CARERS' INFORMATION BOOKLET

Do you look after a family member or friend who needs support due to illness or disability? **If so you are a carer**.

Under the Kent Adult Carers Strategy (2009), a carer is someone who, in an unpaid capacity provides care and support to another person.

involve
CARERS

DEMENTIA-FRIENDLY HOSPITAL
DAA Dementia Action Alliance

Welcome to Maidstone and Tunbridge Wells NHS Trust (MTW). We are a large acute trust and provide a full range of general hospital services to around 500,000 people living in the south of West Kent and parts of North East Sussex. We have two main hospital sites, Tunbridge Wells Hospital at Pembury and Maidstone Hospital.

The Trust's mission is:

- To provide safe, compassionate and sustainable health services.

The vision of the Trust is:

- To be a high performing, adaptable organisation, meeting the needs of our local community and those further afield with reputable and viable services, inside and outside the hospital.

The objectives of the Trust are:

- Caring organisation
- Sustainable services
- Improvement driven

Our values:

Patient First

We always put the patient first

Respect

We respect and value our patients, visitors and staff

Innovation

We take every opportunity to improve services

Delivery

We aim to deliver high standards of quality and efficiency in everything we do

Excellence

We take every opportunity to enhance our reputation

Maidstone and Tunbridge Wells NHS Trust Carers' Information Booklet

Carers can be of any age and may be looking after a relative, partner, friend or neighbour. The person for whom you care may live with you or be further away. They may have an illness, physical or learning disability, have mental health issues, are frail or be affected by substance misuse.

Nobody asks to become a carer, but your involvement is very important for the person you care for, whether they are living with you, on their own or in a care home.

Maidstone and Tunbridge Wells NHS Trust recognises and values the vital role that carers play in the health and well-being of the people they care for. The Trust is committed to working with carers and patients to communicate effectively with them in order to provide the information and advice they require to make their hospital stay and discharge process as positive and uncomplicated as possible.

We are also aware that you may be the 'expert' in the patient's care and management and therefore we need to ensure good lines of communication both verbally and where required written information are available.

We also recognise that you can be admitted as a patient yourself, so may require advice and support regarding your recovery and the implications this may have on the person you care for.

We have a carers' organisation commissioned to provide Carers Support and Assessment within the organisation.

- Involve Carers
  01622 685276
  carers@involvekent.org.uk
  www.involvekent.org.uk

You can self-refer to these organisations or ask a member of staff to refer you. They will be able to provide information, advice and guidance, practical help with forms and claiming benefit entitlements, someone to talk to in confidence, links with other carers in support and activity groups, regular newsletters, free 'Caring with Confidence' course, and much more. On behalf of Kent County council, they provide statutory Carers' assessments which look at what support you need in your caring role. They can also provide you with a free Kent Carer's Emergency Card so the person you care for will be looked after if you are taken ill or involved in an accident.

We have signed up to a number of initiatives within the organisation to try and support carers wherever possible. These include:

John’s Campaign – supporting carers rights to stay with people with dementia in hospital.

www.johnscampaign.org.uk

“John’s campaign is calling for the families and carers of people with dementia to have the same rights as the parents of sick children, and be allowed to remain with them in hospital for as many hours as they are needed, and as they are able to give. Caring can be an exhausting business – we are asking only for the RIGHT for carers to continue to care, not the DUTY.”

Visiting

Maidstone and Tunbridge Wells NHS Trust offers an ‘open visiting’ policy from 8am to 8pm daily. Visiting times for the Intensive Care Unit (ICU), High Dependency Unit (HDU) and Urgent Medical Assessment Unit (UMAU) are at the discretion of the nurse in charge. Further information with regards visiting times is available on our website.

We request that there are no more than two visitors per patient at any one time, however, if there is a requirement for additional visitors, please discuss this with the nurse in charge of the ward.

Relatives and carers are welcome to visit at mealtimes to assist with feeding as required.

When main reception is closed, please use the Emergency Department entrance to access wards.

Protected mealtimes

To ensure that we enhance and improve effective nutrition all wards have protected mealtimes. Protected mealtimes are periods of time when routine activity on the ward is reduced so that nurses, ward based teams and catering staff can serve and supervise meals and give assistance to those patients who need help to eat and drink. Please check mealtimes with ward staff.

What does this mean for patients?

- An improved ‘mealtime’ experience.
- Being able to eat and drink without interruption.
- More mealtime assistance from nurses.
- Protected mealtimes will not prevent patients from seeing their doctor or healthcare professional, or from having prearranged or urgent investigations or treatments; however, staff will ensure that no patient goes without appropriate nutrition.

Many patients require assistance with eating and drinking. This will be assessed when the patient is admitted to hospital. In order to ensure ward staff prioritise their duties at mealtimes, patients requiring assistance with feeding will be identified by having a red tray or red napkin.

We welcome visitors who wish to help their relative or friend at mealtimes, however, please check with ward staff before giving assistance. Otherwise we ask that visitors come outside of mealtimes.

Car parking

Car parking charges are advertised on the Trust's website.

Relatives of all patients that stay in hospital for more than 10 days are eligible for free parking after the 10th day.

Ward routines

Most wards will have information they can provide you with regarding their routines. Each ward will have its own routine and the staff will be happy to answer any questions you have and to discuss any concerns.
They will be able to advise:

- Which days the Consultant ward rounds take place, and when the doctors do their daily rounds.
- Information on who the matron, ward manager and other staff are on the ward.
- Where you can obtain refreshments.
- What facilities you can use, and where they are situated.
- How to raise any concerns that you may have.

Lasting power of attorney / advanced directives.

- If you have a lasting power of attorney for health and welfare and / or property and financial affairs, please advise the ward staff. We will need to see this and take a copy of this for our records.
- Please also advise the ward staff if the person you care for has an 'advanced directive' or 'advanced care plan' that we need to be aware of.

Medications

- We would request that you do not administer any medications to your relative / friend whilst they are an inpatient in the hospital. These will be administered by a member of the nursing / medical team unless prior agreement had been made.

Personal biographies.

- If your relative / friend has a personal biography e.g. ‘This Is Me’ document or ‘To Know Me’ document, please bring this into hospital and to the attention of the nursing staff, so we can support them to meet their needs. If you would like a copy of a ‘This Is Me’ document, all wards have a supply for completion, so please request one from a member of the nursing staff.

Identifying carers

People caring for a family member or friend will see themselves first and foremost as a person in a relationship e.g. parent, child, partner etc. but it is important to recognise when you also have a caring role

- As part of the pre-admission and admission process our staff need to identify whether the patient admitted has or is a carer.
- Ideally the patient should identify the carer to staff; alternatively this information should be elicited from visitors, social services or the patients GP.
- If you are the main carer for someone that is due to be admitted or has been admitted please identify yourself to staff.
- Staff should record this information in the patients’ records, alongside the next-of-kin details (these may be the same).

Involvement of carers

- Before we can discuss personal information such as diagnosis and treatment of the person you care for, we will need to ask for their agreement to do so. If the patient is unable to give consent then the Trust has a duty of care to act in the patient’s best interests.
- Staff should discuss with you how you wish to support the patient during their hospital stay e.g. help with feeding, cleaning etc.
- Staff should also discuss with you, your ability and willingness to take on or continue looking after the patient after discharge home.
- We aim to view carers as partners in the provision of healthcare by:
  - ➢ Respecting and listening to your views – carers are likely to have valuable expertise and be skilled in caring for the patient.
  - ➢ Ensuring carers have the relevant information needed to plan effectively for their caring role following the patients discharge.

- We aim to ensure the carer is involved at all stages of the patient’s journey. This includes:
  - When planning the patient’s care pathway and expected discharge
  - When making decisions to discharge the patient
  - Discussing and agreeing practical alterations and preparations for the discharge to home
  - Advising of the estimated date of discharge
  - Giving sufficient notice of the patient’s discharge
- We also acknowledge that as a carer you have your own needs that may include:
  - The circumstances leading to you taking on the caring role
  - Commitments to other family members
  - Work commitments
  - Cultural differences
  - Communication needs
  - Religious background
  - Gender
  - Relationship
  - Sexual orientation
  - Ability
  - Current health
  - Frailty / disability
  - Residential environment – e.g. access, services, housing

Practical support for carers.

- The duty of care always remains with the Trust staff whilst the person is a patient in our care. However, you may wish to retain some of your caring tasks. Please discuss this with the nurse in charge of the ward, to ensure clear understanding for both parties.
- If you are providing additional support on the ward for extended periods of time you should be offered a drink at regular intervals and during routine patient beverage times, and where appropriate, you should also be offered a meal.
- If you need to stay overnight with the patient, consideration will be given to accommodate this at the ward managers discretion and dependent on the needs of other patients on the wards.

- Staff should offer you a referral to our local carers' organisations, and should also be able to provide you with information on support services available.
- As a carer you have a right to a Carers' Assessment; this is an assessment of your needs in relation to your caring role.
- We also need to ensure that you are still able and willing to continue the role of carer with the responsibilities this has and the ability you have to perform this within your own individual boundaries and constraints. You can discuss this with the ward manager; carers support services and / or social services.
- It is important that any decisions that are made that impact you as a carer in the future are discussed with you, to enable you to make an informed decision.
- On occasions staff may feel that the needs of the patient cannot be met by the carer alone and therefore discussions will need to occur with regards the best interests of the patient. You will be included in these decisions as their main carer.

Best interest meetings

- If the person you care for 'lacks capacity' to make a specific decision for themselves, and there is no advanced directive or lasting power of attorney for health and welfare to inform this decision then there will be a requirement for a 'best interest meeting'.
- Within the decision process the person's past and present wishes and feelings should be considered.
- The beliefs and values that would be likely to influence the person's decision if they had capacity need to be considered.
- Other factors that the person would like to be considered if they were able to do so.
- Wherever possible the carer or person interested in their welfare, or person with lasting power of attorney etc. should be consulted as to what would be in the person's best interests.
- Wherever possible in determining best interests we will permit and encourage the person to take part in the decision making process.

Process points for best interest meeting.

- Are we able to establish the person's past or present views in relation to the decision?
- Are we able to establish family and or carer's views about the person's best interests?
- Does the person hold any beliefs and values (e.g. religious, cultural, moral or political) that would be likely to influence the decision?
- Have we consulted the relevant attorneys and deputies?
- Are there any other factors that the person themselves would be likely to consider if they were making the decision?
- Have we considered whether the person may regain capacity and whether the decision can wait?

If there is a disagreement about what is in a person's best interests then we will endeavour to address this locally, but ultimately if all other means to resolve the dispute have failed the Court of Protection might need to rule on the person's best interests.

Assertion of capacity

- The Mental Capacity Act, 2005 demands that we approach each individual with whom we intend to discuss their future care / medical needs with the issue of capacity foremost in our minds. Assuming capacity, unless it is shown that capacity is impaired or lacking – to take the decision.
- To enable us to assume capacity we will determine whether the person has the ability to understand the decision, retain the information relating to the decision, weigh up the information relating to the decision, and communicate their decision to the person assessing the capacity.
- It is important to realise that although the decision that has been made by the person may not be the one we would make or may appear 'unwise' if the above steps have been followed then capacity can be assumed.
- Capacity can fluctuate and be variable, and where someone may be deemed to have capacity in making one decision, they may be deemed as lacking capacity in regards to another.

Deprivation of liberty

- The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is done when it is in the best interests of the person and there is no other way to look after them.
- Those planning care should always consider all options, which may or may not involve restricting the person's freedom, and should provide care the least restrictive way possible.
- A deprivation of liberty occurs when "the person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements."
- It can be helpful to think of restrictions of a person's activity as being on a scale, from minimum restrictions to the more extreme restrictions – deprivations of liberty. One large restriction could in itself be a deprivation of liberty (such as sedating a person for non-medical reasons) or many small restrictions could combine to create a deprivation of liberty.
- It is the amount of control over the person that determines whether the person is being deprived of their liberty.

Discharge information

- It is our policy that every patient will be given an estimated date for discharge within 48 hours of admission.
- Health professionals will work with the patient, relatives and carers to ensure that the discharge is at the right time and to a safe and clinically appropriate environment.
- Discharge can occur on any day of the week, including weekends and bank holidays, and where possible we aim to discharge people by 11am.
- The consultant or doctor in charge will decide when the patient is 'medically fit' for discharge. However, they also need to be 'fit' for discharge from a Physiotherapy, Occupational Therapy and Social perspective where required.

- Where at all possible it is easier if a friend, relative or carer collects the patient by 11am on the day of discharge. If this is not possible then please discuss this with a member of staff.
- Ambulance / hospital transport is provided for those with a medical need; however, we cannot determine the time that this transport will arrive.
- There are discharge lounges on both hospital sites, and on the day of discharge, if the patient is ready to leave and no longer requires the hospital bed, they may be asked to wait in the discharge lounge whilst the details of the discharge are completed (e.g. awaiting medication or transport).
- The Electronic Discharge Notification (eDN) will automatically inform the GP of the hospital stay. The ward staff will provide the patient with a copy of this for their own records.
- The pharmacy will ensure that at least two weeks supply of regular medication is dispensed on discharge. Further supplies should be obtained from the GP. All medication provided by the pharmacy is supplied with a patient information leaflet giving details about dosage and instructions.

Therapy Assisted Discharge Service (TADS)

- This is a service provided by Physiotherapists, Occupational Therapists and Therapy Assistants at home following discharge from acute hospital to ensure safety, short term rehabilitation and onward referral to appropriate services.
- The main aim of TADS is to facilitate the safe and early discharge of medically stable patients from the hospitals by providing therapy at home.

The role of TADS

TADS is able to offer a range of services depending on needs, such as:

- Assessing daily activities such as walking, getting in and out of bed / toilet, meal preparation, washing, dressing and climbing stairs within the home environment.
- Carrying out interventions to improve / maintain function to ensure safety.
- Assess and advise on the home environment.
- Assess and provide equipment such as walking sticks, walking frame, toilet equipment and kitchen trolleys.
- Referral to technician services for grab rails and stair rails.
- Onward referral to appropriate services to continue with rehabilitation goals following intensive short term rehabilitation by TADS staff.

Not all rehabilitation goals may be achieved within the short period by the TADS team. If longer term rehabilitation is required, the TADS team will refer to appropriate teams. Frequency of home visits by the TADS staff will depend on needs.

The TADS service is available from 8am to 6pm, seven days a week.

Referral process.

With consent, the ward therapist will refer to TADS if appropriate. TADS staff aim to see referrals within 24 hours of being discharged from the hospital.

The TADS team are based at Tunbridge Wells Hospital and Maidstone Hospital.

Further information

Tunbridge Wells Team	01892 635634
Maidstone Team	01622 227298

Carers' health and well-being

- As a carer it is important to look after your own health and wellbeing. It is easy to forget your own health needs when caring for someone. No matter how much you care about the person you are supporting, caring can place demands on you and can have an impact on your own physical and mental health.
- It can be difficult to have a good night's sleep if the person for whom you care needs help or disturbs you in the night. You may feel isolated and that you have no time to yourself. Your local carers' support organisations can provide emotional support.
- Many carers are also at risk of developing physical injuries e.g. back strain, as a result of lifting and moving someone. It is important not to ignore your own health needs when your attention is focused on caring.
- You should arrange a health check if you have not seen your GP for some time.
- You should tell your GP that you are a carer; this will help them to understand the support that you need.

- Carers often put their own needs last, however remember the better your own health and wellbeing, the better you will be able to cope with your caring role.
- Your local carers' support organisations can give you more information on health checks and emotional support.

Carers' assessments

- A carers' assessment is an opportunity for you to tell someone what impact caring has on you and your life.
- Most carers have a legal right to an assessment of their own needs.
- A carers' assessment is not linked to the Carer's Allowance.
- You can have a carers' assessment even if the person you care for does not want to have a Community Care Assessment to look at the help that they need.
- The assessor will look at your situation and discuss with you what might be available to make your caring role easier. This may be information, advice or additional support such as access to a short break.
- The assessment will normally be carried out at your home, but can be carried out elsewhere if you prefer.
- Your carers' assessment should cover the following areas:
    - your caring role (the things you do for the person for whom you care);
    - your own health;
    - your feelings and choices about caring, work, study, leisure and housing.

It is important to give as complete picture as you can, and are honest about the care that you provide and how you feel about being a carer.