Adult Services and Wellbeing
Calderdale Metropolitan Borough Council

Standard Operating Procedure (SOP): Occupational Therapy and Manual Handling.

Contents

Procedure Version Control

Procedure Name	**Standard Operating Procedure: Occupational Therapy and Manual Handling.**		
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 with the waiting well process and the new safeguarding process.

Occupational Therapy & Manual Handling Overview

The Occupational Therapy and Manual Handling Teams play a significant role in social care, supporting people 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.

Occupational Therapy Manual Handling 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 people, 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 person can continue leading meaningful lives.

Occupational Therapy Manual Handling 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 people 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 people 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 residents 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.

Occupational Therapy Manual Handling 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.

Values and Principles of Occupational Therapy Manual Handling

- 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.

Contacting the Service

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

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.

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.

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 Prioritisation

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.

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.

Waiting Safe and Well Process

Due to demand, it is not always possible to respond immediately and sometimes people are waiting for assessment or review. It is particularly important that people waiting for assessment for adult social care are appropriately prioritised and that they receive regular updates, and resources that support their well-being while they wait, in order to reduce risks associated with unmet needs.

On receipt of the referral, the ***Screening Tool for Referral Waiting Lists*** should be used to prioritise referrals – this applies to assessments, re-assessments and reviews. The prioritisation tool will be used to establish the level of need and risk, and to ensure that people are allocated in an equitable manner. People will be recorded as high, medium, or low priority for allocation based on their individual circumstances.

In line with section 6.26 of the Care Act Statutory Guidance, if an immediate response through service provision is required to meet a person's urgent needs to ensure their safety prior to an assessment being undertaken - this should be put in place on an interim basis.

The outcome of the prioritisation should be documented on the Team Referral Spreadsheet which is held by the Team Manager and used in conjunction with the electronic recording system referral lists. The spreadsheet is date ascending for referral submission and color coded for priority rating:

Red	**High Priority**
Yellow	**Medium Priority**
Green	**Low Priority**

As part of the 'waiting safe and well' process, all people awaiting a new assessment will be contacted to determine if their situation has changed and, if needed, relevant safety actions implemented; this may include fast-tracking the persons assessment. This process should be undertaken in line with the ***Waiting Well Framework.***

All people who are waiting for more than two weeks will be sent a standard waiting well letter to confirm that they are still on our waiting list. The letter will provide service contact details, information on how to inform us if their situation changes and will provide signposting to other information and support options (such as CalderConnect, Care Charge calculator). It will also provide details of our Better Lives Drop in Hubs.

Whilst people continue to wait for allocation, we will contact them on a regular basis to review their circumstances and any changes in needs, which may affect the level of risk and their prioritisation. The frequency of contact is tailored and proportionate to their level of priority.

The contact may be through a follow up Waiting Well letter, by telephone or by text.

Where a change in circumstances, need or risk becomes apparent, then the level of priority will be re-assessed using the prioritisation tool.

If a significant risk is identified, this will be escalated to the team manager and appropriate action taken. This could result, for example, in a telephone assessment and interim support arrangements or urgent allocation.

Should it become apparent that the person has resolved their own needs, then the referral will be closed.

Contact will be recorded in the persons case notes on CIS and the Team Manager / Team Leader will update the spreadsheet accordingly during the weekly referral review.

Safeguarding Concerns, Enquiries, Safety Planning, Quality Assurance and Closure

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

Practitioners 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 at risk of or experiencing harm or neglect and unable to protect themselves. This includes but is not limited to; physical abuse, emotional and psychological abuse, financial abuse, sexual abuse, coercive controlling behavior, and self-neglect.

Practitioners will have a responsibility for accurately identifying concerns, the source, type of harm, impact of harm/potential harm and urgency of the concern. Practitioners should consider and follow the Calderdale Threshold Guidance for Safeguarding Adults at Risk prior to raising a concern.

If practitioners are actively involved with a person whereby concern or information is shared, whether factually supported or not, they will make enquiries to ascertain that the person is safe and well and ascertain what action needs to be taken and 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 person is supported to engage with and understand what this means. In the event a person 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.

Practitioners will formally report a safeguarding concern by completing the standard Calderdale Safeguarding Raising a Concern form and submitting this electronically to Gateway to Care via email. If any social care practitioner (with access to CIS) identifies the concern they will be responsible for completing respective safeguarding stage one screens on CIS.

Practitioners 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.

- **Safeguarding Adult Team Contact Details:**
    - **Telephone (Duty):** 01422 393375
    - **Email:** safeguarding.adults@calderdale.gov.uk

- **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.
    - **Calderdale & Huddersfield Foundation Trust**: Will submit concerns where the abuse or neglect occurred within a hospital setting to the Hospital Discharge Team. It is likely that the Hospital Discharge Team will give cause to the Hospital to make the safeguarding enquiries, with the Hospital Discharge Team acting as co-ordinators.

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.

Notification, initial screening and processing

Gateway to Care Responsibilities:

- **Electronic Concerns. Inputting into CIS**: Upon receipt, Gateway to Care will promptly check whether or not the person has a CIS record. Gateway to Care will create a record if there isn't one. Gateway to Care will then forward the electronic form on email to the Safeguarding Adults Team mailbox or (for people with a primary support reason around mental health) go direct to the Mental Health Team mailbox (on outlook) and case note the action they have taken.

- **Telephone Concerns**: People who telephone asking to raise a safeguarding concern or if the social care advisor identifies that there is a possible safeguarding concern, they should first discuss this with the Duty Social Worker, Team Leader or Team Manager, before progressing with creating the concern on CIS. Once advice has been sought the Social Care Advisor can progress with creating the concern on CIS, completing the necessary fields and gathering as much information as possible from the person raising the concern. They then assign this on CIS to the Safeguarding Adult Team or the Mental Health Team (if primary support reason is for mental health) and follow this up with an email to the respective mailbox to alert them of the concern on CIS.

- **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.

Hospital Team Responsibilities:

- The Hospital Discharge Team is responsible for receiving any concerns where the abuse or neglect occurred within a Calderdale and Huddersfield Hospital setting. The Hospital Discharge Team is responsible for inputting the concerns on to Safeguarding Adult Stage 1 screens on CIS. The Hospital Discharge Team can give cause to the Hospital Safeguarding Team to undertake the enquiries, however the Hospital Discharge Team retains

responsibility for co-ordinating the enquiry and updating CIS as per the processes described below.

Safeguarding Adult Team, Mental Health Team and Hospital Discharge Team Responsibilities:

- **Receipt of the concern**: The Team Manager, Team Leader or Practice Lead will receive the incoming concern on outlook (or CIS if initial concern is taken via the phone).
- **Initial Screening:** Decide whether the concern falls within the scope of safeguarding: The Team Manager, Team Leader or Practice Lead will review the information contained within the concern and decide whether or not it falls within the scope of safeguarding. The main question to ask at this stage is whether or not abuse or neglect is occurring that may require safeguarding enquiries. The three-stage test is not applied at this point.

  If the concern is around a 'request for support' (for people who do not have any ongoing care and support in place) or a 'review of support' (for people who do have ongoing care and support in place), then this can be forwarded to the relevant team i.e. Gateway for people who do not have care and support in place or community teams for those who do. If the person subject to the concern has an allocated worker, then they need to be notified. Similarly, complaints (quality or practice issues relating to care providers) can be forwarded to community teams to consider and liaise and resolve and if required copy in ICCQT.

- If the Manager, Team Leader or Practice Lead decides that the initial concern **does** fall within safeguarding then the Safeguarding Adult Team or Mental Health Team need to input the concern on to CIS as a stage one and associate any documents. They then allocate it to a Safeguarding Practitioner within their respective team.
- If the Manager, Team Leader or Practice Lead decides that the initial concern **is not** safeguarding they need to associate records to file and document actions taken on a case note.

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.

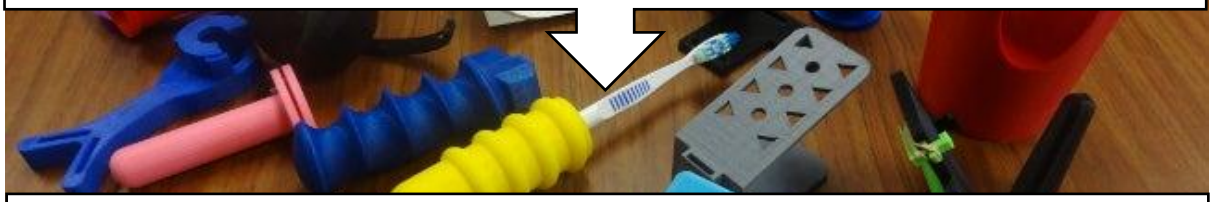
Mental Capacity Act Assessments

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

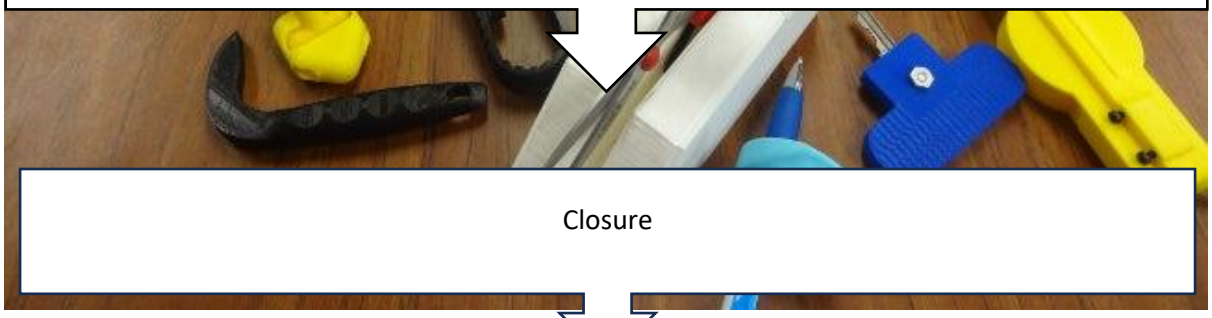
Process Map

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