [www.kidswhocare.org.uk](http://www.kidswhocare.org.uk)
- [www.devoncarers.org.uk](http://www.devoncarers.org.uk)
- [www.carewise.org.uk](http://www.carewise.org.uk)
- The NHS Constitution
- Devon County Council, Carers at the heart of 21st century families and communities in Devon
- NHS Devon Carers Strategy Update on Delivery and Joint Priorities for 2011/12 Report
- Department of Health – Next Steps for the Carers Strategy
- Care Act 2014
- NHS England
- Carers as Partners in Hospital Discharge: Improving Carer recognition, support and outcomes within timely and supported discharge processes.

## **15. Associated Documentation**

- Safeguarding Children Policy
- Discharge Policy
- Confidentiality Policy
- Enhanced Observation Policy
- Learning Disability Operational Policy
- Mental Capacity Act Policy
- Safeguarding Adult Policy
- Self-Administration of Medication Standard Operating Procedure