

Dear

**Re: Impartial Assessor Service**

Hertfordshire Care Providers Association is commissioned to deliver the Impartial Assessor Service on behalf of Hertfordshire County Council, East and North Hertfordshire CCG and West Essex CCG. The Impartial Assessor Service assesses patients who are medically optimised for discharge, this service is carried out on behalf of care homes when a resident goes into hospital, or when a person is deemed as needing to go to a care home rather than returning to their own home. The service aims to reduce delays in patients leaving the hospital by providing an assessment which is 'trusted' by the home and reducing the need for the home to find staff available to go into the hospital and carry out the assessment themselves.

Changes in CQC guidance means that care homes must now confirm that they are happy to use the Impartial Assessor service offered by HCPA. We are therefore asking the Care Home to sign up to confirm that, if required, the Care Home can utilise the Impartial Assessor Service. Through signing this document, it does not mean that you are under any obligation to use the service, but means you have the option available to you.

The Impartial Assessor service includes:

- Complete assessments of patients on behalf of the care home who have been declared medically optimised for discharge and are waiting to be discharged into a care home. The assessments will meet the requirements of regulations 9, 10, 11 and 12 of the Health and Social Care Act (Regulated Activities) 2014.
- The service will run 6 days a week, during working hours. Discharges may occur during outside of normal 'office' hours if agreed by the care home.
- The Impartial Assessors will be credible and competent at carrying out assessments suitable for nursing or residential homes. Impartial Assessors employed will have a nursing background.
- A follow up call from an Impartial Assessor, up-to 72 hours after each admission to the home to gather feedback or any learning on the discharge. All feedback will then be addressed within 72 working hours, except in the case where there is sickness or annual leave which cannot be covered. If a care home is unable to meet a person's requirements after a discharge the Impartial Assessor will discuss the situation with the home to understand the situation and will try to identify steps that could be taken to support the resident staying in the home or moving on. If the decision is reached that the home is unable to meet the needs the home must inform the Social Work Team who have the responsibility for placing clients.

If a care home is unhappy for any reason with any elements of the service and wishes to raise a concern or make a complaint, the care home should speak to the Impartial Assessor directly in the first instance and if no solution is reached the home should then email [complexcare@hcpa.info](mailto:complexcare@hcpa.info)

## Terms and conditions

- Care Home managers will be signing this on behalf of the care home, agreeing to use the service.
- If the care home wishes to remove their consent, they must formally write to Hertfordshire Care Providers Association informing them of their decision.
- The assessment received from the Impartial Assessor must be adopted and recorded in the individual care plan. The assessment is used to support the adult social care services to undertake their own assessment and risk assessments after a person has been discharged to their service. This is due to the need to respond to changing needs and preferences of the patient on a continuous basis.

If you have any questions, please contact [complexcare@hcpa.info](mailto:complexcare@hcpa.info)

Signed

Sharon Davies

Chief Executive of Hertfordshire Care Providers Association

**Impartial Assessor Service**

This form, when signed by Hertfordshire Care Providers Association and the Provider, will record the further agreement of the parties on a matter relating to the above Agreement on an ongoing basis, as set out in this document. This agreement is from the day of signing until the 31<sup>st</sup> March 2019.

This needs to be signed by the Care Home Manager on behalf of the Care Home.

Agreed and accepted for and on behalf of \_\_\_\_\_ by:

[Provider to insert name of care homeservice]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_