

Carers Monitoring Form for Hospital Services



Produced by Families for Families
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Carer's Monitoring Form for Hospital Services

This form should not be shared with hospital services

The purpose of this form is to capture information which can be used by commissioners in their quality monitoring of hospital services.

This form was developed jointly by commissioners and families in recognition of the vital role families have in observing the care and treatment their family members receive while in hospital.

The purpose of the form is to make it easier for families to clearly record their observations and feed these back to commissioners – what's going well and what's not, including any immediate risks, concerns or issues that need to be addressed.

The forms may help to structure the discussions you have with commissioners about hospital services.

They will also provide additional insight, information and evidence for commissioners which can be used in their quality monitoring of hospital services. This will help to ensure that ongoing care is of a good quality, meets individual needs and is provided by staff who understand how best to support your family member.

The form is not intended to be shared directly with hospital services.

We recognise that families often develop a direct relationship with staff at hospitals and may be concerned that any criticisms of care and / or treatment may have a negative impact on this relationship. As a result this form is intended to be shared with commissioners only.

How to use the form

The form provides you with a list of topics and questions to think about when visiting, attending meetings or talking with your family member and the teams supporting them. There is space to record how things are going under each heading. Alternatively, you can use this form as a tool before attending CPA (Care Programme Approach) meetings or Care (Education) and Treatment Reviews. C(E)TRs.

Have a look at the PROMPT SHEET example comments and questions and tailor them to your own needs. Use this information as a prompt during your conversations either in person, at reviews or during telephone discussions. Write down questions to ask, summarise things that are going well and not so well and record one off events. Doing this will help you lead discussions as well as serving as a permanent record. Keep the current form to hand and use a fresh form on a regular basis to develop a comprehensive chronicle over time.

Having conversations

Hospitals must comply with a range of strict rules and regulations. Visits therefore may have to be arranged beforehand. Telephone calls may also have to be planned. How this works in practice will vary so make sure you get this information from the hospital.

Disagreements

We hope that using this template will help better inform regular and ongoing discussions. However, every unit will have their own complaints policy which you should be made aware of from day one.

Further information

While your family member is in hospital, they will receive regular independent Care Education and Treatment Reviews (C(E)TRs) to make sure they are receiving appropriate care. If you would like to know more about these reviews please see the CTR Survival Guide produced by families for families, and a support organisation for families and carers called Bringing us together.

<https://bringingustogether.org.uk/wp-content/uploads/2017/08/CTR-Survival-Guide-Aug-2017-1.pdf>

Carer's Monitoring Form for Hospital Services - Prompt Sheet

Date:	Name of the person:
	Name of the carer (or family member):
	Name of the hospital (or unit):
Form Sent to	You may wish to use this form just for your own records. Alternatively, you may wish to share it with local professionals so they can raise any issues with the hospital
Family Contact:	<p>Are there any barriers to you visiting? (e.g. distance, cost, poor public transport)?</p> <p>Do travel costs prevent you being able to visit?</p> <p>Have you been offered any assistance with travel costs?</p> <p>Can you manage travelling alone (i.e. are you nervous travelling alone or to places you do not know)?</p> <p>Are there any other reasons you may be unable to visit?</p> <p>How often are you able to visit and does this meet your needs?</p> <p>Can siblings visit? Are there different rules for siblings under the age of 18?</p> <p>Are you able to Facetime/Skype or phone your family member?</p>
What's working well?	<p>What has been positive for you and your family member?</p> <p>Eg. Something positive a member of staff has done/You are kept well-informed/You are receiving updates.</p>
Personal Care Needs	Any concerns. Eg. nail cutting, teeth, eyesight, sore hands, feet, skin problems, body odour, hair, shaving.

<p>Physical Wellbeing</p>	<p>Any current concerns eg. dental, vision, appointments, weight record, diet.</p> <p>Health conditions eg. If your child has Epilepsy, has there been any seizure activity?</p> <p>Have you seen the epilepsy care plan, bathing protocol?</p> <p>Do the direct support staff know what the person's seizures look like?</p> <p>Are they keeping adequate seizure records and are these shared with family and health professionals especially neurology?</p> <p>Are staff aware of the risks following a missed dose of epilepsy medication?</p> <p>Do they have training in epilepsy?</p>
<p>Activity</p>	<p>What activities? How often? Are these on the ward or away from the ward?</p> <p>Exercise programme – both indoor and outdoor. When do they have fresh air?</p> <p>If your child requires a Sensory Diet, is this being implemented?</p> <p>Are they bored/stimulated?</p> <p>Have you seen your child's Activity Plan? Is it person-centred? Does your child actually do the activities?</p>

<p>Mental Wellbeing</p>	<p>Are they happy or sad? Relaxed or angry? How are they communicating their feelings?</p> <p>Are they being listened too?</p> <p>How are they supported to make choices?</p> <p>Have they developed any relationships with other people?</p> <p>Amount of time spent off the ward.</p> <p>Communicating with family and those important to them.</p> <p>Have you had any difficulty getting in contact with your child?</p> <p>Are you happy about the hospital's management of mental health ie. specific concerns.</p> <p>Have you spoken to the Psychiatrist (Responsible Clinician - RC)?</p> <p>Is there a formal diagnosis?</p>
<p>Education (EHC Plan)</p>	<p>Is an EHCP (Education Health and Care Plan) being used?</p> <p>Are there communications between the hospital and community school/college?</p> <p>What are they learning?</p> <p>Are you happy with the educational input?</p> <p>Do they see a teacher?</p> <p>What life/social skills are they developing?</p> <p>Are they developing/maintaining their communication skills eg. sign language?</p>

<p>Medication STOMP / STAMP</p>	<p>Is there a clear plan and rational for medication? Are you aware of the drugs they are on? What are the side effects? Do the support staff know what to look for? Have you seen any side effects? Have you seen any drug reviews? Do you have any concerns around STOMP/STAMP?</p> <p><i>STOMP stands for stopping over medication of people with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the over use of these medicines.</i></p> <p><i>STAMP stands for Supporting Treatment and Appropriate Medication in Paediatrics.</i></p>
<p>Treatment</p>	<p>Therapist involvement: Psychology/Speech and Language Therapy (SALT)/Occupational Therapy (OT). What are their plans for your child? How much time are therapists spending with your child? Is this 1:1 or in a group? Is there good engagement? What are the outcomes of their observations? Is there a Positive Behavioural Support (PBS) plan in place? How does the hospital ensure this is adhered to? Is there a Person-Centred approach? Has there been any hospital visits or health appointments?</p>

<p>Communications</p>	<p>Communication from your child, Multi-Disciplinary Team (MDT) and direct support staff.</p> <p>Have you been asked for your input into care plans, PBS plans, OT and SALT assessments, risk assessments etc?</p> <p>How are family/direct support staff kept up-to-date of any changes/incidents?</p> <p>How are communications between your child and those supporting them? How is your child supported to keep in touch with family?</p> <p>Any concerns about information received or not received?</p> <p>Are visual supports /accessible information used where needed?</p> <p>Are you made to feel welcomed/included in meetings?</p> <p>Information recording – what information is being recorded for your child and how is this used?</p> <p>Does the hospital have all the information they need from previous settings, or are they starting from scratch?</p> <p>Use of existing records ie. digital secure record/Wiki/Multi Me?</p>
<p>Email Contact</p>	<p>Named person / email address of someone who is available Monday to Friday 9-5 who will respond to your emails, messages, call. (Shift patterns often mean staff can be off duty for 3 or 4 days at a time)</p>
<p>Other Comments</p>	<p>Is your child allowed access to their bedroom throughout the day or are all bedrooms locked?</p> <p>What reasonable adjustments are in place or could be in place?</p>
<p>Family Consent</p>	<p>Has consent been given by family and/or the family member to share this form with the hospital?</p>

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Date:	Name of the person:
	Name of the carer <i>(or family member):</i>
	Name of the hospital <i>(or unit):</i>
Form Sent to	
Are family able to visit?	
Are there barriers to family being able to visit?	
How often can family visit - does this meet the family's needs?	
Can siblings visit? Are there different rules for siblings under 18?	
Can family contact family member via FaceTime, Skype or Phone?	
What's working well?	
Personal Care Needs	

Physical Wellbeing	
Activity	
Mental Wellbeing	
Education (EHC Plan)	
Medication STOMP / STAMP	

Treatment	
Communications	
Email Contact:	
Other Comments	
Family Consent:	

Update as Required

Did you get a copy of the family leaflet?		
Do you know who the CPA/Care Co-ordinator is?		
Date of last contact with CPA/Care Co-ordinator :		
Are you able to attend MDT or phone in?		
Are you getting MDT reports?		
Are you getting Incident reports?		
Have you been notified of any incidents in the last week?		
Has a Care, Education and Treatment Review (CETR) been held?		<i>Your child should have a CETR within the first 14 days of admission and every 3 months.</i>
Have you received a copy of the Key Lines Of Enquiry (KLOE) report from CTR?		
When is next CTR due?		
When is next CPA due?		