

CABINET MEMBER FOR ADULT SOCIAL CARE

**Venue: Town Hall,
Moorgate Street,
Rotherham. S60 2TH**

Date: Monday, 22nd October, 2012

Time: 10.00 a.m.

A G E N D A

1. To determine if the matters are to be considered under the categories suggested in accordance with Part 1 (as amended March 2006) of Schedule 12A to the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for Absence.
4. Minutes of the Previous Meeting (Pages 1 - 3)
5. Health and Wellbeing Board (Pages 4 - 11)
6. Wider-Workforce Skills Development Funding Application Scheme (Pages 12 - 33)
7. Medication Policy - Independent Sector Home Care and In-House Enabling Services (Pages 34 - 49)
8. Date and Time of Next Meeting -
- Monday, 5th November, 2012 commencing at 10.00 a.m.

Service contract and Service specification, it would also contribute to an overall judgement being made and lead to a quality rating award for each provider – Level C being the minimum level and indicated a satisfactory performance and Level A indicating an excellent performance. Failure to reach level C would result in a Default Notice being served and Special Measures Improvement Plan being issued and could ultimately result in removal from the Framework.

Results and findings would be reported through the Departmental Leadership Team and the Contracting for Care forum.

Resolved:- (1) That the report be noted.

(2) That the results and findings also be submitted to the Cabinet Member.

S30. HEALTH AND WELLBEING BOARD SELF-ASSESSMENT

In accordance with Minute No. 15, Kate Green, Policy Officer, submitted the responses that had been received to the questionnaires completed by all Board members relating to the Board's operation, Strategy and delivery.

The Local Government Association had worked with the NHS Leadership Academy, other national organisations and representatives of Health and Wellbeing Boards to co-produce a new development tool for Boards. It could be used to measure levels of preparedness through a 'maturity matrix' which allowed Boards to track their progress over time.

John Wilderspin praised the Board for having the courage to self-assess as well as doing so before a self-assessment tool had been produced. He particularly drew attention to:-

- Good quality reports
- Clarity of the Terms of Reference
- Too ambitious?
- Do not underestimate the challenge of getting different representatives from different organisations and having similar priorities
- Consider concentrating on achieving a couple of priorities in the first year
- Ask difficult questions

Agreed:- That a special meeting be convened to discuss the self-assessment results and the way forward.

S31. DATE OF NEXT MEETING

Agreed:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 31st October, 2012, commencing at 1.00 p.m. in the Rotherham Town Hall.

SECTION 4)

MILESTONE PLAN

| Learning Activity - Objectives / Outputs | Milestones | Budget | Responsibility |
|---|------------|--------|----------------|
| | | | |
| <p>Progress against milestones: Please describe progress against achieving the milestones as they related to the objectives (what the learning activity is aiming to achieve); outputs (what has been delivered) and outcomes (what people who use services and / or wider-workforce group have gained).</p> | | | |
| <p>Costs incurred against budget: Please list, and total, the entire costs incurred by the applicant and provide evidence (see - 6.5).</p> <p>Total £</p> <p>Trainer cost £ Venue costs £ Resources costs £ Transport costs £ Learner support costs £ Any other costs not covered above, give details £</p> | | | |

Rotherham's Wider-Workforce Skills Development Funding Application Scheme
Application Form 2013-2014

SECTION 1) WHO IS MAKING THE APPLICATION?

Tell us who you are, what you do, how you can be contacted, and if this is a new activity for you...

| | |
|-----|--|
| 1.1 | Group / Organisation / Training provider name |
| 1.2 | Description of the Group / Organisation / Training provider (50 words minimum) |
| 1.3 | Contact person's name |
| 1.4 | Contact address |
| 1.5 | Contact telephone number and e-mail address Phone: Email: |
| 1.6 | Is this a new activity for your organisation? Yes No, give details |

SECTION 2) TYPE OF GROUP AND THEMES

Tell us which group will benefit from the learning activity and the theme(s) that the activity relates...

| | |
|-----|---|
| 2.1 | Please indicate the type of group to be supported and benefit from the learning activity - (please ✓ one box only) <ul style="list-style-type: none">• User-led and carer-led organisations []• Volunteers []• Neighbourhoods []• Circles of support (neighbours, trades, family/relatives) [] |
|-----|---|

| | |
|-----|---|
| | <ul style="list-style-type: none"> Carers [] |
| 2.2 | <p>Please indicate the themes or themes supported by this learning activity - (please ✓ one or more boxes)</p> <ul style="list-style-type: none"> Recruiting, inducting, training and supporting volunteers to add value to services and provide support in local neighbourhoods [] Producing neighbourhood learning opportunities [] Develop community skills to enable those undertaking informal support roles in their community to have access to the knowledge, skills and capacity they need [] |

SECTION 3) ABOUT THE INTENDED LEARNING ACTIVITY

Tell us what the learning activity is all about, what the activity will cover, when it is planned to start and end, how many learners will benefit, and how it will be monitored...

| | |
|-----|--|
| 3.1 | What is the title of this learning activity? |
| 3.2 | Please describe briefly what the learning activity is about (100 words <u>minimum</u>)? |
| 3.3 | What skills and knowledge are expected to be learnt (100 words <u>minimum</u>)? |
| 3.4 | What learning outcomes are expected to be achieved (100 words <u>minimum</u>)? |
| 3.5 | <p>What are the planned start and end dates for the learning activity?</p> <p>Start</p> <p>End</p> |
| 3.6 | How many learners will take part in this learning activity, in total? |
| 3.7 | Where will the learning activity take place? |
| 3.8 | How many hours are involved in the learning activity, in total? |
| 3.9 | How many sessions are involved in the learning activity, in total? |

| | |
|-----|---|
| | Learner support costs £ Any other costs not covered above, give details £ |
| 5.6 | Please indicate how you would prefer to receive reimbursement of any approved <u>funding</u> expenditure - by <u>periodic instalments</u> or by a <u>one off year-end payment</u> ? (please ✓) Payment by instalments [] Payment at year-end [] |

SECTION 6) DELIVERY OF THE LEARNING ACTIVITY

Tell us who will be delivering the learning activity and how the activity will be quality assured for the learners involved...

| | |
|-----|--|
| 6.1 | Who will be delivering this learning activity? |
| 6.2 | How will you monitor that the delivery of the learning is of high quality? |
| 6.3 | How will you know whether learners are satisfied with the learning provided? |

SECTION 7)

SUMMARY LEARNING ACTIVITY MILESTONE PLAN

Summarise for us what will be achieved (objectives), what will be delivered (outputs), measures of progress (milestones), what budget is needed to support this, and who will be responsible - broken down into periods of time such as month by month..

| Period | Learning Activity Objectives / Outputs | Milestones | Budget | Responsibility |
|--------|--|------------|--------|----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Insert additional rows as required

**Rotherham Metropolitan
Borough Council**

**Neighbourhoods and Adult Services
Directorate**

Health and Wellbeing

**Contracted Community and Home
Care Services (Domiciliary Care)
Policy on Medication**

August 2012
(revised version
Final Report)

Contents

1. Introduction
2. Definitions
3. General Principles
4. Authorised Duties of Home Carers
5. Role of the Pharmacist
6. Consent
7. Storage
8. Disposal
9. Recording
10. Training
11. Guidance Notes on Medical Issues

Appendix 1 Application of skin creams by Home Care Staff

Appendix 2 Assistance with the use of TENS equipment for pain relief

Appendix 3 Guidelines on the use of Hypostop Gel for diabetics

If there is any doubt that the above has been undertaken then the Carer and/or Home Care Supervisor (or equivalent responsible person) must refer the Service User for review.

- 6.4 In situations where consent is refused, medication must not be administered. The refusal should be reported by the Home Carer to their Home Care Supervisor (or equivalent responsible person) who will report this to the G.P.
- 6.5 Where it is felt by the Community and Home Care Services Supervisor (or equivalent responsible person) that refusal of consent is not made of their own free will, it may be appropriate to refer to the South Yorkshire Safeguarding Adults Procedures and the Safeguarding practice guidance for Rotherham.
- 6.6 It is an individual's choice not to take medication. They cannot be coerced or forced in any way but some degree of encouragement can be given. Under no circumstances should any member of staff attempt to administer any medicine against the Service User's will, or without their knowledge.
- 6.7 Unacceptable practices include:
 - Disguising liquid medicine in drinks
 - Dissolving tablets in drinks
 - Crushing tablets and mixing in food
 - Breaking open capsules and dispersing contents into drinks or food
- 6.8 All refusals must be recorded by Carers in the daily notes and reported to their Home Care Supervisor (or equivalent responsible person).

7. Storage

- 7.1 Where assistance has been assessed, medicines must be stored where they are readily accessible to all Home Carers. They should be kept out of the reach of children and away from heat and light sources. Should they need to be stored out of the reach of the Service User, information on their location must be available to all Home Carers.
- 7.2 Medicines will only be hidden where there is a need in order to protect the health and safety of the Service User.
- 7.3 Occasions may also arise where a Home Carer identifies a problem relating to a particular Service User. The Home Carer will raise the problem with their Home Care Supervisor (or equivalent responsible person) who will consult with the Rotherham MBC Assessing Officer and agree any appropriate action.

8. Disposal

- 8.1 Where the Rotherham MBC Assessing Officer has requested, unused, out of date or no longer needed medication may be returned to the

pharmacist by the Home Carers, with the Service User's consent. A receipt should be obtained from the pharmacist.

9. Care Recording

9.1 As with all other authorised duties, the Home Carers will record that a task has been undertaken by recording this on the Service User's daily notes which is retained in the Service User's home. The Home Carers will sign the daily notes to confirm that the task has been completed on the date stated.

9.2 If the Service User refuses, or does not take their medication, this should be recorded on the daily notes. It should be reported immediately to their Home Care Supervisor (or equivalent responsible person), who in turn should report to Rothercare Direct and advice should be sought from the G.P. or District Nurse. Any action taken should also be recorded by the Home Carer on the daily notes.

10. Training

10.1 Home Carers will be given training on their involvement regarding medication and other health related tasks as part of their Induction training and in accordance with contractual requirements.

11. Guidance Notes on Medical Issues

11.1 It is the responsibility of the General Practitioner or Consultant to explain the reason, for the treatment and the likely effects, including side effects, of any medication prescribed to their patient.

11.2 The medical practitioner makes a judgment on whether to explain to a patient the nature of an illness and the implications of any treatment. The judgment will be respected by Home Care staff.

11.3 Home Carers must not discuss or disclose a Service User's medical history or treatment to a relative or to another person. Any questions from others must be re-directed to the Service User or their G.P.

APPENDIX 1

APPLICATION OF SKIN CREAMS BY HOME CARERS

The creams listed below may be applied to Service Users by Home Carers. They are all either emollients i.e. softening/soothing or barrier creams. This is not an exhaustive list.

Disposable gloves must be worn when applying creams.

E 45 Cream

Unguentum Merck

Aqueous Cream

Dermamist Spray

Diprobase Cream

Diprobase Ointment

Sudocream

White Soft Parafin

Vaseline

Metanium Ointment

Aveeno

Calmurid

Univate Cream

Salcaplic Acid

Siopel Cream

APPENDIX 2

ASSISTANCE WITH THE USE OF TENS EQUIPMENT FOR PAIN RELIEF

Transcutaneous Electrical Nerve Stimulation or TENS is the application of low level pulsed electrical current through surface electrodes placed on the skin. It activates a pain suppression system, which restricts the amount of pain signals reaching the brain. It also encourages the body to increase its production of Endorphins, which again reduce the number of pain signals from reaching the brain.

Examples of conditions treatable by TENS-

Low back pain, lumbago, sciatica, rheumatoid arthritis, osteoarthritis, muscle spasm, musculoskeletal disorders, metastatic bone pain, neuralgia, amputation pain, acute trauma, post operative pain, obstetric (labour pain)

Traditional placement of electrodes involves locating the painful or tender points and applying the electrodes on or around these areas.

Home Carers may assist by thoroughly washing and drying the unbroken skin where the electrodes are to be positioned, and then applying the electrodes to the prepared skin, at least a few centimetres apart.

The Service User will control the output and frequency of the treatment.

The equipment is supplied with full instructions for use.

APPENDIX 3

GUIDELINES ON THE USE OF HYPOSTOP GEL FOR DIABETICS

Product Description

Hypostop Gel is a fast-acting dextrose (glucose) gel for energy. It is composed of 80 gms of 40% Dextrose concentration (32 gms glucose) It is readily absorbed.
Total calories in the dispenser are 128 cal.
Not recommended for children under 2 years.

It can be administered by Home Carers if a diabetic Service User appears to be very drowsy, incoherent, confused, disorientated, very slow or unrousable.

Directions for use

- Turn the white tip counter clockwise to open.
- Place the dispenser tip in the mouth and slowly squeeze in one third of the contents (10 gms glucose)
- Turn clockwise to close.

If the Service User is unable to swallow, the gel will still be absorbed into the mouth.

It takes effect after approximately one minute.

- Inform the District Nurse immediately following use.