

Operational policy matters

November 2023

This communication will be of interest primarily to CEOs, registered managers, care managers and chairs of trustee boards.

1.0 RESPONSIBILITIES

- 1.1 Adoption of each policy by the organisation's board of trustees is an insurance requirement for those organisations insured by a company brokered through Gallaghers Insurance.
- 1.2 Trustees are personally responsible for ensuring managers have systems in place to implement the content of policy documents in their organisation
- 1.3 Managers will ensure that changes to policy, procedure and guidance documents resulting from the review process are brought to the attention of relevant staff.

2.0 REVIEWED POLICY DOCUMENTS

- 2.1 The following policies, procedures and guidance have been reviewed:
 - Personal care – adults (B01)
 - Personal care – children (C02)
 - Medication – adults (B02)
 - Medication – children (C03)
 - Resuscitation – adults (B03)
 - Resuscitation – children (C04)
 - Learning and development (E13)
 - Autonomy and independence (D04).

3.0 GENERAL CHANGES

- 3.1 By March 2024 the Government is aiming for 80% of regulated providers in [England](#) to be using digital social care records (DSCRs). Likewise in [Wales](#), the Government states that wherever possible, organisations should be moving away from paper towards digital records. In response to this direction of travel, wording throughout the documents currently under review has been standardised to refer to digital as well as paper care practice records.
- 3.2 The term 'client report form' has been replaced throughout with 'day to day record'.

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- 3.3 Under the heading of 'Acceptance' in each of the reviewed procedures for managers, guidance for staff and guidance for volunteers, a system is required whereby readers can indicate that they have or have not received, read and understood the content.

If a staff member indicates they have not understood or have questions about the content of a particular document, they will be given the opportunity to discuss their concerns and provided with additional training as necessary.

- 3.4 To avoid repetition, none of the general changes discussed above have not been individually referenced in the text of the report below.

4.0 ADULT'S AND CHILDREN'S PERSONAL CARE (B01, C02)

Policy for trustees (B01a, C02a)

- 4.1 It is particularly important for organisations that have made mistakes causing serious harm to its service users in the past to recognise the need to adhere to its duty of candour (adults' and children's policy 2.5).
- 4.2 Trustees will ensure systems are in place whereby staff receive refresher training in personal care and their skills are monitored on an ongoing basis (adults' and children's policy 3.2).

Procedure for managers (B01b, C02b)

- 4.3 Managers are reminded of the importance of reading the personal care procedures in conjunction with the autonomy and independence policy as it contains detailed information regarding the Mental Capacity Act, consent and best interest decisions, all of which significantly impact on the provision of care and support services (adult's and children's procedure 1.2, 3.1, 4.1).
- 4.4 Managers have a responsibility to ensure that staff involved in the provision of care and support services are fit to undertake their duties (adults' and children's procedure 2.4).
- 4.5 The requirement for care planners / assessors to consult with relevant health and social care professionals, escalating concerns where appropriate is defined as clinical competency (adults' and children's procedure 3.2.2).
- 4.6 Where an adult with care needs lacks capacity, the care planner / assessor will consult their carer and relevant others as appropriate to determine how best interests decisions will be taken on their behalf and include necessary information for staff in their care and support / personal plan (adults' procedure 3.4.3).

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- 4.7 Where it is not possible to involve a child or young person in the care planning process, the care planner / assessor will consult their parent / person with parental responsibility to determine how best interests decisions will be taken on their behalf and include necessary information for staff in their care and support / personal plan (children's procedure 3.4.2).
- 4.8 When recording the services provided during a visit to people with care needs, staff will make their entry into the person's day-to-day record using either the digital or paper-based recording system in operation in their organisation, confirming their identity as the person who wrote it as trained (adults' and children's procedure footnote 11.2).
- 4.9 In addition to the list of template care practice forms available within the operational policy framework, managers may also introduce forms specific to their own organisational requirements (adults' and children's procedure 11.4).
- 4.10 It is important that managers are familiar with the nation-specific details concerning their organisation's duty of candour to those receiving care and support services (adults' and children's procedure 12.2.2).
- 4.11 In addition to the requirements already listed, the manager's record of a duty of candour incident will include details of meetings held and communications with all relevant parties (adults' and children's procedure 12.2.5).
- 4.12 All staff will receive training and be assessed as competent in how to effectively operate any digital / electronic systems they are required to use when providing care and support services to people with care needs (adults' and children's procedure 13.6).
- 4.13 Evidence from both trainers and trainees of specialised task training successfully provided will be retained for as long as required as set out in the organisation's own record retention protocol (adults' and children's procedure Appendix3, section 3).

Guidance for care workers (B01c, C02c)

- 4.14 Care workers play an important role in the lives of the people they care for and support, helping and encouraging them to achieve their goals and desired outcomes through the person-centred services they provide (adults' and children's guidance 2.1).
- 4.15 Each person's care and support / personal plan will set out details of the services they need and what they hope to achieve when care workers visit (adults' and children's guidance 2.2).

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- 4.16 Care workers will be trained in all aspects of the electronic care recording requirements and security processes relevant to the system being used in their organisation so that they have the skills, knowledge and confidence they need to operate them effectively (adults' and children's guidance 8.7).

5.0 ADULTS' AND CHILDREN'S MEDICATION (B02, C03)

Policy for trustees (B02a, C03a)

- 5.1 Trustees will ensure managers have systems in place to establish and agree with commissioners the preferred reporting and recording protocols to be used by staff when providing medicines support (adults' and children's policy 2.2).
- 5.2 Details concerning the provision of medicines support apply to controlled and non-controlled medication, which are treated the same in a person's own home, in both England and Wales (adults' and children's policy 4.1).
- 5.3 Provision of medicines support involving non-prescribed / over-the-counter medicated products requires authorisation by a prescribing practitioner, such as a doctor or pharmacist, after which it is treated as having been prescribed (adults' and children's policy 4.2).

Procedure for managers (B02b, C03b)

- 5.4 Managers are reminded of the importance of reading the medication procedure in conjunction with the autonomy and independence policy as it contains detailed information regarding the Mental Capacity Act, consent and best interest decisions, all of which significantly impact on the provision of medicines support to those with care needs (adult's and children's procedure 1.2).
- 5.5 Managers will have systems in place to establish commissioners' preferred reporting / recording protocols in relation to medicines support (2.1 and Appendix 3).
- 5.6 Managers have a responsibility to ensure staff in their various roles are:
- fit to undertake their duties
 - adequately and appropriately supervised
 - assessed as competent to provide medicines support.
- Adults' and children's procedure 2.1, 2.2, 2.3.
- 5.7 Where a paper-based medicines support recording system remains in use, managers will keep a list of staff signatures / initials to enable them to identify who wrote a particular report / record as necessary (adults' and children's procedure footnote 7.6.2).
- 5.8 Where a person's medication is to be administered covertly, the care planner / assessor will document in the care and support / personal plan

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precise details of the means of administration to be used, as directed by the authorising healthcare professional (adults' and children's procedure 8.6.6).

- 5.9 A Medication Administration Record chart is defined as a document used by health and social care workers to record medicines given to and/or taken by a person with care needs, as well as those instances where a medicine that was supposed to be taken was not (adults' and children's procedure – Appendix 3).

Adults' and children's guidance for care workers (B02c, C03c)

- 5.10 Care workers will not remove medication from its packaging before carrying out the necessary pre-administration checks listed, including asking the person if they are ready to take it (adults' and children's guidance 6.4).
- 5.11 If a person declines to take medication offered, care workers are directed to consider waiting a short amount of time before offering it again (adults' and children's guidance 6.5).
- 5.12 Staff will report to their line manager / person on call if a person with care needs declines to take their medication (adults' and children's procedure 6.9.1).
- 5.13 A Medication Administration Record chart is a document used by health and social care workers to record medicines given to and / or taken by a person with care needs, and those instances where a medicine that was supposed to be taken was not (adults' and children's guidance - Appendix 2).
- 5.14 If staff do not actually see a person with care needs taking / swallowing / applying their medication, this is classed as unsuccessful and needs to be recorded accordingly. The same applies to unsuccessful medicines support involving tablets contained in a monitored dosage system (adults' and children's guidance - Appendix 2).

6.0 ADULT'S AND CHILDREN'S RESUSCITATION (B03, C04)

Policy for trustees (B03a, C04a)

- 6.1 Adults with capacity can choose to refuse cardiopulmonary resuscitation (CPR) (with no reason required) or a clinical decision may be made that resuscitation would be futile (adults' policy 6.1).
- 6.2 The aim of a Do Not Attempt CPR (DNACPR) decision taken on behalf of a child or young person is protect them from being given CPR inappropriately when resuscitation has been deemed clinically futile (children's policy 6.1).

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- 6.3 Where a person is at risk of cardiac arrest or is receiving end-of-life care, the care planner / assessor will sensitively seek to establish whether they have an Advance Decision (applies to adults only) or DNACPR decision (applies to adults and children) in place and clearly document relevant details in their care and support / personal plan (adults' and children's policy 7.2).
- 6.4 Abnormal breathing, which is one of the indicators of cardiac arrest, includes slow, laboured breathing (agonal breathing), as well as noisy, infrequent or gasping breaths (adults' and children's policy – Appendix 1).

Procedure for managers (B03b, C04b)

- 6.5 Managers have a responsibility to ensure staff are competent to comply with the resuscitation guidance documents (adults' and children's procedure 2.1).
- 6.6 A DNACPR decision may be made by an adult, their doctor or healthcare team. The DNACPR decision form must be completed, signed and dated by the medical practitioner responsible for it (adults' procedure 3.3.2).
- 6.7 If a Lasting Power of Attorney (LPA) is given after an advanced decision is made, the LPA can overrule it (adults' procedure 3.3.3).
- 6.8 When a person who has a DNACRP or Advance Decision in place refusing CPR wishes to go on trips outside their home, the care planner / assessor will establish whether they are able / wish to take responsibility for / carry the document themselves (adults' and children's procedure 5.5.2).
- 6.9 Definitions of the following have been added or updated.
- Abnormal breathing, which includes slow, laboured breathing (agonal breathing), as well as noisy, infrequent or gasping breaths
 - Palliative care, which refers to the care provided when a condition cannot be cured. It aims to make the individual as comfortable as possible to relieve pain and other distressing symptoms, and to provide psychological, social and spiritual care, as well as support for families, carers and those close to the person concerned.
 - Examples of foreign substances that can cause anaphylaxis, including food (such as nuts or shellfish), medicines (such as antibiotics) or insect stings (for example from wasps or bees).

Adults' and children's procedure – Appendix 1.

Guidance for staff and guidance for volunteers (B03c&d, C04c&d)

- 6.10 Care workers will be trained and assessed as competent at induction to recognise and respond to anaphylactic shock, respond if a person starts to choke and carry out CPR if a person becomes unresponsive with absent

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or abnormal breathing (adults' and children's guidance for care workers 3.1).

- 6.11 Staff will be told if a person has a DNACPR or Advance Decision refusing CPR in place (adults' and children's guidance for care workers 4.2, adults' and children's guidance for volunteers 3.2).
- 6.12 Definitions of abnormal breathing, palliative care and anaphylaxis have been added or amended as set out in 6.9 above (adults' and children's guidance for care workers and guidance for volunteers – Appendix 1).

7.0 LEARNING AND DEVELOPMENT (E13)

Policy for trustees (E13a)

- 7.1 Content of the learning and development suite relates primarily to employed staff directly involved in the delivery of regulated care and support services. However, it could also be of relevance to employees who have contact with people with care needs in the course of their work (for example, project workers, drivers), in which case its content will be applied as appropriate to their role. It does not apply to other employees such as general administrative or corporate services staff, nor to volunteers (policy 1.2.2).

Procedure for managers (E13b)

- 7.2 Care staff will require additional training when there is a change to working methods or equipment relevant to their workplace, such as a new electronic record system or device (procedure 2.3).
- 7.3 Managers will ensure that the identified training needs of their care staff are addressed in a timely manner (procedure 6.1).
- 7.4 A link has been added to the Skills for Care publication 'Effective workplace assessment' (procedure 6.2).
- 7.5 Managers will evaluate proposed training programmes to ensure content is fit for purpose, current and meets regulatory requirements (procedure 7.1.1).
- 7.6 Training for care staff may be delivered in a variety of learning formats (including for example on-line, distance learning, face-to-face), used separately or in combination (procedure 7.2.1).
- 7.7 Where organisations use 'in-house' trainers, it is strongly recommended that they hold a recognised teaching or training qualification such as , an accredited and relevant 'Train the trainer' qualification, or the government approved 'Award in education and training' (AET) course (procedure 7.3.2).
- 7.8 Managers will ensure that there is a suitable way in which care staff participating in any form of training can, without fear of criticism, acknowledge that there are parts of it that they are unsure about or need

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further clarification on and that their learning needs are then identified and promptly addressed (procedure 7.4.5).

- 7.9 Managers are required to have robust, efficient systems in place to maintain detailed records of training provided. Records will be readily accessible in whatever format they are stored (procedure 8.1).
- 7.10 Information to be entered into each organisation's training records includes:
- the training medium used
 - course content, including accreditations where appropriate
 - trainer details
 - participating staff members
 - whether individual staff successfully completed the course / required additional training
 - individual assessment of competence
 - any other relevant information.
- 7.11 Significant changes that would prompt refresher training to be brought forward from recommended repeat timeframes include the introduction or identification of new risks in the workplace (procedure – Appendix 2).
- 7.12 Training in the autonomy and independence policy is to include communication alongside practical application of the Mental Capacity Act (procedure - Appendix 2).

Guidance for care staff (E13c)

- 7.13 No changes.

8.0 AUTONOMY AND INDEPENDENCE POLICY (D04)

Policy only, for all

- 8.1 Each organisation:
- acknowledges that everyone receiving care and support has the right to freedom and choice over how they live their lives (policy 2.1)
 - will seek to comply with the principles and values of co-production (link provided), working in partnership with people in receipt of services to promote, maintain and maximise their autonomy and independence (policy 2.2).
- 8.2 Staff will enable those with care and support needs to exercise as much choice as possible regarding the care and support they receive, including those who communicate differently (policy 6.2).
- 8.3 Organisations will seek to be risk-aware rather than risk-averse (policy 7.1).

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- 8.4 Training in autonomy and independence will cover practical application of the Mental Capacity Act (MCA) to a level appropriate to each staff member's role and responsibilities within the organisation (policy 9.3).
- 8.5 Care planners / assessors involved in drawing up / reviewing care and support plans will receive training in the MCA from an accredited provider (link provided) Training will include an assessment of competence and be updated / refreshed at least every three years as appropriate to the level of responsibility of tasks being undertaken (policy 9.4).
- 8.6 A person with care needs who has mental capacity will be asked to indicate their informed consent to proposed services (policy – Appendix 2).
- 8.7 When obtaining informed consent from a person who has mental capacity, the care planner / assessor will fully document the process followed and the person's means of indicating their agreement (policy – Appendix 2).

Prior to this year's review, staff were directed to refer anyone whose mental capacity was in doubt to a relevant health or social care professional for assessment. However, in line with the content of Mental Capacity Act, the policy has been revised in conjunction with MCA specialists to allow suitably trained care planners / assessors to carry out non-complex mental capacity assessments where necessary or desirable when drawing up or reviewing straightforward care and support plans comprising routine day-to-day tasks and activities. See below for details.

- 8.8 If the care planner / assessor has been informed by a healthcare professional or has reasonable belief that a person with care needs lacks capacity to consent to proposed services, they will first determine whether the services being proposed involve day to day, non-complex decisions about routine care and support or involve decisions of a more complex nature. A table of examples of both types of decision is provided (policy – Appendix 2).
- 8.9 If proposed services consist of straightforward, routine, non-complex care and support, the care planner / assessor may carry out a basic mental capacity assessment if they deem it to be appropriate, within their skill set and in line with the training they have received, seeking expert advice where necessary (policy – Appendix 2).
- 8.10 While carrying out the planning and consent process involving routine, non-complex care and support for a person deemed to lack capacity, the care planner / assessor will remain proactive in encouraging and supporting them to make whatever decisions they can for themselves in line with the principles of the MCA, fully documenting the process followed, including how best interest decisions were reached (policy – Appendix 2).

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- 8.11 If proposed services for a person deemed to lack capacity involve complex or major decisions that may have significant, far-reaching consequences, or if the care planner / assessor has concerns about the complexity of decisions needing to be addressed, this is outside their level of expertise, and requires escalation to a relevant healthcare practitioner as appropriate. Details of the process followed and outcomes relevant to proposed care and support provision will be fully recorded (policy – Appendix 2).
- 8.12 There remains no implementation date available for when the proposed Liberty Protection Safeguards will replace the current Deprivation of Liberty Safeguards (policy – Appendix 6).

9.0 SUMMARY OF CHANGES TO REVISED POLICY DOCUMENTS

KEY	
✓	Changes HAVE been made
-	No changes
NA	Not applicable

Title	Ref	Policy: trustees	Procedure: managers	Guidance: staff	Guidance: volunteers
Personal care (adults / children)	B01 C02	✓	✓	✓	NA
Medication (adults / children)	B02 C03	✓	✓	✓	NA
Resuscitation (adults / children)	B03 C04	✓	✓	✓	✓
Learning and development	E13	✓	✓	-	NA
Autonomy and independence	D04	✓	NA	NA	NA

10.0 TOOLS

- 10.1 The following documents and forms have been revised and updated for Network Partners to adopt / adapt to suit their local requirements.

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- Guidance notes for model needs / risk assessment forms (BT01 / CT01)
- Referral and assessment forms (BT02 / CT02)
- Model care and support plans (BT03 / CT03)
- Model review forms (BT04 / CT04)
- Specialised task forms (BT05 / CT05)
- Administration of apomorphine (BT11)
- Selection of medication administration record (MAR) charts (DT02)
- Administration of insulin (DT06)
- Guidelines on use of touch (DT07)
- Administration of midazolam (DT08)
- Provision of footcare (DT09)
- One-page personal profile (DT10)
- Accessible information guidelines (DT12)
- Model medication risk assessment (FT21)

Diane Maiden
OPF Consultant - Care and Support
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