



*we can because we care*

# **SERVICE USER GUIDE**



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## **STATEMENT OF PURPOSE**

Our purpose is to provide personal care to the elderly, sick and disabled in the familiarity of their own homes whilst respecting their independence, privacy, dignity and self-respect.

We aim to maximize the personal and professional potential of our staff, and to facilitate the enhancement of their caring skills by providing on-going training advice, encouragement and the necessary support.

Care4 aims to provide personal and social care services to clients who are elderly, sick and disabled within both the private and public sector.

At Care4 we aim to ensure that our caring services are of the highest quality by only recruiting staff who hold and maintain the highest professional and ethical standards.

As a care providing company, we not only seek to provide the best quality care for all of our clients, but we are keen to ensure that our staff are loyal to those principles and are in possession of the relevant up-to-date skills. In this respect, we will provide opportunities for training and continual professional development for all of our staff.

We recognize that our clients should exercise as much control as possible over their own quality of life and should be encouraged to maintain as much independence as possible within the constraints of their medical and/or physical condition.

## **ACCEPTING GIFTS, WILLS AND LEAGACIES POLICY**

### **Gifts & Money**

Care4 employees must make it clear as politely as possible to service users that as care workers it is their job to help them and as such no personal gifts or money should exchange hands. However as the relationship builds between them it is inevitable that on occasions like Christmas and Birthday gifts will be given. Care4 will make an exception on these occasions and small gifts maybe accepted providing a Home Care Manager has been made aware. Gifts would need to be items such as chocolates, biscuits, fruit, toiletries, flowers, plants or tokens.

Under no circumstances must care workers accept money, if it is found that they have they could be subject to disciplinary procedures. In circumstances where the service user is insistent about money being given as a gift, and it is seen to be getting upset or agitated in any way, the care worker must inform a Home Care Manager who will speak to the service user about other alternatives regarding monetary gifts. If a service user repeatedly offers gifts or money to a care worker, the care worker must decline and make it perfectly clear that it is their job and that they get paid for the work that they do. If a service user persist and the situation becomes difficult the care worker must speak to the Home Care Manager who will speak to the service user on behalf of the Care Worker.

### **Wills and Bequests**

At any time if a service user asks advice regarding the drawing up a will, care workers should encourage them to get advice from their family, solicitor or the citizens advice bureau,. Under no circumstances must a care worker assist with the drawing up of a will, act as a witness or executor to an estate. If a care worker is informed of intent to make a bequest by a service user, apart from trying to dissuade the service user they should inform a Home Care Manager who will in turn inform the family of the service user.

If a service user asks a care worker to become an executor of their will, they must decline and explain that it is not Care4 policy for any staff members to become involved in the personal affairs of service users. Any such involvement could lead to disciplinary action. If a care worker is bequested an amount of money, or a gift, it must be reported immediately to a Home Care Manager.

If care workers are in any doubt as to Care4 polices and procedures on accepting gifts, money or on wills and bequests please do not hesitate to ask to discuss it with the Registered Manager, who will be only to pleased to help and advise on the matter.

## **ASSESSMENT & REVIEW POLICY**

Care4 are an independent domiciliary care company who receive referrals from Social Services departments, GP's and Private individuals.

Care4 will never provide care to any client without a prior assessment of care needs and a full risk assessment, we take into account the clients ability to remain living independently but safely in their own home their mental health and well-being are also taken into account.

A referral comes into the office via fax or telephone, the Registered Manager arranges a mutually convenient time to visit the prospective service user and if necessary a family member or an advocate. During the assessment the prospective service user is encourage to suggest what care they would like and how it should be delivered, at all times their view's are listened to and taken into account. Where there is a difference of opinion all problems are aired and solutions sought. If the service user is happy with the care plan they sign the daily task sheet and care will start on the agreed date and time. If however a solution is not found and the problem is a one of a health & safety, Care4 reserve the right to refuse the care package.

Care4 are committed to quality assurance; part of this is by telephoning the service user after seven days of care being provided, this ensures that the service user is happy with the care plan and that it is meeting their expectations. The service user is then advised that after six weeks a meeting will take place to discuss openly how the care plan is working? Is it meeting the service users needs and requirements? This meeting allows the service user the opportunity of again making their views known.

The next review takes place six months after the previous review, unless there is a change of need or circumstance, again it is Care4 intention that at all times the views of the service user are taken into account and listened to.

All assessments and review documents are held in the branch, a copy having been sent to the service user for their records. All assessment and review dates are log on the office computer.

## **SERVICE USER RIGHTS AND CONFIDENTIALITY**

### **Confidentiality**

Confidentiality is a basic right for any service user. Care4 employees are often entrusted with sensitive, personal information about service users who may be vulnerable, and Care4 is therefore committed to ensuring, through training, supervision and disciplinary procedures, that all employees understand the importance of respecting the confidentiality of information which they may be given or find out about clients in the course of their work.

The rules of confidentiality also apply to information regarding the internal affairs of the Agency.

Information about service users held by Care4 will only be disclosed on a 'need to know' basis, and will only be given in circumstances that benefit the service user and the care we provide.

All employees of Care4 are required not to reveal any information about service users to any third party, with the exception of the Home Care Manager. In circumstances concerning the service users health or well being information can be passed on to other professionals such as GP, District Nurse etc. If possible written consent should be obtained, or the instructions duly noted in the care records.

Where the service is being provided under a Local Authority contract, information to assist in the care of the service user may be passed between Care4 and the Local Authority Manager or their representative.

If a service user cannot or will not give consent to divulge information to a GP or other professional, and the result could be detrimental to their well being then the Home Care Manager must be consulted to seek guidance. It is likely in these circumstances that the Home Care Manager will refer to the L.A. Care manager or a member of the family. Any agreement for disclosure must be noted in the service user file.

Employees must not refer to any service user by their name or reveal their address/location when talking to family or friends. Discussions between fellow careworkers regarding service users must be contained to relevant information that Care4 will assist or enhance the level of care given, and preferably in agreement with. Care workers should not discuss information about one another to the service user. Care4 will not divulge any information about its employees to any third party unless it is required as part of providing the agreed service.

Records made by careworkers and Managers at the time of their visits are shared with the service user and written records are held in the service users home

All paper files containing client information are stored in a lockable filing cabinet or in a secure office. Access to the cabinets is restricted to office personnel who are also responsible for ensuring unauthorised personnel and visitors do not have access to files whilst they are in use. Personnel information and employee files are handled in a similar way.

Where, in certain circumstances, Care4 are required to forward a service users' notes to a Care Manager by post, the envelope must be sealed, marked Private & Confidential, for the Addressee only, and sent by first class recorded or special delivery post.

Care4 is registered under the Data Protection Act since it uses computers to hold information about service users and employees to enable the preparation of invoices and wage payments, as well as creating rotas and allocating careworkers to service users. Access to computer files containing personal information is by passwords known to authorised users only. Office personnel are required to ensure that computer screens are not left on, showing personal data in an area where unauthorised personnel could read it.

In line with the legal duty applying to both Social Services and Health Authority Departments, it is Care4' policy to: -

Allow service users to view any information recorder about them. This may include their care plan; home care record sheet or service user file.

Record information in a way that maintains the dignity of the service user, and would not cause offence or objection if viewed by the user.

Any confidential information about the service user that has been supplied to a third party shall be excluded from the information that is available to the service user.

## **Rights of the Service User**

Care4 will consult with the service user or their representative about their needs and preferences. The service user has the right to choose the nature of the service provided, within the guidelines of Care4 policies and procedures, (incl. Equal Opps and Health & Safety) and agreed care plan. Each service user has the right to be listened to and say 'no' and to make decisions that may conflict with professional or family views, providing this does not adversely affect the health and safety of the service user or care worker.

Services are provided in a way that upholds the service users' rights to respect, dignity, choice, privacy, independence and fulfilment.

Employees of Care4 will address the service user in the way that he/she prefers. This is usually noted in the care plan but it is worth asking at your first point of contact. When in the service users home careworkers should behave as a visitor and take care with the service users possession

Some service users may be from a range of cultural, religious and social backgrounds. For Care4 to provide a good service it may be necessary to acquire more factual understanding of their beliefs', customs or dietary needs.

Each service user will have attitudes, beliefs, opinions and behaviour that you may or may not agree with, but these must be respected and individual beliefs, views and opinions should not be imposed on the service user in any way. Recognise the qualities, experiences and abilities of each service user and accept his/her right to make their own decisions and choices.

## **Dignity**

Service users may feel frustrated when they cannot manage tasks on their own, and Care workers need to recognise the signs when a service user expresses these feelings and react in a sensitive way that helps the user to feel at ease. Care workers should preserve the dignity and self-respect of all service users in all aspects of the service, e.g. toileting and personal care etc.

## **Privacy**

Care workers should not read or otherwise obtain knowledge of a service users private affairs, unless it is in the care plan (e.g. bill payment), or specific consent has been given by the service user in order to assist them.

## **EQUAL OPPORTUNITIES POLICY STATEMENT**

Care4 is committed to the principle of equal opportunities in employment and is opposed to any form of less favourable treatment or financial reward through direct or indirect discrimination, harassment, victimisation to employees or job applicants on the grounds of race, religious beliefs, political opinions, creed, colour, ethnic origin, nationality, marital/parental status, sex, sexual orientation or disability.

Care4 is opposed to any form of less favourable treatment on the grounds of handicap or age.

Care4 recognises its obligations under the Sex Discrimination Act, The Equal Pay Act, Article 119 of the Treaty of Rome, The Race Relations Act and The Codes of Practice published by the Equal Opportunities Commission, the Commission for Racial Equality and the European Commission;

- a) For the elimination of discrimination on grounds of sex or marital status and for the promotion of equal opportunity in employment.
- b) For the elimination of racial discrimination and promotion of equal opportunity in employment.
- c) For the elimination of discrimination in pay between men and women who do the same work, or work of a similar nature or work of equal value.

### **Employment Practices**

It is the duty of all employees to accept their personal responsibility for adhering to the principles of equal opportunity and maintaining racial harmony. Care4 will actively promote equal opportunities throughout the organisation to ensure that individuals receive treatment that is fair and equitable and consistent with their relevant aptitudes, potential skills and abilities. Employees will be recruited and selected, promoted and trained on the basis of objective criteria. Care4 recognises that sexual, racial and other forms of harassment may cause problems at work and is committed to ensure that unacceptable behaviour does not take place

## **OUR POLICIES AND PROCEDURES**

Care4 are required by the National Care Standards Commission to have policies and procedures on various matters. The Standard says that the Service User's Guide should include specific information on key policies and procedures but it is difficult to know which to select. It seems best to list them all at this point with information for the reader on how copies can be obtained. A short introduction, explaining what policies and procedures are, would also be helpful.

### **What are the policies and procedures?**

Running a domiciliary care agency poses a variety of issues to be resolved, for service users, staff and managers. To be sure that we behave consistently, to capture good practice and to keep everybody informed of how the agency works, we have written down where we stand on certain key matters and how we handle certain frequently recurring situations. These are our policies and procedures. Together they form quite a long list. Service users are welcome to examine any of these documents and to have a copy of their own if they wish.

### **Areas Covered**

Our policies and procedures cover the areas:

- Statement of purpose, with the aims and objectives of the organization
- Conditions of engagement for staff
- Staff contracts and job descriptions
- Range of activities undertaken and the limits of responsibility
- Personal safety for staff at work
- Quality assurance system
- Confidentiality of information
- Non-discriminatory practice
- Equal opportunities, including our response to sexual or racial harassment
- Health and safety
- Moving and handling
- Dealing with accidents and emergencies
- Dealing with abuse and bad practice
- Data protection and access to records by service users
- Assisting with medication
- Handling money and financial matters of a service user
- Maintaining the records in the home
- Gifts and legacies made by service users
- Dealing with violence and aggression
- Entering and leaving the service user's home
- Safe keeping of keys
- Complaints and compliments
- Staff discipline grievances
- Training and staff development

## **CURRENT LEGISLATION & REGULATIONS**

HEALTH & SAFETY AT WORK ACT 1974

COMMUNITY CARE ACT 1990

MANUAL HANDLING OPERATIONS REGULATIONS 1992

EQUAL OPPORTUNITIES ACT

DATA PROTECTION ACT 1984

NEW CARE STANDARDS ACT 2000 (CAME INTO PRACTICE APRIL 2003)

SEX DISCRIMINATION ACT 1975

RACE RELATIONS ACT 1976

THE ACCESS TO HEALTH RECORDS ACT 1990

FOOD SAFETY ACT 1990

THE CHILDRENS ACT 1989

THE CHRONICALLY SICK & DISABLED PERSONS ACT 1970

CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH)

REPORTING OF INJURIES DISEASES AND DANGEROUS OCCURENCES REGULATIONS (RIDDOR)

EQUAL PAY ACT, ARTICLE 119 OF THE TREATY OF ROME

CODES OF PRACTICE PUBLISHED BY THE EQUAL OPPS. COMMISSION

COMMISSION FOR RACIAL EQUALITY & THE EUROPEAN COMMUNITY

## **MEDICATION POLICY**

Where ever possible Service Users will be responsible for holding and taking their own medication. Where the Service user requires assistance the following policy and procedures must be adhered to.

### **Supply of medication**

Staff will only assist with medication when the service user is unable to do so. Assistance would then be agreed during the assessment and written on the care plan where the service user or representative will sign.

The Home Care Manager must liaise with the GP or District Nurse to ensure training is provided to any care worker whose service user requires assistance with eye, ear or nose drops, the use of inhalers or oxygen.

Staff will only administer from individual containers or monitored drug dosage systems dispensed by a pharmacist and prescribed to the service user.

Wherever possible medication should be supplied in a NOMAD blister pack or hand filled Dosette box. It should be obtained by the service user or representative, and the hand filled dosette box must be re-filled by the service user, representative or GP.

If necessary (where service user or representative is unable to do so) staff may take a prescription to the pharmacist and return the medication to the service user. This service is only available if agreed by Local Authority or Office and family.

Prescription requests need to be completed by the service user, their representative or GP/District Nurse.

### **Medication you must not help with:**

Under no circumstances should staff offer advice or administer non-prescribed medicines or remedies. **IT IS DANGEROUS TO DO SO.**

Controlled drugs, injections, pessaries, enemas, suppositories, bladder wash-outs or gastric feeding.

Administering or buying non-prescribed medicines or home remedies for service user without referring to your manager.

**Exceptions to the above:** Where specialist instruction or training has been given (i.e. by District Nurse etc) care workers may administer some controlled drugs, i.e. morphine in tablet form.

## **You may only help with the following**

- Verbal reminders to take medication at the correct time.
- Help with the preparation, e.g. shaking the bottle, removing the lid and bringing a drink if necessary.
- Physical help, for example pouring a measured dose for the service user to swallow, removing a tablet from the bottle, packet or dispenser and giving it to the service user, or applying prescribed cream or ointment to the skin.
- Only with prescribed medication as indicated on the service user care plan (not herbal or over the counter remedies e.g. cough medicine and aspirin).

## **When helping the service user as above the following rules must be adhered to.**

- Staff may administer medication to service users when clearly identified on the care plan, following an assessment of needs.
- Check the homecare record sheet and or medication chart to confirm that the service user has had, or is due to have medication.
- Check the name of the client against the name on the container, and the name of the medication to be taken. If the instructions are unclear, labels illegible or you are in any doubt about helping the service user with the medication, you must contact the manager.
- Check when the medication should be taken. Keep to any instructions, e.g. 'take on an empty stomach' or 'to be taken with food'
- Staff are not expected to administer medication if the service user refuses it.
- If the service user refuses their medication it must be recorded on the homecare record sheet and you should inform your manager and where relevant the service users main carer/next of kin.
- Staff would not be expected to disguise medication in food or drink. In exceptional circumstances this may be agreed with written request from the family and agreed by the prescriber.
- Medication is the property of the service user and therefore cannot be removed from the service users home by staff.
- If you use a weekly dispenser box, you must not fill it. Contact your manager if the box has not been prepared.
- At all times medication should be left in a safe place, known and accessible to the service user. However, where the service user is particularly confused it may not be appropriate for them to have access to medication, in such circumstances medication should be kept in a safe place, but out of reach of the service user.

### **Procedure for administering medication to the service user**

- 1) Be certain of the identity of the person to whom the medication is to be administered
- 2) Check the medication has not already been administered
- 3) Check the name of the service user against the blister pack/dispenser box and give tablets from the appropriate compartment.
- 4) Alternatively, check the name and dose of the drug on the label corresponds with the prescription on the medication chart.
- 5) Administer the medication.
- 6) Record the administration of medication by initialling the correct date space on the medication chart.
- 7) Record if medication not taken stating the reason by using the appropriate code, and initial. Codes to be used are,  
R = refused, A = absent, S = sleeping, AMLO = absent and medication left out, SMLO = sleeping and medication left out, NR = not required, i.e. when pain relief is given as and when required.

### **Records**

- The medication chart must be kept in the service users file
- The Care worker will inform the office as the final week on the chart is being used. The office will ensure a new medication chart is issued.
- Used medication charts are to remain in the service users file for a minimum of 3 months before being returned to the office.
- Documentation

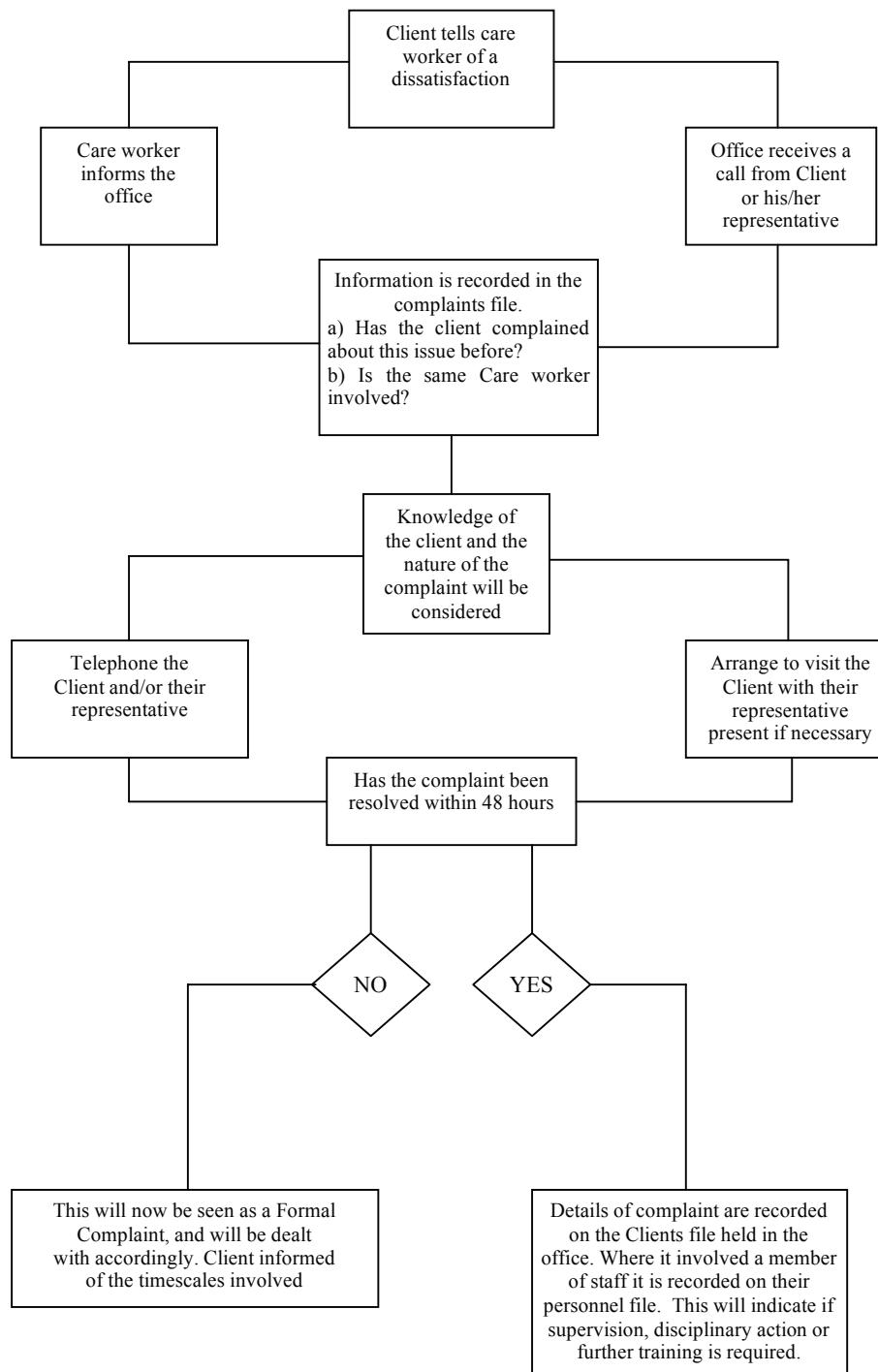
### **Appendix A**

- Medication chart for use with dosette
- Medication chart for use with packets, bottles etc.
- Disclaimer

## **PROCEDURE FOR DEALING WITH COMPLAINTS**

If a complaint is received verbally, either via a care worker reporting in or the Client or their representative telephoning, the following procedure will take place.

### **Informal Complaints**



## **Formal Complaints**

### **Stage 1**

If a complaint is received in writing (letter or completed complaints form), concerns a serious allegation, or was made verbally but has not been resolved in 2 working days, it will be regarded as a 'formal' complaint. If a client makes a complaint directly to a Local Authority, Acorn Homecare will abide by the LA's procedures but will also implement their own alongside.

### **Serious allegations are defined as:**

- Any action allegedly caused by a member of Care4's staff, resulting in injury or risk of injury to the client.
- Any Care4 staff involved with the client that may be suspected of alcohol or drug abuse.
- Physical, emotional, verbal, financial, neglect or any other type of abuse of a client by a member of Care4 staff.
- Any member of Care4 staff directly involved with the client that has allegedly committed a criminal act e.g. theft or fraud

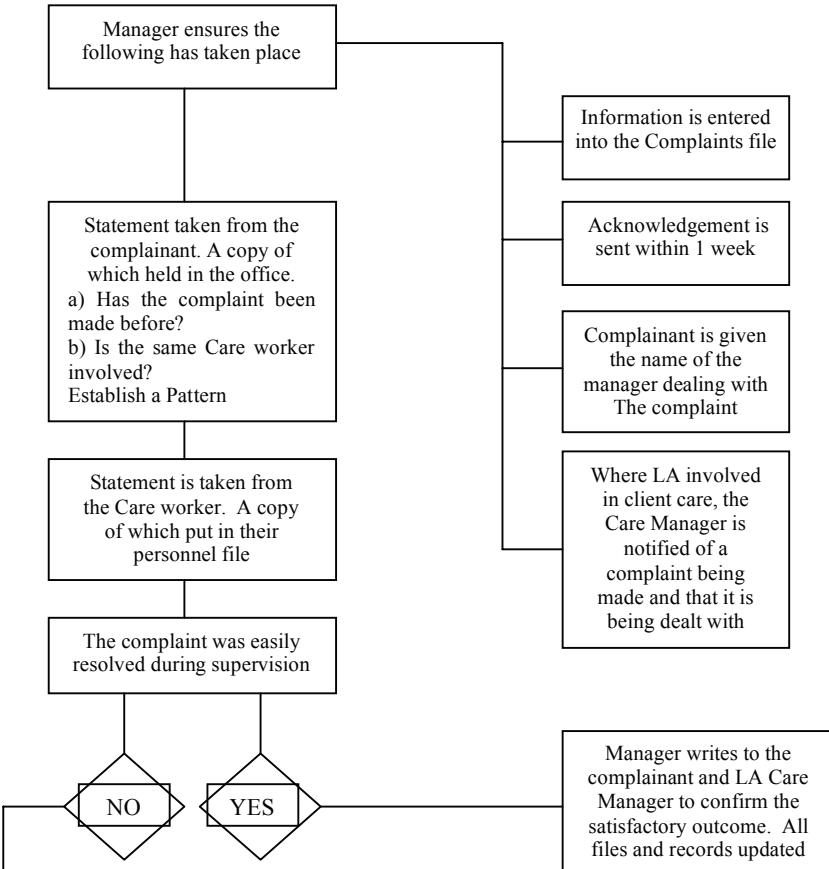
### **Stage 2**

When the complaint cannot be dealt with within 4 weeks, or it requires the Standards Setting Procedure or Disciplinary Procedure to be implemented then the complaint moves to Stage 2.

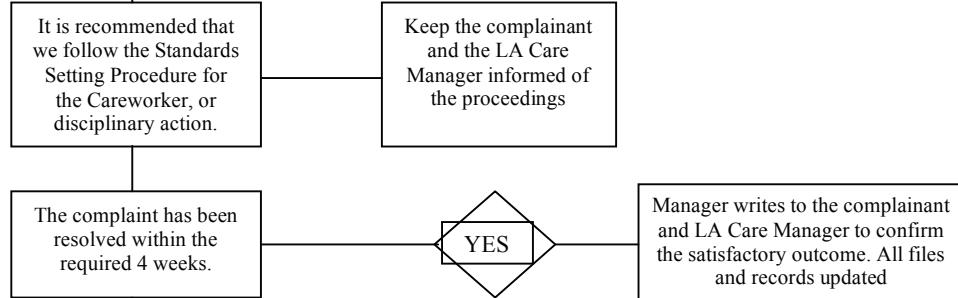
### **Stage 3**

If after 8 weeks the complainant is still dissatisfied with the outcome, then it moves to stage 3 of the Procedure.

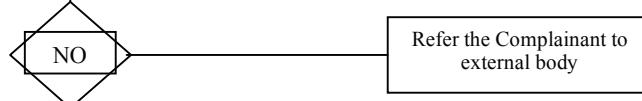
## STAGE 1



## STAGE 2



## STAGE 3



## **STANDARDS FOR QUALITY ASSURANCE**

Care4 committed to providing the highest degree of service through an effective and documented quality management system for all areas of the organisation and promoting a culture of continuous improvement. Care4 have policies and procedures in place, which must be adhered to by all staff. To ensure that the quality service is being delivered Care4 have set procedures for monitoring and reviewing.

Care4's procedures on monitoring and reviewing are as follows:

- Six weeks after a service users care package commences, there will be a review of the service by a manager to ensure everything is running efficiently with the service and the care worker and thereafter every six months.
- Telephone quality assurances will take place annually.
- If the health or circumstances for service users change at anytime an emergency review will take place.

Policies and procedures have been written for every step of the service provided. Staff will be trained to adhere to the Care4 quality standards, and shall be expected to take responsibility for the quality of their work and contribute to continuous improvement through sharing experiences and successes.

Care4 commits to ensure its policies and procedures are updated to satisfy the latest requirements of the National Care Standards Commission, and that the policies will be reviewed and revised as necessary.

The outcome from Care4 quality assurance procedures will be published annually, a copy will be supplied to the National Care Standards Commission and made available to service users, their family or representative.