
Sharing Information About People Receiving Care (Domiciliary Care, England) Policy

Policy Statement

This care service accepts that to provide the highest standard of care for people who use the service, it is vital to work in partnership with other professionals and services. The service is committed to achieving the standards set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A key aspect of partnership working is the sharing of relevant information, which in line with confidentiality and data protection rules, should always be on a “need-to-know” basis.

This policy sets out the values, principles and procedures underpinning the service’s approach to sharing information about people who use the service with other providers.

This policy should be used with the Working with Other Providers and Agencies in Domiciliary Care (England) Policy.

Policy on Sharing Information with Other Providers

We recognise that our services form one element in the range of care, treatment and support with which the people who use the service need to be engaged, and that to provide optimal care, we need from time to time to share information with other health and social care providers, particularly in emergencies such as during the Covid-19 pandemic. This helps to provide continuity of care and to avoid unnecessary duplication of effort in obtaining the same information.

In this regard, we will work to achieve the CQC Quality Statement for “Effective”:

How staff, teams and services work together

“We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.”

Subject to our obtaining the express consent of people who use the service, including written consent where important, there is a particular responsibility for such information sharing:

- when a person who is considering using our service
- when a person needs a specific health service and the service has information that could contribute to addressing their needs

- when a person is admitted to or discharged from hospital
- when a person transfers to another care setting
- in complex care arrangements and end-of-life care when different professionals could be involved in the person's care.

Sharing information about a person who uses the service will only be undertaken with their express permission and with regard to data protection rules. This will apply in the event of our using an integrated records system, when we will check that all information inputted on the system is with the person's consent.

The service recognises that the wishes of people who use the service who do not want their personal information revealed or disclosed to another agency must be respected but every effort will be made to persuade people that sharing information on their needs is vital to their care.

Sharing information with powers of attorney

For people who have been assessed as without the mental capacity to give their informed consent, decisions to share their information will be taken in line with their best interests.

Where someone using the service has appointed a power of attorney (or they have a deputy appointed by the Court of Protection) to take decisions about their health and welfare and/or financial and property affairs, in the event of their being unable to take the corresponding decisions themselves the care service will regard the power of attorney as the person's lawful representative with whom the relevant information can legitimately be shared.

The care service also recognises the attorney's right to access information which they need to take as power of attorney, but not information that is outside the scope of their legal responsibilities as power of attorney for health and welfare and/or property and financial affairs respectively.

Starting care

When the service considers an application or referral, it is important as part of the comprehensive needs assessment process to be aware of information held by other providers and practitioners relating to the person's health and care needs.

This information is needed to check that the service has the necessary capacity to respond to those needs. The care service will actively seek all relevant information in order to provide the person with the best possible care.

Needing a health service

When a person needs a health service, whether this is from a general practitioner, from a hospital or from some other health professional, it is vital that the body responsible for the treatment has the fullest possible information. The care service, which will often have been

in a good position to observe the person's needs and symptoms, will co-operate as fully as possible in supplying information (subject to consent) to responsible health service personnel.

Admission to and discharge from hospital

The service recognises admission to hospital as a critical event in the life of a vulnerable person. We will do everything possible to ensure that health service staff have good information about the person's needs, taking special care with communication when treatment is urgent. This information should include any advance directives, particularly involving DNAR, issued by the person that have been passed on to the care service.

Similarly, when a hospital patient is discharged, whether or not the person has previously been a user of our service, we will make every effort to ensure that it has all of the necessary information about the person's needs to ensure that the transition between environments is achieved with as little disruption in care as possible.

Emergencies

The service has policies and procedures for summoning help for a person in an emergency.

It instructs staff who are involved in summoning help or assisting to address the emergency to make sure that any receiving services, eg paramedics, have all the information they need to carry out their work on behalf of the person who uses the service, and that this information is passed on to any other service, eg Accident and Emergency, in line with their requirements.

Depending on the circumstances requiring emergency help, the senior staff member on duty is responsible for the collection and collation of the information and documentation that needs to be passed on. If available, the person's key worker could also take on or take over that role.

Transfer to another care provider

This service recognises that some people will wish to move to a different provider, to a care home, or to a situation where they will be more independent but be regularly helped by a relative or friend. In such instances, we will co-operate fully in passing information about the person and their needs to those who will take over care responsibility.

End-of-life care

This service recognises that the period towards the end of an individual's life is one which makes particular demands on those undertaking care and which calls for especially close co-operation over information sharing. We will pass on to anyone undertaking the terminal care of one of the people who uses the service's information about both their condition and needs, and any wishes that have been expressed to us about how their care should be handled, including any advance directives that they have issued.

Safeguarding

When a safeguarding alert is raised, the service will co-operate fully with the safeguarding authority in respect of any information it needs to complete its enquiries and follow-up actions. The service will ensure that the person who uses the service or their lawful representative's consent from the outset to the sharing of any information as it would with any other partner agency over any other matter concerning their wellbeing. Information shared without a person's consent will need to meet any of the criteria for disclosure, eg as a public interest issue as described in the Confidentiality of People Receiving Care's Information Policy.

Training

All staff will be given training in the sharing with other care providers of information relating to people who use the service, and in the consent and confidentiality issues involved.

Review

Signed: _____

Date: _____

Policy review date: _____
