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PRE-SERVICE AND SERVICE COMMENCEMENT

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PRE-SERVICE AND SERVICE COMMENCEMENT POLICY & PROCEDURE

1. PURPOSE

- 1.1 To provide an effective, timely and user-friendly pre-service and commencement process to Nursing Direct and ensure that any acceptance of Care is only made when it can be determined that Nursing Direct can meet the Service User's needs safely and with competence.
- 1.2 To support Nursing Direct in meeting the Key Lines of Enquiry and relevant Quality Statements as set out by the Care Quality Commission
- 1.3 **Relevant Legislation**
 - The Care Act 2014
 - Equality Act 2010
 - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
 - The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012
 - Health and Safety at Work etc. Act 1974 Mental Capacity Act 2005
 - Mental Capacity Act Code of Practice Data Protection Act 2018

2. SCOPE

- 2.1 Roles Affected:
 - All Staff including Agency Workers
- 2.2 People Affected:
 - Service Users
- 2.3 Stakeholders Affected:
 - Family
 - Advocates
 - Representatives
 - Commissioners
 - External health professionals
 - Local Authority

3. OBJECTIVES

- 3.1 To provide a robust system and framework that ensures Nursing Direct can meet the needs of Service Users wishing to commence a package of care.
- 3.2 To promote Service User choice, involvement and control over the process of obtaining care and for staff including Agency Workers to recognise that to receive a regular service from Nursing Direct in the service users own home can be a significant life changing event, and they will need to effectively support this transition.
- 3.3 To provide staff including Agency Workers with the standards and procedures expected when completing a pre-service assessment through to the first days after starting a package of care.
- 3.4 To ensure Service Users are received and treated, at all times, by Nursing Direct in a consistent, professional, and courteous manner.

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 will encourage the Service User's involvement from the first enquiry by ensuring that the Service User is offered a pre-service assessment, having the opportunity to meet a member of the Nursing Direct team and form their own decision with respect to the suitability of Nursing Direct for them.

The principles of the Mental Capacity Act will be followed at all times with regard to pre-service and service commencement with Nursing Direct.

- 4.3 There will be a pre-service assessment of psychological and physical health, capacity, and best interests. The assessment will be ongoing, and the same psychological and physical dependency tool used in the pre-service process will guide any reviews. In this manner, any improvement or deterioration in health can be monitored.
- 4.4 Where care and support must commence urgently as a rapid response in order to meet immediate needs and reduce risk to the individual, Nursing Direct may begin the service before the full pre-service assessment process has been completed. In such circumstances, an initial risk-based decision will be made using all available information from the referrer, relevant professionals, family members, advocates, or existing records to determine whether the service can be provided safely and appropriately.

A full assessment of psychological and physical health, mental capacity, and best interests will then be undertaken promptly after the commencement of care. The assessment process will continue as an ongoing review, using the same psychological and physical dependency tool applied during pre-service assessment, to ensure that changes in presentation, dependency, risk, or outcomes are monitored and acted upon appropriately.

- 4.5 Where care is commissioned by an Integrated Care Board (ICB) or Local Authority, the legal, financial, and administrative arrangements for service commencement, including the details of funding, fees, agreed hours of care, and any other contractual requirements, will be confirmed with the commissioning body before the service is agreed and takes place.
- 4.6 Where care is being privately funded, proposed Service Users, their families, or their advocates, as appropriate, will be informed of the legal, financial, and administrative arrangements of the service commencement, including the details of fees and any other charges. Agreement will then be reached as to who will be responsible for the management of the proposed Service User's finances and fee account before the service is agreed and takes place. This will include whether the person is eligible for NHS Continuing Healthcare for payment of fees.

Local Authority, Integrated Care Board (ICB), or other relevant public body commissioning placements must provide written confirmation of the placement, including its terms and conditions, prior to the commencement of any service.

4.7 **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 can be made 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 **Supporting Decision Making**

Staff including Agency Workers will maximise the degree of control the prospective Service User has by:

- Providing sufficient accessible information regarding Nursing Direct to the Service User on which they can make informed choices
- Facilitating appointments to visit the Nursing Direct office, if the Service User wishes, before deciding

5.2 **Capacity and Consent**

It is assumed that Service Users will have the capacity to consent to a pre-service assessment and a potential engagement with Nursing Direct.

From the point of initial enquiry, it must be established as to how involved the potential Service User can be in the process and, if unable, establishing if any Lasting Power of Attorney or court-appointed deputies are in place.

If there is any doubt around the Service User's capacity to consent to a pre-service assessment, the law will be adhered to and the Mental Capacity Act Code of Practice followed. Due to the decision at hand, best interests must be considered as part of a multidisciplinary approach to ensure that all parties are acting with the views and wishes of the Service User in mind.

5.3 **Pre-Service Assessment**

Where possible, the pre-service assessment will be completed as close to the potential date of service commencement as possible to ensure that assessments are current and accurately reflect needs.

During the pre-service assessment and by use of the Initial Assessment Form, Nursing Direct will:

- Obtain informed consent before any assessment is undertaken
- Explain the purpose of the pre-service assessment and accept questions
- Complete the pre-service assessment paperwork to evidence the assessed areas of need
- Assess the psychological and physical health of the Service User, complete a dependency assessment, determine risk factors, and ensure that the assessment includes any equipment that will be needed to meet the needs of the Service User

Immediately following the pre-service assessment, Nursing Direct will discuss the assessment to confirm if Nursing Direct can meet the needs of the prospective Service User.

If service commencement is likely:

- Establish whether any other professionals (for example, GPs, community nurses, and social workers) are required to maintain the service for the Service User upon service engagement
- Set a provisional date of service commencement as agreed with the Service User and any relevant others
- File confirmation of the agreed funding arrangements
- Provide the Service User with contact details so they can make further contact as they wish
- Ensure that key risk assessments such as a falls, choking, pressure ulcer, manual handling, and a personal emergency evacuation plan, are in place as well as other key information. This should be shared with staff including Agency Workers prior to service commencement

The files of proposed Service Users who do not commence a service will be retained in accordance with the Archiving, Disposal and Storing of Records Policy and Procedure at Nursing Direct .

5.4 Pre-Service Information

The pre-service assessment will also include liaison with relatives/carers, involved health and social care practitioners and scrutiny of a range of background information, including:

- The Service User's name, gender, date of birth, address, hospital number, emergency contact details, any person(s) acting on behalf of the Service User and their contact details
- GP's details
- Evidence of assessed needs, including known preferences and diverse needs
- Risk assessments
- Records of presenting symptoms and current situation
- Current Care Plans (if applicable)
- Evidence of any advanced decisions, DNACPR
- A list of current medication and allergies
- Discharge summary, if from hospital or other care provider
- Mental Health Act assessments, where applicable and community DOLs Information on safeguarding
- Any other relevant information, including social, financial, and psychological affecting the Service User's care
- Current case notes, where applicable (this should clearly set out the records of care, treatment and support provided up to transfer)
- Reason for transfer from other care provider, if applicable, and key contact/s

5.5 Information for the Service User

Proposed Service Users, or their family or advocate, will be given a welcome letter and Service User Guide before service commencement.

The welcome letter referred to above will include within it a statement that an assessment of the suitability of Nursing Direct to the Service User has been carried out, and that in the opinion of the Registered Manager, Nursing Direct has appropriately trained and confident staff including Agency Workers to meet the needs of the Service User.

5.6 Financial and Legal Administration

Step 1 - On receipt of an enquiry, the enquiry log will be used to record and identify the information required.

Step 2 - In all cases, a request for further information will be sent to the enquiring Commissioner or Service User, or their representative, as appropriate.

Step 3 - Where the enquiry progresses to a proposed service engagement, Nursing Direct will confirm whether the proposed Service User is in receipt of commissioned funding or is privately self-funding.

Step 4 - Once commissioning has been confirmed, the Service User, Integrated Care Board (ICB), or funding authority will be issued with a Nursing Direct "Care Services Agreement". This agreement will outline the agreed funding terms and any other relevant terms and conditions.

5.7 Continuing Health Care Funding

NHS Continuing Healthcare (NHS CHC) is an ongoing package of care for adults aged 18 or over which is arranged and funded solely by the NHS. In order to receive NHS CHC funding, Service Users have to be assessed by Integrated Commissioning Boards (ICBs) according to a legally prescribed decision-making process to determine whether the individual has a 'primary health need'. This could be due to disability, accident, or illness.

Staff including Agency Workers can refer to NHS England » NHS Continuing Healthcare for further details.

Outcomes of continuing assessments will be discussed with the Service User and/or, where consent from the Service User is gained or a best interest decision is made, their families or significant others.

5.8 In the Case of Private/Personal Funding, Nursing Direct will:

- Complete or review the completed pre-service assessment, and determine who, if not the proposed Service User, will be responsible for management of the proposed Service User's fee account and record this information. Explain verbally and in writing to this person that they will be responsible for the fees
- Ensure the person who will manage the fee account has a welcoming letter and a copy of the Service User Guide (if not already given), along with a copy of the latest regulation inspection report

- Upon agreement of service commencement, Nursing Direct will ensure that all of the above have been carried out and the exact date and time of care starting has been confirmed. Check that the contract or care services agreement has been returned fully completed Invoice for the first two weeks' fees in advance
- Diarise a regular invoice schedule in order to ensure prompt receipt
- Check and investigate payments until the account is running regularly

5.9 Pre-Service Care Planning

Once service commencement is confirmed, a member of the team will be identified as the clinical lead and the care consultant to start the process of care planning and manage the package of care.

The Service User and their family/carer will be given the names and contact details of the persons allocated to their package of care for any queries.

The allocated Clinical Lead will request copies of recent and historic documentation, where applicable. This may include:

- GP summary with details of current medication
- Physical or mental health assessments and action plans
- Any care or support plans

Arrangements will be made for the allocated Clinical Lead to attend the Service User's home for their first visit and to complete their initial review, and undertake the pre-service assessment

Key risk assessments must be completed which could include Falls, Choking, Pressure Ulcers, and Manual Handling and a personal emergency evacuation plan etc as applicable.

Service Users who commence a service with Nursing Direct will be supported via robust Care Plans from the very beginning. Failure to do so exposes the Service User to risk of unplanned care which is not evidence-based, fails to meet their needs and exposes them to unacceptable risk.

5.10 On the Day of Service Commencement

It is important to recognise that this could be an unsettling event for Service Users and their families / representatives. It is therefore essential that staff including Agency Workers be friendly, confident, and professional, offering reassurance, explanation, and information.

- Staff including Agency Workers will be initially introduced to the Service User to ensure a smooth handover between staff including Agency Workers attending and a positive experience for the Service User
- Staff including Agency Workers will be informed through care communication systems of the package. All assessment documentation will be readily accessible and held in the Service User's Care Plan on the OneTouch App
- When convenient for the Service User, the pre-assessment information will be checked to ensure that there are no changes and essential Service User Care Plans and risk assessments will be reviewed and developed with the Service User (within 3 days of care delivery, or documented as to why this may not be achieved)

5.11 Rapid Response (Emergency) Service Commencement

In the event of a rapid response service provision with Nursing Direct, as much detail as is possible must be gathered by telephone. The referrer will be advised that a full assessment will be made after service commencement and that continuation is contingent on there being a satisfactory fit between the needs of the Service User and the services provided by Nursing Direct. Full assessments must be made upon service commencement.

Nursing Direct will work with all agencies to minimise any anxiety of the Service User, whilst also ensuring due vigilance to the safety and welfare of both current Service Users and staff including Agency Workers.

The Registered Manager must be fully assured that they can meet the needs of the Service User before confirming acceptance of care.

In the event of a rapid response service commencement, all of the elements of the pre-service procedure will be carried out as far as is possible before commencement, and all remaining elements completed within 72 hours of service commencement.

5.12 Initial Care Package and the First 6 Weeks

Within the first few days (depending on the regularity of visits and support) Nursing Direct acknowledges that the package of care will undergo continual review, ensuring that the Care Planning documentation reflects the care delivery and that any information and changes are reported to the person in charge. Refer to the Continuity of Care and Support Policy and Procedure.

All Care Plans will be complete within 7 days.

All Service Users will have a full service review carried out within 6 weeks of service commencement and following the initial Care Plan.

Staff including Agency Workers can refer to the Person-Centred Care and Support Planning Policy and Procedure for further information.

5.13 **Audit and Review**

The Registered Manager must ensure that a 72-hour service commencement audit is completed for all new care packages whether this is a routine or emergency package. The purpose of this audit is to monitor the effectiveness of service commencement and ensure that key risk assessments and information is in place within 72 hours. It is expected that key risk assessments and information will be documented and shared with staff including Agency Workers prior to service commencement and updated within 72 hours.

Once settled, the Service User will be asked to provide feedback about their experience of the pre-service and the first few days of care delivery to identify if there are any learning and changes to practice required.

The pre-service document will form part of the documentation audit process to ensure that it captures essential information, is completed correctly and remains fit for purpose.

Nursing Direct will audit their contracts and financial agreements to ensure that they comply with this policy.

Staff including Agency Workers will be routinely asked about this policy and its procedures to identify any knowledge deficits and training requirements.

5.14 **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 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 Pre-Service Assessment

- This is a process that takes place before a package of care is started
- It is all about information gathering to determine what the Service User needs both physically and psychologically and then forming a personalised package of care
- It is an opportunity for both the Service User and Nursing Direct to decide if this is the right move for them and both parties are within their rights to decline

6.6 Informed Consent

- Informed consent is a process for getting permission before undertaking a healthcare procedure on/for an individual, for example, a health care provider must ask a Service User to consent to receive medication before providing it
- There are laws that govern that informed consent must be voluntary and informed (as in the health professional providing facts), allowing an opportunity for questions, and allowing time to decide

6.7 Deprivation of Liberty

- The taking away of someone's freedom in England can amount to a 'deprivation of liberty'. In community settings this is authorised by the Court of Protection. Some examples include:
 - Someone is under continuous supervision and control
 - Not free to leave
 - Deprivation of liberty means taking someone's freedom away. Someone is deprived of their liberty if they are both 'under continuous supervision and control and not free to leave'


6.8 Letter of Acknowledgement

This is simply a letter which says that something has been received

OUTSTANDING PRACTICE

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

- The Service User's experience of starting a service with Nursing Direct is positive, and staff including Agency Workers seek feedback in order to review and learn from practice
- Pre-service assessments are fully complete and used to build the foundation of care
- There is a positive culture that focuses on the abilities and preferences of Service Users. This is seen in the Service Users' care records and in the way that staff including Agency Workers communicate with Service Users
- Pre-service assessments are subject to audit to ensure that they comply with this policy and remain fit for purpose
- There is evidence that key information and risk assessments are shared with staff including Agency Workers prior to admission

COMPLETED DATE:	24.04.2026
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REVIEW DATE:	29.04.2027
SIGNED:	 Marc Stiff – Group Managing Director