Serendipity Healthcare Ltd Unit 5 Millennium Way, Dunston, Chesterfield, Derbyshire, S41 8ND





1. Purpose

- 1.1 To ensure that Serendipity Healthcare Ltd has a clear policy and procedure to support Service Users who are admitted or discharged from hospital or respite care.
- 1.2 To support Serendipity Healthcare Ltd in meeting the following Key Lines of Enquiry:

CARING	C2: How does the service support people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible?
EFFECTIVE	E1: Are people's needs and choices assessed and care, treatment and support delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
SAFE	S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?
WELL-LED	W5: How does the service work in partnership with other agencies?

- 1.3 To meet the legal requirements of the regulated activities that Serendipity Healthcare Ltd is registered to provide:
 - The Care Act 2014
 - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
 - Health and Safety at Work etc. Act 1974
 - Mental Capacity Act 2005
 - Mental Capacity Act Code of Practice
 - General Data Protection Regulation 2016
 - Health and Social Care (Safety and Quality) Act 2015
 - Data Protection Act 2018

2. Scope

- 2.1 The following roles may be affected by this policy: All staff
- 2.2 The following Service Users may be affected by this policy: Service Users
- 2.3 The following stakeholders may be affected by this policy:

Commissioners

Local Authority

NHS

Family

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External Professionals Representatives

3. Objectives

3.1 To ensure that Serendipity Healthcare Ltd has systems and procedures in place to support safe admission and discharge and support national initiatives to reduce the number of inappropriate admissions to hospital.

4. Policy

- 4.1 Serendipity Healthcare Ltd recognises that admission to hospital or the discharge from hospital to home can be a difficult and stressful time for Service Users. It is the right of all people using the services of Serendipity Healthcare Ltd to expect a high standard of Care, both on admission to hospital and on discharge, as well as during the transfer of care to other providers.
- 4.2 As a provider of high-quality Care, we will cooperate fully with others involved in the Care of a Service User who uses Serendipity Healthcare Ltd. We will respond effectively to emergency situations and will share information in a confidential manner with all relevant services, teams or agencies in order to enable the Care needs of Service Users to be met.
- 4.3 Essential to safe and effective admission and discharge planning is the full involvement of the Service User and their families or those who care for them. Serendipity Healthcare Ltd fully endorses 'No decision about me, without me'.
- 4.4 Serendipity Healthcare Ltd understands the importance of safe, reliable care and will ensure that good communication and continuity of care are maintained in order to achieve timely discharges and ensure that safe, necessary admissions are facilitated.
- 4.5 At all times, respect will be shown for social, religious and cultural needs and for individuals whose first language is not English or where communication may be a barrier to their views being shared. All protected characteristics will be treated inclusively, and support will be provided to ensure that Service Users can be at the heart of all decisions and that information is shared in an accessible format bespoke to the Service User's needs and wishes.

5. Procedure

5.1 Registered Managers Responsibilities

The Registered Manager will ensure that:

- Every Service User using Serendipity Healthcare Ltd has a comprehensive Care Plan with a detailed risk assessment and a record of medical history and medication
- Every Service User has recorded details of the first point of contact in an emergency and this
 is checked and updated on Serendipity Healthcare Ltd documentation at every Service User
 Care review

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- Staff follow local procedures and have confirmed that they understand the policy of Serendipity Healthcare Ltd and there is a clear communication process agreed between all agencies involved
- Care Plans highlight what a Service User wishes us to do in an emergency and this is recorded in the copy of the Care Plan held by Serendipity Healthcare Ltd. Any advance decision is documented and communicated to the staff involved in the Care of the Service User
- There are sufficient numbers of well-trained staff available to coordinate the Care of Service User's within Serendipity Healthcare Ltd, ensuring that Service Users have a named point of contact
- As part of the induction process at Serendipity Healthcare Ltd, Care Workers are informed about the process for contacting Serendipity Healthcare Ltd and who to advise in the event of Service User admissions or discharges, including unplanned or emergency situations
- Following discharge from hospital, a review of the risk assessment and Care Plan is undertaken as soon as possible, including a reassessment of medication or manual handling issues in order to maximise the safety and wellbeing of Service Users and staff
- As part of the induction process at Serendipity Healthcare Ltd, and subsequently at team meetings, the Care Co-ordinator at Serendipity Healthcare Ltd is made aware of the importance of communicating with commissioners, next of kin and other members of the multidisciplinary team

5.2 The Care Co-ordinator Responsibilities

The Care Co-ordinator will:

- Be aware which Service Users they are responsible for
- Ensure that contact numbers for Service Users and details of their first point of contact are up to date and recorded on records at Serendipity Healthcare Ltd
- Record immediately when a Service User is to be admitted to hospital
- Ensure that communication is clear and there is evidence of all discussions and communication
- Record immediately that they have followed the Service User's preferred process for notifying the first point of contact in an emergency, stating who they have contacted, the date and the time. Attention must be paid when the first point of contact is unable to be contacted immediately so that further attempts are made to speak directly to the first point of contact ensuring that this is recorded
- Record immediately that they have notified whoever has commissioned the Care of the change to service (if it is not the Service User), recording the name of the person spoken to, the date and time and any instructions:
 - Mr/ Mrs/Ms/Miss has been admitted to xxxx hospital on (state date and time).
 You are not required to visit with effect from (state date and time) until further notice
 - Ensure that this message has been received
 - Ensure that the Service User has definitely been admitted to hospital before cancelling any planned visits
 - Ensure that the out-of-hours 'on call' service is made aware of the admission to hospital as part of the evening handover
 - Ensure that all the regular Care Workers are informed when Care is due to restart, and the Service User's Care is restarted on the rota. The Care Coordinator must speak directly to all Care Workers involved with the Service User

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- and must pay particular attention in ensuring that the first visit following discharge is undertaken at the agreed Care Planned time
- Ensure that accurate information with regards to the times, duration, access to
 property, activities to be undertaken, medication and any changes to the Care
 Plan are accurately communicated and that this information is updated on
 Serendipity Healthcare Ltd records and that 'on call' services are made aware.
 Any changes or risks must be communicated to the Care Worker

5.3 The Accounts Department Responsibilities

 Check after 2 weeks with the Social Worker when a Service User is admitted to confirm that they are still in the hospital and check the expected discharge date

5.3 **Documentation**

The Registered Manager, or a designated other, will use the review form at Serendipity Healthcare Ltd to document changes that happened whilst the Service User was in hospital, or, if changes are substantial, The Registered Manager, or a designated other, will complete a new Care Plan. A checklist is available within this policy for recording discharge information when receiving a verbal handover from hospital staff or information from relatives.

Staff will ensure that a discharge summary is received upon transfer of care. In the absence of a discharge summary, staff will contact the hospital ward in a timely manner to get the summary.

5.4 Training and Education

On induction, Care staff involved in any aspect of admissions or discharges are required to read this policy and procedure and understand the documentation required.

Staff will receive ongoing training and enhance their knowledge of how to reduce hospital admissions through supervisions, direct discussions with colleagues and managers and via training as identified in the training needs analysis.

Staff will have current knowledge and skills in order to respond to changing needs and understand the escalation process. It will be emphasised that staff will only work within their competency levels at all times, in accordance with their Code of Conduct.

5.5 **Out-of-hours Staff**

Out-of-hours staff will ensure a seamless transfer of information and follow the procedures of Serendipity Healthcare Ltd.

5.6 **Hospital Admission Procedure**

- Planned hospital visits must be recorded in the visit record in the Service User's home and recorded on records held by Serendipity Healthcare Ltd
- Unplanned hospital visits will be recorded in the visit records in the Service User's home and in records held by Serendipity Healthcare Ltd. Care Workers must notify Serendipity Healthcare Ltd as soon as they are aware that the Service User is to be transferred to hospital
- Staff involved in the Care will be informed if visits to Service Users are cancelled
- The Service User's home will be left in a clean and tidy condition and the bed will be made for the Service User's return home. Care Workers will ensure that the property is locked and secure when they leave the premises
- Where there is soiled linen, the Care Co-ordinator will refer to the emergency contact in the first instance to arrange for them to come and assist in washing laundry. Where this is not possible, the Care Co-ordinator will refer to The

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Registered Manager for guidance with regards to arranging removal/laundering and approval to remain in the property to assist with tidying. Where there is only one Care Worker in the Service User's home, another Care Worker will be sent to the home to ensure that a worker is not left alone in the property

- Care Workers will prepare an overnight bag/clothes and medication for the Service User, where required. Where the Service User has a hospital passport, this information will transfer with them
- Staff will not return to the property when the Service User is not present

5.7 **During Hospital Stay and Emergency Admissions**

- The Service User's home will be kept locked and only entered if necessary
- If the door is on a latch system, then the keys must accompany the Service User to hospital
- If there is a key safe, in consultation with the commissioner, or the person
 responsible for organising the Care, the key may need to be removed from the key
 safe to ensure that no unauthorised access to the Service User's home is gained. All
 arrangements will involve the Service User, if they have the capacity, and consent
 will be obtained as part of the emergency planning within the agreed Care Plan
- Contact will be maintained with the Service User's family/multidisciplinary team
 throughout their hospital stay to monitor progress and understand the expected
 discharge date (EDD), in order that regular staff can be rescheduled for the return
 home of the Service User, enabling continuity of service

5.8 **Hospital Discharge Procedure**

Follow-on care after discharge is in place from the UK Government and will provide up to 6 weeks of funded care and support for people being discharged from hospital from 1st September 2020. The additional support will include domiciliary care, community nursing services or care home costs, depending on the Service User's support needs, and will run until 31st March 2021. Full government guidance can be found here.

To support this process Serendipity Healthcare Ltd will:

- Identify the capacity at Serendipity Healthcare Ltd that can be used to support hospital discharges and liaise with the local adult social care lead
- Ensure that PPE stocks are sufficient
- Ensure that a Care Plan assessment is undertaken with each new Service User during this 6week period
- Work with multidisciplinary teams to ensure the correct packages of support are in place and equipment is available where required

Where reablement or rehabilitation services are being provided, these should be monitored and the effectiveness of that service shared.

5.9 **Chaperone Process**

Staff at Serendipity Healthcare Ltd will support the Service User to manage their own arrangements as much as possible but may be required to support Service Users to attend hospital visits or be a chaperone when they are due to be admitted to hospital. Where this Care is required The Registered Manager or a designated personnell will directly advise staff and arrange the Care accordingly. Staff must ensure that Service Users are supported by:

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- Ensuring that they have everything they need before attending the hospital visit/admission i.e. hospital documentation, overnight bag etc.
- Ensuring that the required means of transportation has been arranged. Where an employee
 is transporting a Service User by car, staff should follow the Driving for Work Policy and
 Procedure at Serendipity Healthcare Ltd. If other modes of transportation are being used,
 such as public transport or hospital transportation, the Service User will be escorted safely
 via these modes of transport
- Ensuring that the Service User is supported with any requirements on the journey, such as mobility aids. Any support must be provided in line with the Service User's Care Plan assessments
- Ensuring that the Service User feels safe whilst escorting them and providing reassurance where required

Staff must ensure that they maintain the confidentiality of the Service User at all times whilst undertaking the chaperone process, in line with the Data Protection and Confidentiality Policy and Procedure at Serendipity Healthcare Ltd. If the Care Worker is concerned by anything during the chaperone process they must report it to The Registered Manager.

6. Definitions

6.1 **Discharge Summary**

 Hospital discharge summaries serve as the primary documents communicating a patient's Care Plan to the post-hospital care team. Often, the discharge summary is the only form of communication that accompanies the Service User

6.2 **Discharge Coordinator**

 Discharge coordinators make sure that patients leaving the hospital or clinic will be able to continue their recovery from home or wherever they are going

6.3 **Protected Characteristics Equality Act 2010**

- The protected characteristics are; Age
- Disability
- Gender reassignment Marriage and civil partnership
- Pregnancy and maternity status Race
- Religion or belief Sex
- Sexual orientation
- They are defined in the Equality Act 2010 (as amended) and mean it is against the law to discriminate against anyone because of a protected characteristic

Last Reviewed: 31st January 2022 Lisa Ward HR Manager