



LINDSEY LODGE HOSPICE AND HEALTHCARE

SOP FOR CARER SUPPORT NEEDS

Standard Operational Procedure for the Use of the Carer Support Needs Assessment Tool© (CSNAT)

Introduction

- 1.0 The CSNAT is an evidence based tool that facilitates support for family members and friends (carers) of adults with life-limiting conditions.
- 1.1 The CSNAT comprises of 14 domains in which carers commonly say they require support.
- 1.2 Carers may use this tool to indicate further support they need in relation to enabling them to care for someone at home, as well as support for their own health and well-being within their care giving role.
- 1.3 The CSNAT is facilitated by the practitioner but led by the carer, with the purpose being to identify their individual support needs as opposed to the patients' needs.

Aims and Objectives

- 2.0 The aim of this standard operating procedure is to ensure that all staff who are using the CSNAT are consistent in their approach.
- 2.1 The CSNAT booklet (appendix 1) will be offered to all people identified as a carer by patients' admitted to the In-Patient Unit at Lindsey Lodge Hospice
- 2.2 In the Well-Being Unit the CSNAT booklet will be offered on initial assessment or patients' first visit, to be reviewed at 6 weeks.
- 2.3 The CSNAT is being used to enable staff to signpost carers to professionals and organisations both within Lindsey Lodge Hospice and in the wider community.
- 2.4 The CSNAT is divided into 5 Stages:-
 - 2.41 Introduction of CSNAT.
 - 2.42 Carers consideration of needs
 - 2.43 Assessment conversation
 - 2.44 Shared action plan
 - 2.45 Shared review
- 2.5 Staff facilitating conversations regarding carers needs will record the outcome on the CSNAT review sheet (appendix 2).
- 2.6 A list of possible local resources and referral routes has been compiled for reference (Appendix 3).

Area

- 3.0 This standard operating procedure must be followed by all Registered nurses employed by Lindsey Lodge Hospice and information received made available to all health care professionals involved in the patients care.

Duties, Accountability and Responsibilities

- 4.0 Director of Nursing and Patient Services – is accountable for professional standards within the designated clinical areas.
- 4.1 Senior nurse and Deputy Senior Nurse – have responsibility for ensuring that the CSNAT booklets are being offered and documented when declined. Also to inform the Director of Nursing and Patient Services/Chief Executive of any concerns identified.
- 4.2 It is the duty of all to ensure that the CSNAT is being reproduced and used within the terms of the Copyright.

Monitoring Compliance and Effectiveness

- 5.0 The Senior Nurse will monitor compliance with the document by reviewing patient notes.

References

- 6.0 CSNAT

Definitions

- 6.0 CSNAT – Carers Support Needs Assessment Tool

Consultation

- 7.0 Clinical Leaders

Dissemination

- 9.0 Via Lyndsey Lodge 'L' drive policies/guidelines

Implementation

- 10.0 The CSNAT tool will be discussed at the In-Patient Unit team meeting and minutes of the meeting made available to all staff. It will be the responsibility of the Senior Nurse and Deputy Senior Nurse to explain the rationale and give assistance and advice where required.

Equality Act

11.0 In accordance with the Equality Act (2010), the Hospice will make reasonable adjustments in the workplace so that an employee with a disability, as covered under the Act, should not be at any disadvantage. The Hospice will endeavour to develop an environment within which individuals feel able to disclose any disability or concern which may have a long term and substantial effect on their ability to carry out their normal day to day activities.

11.2 The Hospice will, wherever practical, make adjustments as deemed reasonable in light of an employee's specific circumstances and the Hospice's available resources paying particular attention to the Disability Discrimination requirements and the Equality Act (2010).

ISSUE DATE: Ratified at Quality Assurance Sub-committee 19 January 2019				
Review 3 yearly				
TO BE REVIEWED	REVIEW COMPLETED	BY	APPROVED BY	CIRCULATION
April 2021	May 2021	KP	QA Sub-Committee 19.05.2021	L Drive : Policies and Procedures
April 2024				