**CO-OPERATING WITH OTHER PROVIDERS**

**Caretakers Southwest Ltd**

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**Policy Statement**

This organisation is committed to a service that prioritises the service user. As a private provider there are some business activities which, from a commercial perspective, cannot be shared. In the interests of openness and clarity we detail our co-operation mode *di emploi* and when we would share and exchange information.

**The Policy**

The aim of this policy is to ensure that where there is more than one provider of care and support, all multi-agency partners are aware of our commitment to our service users and to assist where possible in a smooth transfer of information between multi-agency partners and other providers.

# Arrangements

From time to time situations occur where it is important to share information in order to play our part in making a valid contribution to a seamless service for the service user.

In order that care planning information is shared in relation to the admission, transfer or discharge of service users, and to facilitate any emergency procedure co-ordination with the minimum of distress and anxiety, we will co-operate fully with our multi-agency partners in the exchange of information.

Where multi-agency working is involved, we will ascertain the lead responsible for the co-ordination of the care. We are aware of our Civil Emergency Team in our local authority, and have emergency and contingency plans in place.

We are aware of Data Protection legislation and our confidentiality policies and procedures include sharing on a "need to know" basis. The shared information will be appropriate, measured, transferred securely, up to date and relevant.

Information is reviewed and updated using the review system.

If information relates to a safeguarding allegation, or disclosure is in the public interest, senior management advice is sought before any information is released to ensure the release is in accordance with relevant legislation and guidance.

# Information Sharing

We will ensure that any exchange of information will adhere to the Data Protection requirements and will include the following as a minimum:

* Name
* Gender
* Date of birth
* Address
* Unique Identification Number or Reference Number
* Emergency contact details
* Any person who acts as representative, advocate, who holds an LPA or equivalent with contact details where available
* Records of care, treatment and support provided up to the date of transfer
* Assessed needs
* Known preferences and any relevant diverse needs
* Previous medical history that is relevant to the service users present needs and any relevant GP contact details
* Any infection that needs to be managed
* Any medicines they need to take
* Any allergies they have
* Reason for transferring to the new service
* Any advanced decision and any assessed risk of suicide or homicide or harm to self and others.

The above information should ensure that there are no interruptions to the continuity of care, treatment and support for the service user.

# Emergency Admission to Hospital Procedure

* When a member of staff makes a decision that the health of the service user has deteriorated, or when the service user has had an accident, they must ring the office or the on-call supervisor. The office or on-call supervisor will make the decision to call the GP or paramedics. The member of staff will be asked to stay with the service user until the paramedics or GP arrive.
* If a decision is made by a GP or the paramedic team that the service user needs emergency hospital admission the member of staff present must re contact the office immediately.
* The office will contact the next of kin to either accompany the service user or meet them at hospital.
* The member of staff will be required to give relevant verbal information to the paramedic team in relation to the history of events, known allergies, medical conditions and medication. Any further requests for information must be directed to the office.
* Any Care Quality Commission (CQC) notifications should be completed by the manager and sent online to CQC.
* If relevant any RIDDOR notifications must be made.
* If relevant any accident forms should be completed and signed.
* Before the service user returns home this organisation will ensure that it can continue to meet the needs of the service user through liaising with the hospital and family and carrying out a revised needs assessment.

# Multi-Agency Working

Where multi-agency working is involved the organisation will ascertain the lead responsible for the co-ordination of the care. We are aware of our Civil Emergency Team in our local authority. We have emergency and contingency plans in place pertinent to the Civil Contingencies Act 2004 or Coronavirus Act 2020.

This organisation is conscious of Data Protection legislation; our confidentiality policies and procedures include sharing on a "need to know" basis. The shared information will be appropriate, measured, transferred securely, up to date and relevant.

Information is reviewed and updated using the review system.

If information relates to a safeguarding allegation, or disclosure is in the public interest, senior management advice is sought before any information is released to ensure the release is in accordance with relevant legislation and guidance. All staff are made aware of acceptable methods of transferring information, and how important it is that the information is relevant, factually correct and omits subjective opinions, and can be shared online with Data Protection legislation and any other relevant guidance.

# Consent

Where consent cannot be obtained it is clearly recorded, including the reasons and the necessity of sharing the information. Where possible individuals are aware of the information that is being transferred and are provided with a copy when requested.

# Transfer Methods

If it is not possible for the information to accompany the individual, then it must be transferred in a secure and safe manner afterwards Where there is particularly sensitive, personal information then a courier service will be used to ensure confidentiality.

**Related Policies**

Confidentiality

Consent

Cyber Security

Data Protection Legislative Framework (GDPR)

Medication

Notifications

**Related Guidance**

* NICE Guidelines [NG 22] Published November 2015 - Older people with social care needs and multiple long-term conditions <https://www.nice.org.uk/guidance/ng22>
* NICE Quality Standard QS 136 published December 2016, - Transition between inpatient hospital settings and community or care home settings for adults with social care needs <https://www.nice.org.uk/guidance/qs136>
* NICE guidelines [NG43] Published date: February 2016 -Transition from children to adults’ services for young people using health or social care services <https://www.nice.org.uk/guidance/ng43>
* Hospital passport template- Dementia <https://www.unforgettable.org/blog/how-carer-passport-schemes-help-support-dementia-patients-in-hospital/>
* Going to hospital <https://www.nhs.uk/conditions/learning-disabilities/going-into-hospital/>
* Coronavirus Act 2020 <http://www.legislation.gov.uk/ukpga/2020/7/pdfs/ukpga_20200007_en.pdf>

# Training Statement

All staff, during induction are made aware of the organisations policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used including one to one, on-line, workbook, group meetings, individual supervisions and external courses are sourced as required.