Care Planning Policy and Procedure

Aim
SOS Homecare believes that a person-centred Care Plan process is the only way to achieve a quality, outcome focused service for each individual Service User. This policy outlines how SOS Homecare achieves this outcome through our care planning.

Objectives
SOS Homecare will act holistically to develop and deliver each Service User a well-managed Care Plan, monitoring and review process.

The Care Plan process will work in complete partnership with Service Users and/or their legal representatives in planning and reviewing their support 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.

SOS Homecare will always ensure that Service Users or their legal representatives have the right information and will support their need to give informed consent to the support process. Options for support and information around them will be shared in an accessible format to ensure informed choice is enabled in line policies and procedures at SOS Homecare.

SOS Homecare views the Service User Care Plan process as an ongoing process which begins with an initial assessment. Care Plans will be systematically reviewed and we will respond to changes in the needs and wishes of Service Users as well as changes in best practice and/or legislation. As a minimum, reviews will take place every 12 months once support has started and when it is identified that a need has changed.

All Care Plans will be legible, complete and easy to understand, detailed and practical, easy to follow and reflecting fact. Alternative formats and additional resources will be used where appropriate to ensure that the Service User's communication needs are met.

SOS Homecare will ensure that Care Plans are created and updated when end of life care is needed to give the right support for Service Users to live and die well. Other forms of authority such as advance decisions must also be taken into account as part of this process.

SOS Homecare will work within UK GDPR and data protection laws and ensure that Service Users are made aware of how their personal data will be used, stored and shared. Only authorised persons will plan, view, review and audit Care Plans in line with UK GDPR data protection. Care Plans of any format will be produced and stored in a space which respects the privacy and dignity of Service Users and will be treated as confidential.

We 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. SOS Homecare will ensure that Care Plans reflect work with other professionals to ensure continuity of support where services are joined up and where transition between services or providers takes place. SOS Homecare will support Service Users to make informed decisions at all times. Where the Service User does not have capacity to give consent, we will ensure that the principles of the Mental Capacity Act are followed around consent and best interests.

Reviews will make sure that the Service User's objectives, outcomes, goals or plans are being met, 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 SOS Homecare, or at any other time if requested by the Service User or their family, legal representatives or advocate. Reviews of the Service User's support will also take place when support changes or an incident, accident or near miss arises. Additionally, if a Service User transfers between services, hospital, uses respite or is re-admitted or discharged, a review may need to take place.

Each Service User's support needs and preferences will be reviewed by the staff at SOS Homecare who have the required levels of skills, training and knowledge for the particular task. Quality assurance systems at SOS Homecare will audit and evaluate the Care Plan process to ensure that it is easy to use, fulfils its intended purpose and that its design and delivery are the best they can be. Measures will always be taken when identified issues are found and improvement needs identified.

Responsibilities
The Company Directors are responsible for the oversight of this policy and the Registered Manager for its management. All staff required to complete or update a Care Plan as part of their role will receive the training from the Quality Manager in Care Plan and review procedures when necessary and will receive regular updates when required.

All staff at SOS Homecare 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 support. The Registered Manager 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 2019 and best interest requirements, which includes the duty to consult others such as Support Workers, families, advocates and legal representatives where appropriate. SOS Homecare must comply with the Data Protection Act and UK GDPR and should review how personal and special categories of data are managed in relation to Care Plans in line with its GDPR policies.

Every Service User has the right to be involved in their Care Plan production, and where a Service User is unable due to capacity, they will have people act in their best interest. The Registered Manager must ensure that any support, aid or accessible resources required to

enable Service User participation are in place. Care Plans will be completed in a confidential setting.

Policy

All Service Users will have a full assessment prior to the start of support services and a review within an agreed initial period of support commencing. Through an initial assessment of the information provided, SOS Homecare will first 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. The initial assessment will include assessing compatibility with the current Service User group in order to avoid any conflict, disharmony and disruption for those involved. This assessment will look at likes, dislikes, hobbies and personalities to ensure compatibility and a good match with other Service Users (for those offered a placement at SOS Homecare).
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 Plan process and an appropriate written risk management plan created for each risk. Common risks and hazards are considered during every assessment.

SOS Homecare will work in partnership with any housing provider partner to ensure the Service User's accommodation and tenancy needs are met and remain appropriate.

The result of the assessment will be reviewed by the Registered Manager in order to determine the ability of SOS Homecare to meet the Service User's needs and preferences. If a Service User's needs and preferences cannot be met, the Registered Manager must explore the impact of this on them and look at alternatives so that the Service User can make informed decisions about their support. The decision to decline the service will be notified to the Service User and/or any purchasing body as soon as possible. SOS Homecare will need to take into account any contractual requirements. Information about the care, treatment and support services available from SOS Homecare and the associated costs, if applicable, will be provided to the Service User during or prior to the assessment in order to enable them to make an informed decision about the service.

Service Users will have the Care Plan 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 Plan which are designed to support their expressed requirements and desired outcomes from the support provided by SOS Homecare. Service Users or their personal representative will be encouraged and supported to be fully involved in the design of their Care Plan, being given, at each stage (where possible), choices from which they can choose their preferred option.

SOS Homecare has the responsibility to ensure that all the 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 into the Service User's physical, psychological, emotional or social health and wellbeing, including but not limited to; District Nurses, SALT team, Continence Team, Home Fire Safety

Team, GP, Occupational Therapist. Housing provider partners of SOS Homecare will be involved where this is appropriate and relevant to the Service User's needs.

Care Plans must include any elements of support 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 personal values, ethnicity, age, gender, gender orientation, disability, nationality, or religious beliefs.

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 an 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 member completing the assessment and a supporting witness signature of a next of kin or legal representative. Service User consent to support detailed in the Care Plan must be formally obtained before the Care Plan is implemented during the initial assessment.

Care Plans are to be developed by staff who are competent in completing Care Plans and who have
the knowledge to inform and involve Service Users in all stages of the Care Plan process. The Registered Manager is responsible for ensuring the completion of the Care Plan document in full and that all documents are signed where indicated. This signature demonstrates the accountability for the planning of support to meet the Service User's needs.

All sections of the Care Plan documents will be completed. If a section is not deemed appropriate to that individual Service User, this must be indicated on the document. Individual Care Plans will state in clear and factual language the detailed support requirements needed to instruct staff to meet the individual Service User's needs identified by the individual assessment procedures.

Care Plans must be completed and in the property of the Service User within 48 hours of the initial assessment. If this is not possible for any reason the Registered Manager must be informed and must take steps to rectify this and ensure all staff are knowledgeable of how to meet the Service User's individualised needs.

Care Plan routines and tasks carried out by staff must be recorded in the log books, or via the PASS app on each visit. Other actions and matters which may provide useful information for a subsequent review must also be recorded. Any concerns of the Care Plan not being adhered to or additional tasks being required must be reported by the staff through the On Call reporting procedure, recorded by the On Call staff member, and the Registered Manager must ensure these concerns are addressed in a timely manner. This must also be monitored during monthly audits of log books or care notes. This process must also be followed for any new potential risks or hazards.

Care Plan reviewers should look at the recorded notes by staff 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. Any new information

gathered or changes to a Service User's Care Plan must be communicated to the Service User and anyone involved in providing support.

Outdated Care Plans will be archived or disposed of in line with the Confidentiality, Data Protection & GDPR Policy at SOS Homecare.

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

Where a Service User lacks the mental capacity to be involved in reviews, a multi-agency review will take place, where possible, with A Court of Protection Appointed Deputy, Lasting Power of Attorney, Guardian or family member etc.

Individual elements of the overall Care Plan can have different scheduled review periods. Following Care Plan reviews, the staff skill mix and designated staff linked to the Service User will be reassessed to ensure that the changed Service User requirements can be met. 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. 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.

Where required, SOS Homecare will ensure the Service User's finance and budget requirements are reviewed and remain optimised and appropriate for the individual Service User's needs.

It is important to recognise and implement efficiently and smoothly any changes in support required for end of life. This will help ensure the correct agencies are involved and the Service User receives support which enables their changing needs to be met with dignity and respect. Service Users deemed to be end of life must have regular reviews depending on their prognosis and changing needs. There must be considerations recorded for after death. All Care Plans must indicate if a DNAR is in situ and if so, where this is located in the property and a copy must be obtained and be held in the Service User's file at the registered SOS Homecare Office.

Retention of Records

The Care Plan and detailed records of personal care provided to Service Users must be retained as stated in the Confidentiality, Data Protection & GDPR Policy. Where written confidential information is to be disposed of then it must be shredded. Computers, laptops, USB drives, mobile phones and other storage media will be disposed of by specialist services. A certificate of destruction will be obtained.

Audit

The Quality Manager and Registered Manager are responsible for ensuring that audits of a random sample of Care Plans are carried out to ensure the processes continue to comply with regulations, standards, and legislation. This will be completed quarterly by the Quality Manager and the Registered Manager must continuously monitor Care Plan review deadlines and ensure they are being adhered too.

The Registered Manager is responsible for ensuring that 20% of Service User Log Books are audited each month (if still using a paper system), and that the care records accurately reflect the Care Plan is being followed.

Policy Dissemination & Review

All staff must be made aware of this policy and procedures as part of the Induction Process and existing employees at Team Meetings. The Registered Manager is responsible for ensuring compliance with this policy. This policy will be reviewed annually.