NHS
Hertfordshire Partnership University
NHS Foundation Trust

as One

Introduction to Adult Inpatient Services: Information for Carers

Name of unit:.....

Address:.....

Ward name:.....

Contact details:.....

We use the term carer to mean a person who provides unpaid care to someone else who relies upon them. We have identified you as a carer and that is why you have been provided with this document.

People who are admitted to acute inpatient wards should receive interventions which promote recovery and wellbeing, taking into account the views of the service user and carers, building on the personal strengths and resilience of the service user. Inpatient services are committed to providing treatment and care in a way that preserves people's rights, their privacy and dignity and offers a safe and therapeutic environment. HPFT staff will practice within the current legal and ethical guidelines. They will observe and respect people's rights to confidentiality of information.

The inpatient wards

The adult inpatient services aim to provide a high standard of treatment and care in a safe and therapeutic setting for service users in the most acute and vulnerable stages of their illness.

They are specifically for those service users who circumstances or acute needs are such that they cannot be treated or supported at home or elsewhere in a less restrictive setting. A stay in hospital may assist with a more in-depth assessment and psychiatric treatment. Some service users are admitted informally, which means they can leave on request, if they are considered well enough, whilst others are admitted formally, under the Mental Health Act. Please ask the nurse in charge for further information if you are unsure about this.

More information can also be found in the Carer Handbook. You should be provided with the Carer Handbook when the person you care for is admitted into inpatient services. Additionally the Carer Handbook can be downloaded here: https://www.hpft.nhs.uk/information-and-resources/carer-resources/

What to expect from adult inpatient services

Visiting

There is a separate document which can be provided which will show the visiting times for the ward where the person you care for is staying. These can be found on the information board on the ward.

Visitors are asked to report to the nurse in charge when they arrive and when they leave. You will be searched upon your arrival to make sure you are not bringing in any banned items to the ward.

It is important for everyone's safety that we know who is on the ward. Children may only visit the ward with prior arrangement from nursing staff and must be accompanied by an adult. There are family visiting areas that we can book for you to accommodate this. You may be asked to leave the ward if necessary under certain circumstances. If you need more information on visiting, please speak to the matron on the ward.

Named nurse and assessment

The person you care for will be allocated a named nurse who will work with them to a complete a full assessment of their needs shortly after they arrive on the ward and will devise a care plan with them. The care plan will be regularly reviewed whilst the person you care for is on the ward. If the service user is in agreement, you will be involved in the care planning.

Care coordination and the Care Programme Approach (CPA)

Service users in inpatient wards will have a care coordinator. This might be their named nurse, consultant, or team responsible for overseeing their care. This is the person who should be contacted if you have queries about the services being provided by the Trust. With the service user's agreement, we aim to involve carers throughout the CPA process. During this process the person you care for will participate in developing a personalised care plan, which you should expect to be involved in creating.

Discharge

Part of the process of recovery whilst the person you care for is an inpatient may be short periods of home leave. If the person you care for leaves a ward, they may return to a different bed. If the CPA applies to the person you care for then this process will ensure that follow-up arrangements will continue to meet their health and social care needs.

There is a "Discharge from Psychiatric Inpatient Services and Transitioning into the Community" leaflet available for carers that you will be provided with before the person you care for is discharged into the community. The leaflet can also be downloaded here on our website.

Advance Care Planning

Advance Care Planning (ACP) is to help the person you care for make choices about their future care at a time when they have capacity to do so, in case they lose the mental capacity to make decisions for themselves in the future. Carers can play an important role in helping someone to develop an advance care plan as they will often play a crucial role should the service user lose mental capacity.

The process of ACP involves completing some forms that are often stored with the service as instructed by the service user. Two key aspects of ACP are Advance Decisions to Refuse Treatment and Advance Statements of Preferences and Wishes, details about which can be found in the Carer Handbook.

Your rights as the carer

The Care Act (2014) came into effect in April 2015. Amongst other changes to the way care is provided, it significantly increased the right of carers to get the support they need, at a time they need it. More information is available via www.carerstrust.org and https://www.hpft.nhs.uk/information-and-resources/care-act-2014/

The Carer Handbook contains a summary of your rights as well as a short description of the Mental Health and Mental Health Capacity

Acts (2005 and 2007) that may be useful for carers to know. The National Institute of Health and Care Excellence (NICE) has also published guidance on how providers should support you. This guidance can be found at: https://www.nice.org.uk/guidance/ng150

The Care Act (2014) legally entitles all carers to a Carer Assessment. This is an assessment of your needs and is irrespective of the level of support that you provide someone. Some of the things that may be discussed during your Carer Assessment are:

- Practical support
- Emotional support
- Information you may need
- How to get time off from caring (breaks)
- Your health and wellbeing
- Leisure needs
- Where to get advice on welfare benefits
- Contingency plan for when you are unable to care
- Culturally appropriate support that is specific to your needs
- Complexities and difficulties around caring for more than one person

More information about Carer Assessments, and who provides them, can be found in the Carer Handbook.

Triangle of Care

The Triangle of Care represents partnership working between the mental health professional, service user and carer – recognising the carer as an expert partner in your loved one's care. This model helps to promote safety, support ongoing recovery, and improve the wellbeing of both the carer and the person they care for.

For more information on the Triangle of Care please visit our website.

Frequently Asked Questions

What types of therapy are offered for the person you care for?

There are several therapies offered on the wards. Speak to the team of the person you care for to find out what is available for them.

What is a care plan?

All people using our services are entitled to participate in developing a personalised care plan following a comprehensive assessment of their needs. This may be as simple as a letter setting out the agreed actions, or a detailed form including information about the needs of the service user, support required and who will provide it.

As a carer you should be kept up-to-date and involved in care planning, as long as the service user is in agreement. Sometimes a service user may refuse for you to see their care plan. This is a personal choice and should not affect the support we offer to you as a carer.

Can I attend every appointment?

Yes, if the service user has given their consent for you to attend.

If the person I care for withdraws consent, can I still attend the appointments?

If a service user withdraws consent, the Care Act (2014) states that a carer is still entitled to a one-to-one meeting with their loved one's consultant so that they are not entirely excluded. The decision of the service user to withdraw consent should be reviewed regularly.

If the person I care for withdraws consent, can I still get support from you?

Yes. Whilst there may be certain pieces of information we are prevented from sharing with you, we can continue to support you as the carer as well as signposting you to additional support.

What information will be shared with me if my loved one has withdrawn consent?

Where possible, carers are given general factual information, both verbal and written about:

- The mental health diagnosis
- What behaviour is likely to occur and how to manage it
- Medication – benefits and possible side-effects
- Local inpatient and community services
- The Care Programme Approach (CPA)
- Local and national support groups

For more information about the practicalities of information sharing, and what you can expect from the service, see the confidentiality guide. If you would like a copy please contact us on **01727 804418** or download from the following link: https://www.hpft.nhs.uk/information-and-resources/carer-resources/

Further details can also be found in the Carer Handbook.

What can I do if I don't agree with the decision the person I care for has made when making an advance decision to refuse treatment?

As stated in the Mental Health Act, if the person you care for is assessed as having capacity to make that decision, we are unable to intervene. However, as much as possible, we encourage the carer to be involved when advance decisions are made.

Who can the service share information with?

The Trust will never and cannot share information unless there is a risk posed to either the carer or the service user.

What can I do if I feel that the service is not involving me appropriately in the care that is being provided?

It is important that any concerns you have are raised with the care coordinator in the first instance. If you are still dissatisfied, you can get additional advice from the Patient Advice & Liaison Service (PALS) (Tel: **01707 253916** or Email: hpft.pals.herts@nhs.net).

If, after speaking with a member of staff or PALS, you feel that your concern has not been satisfactorily resolved, you can telephone or write to us. It will help if you contact us as soon as possible. Making a complaint will not affect the way you are treated. You should call the complaints team on: **01707 253916** or email: hpft.complaints@nhs.net. Complaints information can be found on our website: https://www.hpft.nhs.uk/contact-us/compliments-and-complaints/

If you would like help and support to make a formal complaint you can contact the NHS Complaints Advocacy Service. POhWER ICAS (www.pohwer.net, Tel: **0300 123 4044**) is an independent body offering advocacy support to people who wish to make a complaint about NHS services. The service is free, independent and confidential.

Carers in Hertfordshire also offer an advocacy service for carers. Ask for the advocate on: **01992 586969** or by email: contact@carersinhertfordshire.org.uk

Who will be my main point of contact moving forward?

Your main contact should be your loved one's care coordinator.

What do I do if I don't have a named contact?

If the person you care for does not have a care coordinator, they should speak to the matron on the ward to get one.

Named nurse:……

Name of care coordinator:……

Contact details:……..

Working days:……

Notes: