



Clovelly House

**Policy & Procedure
Health Care Policy**

(Quality Standard 5)
Regulation 10)

February 2022



Clovelly House Policy

CONTENTS

| | |
|---|---|
| 1. Introduction | 3 |
| 2. The Referral Stage | 3 |
| 3. Admission and Care Plan Preparation | 3 |
| 4. General Day-to-day Health Promotion and care | 3 |
| 5. Accidents and Injuries | 5 |
| 6. Risk Assessments | 5 |



Clovelly House Policy

Health Care Policy

1. Introduction

This policy aims to provide the guidance for staff on good practice that promotes the health and well-being of any child/young person in our care.

This Policy covers:

- How the general health of a child/young person is catered for from the point of referral to their discharge
- The promotion of a healthy life-style for children/young people as part of daily life at the home
- Physical well-being, incorporating optical, dental and medical care and the good practice that endorses good health
- Emotional and psychological well-being and the good practice that supports a child through turbulent and traumatic episodes in their lives
- The risk assessment of children/young people with specific health care needs.

2. The Referral Stage

An important element in this stage is for the collation of the historical and current health status of the child being referred. Requests for all reports by third party health professionals are made as this helps with the full referral assessment.

The referring authority will provide a general health statement in relation to the child. This will highlight any areas of health needs currently under investigation or indeed in need of attention.

3. Admission and Care Plan Preparation

As part of the admission process for any child/young person their health needs form an integral part of the process. Likewise, the care plan will reflect any health matters that are deemed a priority.

When a child is placed at the home, the home will register them with the local GP, dentist and opticians unless other arrangements are in place for these services, such as, a child will remain registered at the GP where his/her mother lives.

With the agreement of the young person a medical examination will be organised with the home's local GP. If the young person exercises their right to refuse a medical, this will be recorded and reported to the significant people involved in the care of the child/ young person.

If, after admission, there is a noticeable health need, for example dental or optical, the staff will talk to the child/young person about it, if the young person cannot give an adequate explanation of the problem then the staff will follow through with reporting this medical concern to the people involved in the care of the young person, then organise the necessary health appointment.

Subsequently, as and when new medical concerns arise whether via staff, parent/carer or by an outside source, then the same process is followed.

What will remain consistent is the care and observations by the staff of a child/young person's general health and wellbeing as part of day to day living.

4. General Day-to-day Health Promotion and Care



Clovelly House Policy

This section of the policy aims to provide guidance for staff on all the common sense and practical steps when providing a holistic care plan for children/young people in our care.

Staff will also consider the additional health policies that complement this health promotion, for example:

- Smoking
- Alcohol
- Drug and substance misuse
- Self-harming
- Behaviour Management
- Care Practices when working with children/young people of either gender, dealing with personal relationships and sexuality and children/young people who have ethnic, cultural and religious needs, (see Equality and Diversity Policy)
- Administration of Medicine

As professional carers of children and young people, it is essential that staff members are vigilant in their observation of the health and well-being of all children in their care.

Demonstration of this will be evidenced in the action plan and the recording for the work done with individual children/young people day by day.

The home will promote healthy lifestyles in the fortnightly meetings with the resident group and children/young people will be encouraged to participate in menu planning and cooking of meals, (risk assessments/care plans permitting), shopping and social activities.

Discussions with children/young people on health issues such as smoking and substance abuse will be part of the care team meetings.

Individual sessions with the young people can provide a more focused and individual attention to health promotion matters such as personal hygiene, sexuality, safe sex and pregnancy, (see 'Placement Planning Policy').

The home will also have a display of health promotion/advice publications so that individuals can discreetly take them and access support confidentially from local support and advisory agencies.

The home will also aim to provide as normal a living environment as possible and therefore where staff members monitor the health of a young person it will be discreet and confidential.

If a concern occurs the staff will discuss this with the child; alternatively, if a child comes in with an ailment staff will listen and make all the necessary provisions for it to be taken care of.

In the spirit of normality, the home will have a practical amount of household remedies in the locked medicine storage to cater for small medical needs, examples may be:

- Toothache in the night an approved pain suppressant (not Aspirin)
- Onset of coughing - approved linctus

Administration of any household remedy will have considered any information on the child that would preclude this administration.

Household remedies will only be purchased with the advice of the dispensing pharmacist.

Medicine administration procedures are always to be followed with the dispensing of any medicines, either household or prescribed.

At all times, where small medical needs persist, the child/young person will either be seen by their GP, dentist or if necessary the local hospital emergency department.

In support of staff making decisions around presenting health concerns of a child/young person out of normal working hours, i.e. 1700hrs — 0900 hrs Monday, Friday, Saturday, Sunday and Bank Holidays, they will use the three tier 'On Call' support service.



Clovelly House Policy

Escorting a child/young person to hospital will only be provided by staff once they have established it is reasonable to do so after risk assessing the wider picture of leaving other children and the staff support of the home for the potential duration of the visit to the hospital. The 'On Call' officer will advise and offer support in these circumstances.

In cases of extreme concern, staff will immediately ring for an ambulance to take the child/young person to hospital.

Where a child/young person has needs that require psychological and/or psychiatric support the plan to support this will be completed and agreed at the pre-placement meeting.

All care strategies will be part of the Care/Placement Plan for that child/young person; all prior assessments of these needs will shape and determine the specific systems to be implemented and planning review dates will be agreed at the pre-placement meeting.

If concerns arise after admission a Case Planning meeting is convened to enable any new approaches necessary to safeguard the child and to reassess the child/young person's presenting needs.

This meeting will agree any interim changes to the care/placement plan, new strategies and the introduction of mental health professionals if such assessments are necessary.

A good standard of health is essential for all young people and is a significant part in maintaining positive self-esteem. The staff members are to be actively encouraging in all aspects of healthy living and lead by example.

5. Accidents and Injuries

It is not unreasonable to say that in day to day living accidents and injuries happen and life in a children's home is no exception. The staff members are trained in First Aid as well as Health and Safety procedures as part of their induction training and are raised as topics at staff meetings.

In such events the staff members are expected to act with common sense and with a calm approach to dealing with the presenting situation.

Small minor injuries are treated in the home but injuries that are more significant will result in a visit to the Accident and Emergency department.

The staff will again use the procedure mentioned earlier when a visit to hospital may be required.

Significant accidents and/or injuries will be reported to RIDDOR in line with health and safety procedures as will the notification to the NCSC and all parties interested in the care of the child/young person.

6. Risk Assessments (*in relation to children/young people who present any specific health needs*)

The placement of all children/young people include a risk assessment and, in all cases where a child/young person is admitted with health needs, the risk assessment will include a comprehensive appraisal of any risk factors arising from these needs.

In cases where health needs arise during the term of a child/young person's placement the risk assessment will be re-visited. Where there is a temporary change required there will be a comprehensive re-assessment of risk factors.

This re-assessment of risk factors will include any impact upon other residents/staff and visitors to the home and will be reported to all parties who have an interest in the care of the child/young person.

In cases where the presenting risk is one that requires notification to the National Care Standards Commission, Area Health Committee or Environmental Health this is done as part of the required notification procedures.

Subsequently, once any health factors subside the risk assessments will reflect this change but records are maintained in any event.



Clovelly House Policy

7. Infection Control

If any child or staff member has an infectious disease, the home will apply controls according to the infection control action plan. Where necessary the home will go into lockdown and staff on shift will remain with children throughout the isolation period. The infected child or staff members will be isolated in a certain area, and deep cleaning of all areas will take place as soon as possible. Strategies will be put in place in the home to keep staff and children's morale up and activity moneys will be used to purchase online provision and games to occupy the children. Staff who are isolated with children will make arrangements between themselves to take time off during shifts.

See also: Equality and Diversity Policy

Clovelly House Smoking Policy

Clovelly House Alcohol and Substance Misuse Policy

Clovelly House Self Harming Policy

Clovelly House Behaviour Management Policies

Clovelly House Policy on the Administration of Medicines