Northern Ireland Single Assessment Tool (NISAT)

Reference Number:
NHSCT/12/550

Target audience:
This guidance applies to all NHSCT community staff involved in the care of older people who are assessed using NISAT. This includes Community Nursing, Social Work, Allied Health Professions, Intermediate Care Services and Domiciliary Care Staff that provide a service to clients over 18 years of age.

Sources of advice in relation to this document:
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N/A

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NHSCT Mission Statement
To provide for all the quality of services we would expect for our families and ourselves
Northern Ireland Single Assessment Tool (NISAT)

Implementation Guidelines for within Community Services
Northern Ireland Single Assessment Tool (NISAT) Implementation Guidelines for within Community Services

Background to NISAT

Context
The Northern Ireland Single Assessment Tool (NISAT) was developed as an assessment, which would provide a cornerstone for high quality care within the Health and Social Care service in Northern Ireland. NISAT aims to offer better opportunities for integrated working for professionals and more support for older people to live as independently as possible and make informed decisions about their own care.

The use of NISAT will help to ensure consistency of assessment. It is an inclusive assessment process, which allows all professionals involved in the assessment of an older person to be able to undertake a complete assessment thus reducing the need for duplication of various assessments with the older person.

Aim
To implement a NISAT across Community Older Peoples Services within the Northern Health and Social Care Trust (NHSCT).

Objectives

— NISAT will be a means of involving people in their care by sharing information and improving communication with them and their carers, as part of the person-centred approach of the NISAT.

— Elements of the assessment process will be retained within the person’s own home as deemed appropriate to aid communication between the client and care providers.

Target Audience and Scope of Guidelines

This guidance applies to all NHSCT community staff involved in the care of older people who are assessed using NISAT. This includes Community Nursing, Social Work, Allied Health Professions, Intermediate Care Services and Domiciliary Care Staff that provide a service to clients over 18 years of age.

This guidance should be used alongside the existing relevant Trust Policies and Procedures, Professional Codes of Practice and Guidance and the Northern Ireland Single Assessment Tool Guidance Document. (Assessable through Trust intranet)
Every older person (and adult as applicable), who is assessed by Community Nursing, Social Work, Intermediate Care Services and Allied Health Professions using NISAT and who will receive services in their home may be offered a Person Held Record (PHR).

**Policy Statement**

**NISAT Process**

The NISAT is an evidence based holistic method of assessment consisting of:

- Contact Screening
- Core Assessment
- Complex Assessment
- Specialist Assessment Summary
- GP Medical Report
- Carers Assessment

During the assessment process all or some of the above fields will be completed based on individual need.

The assessment process may occur over a number of visits as deemed necessary.

The professional who responds to the initial referral is responsible for commencing the NISAT process using the appropriate component.

**Person Held Record (PHR)**

The PHR is a supplementary method of ensuring effective communication within the domiciliary setting between service users and the various professionals who may be involved.

This document can include:

- Information for the service user
- Copy of Contact Screening (this is the only element of the NISAT tool retained in the PHR)
- Overview of the Key Worker role and contact details and location where the NISAT will be retained
- Record of all Health and Social Care professionals / workers involved in the service user’s care
- Record of visits from Health and Social professionals/workers
- Profession specific risk assessments.
- Treatment plans.
- Person-centred care plan

The NISAT and the PHR must be written in a language that the service user can understand, with any terminology explained as necessary.
The contents of the NISAT and the PHR should be written, where possible, with the involvement of the service user and/or carer.

Where possible the NISAT and the PHR should not include abbreviations, jargon, meaningless phrases or any comments of an offensive nature, coded or otherwise.

Referrals into a service will remain as they currently are within each professional group.

All Health and Social Care staff involved in the care of the Service User will actively contribute to the NISAT process and PHR.

Health and Social Care staff trained in using the NISAT tool and those staff locally inducted within teams will undertake the NISAT assessment process.

Health and Social Care support staff may contribute to elements of the NISAT assessment process as delegated by their respective professional who will retain overall responsibility for the assessment process.

Every service user who is assessed using NISAT will be allocated a Key Worker who will have overall responsibility for the care of the person. The Key Worker will co-ordinate with other professionals involved in the service user’s care and act as the identified contact person (See Role of Key Worker).

Contact screening will be completed for all referrals to community services where alternative arrangements have not been agreed and may also be sufficient for a non-complex short-term intervention e.g. up to five visits.

The assessor can decide following this stage whether there is a requirement to progress further into the NISAT assessment process and begin a Core Assessment for the service user. (Read in conjunction with NISAT Guidance Document).

When a professional’s involvement with the service user’s care ends, this should be entered in the PHR record of ongoing intervention.

The Key Worker and any other professionals involved in the service user’s care should use the Record of Professional Visits sheet to record the date and time of their visit, their full name, job title and organisation, and the date that they next plan to visit the person.

The Record of Visits sheet does not replace the Trust’s requirements for record keeping for each professional service. These are determined within each professional’s management structure. All professional standards of record keeping must be maintained throughout the PHR.

If any records are removed from the PHR, the practitioner must note in the PHR which records have been removed, the date they were removed and
where the records are stored. The name, signature, designation, organisation of the practitioner removing the records should also be noted in the PHR.

**Key Worker Roles & Responsibilities**

**What is the role of the Key Worker?**

The Key Worker should adopt a person centred approach. The Key Worker is the point of contact for the service user / carer and will provide comprehensive and detailed information regarding evidence based multi-organisational assessments and assist in developing person centred care plans.

The Key Worker has responsibility for:
- Ensuring that the service user/ carer is aware who the Key Worker is
- Ensuring that they have explained the purpose and importance of the NISAT and the PHR to the service user/carer and respond to any concerns and questions openly and frankly
- Coordinating the outcomes of person centred assessments, care planning and appropriate information sharing
- Co-ordinating the integration of care across agencies/professional groups
- Ensuring that there is an effective handover if Key Worker responsibility transfers to another professional
- Taking a lead role in ensuring that the service user/carers needs continue to be appropriately met
- Facilitating access to an advocate if appropriate
- Identifying the completion of the co-ordination and care planning processes for the service user. The Key Worker will ensure that all parties (including the service user/carer and other agencies) are informed and that the documentation reflects this
- Ensuring that a NISAT “Carers Support and Needs Assessment” is offered and undertaken as required.

The professional who is the first point of contact must check whether any other professionals are currently involved with the person at the initial point of contact and ensure:
- An appropriate Key Worker is identified through discussion with Team Leaders and collaboration with any other professionals involved in the care being delivered
- Service user details are recorded on the Trusts NISAT information systems as agreed in addition to professional specific information systems e.g. Socare, LCID, EPEX
- Appropriate assessments are undertaken
- Full participation of service user/ carer
- The assessment results in a Summary of Assessed Needs and a Person Centred Care Plan (if appropriate)
- Oversee the planning and delivery of care and act as a focal point for contact issues.
NISAT Key Worker File

This file will be held by the key worker at their base

This file may contain:

- Copy of Contact Screening Form
- Details of all Health and Social Care professionals / workers involved in the service user's care
- Copy of Professional specific risk assessments
- Copy of Person-centred care plan
- Summary of Treatment plans e.g. short-term nursing / AHP /
  Intermediate Care intervention must be forwarded to the Key Worker
  where appropriate
- Core Assessment
- Complex Assessment
- NISAT summaries
- GP Medical Reports
- NISAT Reviews
- Vulnerable Adults records as appropriate
- Ongoing records (profession specific)
- Carers Assessment – filed separately with other associated carer information

All team leaders should be able to access a live NISAT database once the roll out of electronic NISAT system is completed.
If Key Workers change throughout the course of intervention, this file will be transferred to the new Key Worker.
Profession Specific File

A profession specific file is a record that can be held within a professional's base. This file is to allow staff who require supplementary information on a Service User to be held at their professional base. This file will contain any basic information required by the professional. It may involve some degree of duplication for the practitioner involved but may assist maintaining information locally.

The profession specific file will be stored within bases in line with Data Protection, specific professional guidelines and NHSCT Records Management policy as is the current arrangement.

Consent

The PHR will be issued when the assessed service user consents to some level of information sharing between different professional groups or organisations and their agreement is documented as part of the assessment process. The service user’s consent will also apply to the agreement to the Trust’s right to retrieve the records contained in the PHR.

The assessed Older Person/Adult is entitled to decline a PHR. If the assessed person declines a PHR, this must be recorded by the professional undertaking the assessment.

If the assessed person lacks capacity to consent to a PHR, the practitioner should decide whether it is in the person’s best interests to have a PHR.

Ownership

The NISAT assessment is retained by the Trust Key Worker.

The PHR will be retained within the Service User’s own home.

Under the Data Protection Act the Trust has a legal duty and responsibility to maintain, update and ultimately retrieve all records in relation to the provision of a service user’s care. Therefore the PHR will remain the property of the Trust.

Any inserted record is the property of the Trust and the issuing service department (e.g. nursing, social care or allied health professions records) and must not be removed by anyone other than the appropriate practitioner. Such records will be removed when the episode of care terminates, and a discharge summary left to show the care delivered. All other records should remain in place.
The PHR is an optional and additional aid to a service user’s care. It allows:

- Easier access to more accurate and up to date information about the person and their care,
- Improved communication with service users and those involved in their care
- More integrated communication between the professionals involved in service user’s care.
- Encourages service users to be more closely and positively involved in their own care and
- Allows service users better access to information enabling them to identify gaps in their knowledge and develop an understanding of their condition and care.

The use of a PHR is purely optional and service users should not feel obliged to hold a PHR. Service users must be reassured that failing to hold their own record will not adversely affect the care they receive.

**Access**

Where the Service User has accepted a PHR and has given consent for information to be shared with other Health & Social care staff, this will indicate permission to access the PHR.

The importance of sharing information with other professionals should be discussed but the service user’s right to limit access to certain information about them must be respected. Everyone contributing to the NISAT/PHR must comply with the Trust’s Data Protection Policy.

The NISAT/PHR is a private and confidential record and it is intended to facilitate sharing of information between Health and Social Care staff. Individuals who are not Health and Social Care professionals or do not have agreement from the service user should not request to see the NISAT/PHR.

Where the Service User lacks physical capacity to control access to the NISAT/PHR, the Key Worker or other practitioner should discuss file access with the Service User to determine whether the NISAT/PHR can be kept in a safe but accessible place.
The NISAT is retained by the key worker but must be shared as appropriate with other professionals involved in an individual's care.

The principles of both person-centred care and risk assessment, together with trust and regional policies of health and safety, adult protection and data protection should be adhered to.

In any future episode of care, the issue of agreement to share information should be revisited and verbally reviewed.

**Domiciliary Care Records**

- Domiciliary Care records (all providers) will not be included within the PHR.
- All Domiciliary care notes will be maintained in a separate individual Domiciliary Provider file(s). These records will be stored and maintained in line with local Domiciliary Care processes.
- Domiciliary Staff may record in the Summary of Visits Sheet any areas of concern/note regarding the service user’s care, well being or treatment, in addition to current reporting mechanisms.
Maintaining and updating information

The identified Key Worker will be the person primarily responsible for maintaining or co-ordinating of the NISAT and PHR, however all practitioners involved in the service users care will have responsibility and be accountable for inserting and updating information into the PHR.

The PHR must not be used as the only method of communication between health and social care providers. Existing systems of communication must continue to be used.

Terminating use of the Person Held Record

When delivery of all Trust care or treatment ceases, it is the responsibility of the Key worker to ensure the PHR is returned to the Trust and archived in line with Trust policy.

Re-Opening the NISAT or Patient Held Record

When a NISAT/PHR is to be re-opened for a service user, the professional must ascertain who the past Key Worker was and request a copy of the closed NISAT/PHR or contents if this is deemed appropriate.

Where a significant period of time has lapsed since the previous episode of care and closure of the NISAT/PHR, and the file has been archived by the Key Worker in a central archive location every effort should be made to retrieve original documentation. However, if this is not practicably possible or if the previous Key Worker could not be identified, this should be noted and a new NISAT assessment undertaken.

On forwarding a copy of a closed NISAT/PHR the previous Key Worker must note within their archive records the transfer of the PHR to the requesting professional.

On receipt of a NISAT/PHR by the requesting professional they must ensure that any of the history in the previous assessment is accurate before undertaking any update of the assessment.

General Responsibilities

The roles and responsibilities of Trust practitioners and outside service providers in terms of issuing and/or contributing to the PHR will be shared through a number of methods including face to face training, awareness raising, issuing of written guidance and the local supervision and induction required for new starts in a team.

Where an independent home care provider is involved with the Service User, a Named Social Worker/ CCN will, with the person’s permission, ensure that the home care provider’s contact details are recorded in the appropriate sections of the PHR. Regular care worker visits will continue to be recorded.
in the usual manner within the PHR. A duplicate copy of their service / care plan should be inserted in the individual professional record social care section.

Each team will be responsible for arranging an adequate supply and storage of the files to create a PHR and any associated stationary for their staff.

**Individual Practitioners Responsibilities**

All members of staff involved with the care of adults have a responsibility to:

- Ensure that they understand when a PHR should be issued, and can provide one promptly
- Help the Service User to understand the benefit to their own care afforded by use of the PHR and encourage them to keep the file in an accessible but secure place
- Ensure that they make every effort to determine whether the Service User already has a PHR, and whether consent exists for them to access the information held within it
- Ensure that their own recording of information takes into account the file content, updates and/or supplements it, avoids duplication and is in keeping with evidence based best practice for record keeping
- Ensure that the PHR is not used exclusively as a method of daily communication with home care providers. Existing systems of daily communication must continue to be used.
- Explain that the ambulance service may request to look at the PHR in the event of an emergency visit to their home.
- Investigate whether the Service User needs access to the information contained in the PHR in other languages or in another format e.g. Braille, Easyread, large print. They should also address whether the services of an interpreter are required to explain the PHR.
- Record in their individual service records if the Service User has received or declined a PHR.

Where it appears at initial assessment that the Service User may lack physical or mental capacity to control access to the file, the key worker or professional having the most significant involvement will take responsibility for organising file access.

**Review & Monitoring**

It is the responsibility of relevant line managers to monitor compliance with this policy and procedures within their area of responsibility, and to ensure actions are taken to address non-compliance issues.

A planned review programme will be identified to ensure standards of recording are being achieved across all disciplines which may include:
• Demonstration that the NISAT/ PHR comprehensively reflects the Service Users needs

• Agreement for information sharing between professionals and agencies

• Full review and update of all sections if required

• Best practice in record keeping

• Information is collected, stored and shared in keeping with local, regional and national policy.
• Care plans are person centred and are placed in the file.

Equality, Human Rights & DDA

This policy has been drawn up and reviewed in the light of Section 75 of the Northern Ireland Act (1998) which requires the Trust to have due regard to the need to promote equality of opportunity. It has been screened to identify any adverse impact on the 9 equality categories and no significant differential impacts were identified, therefore, an Equality Impact Assessment is not required.

Alternative formats

This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.

Sources of Advice in relation to this document

If you require any further information regarding this policy please contact: Mrs. Wendy Magowan, NISAT Project Lead or Mr. Roy Hamill, Acting Assistant Director for Primary & Community Care Services for Older People, NISAT Trust Lead

References

• Trust Policy on Consent for Examination, Treatment or Care (ref NHSCT/09/128)
• Trust Policy on Records Management (ref NHSCT/08/08)
• Trust Policy on General Procedure for the Processing of Personal Information 2009
• Relevant professional standards in record keeping and assessment.
• Data Protection Act 1998
• Trust Guidelines for Booking an Interpreter.
Appendix 1

How do we identify who is appropriate for the Key Worker role?
The following areas should be considered:

- If there is a sole assessor, they are the Key Worker.
- The initial assessor may or may not remain the Key Worker.
- The decision should take into account the following principles:
  - Service with the responsibility for meeting the greatest areas of need
  - Identification of future potential problems
  - Emerging short-term requirements vs. long-term involvement
  - Resource or funding responsibilities
  - Adhering to Trust protocols and agreed competency levels for staff and assistant levels

At what level is a Key Worker introduced into the assessment?

- At the start of the single assessment process
- The Key Worker may change along the service user’s care pathway.
- There should only ever be one Key Worker identified at any one time.
- Each service or agency has the responsibility to record the Key Worker’s details in the PHR. This should also include a list of other professionals/organisations currently involved with the person/carer.

What is the role of the Key Worker if patient/client is hospitalised?
The Key Worker is responsible for:

- Identifying who the lead person for discharge is e.g. Primary Nurse, Ward Manager, Hospital Social Worker
- Liaising with the identified lead person for discharge with regards to assessments, care planning and discharge

Planning for discharge is the joint responsibility of the Key Worker and if appropriate the identified lead person for discharge.