



# Receiving care at home Policy

## 1.0 Purpose and scope

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This policy sets out our approach to working with residents who receive care at home, as well as residents either going to and coming from hospital.

We recognise that residents with either long-term or short-term support needs or those approaching the end of their life may want to continue living in either independent accommodation or supported accommodation. This policy sets out how we accommodate requests that enable them to receive care in their home.

## 2.0 Receiving care at home

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We do not provide care. Care is provided by specialist agencies. We aim to accommodate requests from a resident to receive either paid or unpaid care in their home, for example, by providing extra fobs, or permitting the resident to fit a key safe to enable carers to enter the property.

Where we have concerns about the suitability of the accommodation for a resident receiving care, for example, we have learnt that they are unable to safely use the stairs in their property, and adaptations are not possible, we inform the care providers about our concerns, and may also raise a safeguarding referral.

## 3.0 Working with care providers

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We work with specialist local services. We alert medical professionals about any changes to a resident's condition where this comes to our attention. If we have had to gain access to a resident's property due to concerns over their health or safety, we follow our [No Access Policy](#).

Where we see issues with other agencies or providers, we raise our concerns with them and escalate the issues internally, not troubling the resident unless it directly impacts their care.

## 4.0 Communicating with families

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Unless otherwise instructed, we contact a resident's family or emergency contact, if they are unexpectedly admitted to hospital.

In line with our working with families policy, we aim to meet requests from family and friends as far as possible. For example, family members wanting to stay with a tenant in a property for a long period of time, would not be viewed as intentional overcrowding.

Where we have a guest room available at a supported scheme, we will try to accommodate family or friends for a short period. Where meals are provided, the availability of meal provision to guests will be at the discretion of the service and subject to catering contracts.

## **5.0 Stays in hospital**

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Residents who expect to be admitted to hospital for more than four weeks should inform us of their absence from the property. Absence requests are considered in line with our absent residents and abandonment policy. We aim to support a resident's needs within their own home as much as possible and recognise that any resident with a tenancy has a right to return to their home, even if this is seen as being medically unwise.

When a resident returns home with a new or revised care assessment, relevant information will be taken into account when carrying out a wellbeing check, where this service is in place. If necessary, we create or update their Personal Emergency Evacuation Plan (PEEP). Residents are asked to inform us if their needs or ability to evacuate in the event of a fire changes

If a resident returns to a service that provides care, but their health indicates that hospital readmission is required, we contact their next of kin, where known, before contacting their care provider. In supported or sheltered schemes, we also contact a GP or community nurse to discuss a long-term strategy to manage this. We immediately contact emergency services if there is an unexpected urgent concern.

## **6.0 Allocations**

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If after a hospital admission or a change in the care needs of a general needs (social housing) resident it is agreed that more suitable accommodation should be sought, we work with the resident, medical and social care staff to explore whether we can provide more suitable accommodation, for example, a ground floor property or a property closer to the hospital. The priority transfer status will reflect the urgency of the need to move and will be made in line with our Allocations and Lettings Policy.

We will be open and honest with the resident and staff about the prospect of finding alternative accommodation with some indication of possible timescales.

Live-in carers are considered a household member. Tenants living in an overcrowded property with a carer as a household member, will not receive higher priority for a transfer than other overcrowded households.

We signpost leaseholders living in a home that is no longer meeting their needs to resales support to support them in the process of selling their home. We are unable to support leaseholders in finding a more suitable home. We signpost leaseholders who need to move into a care setting to the local authority who can discuss their needs with them and whether they meet the eligibility criteria for schemes in the borough.

We work closely with the local authority where the needs of a resident living in temporary accommodation change.

## 7.0 Reference

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- Mental Capacity Act 2007
- Equality Act 2010
- Care Act 2014
- One Chance to Get it Right 2014

### Document control

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