

<b>REFERENCE NUMBER OF DOCUMENT:</b>	11.2.384.01
<b>COMMITTEE IDENTIFICATION:</b>	Galago Directors
<b>SECRETARIAT:</b>	MS
<b>DOCUMENT TYPE:</b>	External Policy
<b>DOCUMENT LANGUAGE:</b>	E
<b>THIS POLICY IS FOR:</b>	Staff including Agency Workers (temporary workers), Commissioners and Service Users

## PERSON-CENTRED CARE & SUPPORT PLANNING

### WARNING:

If the document contains proprietary information, it may only be released to third parties after management has approved its release.

Unless otherwise marked, documents are uncontrolled; uncontrolled documents are not subject to update notifications.

The latest revision of this document can be found in the reference panel above. It can also be determined and double checked by checking the 'Master Document List' before using or sending.

Any changes must be requested through the 'Document Control Manager' by submitting a 'Document Change Request' form.

# PERSON-CENTRED CARE AND SUPPORT PLANNING POLICY & PROCEDURE

## 1. PURPOSE

### 1.1 Meeting Regulation 9: Person-centred care

This policy emphasises the importance of delivering person-centred care, ensuring that all services are tailored to the individual needs, preferences, and values of each Service User. This approach promotes dignity, respect, and independence, enhancing the overall quality of life for Service Users.

1.2 To promote a culture of personalisation and person-centred care which supports the values of Nursing Direct to meet the needs, outcomes, and aspirations of Service Users.

1.3 To set out the framework, standards, and values of Nursing Direct for planning and reviewing individualised Care.

1.4 This policy dovetails with other relevant documents and policies and procedures which should be referred to for further guidance and information

1.5 To support Nursing Direct in meeting the Key Lines of Enquiry (KLOE) and relevant Quality Statements as set out by the Care Quality Commission (CQC).

### 1.6 Relevant Legislation:

- The Care Act 2014
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Human Rights Act 1998
- Mental Capacity Act 2005
- Mental Capacity Act Code of Practice Data Protection Act 2018
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012
- UK GDPR

## 2. SCOPE

2.1 Roles Affected:

- Registered Manager
- All staff including Agency Workers

2.2 People Affected:

- Service Users

2.3 Stakeholders Affected:

- Family
- Advocates
- Representatives
- Commissioners
- External health professionals
- Local Authority
- NHS/ICB

## 3. OBJECTIVES

3.1 To promote a system of assessment, planning, implementing, and evaluating care, establishing a partnership with the Service User, and where possible, their relatives/representatives, enabling Service Users to retain their own identity and to be as fully involved in their care as possible.

3.2 To have an ordered, auditable way of managing Service Users' care and create a usable framework which incorporates the views and consent of Service Users and their representatives.

3.3 For authorised staff including Agency Workers to understand their responsibilities and roles in relation to care planning.

3.4 To will be transparent as an organisation in relation to its own capabilities and how it can meet the assessed needs of the Service User.

## 4. POLICY

### 4.1 CQC Regulated Activities, Service Types and Service User Bands

Where required, Nursing Direct will be registered with the CQC for regulated activities, service types, and service user bands as defined in the CQC Statement of Purpose.

This will ensure that Nursing Direct provides services that are safe, effective, caring, responsive and well-led in line with the CQC's published quality statements, regulatory framework and associated best practice guidance.

#### 4.2 **Nursing Direct Responsibilities and Representatives**

The Registered Manager, and Nominated Individual of Nursing Direct, have overall management responsibility for this policy and procedure and for ensuring the proper governance of Nursing Direct.

**The Registered Manager role is held by:** Ms Leanne Marguerite Harris

The Registered Manager is professionally and operationally accountable for the day-to-day management and regulatory compliance of the service.

**The Nominated Individual role is held by:** Marc Stiff

The Nominated Individual is responsible for supervising the regulated activity, ensuring a high-quality, compliant service.

Both roles are required to undertake regular continuing professional development to enhance knowledge, promote best practice and expand their skill set.

**Nursing Direct will ensure that at all times:**

- The organisation is managed and governed appropriately
- Suitable systems are in place to effectively assess, monitor and improve the service Records are completed accurately and stored safely and securely
- That the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 are met
- Care and support delivered is consistent, safe and of high-quality

#### 4.3 **Person-Centred Care**

Nursing Direct believes that person-centred care planning is the only way to achieve a quality service for each individual Service User. Nursing Direct will act holistically to develop and deliver individual, person-centred Service User care planning.

To ensure that this is at the heart of care delivery, Nursing Direct will ensure that the following areas are developed for each individual Service User:

- Identify and maintain focus on areas in which the Service User is able to remain independent
- The goals and aspirations of the Service User The desired outcomes of what is to be achieved
- To ensure that information is presented to the Service User in a way that they can understand (Accessible Information Standard)
- To provide the Service User opportunities to make decisions about their own care
- To understand that the care is evolving at all times and adapt to the Service User's changing needs or preferences

All Service Users will have a full assessment prior to the start of the service which formulates a well-rounded view of the Service User, their history, and their life now, and then a review within 6 weeks of care commencing.

#### 4.4 **In Partnership with the Service User to Meet Their Needs and Wishes**

The care planning process will work in complete partnership with Service Users and/or their family or legal representatives in planning and reviewing their care to:

- Represent the wishes and aspirations of the Service User, including activities, relationships and end of life wishes
- Maintain and support improvement in mental, psychological, physical wellbeing, including personal and oral hygiene
- Represent the equality, diversity and human rights of the Service User Promote choice, self-care and independence wherever possible Ensure safety from avoidable harm

Nursing Direct will always ensure that Service Users or their legal representatives have the right information and will support their need to give informed consent to care planning.

Options for care and information around them will be shared to ensure informed choice.

Nursing Direct promotes Service User empowerment, and as such, enables Service Users and where applicable, their families, to be listened to and be equal partners in their own care.

#### 4.5 **Co-Production**

Nursing Direct will support Service Users to be involved and, where possible, to lead the Care Plan process.

Service Users will have their choices taken into consideration when involved in Care Plans and in reviews with others such as families, friends, advocates, or legal representatives.

Nursing Direct will ensure that Care Plans reflect work with other professionals to ensure continuity of care, where services are joined up and where transition between services or providers takes place.

Sharing of information amongst healthcare professionals and others involved in the Service User's circle of support will be done so in line with the UK GDPR and data protection policies and procedures at Nursing Direct.

#### 4.6 Care Plan Formats

The Service User's Care Plan will be held as a digital format on our OneTouch booking system and may be held as in a paper format, where required.

All Care Plans will be legible, complete, and easy to understand, detailed and practical, easy to follow and reflect fact.

The Care Plan is a legal and confidential document, and the following must be adhered to:

- UK GDPR and the Data Protection Act 2018
- The Health and Social Care Act 2008

Staff including Agency Workers registered with a professional body such as the Nursing and Midwifery Council (NMC) will be required to adhere to record keeping standards as defined by their registrant body.

Please refer to the Record Keeping Policy and Procedure at Nursing Direct.

#### 4.7 Advance Care Planning

Nursing Direct will ensure that Care Plans are created and updated when end of life care is needed to give the right care for Service Users to live and die well.

#### 4.8 Mental Capacity

Nursing Direct understands that an essential part of the Care Plan process is to obtain consent from the Service User to their Care and will support them to make informed decisions at all times. Nursing Direct will support Service Users to be involved as much as possible where they do not have capacity to give consent.

Nursing Direct recognises that capacity can change and will keep decisions under review.

#### 4.9 Reviews

The Care Plan process is continuous, and is frequently reviewed with the Service User, their clinical lead and their representative where this is appropriate, according to individual Service User requirements. Nursing Direct will respond to changes in the needs and wishes of Service Users and changes in best practice and/or legislation.

- Reviews will take place every quarterly month as a minimum or as and when a change occurs, whichever is sooner. Some reviews may take place six-monthly, particularly where support hours are very low, infrequent, or ad hoc.
- Ensure Service Users' views are listened to so that they can be equal partners in their own care. Service Users may choose to invite family, legal representatives, or an advocate (if the Service User consents) and any relevant external professionals
- Reviews will make sure that the Service User's objectives, outcomes, goals, or plans are being met, are still relevant or have been achieved within the timescales set. These are amended and updated according to the needs and wishes of the Service User
- Formal reviews will be by appointment arranged by Nursing Direct, or at any other time if requested by the Service User or family member
- Reviews of the Service User's Care will also occur when care changes or an incident, accident or near miss arises.
- Additionally, if any Service Users transfer between services, hospital, uses respite care or is re-admitted or discharged, a review may need to take place
- Reviews are designed to ensure that Service User goals or plans are being met and are still relevant, discussing new ones if desired

Only authorised persons who are trained and competent will plan, view, review, and audit Care Plans in line with data protection. Each Service User's Care needs and preferences will be reviewed by the Nursing Direct who have the required levels of skills, training, and knowledge for the particular task. Care planning will be undertaken in a space which respects the privacy and dignity of Service Users and will be treated as confidential.

#### 4.10 Quality assurance systems at Nursing Direct will audit and evaluate the care planning process to ensure its design and delivery is the best it can be, that it is easy to use and fulfils its intended purpose.

Measures will always be taken when issues are found and improvement needs identified.

#### 4.11 Nursing Direct will consider the continuing needs of the Service Users in relation to whether or not Nursing Direct can continue to meet those needs, and whether the Service Users' needs require a referral to external healthcare professionals. Nursing Direct will also deliver transparent reviews that establish the Service Users' satisfaction and address any discontent or concerns.

#### 4.12 Policy Accessibility

Nursing Direct understands that some Service Users may take in and retain information in different ways. To support full understanding and engagement, this policy is available in accessible formats, where required.

This policy can also be made available in:

- Easy-read versions
- Simple-policy view to reduce navigation and complexity

These options are in place to help Service Users to understand and engage with this policy more easily.

## 5. PROCEDURE

### 5.1 Responsibilities

Nursing Direct is responsible for the oversight of this policy and the Registered Manager for its management.

All care plans are written by a **Clinical Lead** with the appropriate skills, knowledge, and experience to complete them.

### 5.2 Pre-service Assessment and Service Commencement

Nursing Direct should always carry out an assessment of the Service User's needs before they can agree to provide care. This ensures that Nursing Direct does not accept anyone whose needs they cannot meet.

Where a package of care commences on a rapid response basis, and a full assessment cannot be completed before the service starts, Nursing Direct will request a Teams meeting with the relevant professional network to determine the Service User's care needs and any identified risks. Nursing Direct will complete an assessment of the Service User's needs as soon as reasonably practicable after commencement of care, to ensure the package can be safely, lawfully, and appropriately met.

An assessment forms the basis of the Service User's Care Plans, which sets out the level of care the Service User will need, as well as details of their medication, diet, social interests, and end of life preferences.

The assessment is a discussion about what the Service User wants to achieve by receiving care at Nursing Direct. The assessment is to talk about:

- What they need support with
- Who they are as a person
- Their preferences and goals

The assessment should:

- Have a named Clinical Lead leading the process
- Be person centred
- Be collaborative
- Be holistic and recognise potential conflicts
- Be based on outcomes

Overall:

- Through an initial assessment of the information provided, Nursing Direct will identify whether it will be able to provide care, treatment and support for the Service User which meets their care, personal, social and safety needs
- This assessment will identify any specialist equipment and environmental requirements to meet the Service User's personal and safety needs, which should be available for use at the point of service commencement
- Any risks identified will be formally and individually assessed as part of the care planning process and an appropriate written risk management plan created for each risk

Nursing Direct needs to get to know each Service User as an individual. They must conduct a needs assessment so they can plan how they will deliver the Service User's care. This is written in a Care Plan which any staff including Agency Worker at Nursing Direct delivering the Service User's care will read and follow.

It is recommended that the Service User seeking care has a family member or person they trust with them for the care assessment, particularly if they are living with dementia or cannot fully answer questions due to other medical reasons.

Staff including Agency Workers should refer to the Pre-Service and Service Commencement Policy and Procedure and the Initial Assessment form.

### 5.3 Supporting the Service User to be Involved and Involving Carers, Families and Friends

Every Service User has the right to be involved in their care planning, and where the Service User is unable due to capacity, they will have people to act in their best interest.

At the first point of contact the person should be asked whether, and how, they would like their carers, family, friends and advocates or other people of their choosing (for example, personal assistants) to be involved in discussions and decisions about their care and support, and their wishes followed. This must be reviewed regularly at reviews, or when requested.

- Nursing Direct must ensure that any support or aid required to enable Service User participation is in place
- Care planning will take place in a confidential setting in which the Service User feels comfortable and supported. This will usually take place in the Service User's own home

If the person would like their carers, family, friends, and advocates involved:

- Explain the principles of confidentiality, and how these are applied in the best interests of the person
- Discuss with the person and their carers, family, friends, and advocates what this would mean for them
- Share information with carers, family, friends, and advocates as agreed.

If a person lacks the capacity to make a decision about whether they wish their carers, family, friends, and advocates to be involved, the provisions of the Mental Capacity Act 2005 must be followed.

#### 5.4 **Consent**

All staff at Nursing Direct must make sure that the organisation takes into account people's ability to consent, and either the Service User, or a person lawfully acting on their behalf (if they are unable to consent for themselves), must be involved in the planning, management and review of their care.

Nursing Direct must make sure that decisions are made by those with the legal authority or responsibility to do so, but they must work within the requirements of the Mental Capacity Act 2005, which includes the duty to consult others such as carers, families, and/or advocates where appropriate.

Nursing Direct must comply with the Data Protection Act 2018 and UK GDPR and should review how personal and special categories of data are managed in relation to Care Plans in line with its UK GDPR policies.

#### 5.5 **Next Steps**

- The result of the assessment will be reviewed by management and staff including Agency Workers in order to determine the ability of Nursing Direct to meet the Service User's needs and preferences
- If the Service User's needs and preferences cannot be met, Nursing Direct must consider the impact this has on them and explore alternatives, so that the Service User can make informed decisions about their care
- The decision to offer or decline the service will be formally notified in writing to the Service User and any purchasing body as soon as possible. Nursing Direct will need to take into account any contractual requirements
- Information about the care, treatment, and support services available from Nursing Direct and the associated costs, if applicable, will be provided to the Service User during the assessment in order to enable them to make an informed decision about the service

#### 5.6 **Risk Assessment**

As part of the overall approach to care provision, risk assessments must be completed alongside the Care Plan.

Risk assessments for all Service Users include but are not limited to:

- Moving and Handling
- Service User's own home environment
- Falls
- Pressure Ulcer Risk Assessment (Waterlow)
- Choking
- Oral Health

Once completed, outcomes and level of risk of the risk assessment should be recorded within the relevant Care Plan, as well as clear management strategies for reducing the risk.

For further guidance, staff including Agency Workers should refer to the Risk Assessment Policy and Procedure at Nursing Direct.

#### 5.7 **Care Plan Considerations**

- **Service User Involvement**
  - Service Users will have the care planning purpose and processes explained to them, and will be informed that they have the right to ask for a Care Plan review meeting at any time
  - All Service Users will have an individual and personalised Care Plans which is designed to support their expressed requirements and desired outcomes from Care provided by Nursing Direct
  - The Care Plan must be written and designed to meet the health, psychological and social needs of the individual Service User
  - Service Users or their personal representative will be encouraged and supported to be fully involved in the design of their Care Plan, and at each stage (where possible), will be given choices of actions from which they can choose their preferred option
- **Agency Involvement**
  - Nursing Direct has the responsibility to ensure that all information provided from other relevant agencies are invited to have an input into the Care Plan process to support the effective management of the Service User's physical, psychological, social, and personal health and safety needs
  - Care Plans should reflect the recommendations of any external specialist service providers who have relevant input to the Service User's physical, psychological, or social health and wellbeing
- **Equality and Diversity**
  - Care Plans must include any elements of care to meet the equality and diversity needs of the individual Service User and must be designed not to constrain choices offered to the Service User because of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation

- **Informed Consent**
  - The Care Plan must be clear and easy to understand for the Service User, and their signature should be held on the Care Plan documents as evidence of their understanding of, and agreement with, its contents
  - When Service Users do not wish to sign the Care Plan, this decision must be recorded in the Care Plan by the staff completing the document, with a supporting witness signature
  - Service User consent to Care detailed in the Care Plan must be formally obtained before the Care Plan is implemented
- **Responsibilities**
  - Care Plans are to be developed by a designated Clinical Lead who is competent in care planning and who has the knowledge to inform and involve Service Users in all stages of the care planning process
  - The Clinical Lead is responsible for the completion of the Care Plan document in full and signs all documents where indicated. This signature demonstrates the accountability for the planning of Care to meet the Service User's needs
- **Completion**
  - All relevant sections of the Care Plan documents will be completed.
  - Individual Care Plans will state in clear and factual language the detailed Care requirements needed to instruct staff including Agency Workers to meet the individual Service User's needs identified by the individual assessment procedures
  - Care Plans will be designed to manage Service Users' environmental, physical, psychological, and social health needs in addition to the prevention or minimisation of potential personal health and safety risks to Service Users
  - The involvement of the Service User in the process, the choices offered and the responses must all be recorded. All Care Plan instructions carried out by staff including Agency Workers must be recorded by those staff including Agency Workers, reasonably simultaneously. Other actions and matters which may provide useful information for a subsequent review must also be recorded

## 5.8 The Care Plan

A Care Plan should:

- Be written and designed to meet the accommodation, health, psychological and social needs of the individual Service User, including:
  - Palliative and end of life care needs, if identified as a need
  - Health needs, including continence needs and chronic pain and skin integrity as well as the support needed to minimise their impact
  - Any requirements for managing medicines
  - Mobility and transport needs, adaptations to the home/service and any support needed to use them
  - Eating and drinking to maintain a balanced diet Family and friends' involvement
  - The help the Service User to look after their own care and support, manage their conditions, take part in preferred activities, hobbies, and interests, and contact relevant support services
- Include instructions and statements based on best practice and professional standards of care and reflect the policies and procedures of Nursing Direct
- For any clinical needs, reflect how those clinical needs are to be met and by whom, reflecting the Royal Marsden Guidelines (2020) for Clinical Procedures
- Reflect the recommendations of any external specialist service providers who have relevant input into the Service User's physical, psychological, or social health and wellbeing
- State in clear and factual language, the detailed care, treatment, and support instructions required to instruct staff including Agency Workers to meet the bespoke Service User's needs identified by the individual assessment procedures
- Include any elements of care, treatment and support that meet the equality and diversity needs of the Service User which must be designed not to constrain choices offered to the Service User because of their personal values, ethnicity, age, gender, gender orientation, disability, nationality, or religious beliefs
- Ensure staff including Agency Workers are able to deliver care and support in a way that respects the Service User's cultural, religious and communication needs

The Care Plan must be clear and easily understood by the Service User and their signature should be held on the Care Plan documents as evidence of their understanding and agreement to its contents.

When Service Users do not wish to sign the Care Plan, this decision must be recorded in the Care Plan by the Care Plan coordinator and there should be a supporting witness signature.

Nursing Direct will consider alternatives to a wet signature, such as audio recordings and video recordings.

Care Plans are to be developed by clinical leads who are competent in the Care Plan process and who have the knowledge to inform and involve Service Users in all stages of the Care Plan process.

All Care Plan instructions carried out by staff including Agency Workers must be recorded by those staff including Agency Workers, reasonably contemporaneously. Other actions and matters which may provide useful information for a subsequent review must also be recorded.

## 5.9 Personalised Care

When personalised care is fully in place, Service Users will have a better experience of health and care with Nursing Direct.

Successful personalised care planning needs to be developed with Service Users, not done to them.

The key features of personalised care should include:

- The Service User is seen as a whole person within the context of their whole life, valuing their skills, strengths, experience, and important relationships
- The Service User experiences hope and feels confident that the care and support they receive will deliver what matters most to them
- The Service User is able to access information and advice that is clear, timely and meets their individual information needs and preferences
- The Service User is listened to and understood in a way that builds trusting and effective relationships with people
- The Service User is valued as an active participant in conversations and decisions about their health and wellbeing
- The Service User is supported to understand their care, treatment, and support options and, where relevant, to set and achieve their goals
- The Service User has access to a range of support options including peer support and community-based resources to help build knowledge, skills, and confidence to manage their health and wellbeing
- The Service User experiences a coordinated approach that is transparent and empowering
- Enabling Service Users to maintain and develop their personal identity during and after their engagement with Nursing Direct promotes dignity and has a positive impact on their sense of identity and mental wellbeing.

## 5.10 Writing a Person-Centred Care Plan

Care Plans must be written based on:

- Ability - What can the Service User do?
- Wishes - How does the Service User want to be supported?
- Needs - What does the Service User need support with?
- Outcomes - What is the expectation/outcome for the Service User?

### Documentation:

Staff including Agency Workers have a professional responsibility to ensure that records provide an accurate account of treatment, care planning, and delivery, and are viewed as a tool for communication within the team. There should be clear evidence of the care planned, the decisions made, the care delivered and the information shared. The content and quality of record keeping are a measure of standards of practice relating to the skills and judgement of the staff including agency Worker.

### General Principles

- Entries must be written legibly in black, and are readable when photocopied
- Entries should be factual, consistent, accurate and not contain jargon, abbreviations, or meaningless phrases
- Each entry must include the date and time (using the 24-hour clock)
- Each entry must be followed by a signature and the name printed as well as the job role
- If an error is made, it must be scored through with a single line and initialled with the date and time
- Correction fluids must never be used
- Entries may be made by staff including Agency Workers who have received training in the process of Care Plan writing

## 5.11 Digital Care Planning

Digital systems can mean good outcomes for people who use services, for providers and for the broader health and care system.

They can:

- Provide 'real time' information recording about the care and support people need and receive
- Help providers and carers to be more aware when people's needs change, and respond to them more quickly
- Offer the ability to use and compare data to improve Service User care
- Help information to be shared quickly, accurately, and safely to support the provision of health and care services
- Help to minimise risks such as medication errors, dehydration or missed visits
- Help to support other important health and care functions, such as service management, planning, and research
- Make it easier for people who use services to access their own records Help to manage and support staff to do their job effectively and efficiently Be easier to store, requiring less physical space
- Support better use of resources across the health and care system

### What does a good digital records system look like?

A good records system delivers good outcomes from the point of view of people who use services. These outcomes are the same whether the records are kept digitally or on paper, although what providers need to do to deliver them might vary. Good outcomes for Service Users are captured by the following 'I statements'. These are worded from the perspective of Service Users.

I have records that:

- Are person-centred - They describe what is important to the service user, including needs, preferences, and choices
- Are accessible - the service user can see the information that is important to them, in a way that they choose, and they can understand
- Are legible - Information about the service user is recorded clearly and can be easily read by the people who support them
- Are accurate - Information about the service user is correct and does not contain errors
- Are complete - There is no relevant or essential information about the service user that is missing
- Are up to date - They contain the latest relevant and essential information about the service user Are always available to the people who need to see them when they need them
- Are secure - privacy and confidentiality are protected. Only the people who should see records can see them (records are kept in line with data protection legislation, including UK General Data Protection Regulation (UK GDPR) requirements)
- Helps Nursing Direct to have good quality assurance systems and processes which help us to assess, monitor and minimise the risks to health, safety and wellbeing. These support Nursing Direct to keep improving

#### **What standards do digital records need to meet?**

All records must also comply with:

- Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Data protection legislation (including UK GDPR) requirements Accessible Information Standard
- Data Security and Protection Toolkit (where providers have access to NHS patient data and systems)

### **5.12 Review and Reassessment Process**

Care Plans are flexible, meaning that when, or if, the Service User's care needs change, the plan will be reviewed and adjusted accordingly to make sure it meets their needs and preferences.

Care Plan reviews should look at the records generated by staff including Agency Workers in order to judge the success of the Care Plan in achieving the planned outcomes. They should also identify changes to the Care Plan which are required to meet existing, changed, or new needs.

#### **Service User Decisions and Consent**

There must be a review of Service Users' consent and any decision making they have been involved in that is related to their care, treatment, and support.

#### **Service User Review Involvement**

The review is an ongoing process and Service Users should be actively involved in the review of their desired outcomes, centred on the wishes of the Service User and their family. They will have the opportunity to alter their desired outcomes or Care Plan implementation at any time.

#### **Risk Review**

The assessment of individual risks will be reviewed on an individual basis when there are any indications of altered risks. This includes both positive changes and a reduction in risk, or negative changes and an increased risk.

#### **Timescales for Review**

- Routine reviews will be carried out within 6 weeks from the start of the service and then at least annually or at any more frequent intervals specified. Care Plans will be reviewed quarterly as a minimum or as and when a change occurs, whichever is sooner. Some reviews may take place six-monthly, particularly where support hours are very low, infrequent, or ad hoc. Reassessments may also vary in their review period according to Service User risks and needs
- Any change in need for the Service User will require a Care Plan review
- Routine reviews will include a review of visit records since the previous review date. This will allow Nursing Direct to identify any Service User concerns which may indicate a need for a particular assessment review, and to gather additional information regarding the Service User's perception of their daily wellbeing

#### **Reviews**

All relevant staff including Agency Workers will be involved in the Care Plan and review.

- Individual elements of the overall Care Plan can have different scheduled review periods
- Following Care Plan reviews, the staff including Agency Workers skill mix and designated staff including Agency Workers linked to the Service User may be reassessed to ensure that the changed Service User requirements can be met
- The involvement of the Service User in the process, the choices offered and the responses must all be recorded

#### **Changing Needs**

- The review of the Service User's needs may indicate changed needs which require a full, in-depth review of elements of assessment or a comprehensive assessment of needs and overall wellbeing
- Any change to the Service User's needs, as identified during a review, will be subject to a reassessment and the Care Plan will be changed and redesigned in order to meet the changed needs

- Any new issues that are identified during a scheduled visit must be reported to Nursing Direct so that any action can be taken and a review can be initiated immediately

### **Reassessment**

- The Service User must be involved in the reassessment processes wherever possible
- The assessment of Service User requirements, or any professional assessment of needs, will be reviewed when there are changes in the Service User's requirements or changes in their accommodation or physical, psychological, or social wellbeing
- Any changes in assessment outcomes will immediately result in a new Care Plan, shared with the Service User's Care Workers to meet the changed needs

### **End of Life Care**

It is important to recognise and efficiently and smoothly implement changes in Care required for end of life. This will help ensure the correct agencies are involved and that the Service User receives Care which enables changing needs to be met with dignity and respect.

### **Signatures**

- All reviewed assessments must be dated and signed by the person completing the assessment documents in order to support Care Plan tracking and accountability
- All reviewed assessments must be signed off by the Clinical Manager and shared with the Service User or their representative in order to indicate their involvement in the process.

#### **5.13 Outdated Care Plans**

Outdated Care Plans will be archived in line with the Archiving, Disposal and Storing of Records Policy and Procedure at Nursing Direct.

#### **5.14 Supporting Adults with Learning Disabilities**

Nursing Direct supports main national objectives for reducing and eliminating health inequalities experienced by people with learning disabilities.

- Where a health action plan is not already in place, Nursing Direct will notify the GP and request for this to be offered to Service Users with a learning disability under their care.
- Service Users will be fully supported to complete their own plans and trained staff including Agency Workers will be available to contribute to areas that the Service User is unable to complete
- Alternative formats will be available to aid Service Users' understanding and involvement
- Health action plans will be kept by the Service User, used like a diary, and updated accordingly
- The Service User will take the plan when transferring between Care services or when attending outpatient and other appointments
- The Health Action Plan will be audited and reviewed in line with the Care Plan at Nursing Direct, with agreed review and reassessment processes

#### **5.15 Audit**

Care Plans will be regularly audited against a standardised format for the purpose of identifying any issues or further training by the Registered Manager or a delegated individual to ensure that competencies are being met against the competence standards of Nursing Direct

The Registered Manager or a nominated person will audit Care Plans monthly. Audits must be kept as evidence for compliance monitoring purposes

Where there are shortfalls in the standard of documentation, this will be addressed by the Registered Manager who will give clear directions for improvement to appropriate individuals

The analysis of the Care Plan audits will be reported to the management meeting and, where improvements can be made, an action plan will be put in place to track the completion of them

#### **5.16 Learning and Development**

All staff including Agency Workers should have privacy and dignity training which should focus on meeting the personalised needs of each Service User.

In addition, relevant staff including Agency Workers who implement and contribute to the Care Plan process must have an understanding and awareness that care plans must be personalised, responsive to individual needs and focused on choice and independence, and which promotes positive risk taking and a multidisciplinary approach.

#### **5.17 Care and Support at Nursing Direct**

Nursing Direct provides care and support to Service Users with a range of needs in a person-centred, safe, and lawful way.

All staff including Agency Workers must follow the guidance within this policy and the Service User's Care Plan, ensuring that assessed needs, reasonable adjustments and individual preferences are met.

- Every Service User is treated equally and with dignity and respect
- Care and support are tailored to individual needs, preferences, and desired outcomes
- Staff including Agency Workers follow legal, regulatory, and professional guidance at all times
- Person-centred approaches are used to promote independence, choice, and wellbeing

To support this approach, staff including Agency Workers will also follow the policies and procedures below where applicable:

- Person-Centred Care and Supporting Planning
- Safeguarding Adults
- Raising Concerns, Freedom to Speak Up and Whistleblowing
- Mental Capacity Act (MCA) 2005
- Deprivation Of Liberty in Community Settings
- Consent to Care, Support and Treatment
- Equality, Diversity and Human Rights
- Overarching Medicines Management
- Positive Behaviour Support Including Challenging Behaviour
- Restrictive Practices Including Restraint and Physical Interventions
- Sex, Sexuality and Relationships

This list is not exhaustive and there will be additional policies and procedures in place to support specific Service User needs. Staff including Agency Workers must seek clarification from management or the Registered Manager, if there is any uncertainty.

Staff including Agency Workers supporting any specialist area of need will receive appropriate induction and training. They will complete competency assessments, where required, to meet the needs of Service Users as outlined in the Training Policy and Procedure at Nursing Direct.

## 6. DEFINITIONS & ABBREVIATIONS

### 6.1 Staff including Agency Workers

#### 6.1.1 Staff

Denotes the employees of Nursing Direct Healthcare Limited.

#### 6.1.2 Agency Workers

Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

### 6.2 Nursing Direct

Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

### 6.3 Nursdoc Limited

As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

### 6.4 CQC (Care Quality Commission)

CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

### 6.5 Care Planning

- An audited way of planning person-centred Care which should be completed and reviewed in partnership with the Service User wherever capacity allows
- Care planning is only delivered with the consent of the Service User or their legal representative if the Service User is unable to do so due to lack of capacity
- It forms the way Care is to be carried out
- A Care Plan is a living document and can be either paper or electronic. It should be changed after review to represent the changing life of the Service User
- The Care Plan is individual and owned by the Service User who can see it or have it reviewed when they wish
- Care planning should be joined up with any other care or treatment the Service User is receiving to ensure a seamless service

### 6.6 End of Life Care

- End of life care is support for people who are in the last months or years of their life
- End of life care should help Service Users to live as well as possible until they die, and to die with dignity
- The people providing care should ask about the Service User's wishes and preferences and take these into account as they work to plan their care. They should also support families, carers or other people who are important to the Service User

### 6.7 Risk Assessment

- A process to look at any risks to safety that an action may cause the Service User or aspects of the wider service
- Where risks are identified, a mitigation to the risk should be decided upon, or an alternative action
- Risk assessments should be reviewed. Changes in Care may have an effect on the risk assessment

## 6.8 Assessment

- A process to identify what a person's Care needs are against agreed criteria

## 6.9 Care Plan Review

- Checking that the assessed needs and the Care put in place to address those needs are right and working for the Service User
- A review may trigger a 'reassessment' if a review finds it is not working or changes need to be made
- The review should be multidisciplinary if appropriate, and carried out in a sensitive and person-centred manner

## 6.10 Person-Centred Care

- Care planned around an individual – not a standard set of actions or 'one size fits all' solution
- This takes into consideration the diverse needs and wishes of individuals in a service tailored for them

## 6.11 UK General Data Protection Regulation

The UK GDPR is the retained EU law version of the GDPR (EU) 2016/679 regulation which forms part of the EU (Withdrawal) Act 2018. From 01 January 2021, organisations need to bear in mind both the UK GDPR and the Data Protection Act 2018


## 6.12 Consent

- Consent can only be given by the Service User. Service Users are able to give valid consent as long as they have sufficient understanding to fully comprehend what is being proposed.
- This includes:
  - Having the capacity to make treatment decisions Being able to weigh the risks and benefits involved
  - Understanding, in broad terms, the nature and purpose of the care

## OUTSTANDING PRACTICE

To be "outstanding" in this policy area you could provide evidence that:

- Staff including Agency Workers levels reflect the needs and goals of Service Users as set out in their person-centred Care Plans
- There is strong evidence that Service Users are given the right support to enable them to understand and contribute to their Care Plan to their full ability
- There is evidence that Service Users and their legal representatives know that they can ask for a review of their Care Plan at any time and are supported when they do so
- There is a clear, identifiable correlation between identified risks and imaginative solutions to enable Service User choice in managing risk

<b>COMPLETED DATE:</b>	24.04.2026
<b>SIGN OFF DATE:</b>	29.04.2026
<b>REVIEW DATE:</b>	29.04.2027
<b>SIGNED:</b>	 Marc Stiff – Group Managing Director