

# **FOURCREST CARE (WATTON) LIMITED**

## **QUALITY POLICY STATEMENT QP-130**

### **Title: COMMUNICATION WITH FAMILIES AND SUPPORTERS**

#### **1.0 INTRODUCTION**

- 1.1 Good communication is fundamental to the relationship between this Service and our Service Users, their families, friends and supporters.
- 1.2 We recognise that communication may take a variety of forms, both formal and informal.
- 1.3 The content of some communication is privileged and access to it may be subject to Service User consent, UK General Data Protection Regulations or the requirements of the Mental Capacity Act. All communications must take account of such legal requirements.
- 1.4 As a rule, Service Users should decide who we communicate with about them or on their behalf.
- 1.5 There are some individuals, including family members, with whom the Service should not communicate under any circumstances, e.g. where the Service User may be escaping abuse, so it is important that staff understand the communication with family and supporters' preferences for each individual Service User.

#### **2.0 DEFINITIONS**

- 2.1 While recognising that Service Users may have a variety of relationships external to the Service, we will use the terms 'family' throughout this policy to denote immediate family, e.g. spouses, siblings and children, less immediate family, e.g. cousins and nieces and nephews as well as friends, carers, advocates and other people important to the Service User unless otherwise stated.

#### **3.0 POLICY**

- 3.1 This policy identifies how we communicate with relatives and supporters of Service Users, that includes how we transmit or share information as well as a how we listen to families as a Service.
- 3.2 This policy identifies how we adhere to the legal requirements of confidentiality etc. when communicating with families regarding Service User specific information.

#### **4.0 WHAT IS COMMUNICATION?**

- 4.1 We recognise that communication takes many forms and which may include verbal, written and other non-verbal methods.
- 4.2 Communication may be formal or informal and may include an interaction between two individuals or a larger number of people.
- 4.3 We recognise that communication involves listening as well as telling and that as such communication is a two-way interaction.

# FOURCREST CARE (WATTON) LIMITED

## QUALITY POLICY STATEMENT QP-130

4.4 While some communication is Service User specific, e.g. about the care and welfare of a specific individual, other communication is more general and may be about the Service in general and as such may be subject to different rules and regulations.

4.5 In some cases the Service may need to adapt the way in which we communicate with family members to suit their individual needs, e.g. for language or the use of non-verbal means of communication, or we may signpost them to other organisations who may be able to support their communication needs.

### 5.0 LEGAL ASPECTS

5.1 Communication about a Service User is subject to legal protection, i.e. the Data Protection Act (2018) and the UK General Data Protection Regulations (2018). Our policies relating to the enactment of these in our Service is detailed elsewhere, e.g. GDPR-07 Obtaining Consent, GDPR-11 Information Governance, GDPR-15 Security of Personal Data.

5.2 As a rule, and if the Service User has mental capacity, they can decide what information about them is shared and with who, see: [QP-20 Mental Capacity, Deprivation of Liberty Policy](#) and Challenging Behaviour, this includes any communications with family members.

5.3 If a Service User lacks capacity with regard to the sharing of information about themselves and there is a Lasting Power of Attorney (LPA) for Health and Welfare or Court Appointed Deputy in place, they may make the decision about what information is communicated about a Service User and with who.

5.4 If a Service User lacks capacity and has no legal representative any decisions relating to communication about them has to be made in their best interests rather than that of the family or the Service. While family and next of kin have no legal status in this respect, it is good practice to involve them in any decision-making relating to communications which involve information about the Service User.

5.5 Occasionally, a court order, or similar, may be in place which means that staff should not communicate about a Service User with a specific family member or members. It is important in these circumstances that all staff are aware of this and adhere to it – failure to do so may be in breach of the order and may lead to prosecution.

5.6 As a Service, we encourage staff, though our policies, to follow some boundaries in their relationships with Service User family members outside of work, e.g. not socialising or sharing social media contacts or personal phone numbers. Not having boundaries risks the integrity of the Service / family relationship and the privacy and confidentiality of the Service Users through inadvertent or communications which fail to follow the content of this policy.

5.7 Staff should remember their duty of confidentiality to the Service User regardless of the nature of any communication and should take care not to be overheard, e.g. by not discussing Service Users in communal areas.

# FOURCREST CARE (WATTON) LIMITED

## QUALITY POLICY STATEMENT QP-130

### 6.0 RECORD KEEPING

- 6.1 As a Service we recognise that different people have different views about the role of family in the care and support of Service Users and ensure we record individual family preferences in the care and support plan.
- 6.2 On accessing the Service, the ability of the Service User to make decisions regarding communication about their health and wellbeing etc. is assessed and recorded as are any details about any LPA(s) or Court Appointed Deputy(ies).
- 6.3 Preferences regarding communication with family members are recorded in the care and support plan and may include, for example:
- Who may be communicated with regarding the Service User and what about.
  - Preferences for communication styles, e.g. on the phone or via an email.
  - Preferences regarding any times of day communication is acceptable.
  - Any individuals the Service should not communicate with about the Service User.
  - The frequency with which the family want communication from the Service.
- 6.4 The care and support plan should detail the areas of the Service User's life the family should be kept updated about, e.g.:
- Health and wellbeing.
  - Social activities.
  - Healthcare appointments etc.
  - Decision making and care and support planning and updating.
- 6.5 As well as understanding and recording in what situations a Service User may wish their family to be communicated with, it is important to understand what situations they do not want sharing with their family
- 6.6 Staff should keep records of any communications with family members, especially informal communication where records might not otherwise exist. In some situations it may be important to ensure these notes are shared with other staff to avoid embarrassment or other situations arising.

### 7.0 FORMAL STRATEGIES

- 7.1 Some communication with families is best undertaken formally in order to, for example, gain feedback about the quality of the service. Some such communications may not involve information about individual Service Users and may therefore not be subject to the same rules as Service User-specific communications.
- 7.2 Formal strategies for communication into and out from the Service with families include:
- Service-related surveys.
  - Comments, suggestions and complaints, see: [QP-01 Comments Suggestions and Complaints](#).
  - Service updates.
  - Duty of Candour declarations, see [QP-61 Duty of Candour Policy](#).

# FOURCREST CARE (WATTON) LIMITED

## QUALITY POLICY STATEMENT QP-130

Such strategies create a trail of communication and in some cases an obligation for action on the part of the Service.

- 7.3 Other formal strategies for communication from within the Service to families might include newsletters, updates and bulletins. These should only identify individual Service Users where there is current consent in place to do so and should only be shared with family members where there is permission in place.
- 7.4 In some cases it may be better that an individual staff member is identified as the point of contact for a family, e.g. where relationships are complex or there is a history of antagonism. Such an individual may be the Service User's key worker or the Service Manager. It is important when such arrangements are in place, that they are followed by all staff.

### 8.0 INFORMAL COMMUNICATION

- 8.1 Informal communications are the times when staff are most likely to potentially breach the confidentiality of Service users with family members, e.g. when answering the phone or responding to a face-to-face enquiry.
- 8.2 Staff should ensure the identity of any individual they are talking to if they are not already known to them, e.g. on the phone, especially where they are asking about a Service User.
- 8.3 Staff should be aware of who the Service User, their LPA or Court Appointed Deputy or best interests' decision allows them to talk to about an individual Service User.
- 8.4 If staff are unsure about the identity of someone making any enquiry, or whether they are allowed to communicate about a Service User to them, they should politely make this known to the individual and seek guidance from other staff who may know the individual or from the manager. If necessary, a more senior staff member / manager should be asked to deal with the enquiry or return the call at a later time.
- 8.5 When dealing with family who staff can communicate with, staff should be polite and factual at all times. They should only discuss those elements of care which the care and support plan identifies as being allowed and should generally refrain from offering an unsubstantiated opinion about the Service User or any aspects of their care.

### 9.0 STAFF TRAINING AND DEVELOPMENT

- 9.1 Staff are trained about communication and confidentiality from induction and then periodically thereafter.
- 9.2 Confidentiality and communication are discussed in supervision as well as in staff meetings and staff bulletins.
- 9.3 Staff who breach confidentiality may be subject to disciplinary proceedings.

# FOURCREST CARE (WATTON) LIMITED

## QUALITY POLICY STATEMENT QP-130

### 10.0 REVIEW OF POLICY

10.1 This policy was reviewed by: C Rowlands

Designation: Manager                      Date: 23.1.24

10.2 This policy will be reviewed in January 2025

### REFERENCED DOCUMENTS TO BE USED WITH THIS POLICY

#### 1. Other Policies

GDPR-07 Obtaining Consent.

GDPR-11 Information Governance.

GDPR-15 Security of Personal Data.

[QP-01 Comments Suggestions and Complaints.](#)

[QP-20 Mental Capacity Act 2005 Code of Practice.](#)

[QP-39 Managing Behaviour.](#)

[QP-54 Deprivation of Liberty.](#)

[QP-61 Duty of Candour policy.](#)

#### 2. Procedures

None.

#### 3. Forms & Logs

None.

#### 4. Files & Books

None.

#### 5. Legislation, Standards and Guidance

HM Government: Mental Capacity Act (2005).

<https://www.legislation.gov.uk/ukpga/2005/9/contents>

HM Government: Data Protection Act (2018).

<https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

HM Government: UK General Data Protection Regulations (2018). <https://ico.org.uk/for-organisations/data-protection-and-the-eu/data-protection-and-the-eu-in-detail/the-uk-gdpr/>

National Institute for Health and Care Excellence [NICE]. 2021. Shared decision making.

<https://www.nice.org.uk/guidance/ng197/resources/shared-decision-making-pdf-66142087186885>

# FOURCREST CARE (WATTON) LIMITED

## QUALITY POLICY STATEMENT QP-130

Skills for Care. 2019. Working with families, friends and carers: A framework for adult social care employers. <https://www.skillsforcare.org.uk/resources/documents/Developing-your-workforce/Care-topics/Working-with-families/Working-with-families-friends-and-carers-A-framework-for-adult-social-care-employers.pdf>

# FOURCREST CARE (WATTON) LIMITED

## QUALITY POLICY STATEMENT QP-130

### Key Questions

**Quality Statements CQC use to assess quality**

**Safe: Quality Statements CQC use to assess quality**

#### **Involving people to manage risks**

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

**Effective: Quality Statements CQC use to assess quality**

#### **Assessing needs**

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

#### **Delivering evidence-based care and treatment**

We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

#### **Consent to care and treatment**

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

**Caring: Quality Statements CQC use to assess quality**

#### **Treating people as individuals**

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

**Responsive: Quality Statements CQC use to assess quality**

#### **Providing information**

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

#### **Listening to and involving people**

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.