

Supporting patients in hospital

A guide for external care providers



The Learning Disability Liaison Team

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Introduction

This information booklet has been provided to give you some general information on how you can help support your patient when they are admitted to Hospital or into an Acute care setting within Brighton & Sussex University Hospitals NHS Trust (BSUH).

How can I make sure that my patient gets the right care and support during their stay?

Any care and support you provide as an external care provider is seen by BSUH as goodwill on your part and not an obligation. BSUH has a duty to provide care and support, but acknowledge that a patient who has a learning disability may benefit from support from staff or carers they are familiar with and who understand their individual needs.

Who should I inform when my patient is admitted?

It is very important that you inform the Learning Disability Liaison Team of the patient's admission. Their details are on the front of this booklet.

What issues should I consider when my patient is admitted?

When your patient is admitted to hospital, it is advisable that a representative from the patient's external care provider and the senior nurse on duty liaise about the support needs of the patient.

Issues to consider are

- How much support does your patient require?
- When might your patient prefer support from their personal carers?
- What sort of support will be given? For example would this be helping at mealtimes or a more social visit to help the patient feel more at ease with their surroundings?
- Who are the appropriate staff members to support your patient?
- Who knows them well?
- Specific gender according to care being given or ward gender?
- Support for carers to enable them to take regular breaks?

What help can I assist with on the ward?

External care provider staff can assist with tasks such as moving and handling, medication administration (under the supervision of a ward Registered Nurse) etc. External care provider staff are insured to provide this type of support on BSUH sites as long as this has been formally agreed and documented. **This must be discussed and an agreement reached between all parties. It is advisable that this is documented on the checklist below. If the agreed support cannot be provided for any reason, please make sure that the nurse in charge of the ward is informed. If the level of support needs to change this should also be discussed and documented.**

Checklist – to be completed when a patient is admitted

| Ward | Ward Manager |
|------|--------------|
| | |

- Has the learning disability liaison team been informed of the patient’s admission?
- What amount of support has been agreed to be provided by the patient’s social care support team?
- Times that support will be provided
- Has a Hospital Passport been shared with ward staff?
- How will the ward and care home communicate?
E.g. communication between attending external care provider staff and nurse on duty?
Daily telephone calls from Home Manager?
- Who should the staff report to if they have any concerns?
- Additional Information

The BSUH policy on how to support an individual with learning disabilities in the acute care setting has a dependency assessment tool which might be useful in determining how much support a patient needs. Please see the flow chart at the end of this booklet.

How can good communication be maintained between hospital staff and external care provider staff?

- BSUH recommend that all staff involved with the patients care keep each other well informed.
- It is advisable that the external care provider manager has weekly contact with the Ward Manager, whether this is via the telephone or a visit to share all essential information.
- **It is strongly advised that a Hospital Passport is completed prior to, or at the earliest opportunity after admission, to enable ward staff to effectively support the patient throughout their hospital admission.**
- It is advised that the external care provider member of staff completes the patient's usual home diary sheet to document what is communicated about the patient by various health professionals. This will enable effective communication between the supporting carer and also the care home. If home diaries don't exist it is advised that one is introduced for the admission.
- It is important to complete the check list on page 3 so that the external care provider team are aware of who the Ward Manager is and who to contact if they have concerns.

What do I need to be aware of with regard to the issue of confidentiality?

- All employees working within any care organisation are bound by a legal duty of confidentiality. This means that they are obliged to keep any person-identifiable information they become party to as part of their job strictly confidential.
- All members of staff should avoid talking about patients in public places or where they can be overheard, unless this is unavoidable for delivering patient care, e.g. when admitting a patient and gathering his / her details for admission, questioning a patient on a trolley prior to being moved into a ward.
- In order to avoid the risk of infringing patient confidentiality, ensure the preservation of patients' privacy and dignity, promote a stress free environment and aid recovery the use of mobile phones in inpatient clinical areas by patients and visitors is not allowed. Individual patients may be allowed to use their mobile phone for a limited time in certain inpatient areas and under certain circumstances but this will be at the sole discretion of the nurse in charge. The nurse will ensure such use will not cause disturbance to other patients.
- The use of camera phones, cameras and video recording is strictly prohibited in all areas.

What do I need to be aware of with regard to the issue of infection control?

- Please use the alcohol hand gel or wash your hands in warm soapy water before you enter the ward and when you leave the ward.

- The hospital does not provide laundry facilities for patients. We ask that you arrange to remove clothing and towels that need washing.
- Please do not visit if you are unwell. You must be free of symptoms for at least two days before you visit someone in hospital, especially if your symptoms include vomiting, diarrhoea, temperature, cold and / or cough.
- To help control infection, please sit on the chairs and not on the bed.
- Please do not share property such as toiletries, tissues or items of hospital equipment with other patients or touch the patient's wounds or any medical equipment they are attached to such as drips and catheters. This can cause infections.
- Finally, please bear in mind that the more people that come onto the ward the greater the risk of infection to patients.

How many visitors can my patient have?

A maximum of two visitors are permitted per patient at any one time.

Where should I put my patient's belongings?

Please ensure patient's belongings are kept in the locker provided and items such as suitcases are taken home. Keeping wards free from clutter reduces the risk of patients falling and makes it easier to clean.

Can I bring food in for my patient?

If you bring food for the patient onto the ward please ensure it is in a suitable container, with a well fitting lid, which is clearly labelled with the patients name and the date.

What is expected if I wear a uniform on the ward?

Uniforms and clothing worn in the delivery of patient care must be smart, safe and practical. Uniform should project a professional image to encourage public trust and confidence, minimise infection risks and withstand decontamination. Allow freedom of movement and comfort and reflect the type of work being undertaken. Footwear must enclose the whole foot and have non-slip, soft soles, and low heels and provide good support.

What should I do about having a break?

All external support staff supporting a patient on the ward must ensure that they are able to have a break. Please liaise with the nursing staff so that they are aware when you go and when you are back. You are not permitted to eat or drink on the wards. This is due to risk of infection and also it would not be appropriate if the patient you are with, or others on the ward are nil by mouth. We ask that you follow and respect this guidance.

How can I tell who is who on the ward?

The following colours of uniform reflect the different roles of BSUH ward staff

| | |
|--|------------------------|
| Healthcare Assistant | Grey |
| Student Nurse | White |
| Staff Nurse | Light blue |
| Senior Staff Nurse / Deputy Sister | Royal blue / Navy blue |
| Sister / Ward Manger | Navy blue |
| Nurse Specialist | Navy blue |
| Nurse Consultant | Navy Blue |
| Matron | Purple |
| Associate Director / Nursing / Head of Midwifery | Purple |
| Deputy Chief Nurse / Chief Nurse | Purple |

References –

BSUH Visitor's Code

BSUH policy in relation to uniforms and clothing worn in the delivery of patient care

BSUH Safe use of mobile phones Policy

Confidentiality Policy for BSUH Staff

**LEARNING DISABILITY DEPENDENCY ASSESSMENT SCALE: ACUTE CARE SETTING
BRIGHTON & SUSSEX UNIVERSITY HOSPITALS NHS TRUST**

NAME:

WARD:

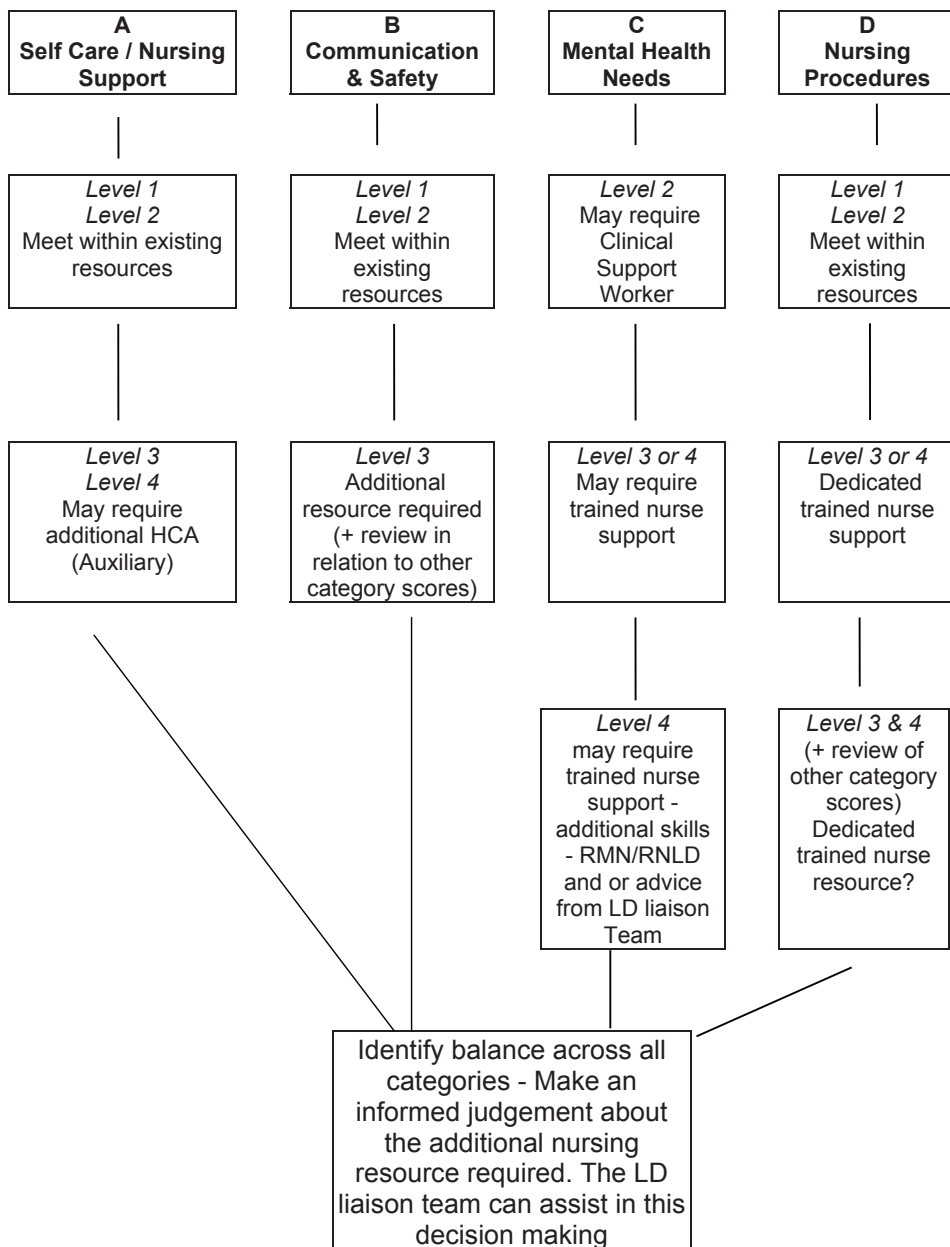
DATE:

| A SELF CARE / NURSING SUPPORT | | B COMMUNICATION & SAFETY | | C MENTAL HEALTH NEEDS | | D NURSING PROCEDURES | |
|--|-------|---|------------|--|------------|--|------------|
| Assistance level / support required for: | | Assistance level / support required to: | | Assistance level / support required to: | | Assistance level required by the patient during: | |
| Personal hygiene | (0-2) | Enable patient to safely leave the ward environment | (0-2) | Protect the patient at risk of self-harm (deliberate/accidental) | (N/A or 4) | Preparation for technical procedures | (N/A, 2-4) |
| Nutritional needs | (0-4) | Enable the patient to maintain personal dignity | (0-3) | Protect the patient at risk of attempted suicide | (N/A or 4) | Inter operative procedures | (N/A, 2-4) |
| Fluid intake | (0-4) | Maintain the safety and dignity of patients/relatives | (N/A, 0-3) | Care of the patient who presents with challenging behaviour : | | Post intervention/operative procedures | (N/A, 2-4) |
| Elimination | (0-4) | Enable effective communication | (0-2) | - violent behaviour | (N/A, 2-4) | Safe administration of medicines | (N/A, 1-4) |
| Pressure Areas | (0-2) | Provide appropriate support and explanation | (0-2) | - destructive behaviour | (N/A, 2-4) | Intravenous therapy | (N/A, 1-4) |
| Safe mobility | (0-2) | Input required to carers to facilitate communication & explanations | (0-2) | - hyperactive behaviour | (N/A, 2-4) | | |
| Sleep | (0-4) | Enable the patient to participate in social & occupational activities | (0-2) | - socially inappropriate behaviour (verbal, uninhibited) | (N/A, 2-4) | | |

Will the carer provide direct care / be in attendance? Circle Yes - during the day only, Yes - day & night, Yes - available during procedures, No.

Assistance level rating scale N/A = Category does not apply to this patient
0 = No assistance required, capable of safe, independent care

LEARNING DISABILITIES DEPENDENCY ASSESSMENT SCALE - FLOW CHART



If you do not understand this leaflet, we can arrange for an interpreter.

إذا كنت لا تستطيع فهم محتويات هذه النشرة فيمكننا عمل الترتيبات لتوفير مترجم شفوي لك.

এই প্রচারপুস্তিকাটি যদি আপনি বুঝতে না পারেন, তবে আপনার জন্য আমরা একজন অনুবাদকের ব্যবস্থা করে দিতে পারি

如你不明白本單張的內容，我們可安排口譯員服務。

如你不明白本传单的内容，我们可安排口译员服务。

اگر مندرجات این جزوه را نمیفهمید، ما می‌توانیم مترجم در اختیارتان بگذاریم.

Jeśli masz trudności w zrozumieniu tej ulotki, możemy zorganizować tłumacza.