Adult Services and Wellbeing
Calderdale Metropolitan Borough Council

Standard Operating Procedure (SOP): Occupational Therapy (OT)

Standard Operating Procedure: Occupational Therapy

CONTENTS

Procedure Version Control

Procedure Name	**Standard Operating Procedure: Occupational Therapy.**		
Document Description	**This Standard Operating Procedure sets out the Occupational Therapy teams' aims, objectives, underlying principles together with consistent ways of working.**		
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1.0	August 2024	New Document
2.0	December 2024	Updated the new safeguarding process.

1. Overview

The Occupational Therapy and Manual Handling Teams play a significant role in social care, supporting individuals with physical, mental, or developmental challenges to live as independently and safely as possible within Calderdale. In this context, occupational therapists work closely with other social care professionals to enable people to improve their daily functioning, promote well-being, and support access to community services and resources.

2. Main Aims

Promote independence:

- Demonstrate compensatory techniques, recommend, and provide assistive devices, equipment, and adaptations to enable people to overcome barriers and live more independently, in their own homes using the least restrictive interventions.

Enhance Safety in the Home and Community:

- Assess and modify home environments in conjunction with the accessible homes team to make them safer and more accessible (e.g., installing grab rails, stairlifts, or ramps).
- Assess for and refer to Assistive Technology/Telecare service.
- Reduce risks of falls or accidents by improving their environment and educating people on safe practices
- Completing holistic person-centred manual handling assessments.
- Prescribing Manual Handling equipment to reduce risk to the person and their carer/s.
- Demonstrate use of Manual Handling equipment.
- Complete relocation reports to support the allocation of appropriate housing.

Facilitate Participation in Daily and Social Activities:

- Encourage and enable people to participate in meaningful and purposeful activities, such as hobbies, work, education, or social activities.
- Address environmental barriers that prevent participation in the community, including physical or mental health challenges. Signpost and/or refer to other services (eg social prescribing link workers, community mental health teams, support, and independence team)

Prevent Hospital or Care Home Admissions:

- Enable people to stay in their own homes for as long as possible by providing the necessary support and interventions to manage their conditions.
- Reduce the need for long-term residential or hospital care through holistic assessment and preventative interventions.

Provide Caregiver Support:

- Signpost/refer to other services, offer education, advice, and emotional support to family members or caregivers on how to assist their loved ones effectively while managing their own well-being.
- Provide personalised guidance and advice to both formal and informal carers on safe and effective Manual Handling techniques and equipment, including single handed care when appropriate.

Advocate for Social Inclusion:

- Ensure that individuals, particularly those with disabilities or chronic conditions, have access to community services, employment opportunities, and social connections.

Collaborate with Other Professionals:

- Work closely with social workers, healthcare providers, and community organisations to inform care plans that address both physical, mental, and social needs.

Promote Long-Term Well-being:

- Focus on sustainable outcomes by enabling people to develop skills and access resources that promote long-term health and independence.
- Ensure that individuals can continue leading meaningful lives.

3. Objectives

Prevention and Early Intervention: Focus on preventative measures and early intervention to reduce the need for intensive and long-term care.

Integration of Services: Promote integration and coordination of health and social care services to provide seamless support to people especially therapy services.

Assessment and Eligibility: To make use of asset-based services, equipment, and assistive technology to delay the need for intrusive service. Conduct thorough strength-based assessments to determine people's needs.

Empowerment and Choice: Empower individuals to make informed choices about their care and support options.

Workforce Development: Invest in the recruitment, training, and retention of a skilled and compassionate OT workforce who can hold confident, clear, and positive conversations with individuals in need of support.

Quality Assurance: Regularly audit the service to ensure compliance with this SOP and continuous improvement of OT services. Collect feedback from service users and caregivers to assess satisfaction and areas for improvement.

Cost-Effectiveness: Ensure that resources are used efficiently to provide high-quality care and support while managing public funds responsibly.

Safeguarding: Ensure all staff are aware of their role in reporting safeguarding concerns and the role they play in preventing abuse from occurring.

4. Outcomes

- More people doing the things they want, need, and are required to do.
- A reduction in the number of people admitted to residential care.
- A reduction in the over implementation of care packages.
- An increase in single handed care.
- A reduction in the number of people being injured due to poor manual handling practice or lack of appropriate equipment.
- Reduce the demand on health services.

5. Values and Principles

- To provide high quality services, which are economic, efficient, and effective.
- To ensure equity of access and equality of opportunity.
- To work effectively in partnership with other services, agencies, and communities.
- To be open, transparent, and accountable to people who have an interest in its services.
- To be a learning organisation/service that seeks continuously to improve through innovation and flexibility.

6. Contacting the Service

- Referrals come into the service via Gateway to Care either by self-referral or other professional.

7. Eligibility Criteria

- People who are experiencing environmental barriers which prevent them from being able to engage in their activities of daily living.
- People aged 18 or over.
- People living in the Borough of Calderdale.

8. OT Delivery

Service is operational between the hours of Monday to Friday 9am to 5pm.

The team can be contacted directly via email at OTgateway@calderdale.gov.uk

Gateway to Care number: 01422 393000.

Email: gatewaytocare@calderdale.gov.uk.

9. Processes and Procedures

Initial Contact
Referrals made via Gateway to Care or directly to OT duty from other professionals.

Contact OTgateway@calderdale.gov.uk

Referrals are checked daily by the Duty OT team and initial screening takes place to ensure OT criteria is met.

OT Duty Process
Assessment by the duty occupational therapist involves a skilled conversation, either with the person directly, or with a family member/friend/carer (with consent). Duty OT will review the referral and record their conversation on the persons record and evidence any action taken. The referral form is then associated to the person's record. Prescription of small aids and recommendations for minor adaptations are completed either over the phone or following a duty visit. Following duty input the referral is either closed or referred on to other services.

OT/MH waiting list.
The waiting list is prioritised in the order of urgency, for example if a person is palliative or a manual handling referral where there is imminent risk of injury to the person and their carers during transfers or seating referrals where the person has pressure areas or is bed based are treated as a priority.

Waiting Well for assessment

All those on the waiting list are contacted monthly to check whether the situation has not changed. All people waiting are risk assessed and if escalation of risk has been determined priority level may be changed.

Case Note Recording
Will be legally literate, timely and clear.

Information Sharing
Staff are aware of what information can be shared with the person's consent only.

Risk Assessment and Safety Planning
Staff are trained on situations which may require a risk assessment e.g. manual handling, which have a negative impact on the person's health and wellbeing.

10. Roles and Responsibilities

Principal Occupational Therapist:

Responsible for the performance and quality of the service. To manage and oversee all HR processes. To provide supervision for the Advanced Practitioner Occupational

Therapists. To liaise with internal and external partners to improve flow and service delivery.

Advanced Practitioner Occupational Therapist:

To manage all HR processes with the below staff group. To provide supervision and workload management to ensure flow is maintained. To provide support and guidance to staff. To be responsible for quality and performance.

Manual Handling Advisor:

To manage the manual handling service for people who have paid formal carers, complete manual handling assessments and prescribe manual handling equipment**.** To provide support, training, and guidance to staff.

Occupational Therapists:

To carry out environmental visits, holistic assessments, referrals to other agencies and refer to Accessible Homes Agency for major and minor adaptations. To support newly qualified OTs and OTAs.

Occupational Therapy Assistants.

To triage referrals, complete visits under the guidance of an OT, appropriate assessments, provide low level equipment and assistive technology.

11. Safeguarding:

When to raise a Safeguarding Concern
Staff are trained in safeguarding and are aware of what constitutes a safeguarding and when and how to refer.

Stage 1: Identification and Reporting of Safeguarding Concerns

Overview*:* Stage 1 involves the identification and reporting of safeguarding concerns before the Safeguarding Adults Team engages with the person at risk or experiencing abuse or neglect.

Workers will be mindful of S42 of the Care Act 2014, identifying where there may be a cause for concern that someone with/ possible care and support needs in their area may be experiencing or at risk of harm or neglect and unable to protect themselves from harm. This includes but is not limited to; physical, emotional, and psychological, financial, sexual, coercive control and behavior, self-neglect. Workers will have a responsibility for accurately identifying concerns, the source, type of harm, impact of harm/potential harm and urgency of the concern.

If workers are actively involved with a person whereby concern or information is shared, whether factually supported or not, they will make due enquiries to ascertain that the person is safe and well and ascertaining if/what action needs to be taken and if/what legal framework this may be under. This includes considering if this

requires raising as a statutory safeguarding concern. This should be led by the person with Making Safeguarding Personal (MSP) underpinning the approach. Capacity to consent to safeguarding concerns should be considered at the point a potential safeguarding concern is identified, ensuring that the individual is supported to engage with and understand what this means. In the event an individual is deemed to lack capacity to consent, consideration should be given for involving a relevant representative and/or referring for an advocate. Only in circumstances where there is an immediate risk to the person and/or to the safety of another person should consent not be sought prior to raising a safeguarding concern.

Workers will formally report a safeguarding concern by completing the standard Calderdale Safeguarding Report a Concern form and submitting this electronically to gateway to care via email. If the individual is a person with whom they are working they will be responsible for updating respective safeguarding screens on electronic recording systems. If the individual is a person unknown to them, they should ensure all relevant information and actions taken to immediately remove the risk of harm are detailed within the report a safeguarding concern form.

Workers retain a responsibility to promoting the welfare and safeguarding children and young people (s11, Children's Act 2004) also. If information comes to the attention of a worker that a child or young person may be experiencing or at risk of harm or neglect, they will share this information with Children's services within a timely manner. This may be by contacting Multi Agency Screening Team (MAST) or sharing information with an allocated children's worker or team.

How to Raise a Safeguarding Concern

During Office Hours

- **General Public and Professionals**: Concerns can be reported by anyone in accordance with the guidance and consideration to The Threshold Guidance for Adults at Risk in Calderdale. Reports can be made via:
    - **Safeguarding Concern Form**: Complete and submit the form to gatewaytocare@calderdale.gov.uk .
    - **Telephone**: Call Gateway to Care at 01422 393000.

- **Specific Agencies**:
    - **Police, Yorkshire Ambulance Service**: These agencies may use their own forms to notify safeguarding concerns. These forms are accepted as valid notifications or referrals.

Out of Office Hours:

Emergency Duty Team (EDT): For concerns raised outside standard office hours (5:00 PM to 8:45 AM Monday to Thursday and 4:30 PM to 8:45 AM Friday to Monday), contact the EDT at 01422 288000. The EDT will assess the concern, take necessary immediate actions to address immediate and imminent risks (that cannot

safely wait until the next working day), and notify Gateway to Care on the next working day

The full process is outlined below:

Processing and Notification

Gateway to Care Responsibilities:

- **Inputting into CIS**: Upon receipt, Gateway to Care will promptly input the safeguarding concern into the Client Information System (CIS) and assign the concern to the relevant team.
- **Notification**: An email will be sent to the relevant team, including either the paper concern or a notification that a safeguarding concern is awaiting their attention.
- **Provider Safeguarding Concerns**: Any safeguarding concern raised that involves a regulated care provider are also emailed to the Quality Team.
- **No Initial Decision Making**: At this stage, no decisions are made regarding the concern other than recording it on the appropriate person's record and assigning to the relevant team. Information gathering is minimal and only to address any critical missing details necessary for record creation.

Key Points to Note

- **No Immediate Information Gathering**: Information gathering is not typically part of this stage unless essential demographic details are missing.
- **Purpose**: This stage focuses on the accurate and prompt recording of safeguarding concerns and ensuring they are forwarded to the appropriate team for further action.

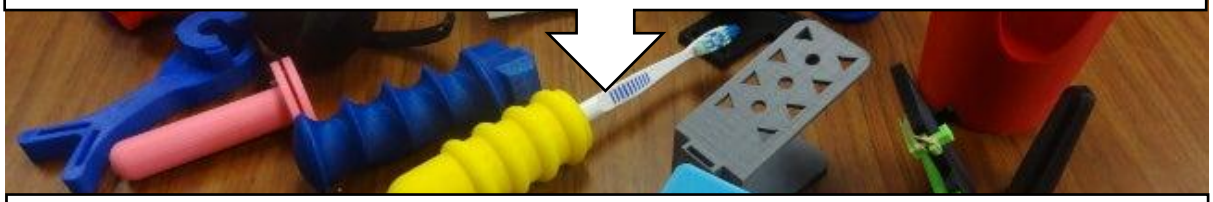
12. Mental Capacity & Best Interest Consideration

Decision Making, Consent and Mental Capacity (opens as a PDF)

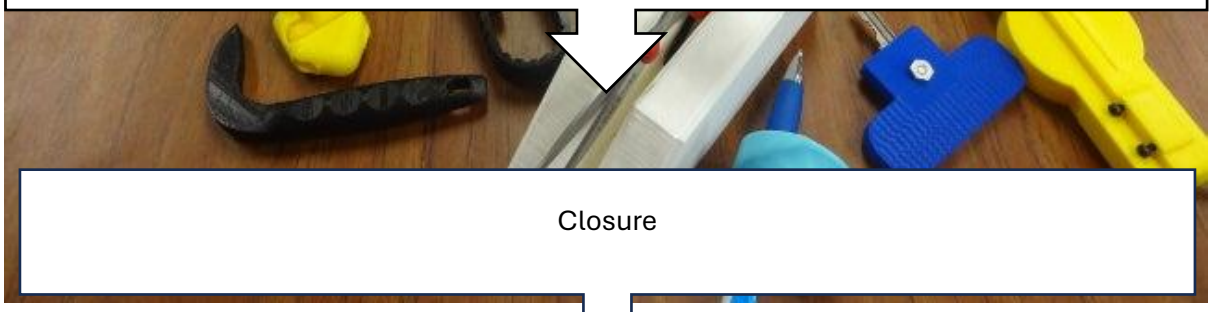
13. Process map

Referrals made via Gateway to Care or directly to OT duty from other professionals.

All referrals are screened and if can be completed at point of referral without home visit are concluded. If home visit required referral is placed on the waiting list with a priority dependant on risk/circumstances



On completion of assessment equipment ordered or referral for minor/major works is completed (please see Accessible homes SOP). A review of equipment and adpatations is carried out after delivery/completion.



Closure