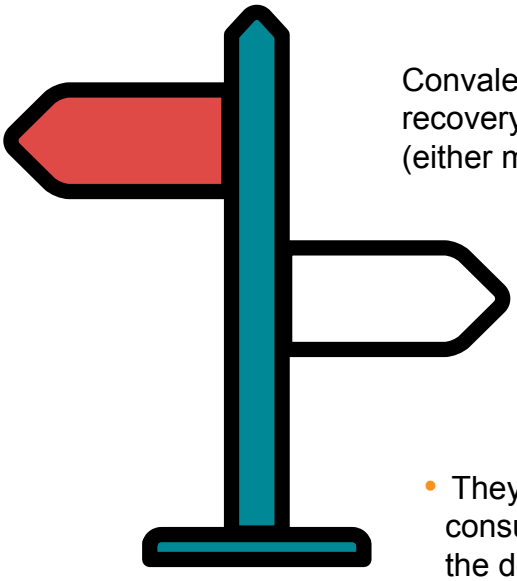
Masonic Charitable Foundation

Convalescent care Factsheet

Convalescent care is the responsibility of the state and hospital staff should make arrangements for this care on behalf of the patient and before s/he goes home (is discharged).



Convalescent care refers to the facilitation of a person's recovery following surgery, a long illness or sudden trauma (either medical or emotional).

Accessing care

If somebody is admitted to hospital they shouldn't be discharged until:

- They are medically fit (this can only be decided by the consultant or someone the consultant has said can make the decision on their behalf).
- They have had an assessment to look at the support they need to be discharged safely.
- They have been given a written care plan that sets out the support they will receive to meet their assessed needs.
- The support described in their care plan has been put in place and it's safe for them to be discharged.

Hospital discharge assessment and care plan

When somebody is admitted to hospital, arrangements for convalescent care should be put in place **before** the patient is discharged. This includes, arranging visits from a district nurse or paid home help, or to organise home adaptations. The hospital should also advise the patient of their expected date of discharge (EDD) as soon as they know it, which is usually within 48 hours of admission.

The hospital should review it regularly and promptly inform the patient of any change.

During somebody's stay in hospital, staff must contact social services to arrange a discharge assessment which determines the help needed when the patient goes home. The assessment will happen regardless of whether the hospital stay was planned or an emergency. Each hospital has its own discharge policy which outlines how they assess if an individual is fit to be discharged and also the type of care plans that can be put in place. However, increasingly, the lack of social care provision can mean that hospitals are unable to safely discharge somebody deemed medically fit, sometimes known as 'bed blocking'.

The patient will be involved in the discharge assessment and agreement of the care plan, a copy of these should be obtainable from the Ward Manager or the hospital's Patient Advice and Liaison Service (PALS). Care plans should include things such as treatment and care once at home; who's in charge of the care and how to contact them; when and how often care is needed. It's useful to know that care plans are reviewed once a year however if somebody feels their care plan isn't right, they should contact social services and ask for a review.

Patients should be fully involved in these assessment processes, and with their permission, family members or carers can be kept informed and given the opportunity to contribute too. If a patient or family member is unhappy with the hospital discharge or suggested care plan, then they should report this immediately to the ward manager or to PALS.

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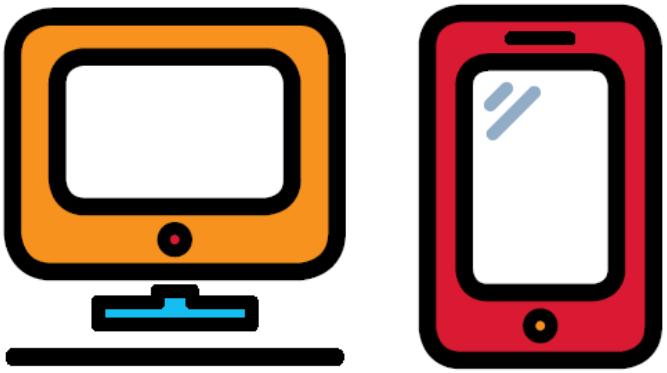
Preparing to leave hospital

Hospital staff should assist the patient by making sure:

- they have clothes to go home in and have door keys
- they have somebody to collect them, or a taxi or hospital transport is booked
- they (and the care home if they live in one) have a copy of their care plan
- they have any prescribed medicines and know how to take them
- they can use new equipment, such as crutches or a wheelchair
- their GP is informed they have been discharged
- they know how to get help from a district nurse, if needed, or when to expect a visit



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When home from hospital

Somebody may require temporary care after discharge from hospital, in order to get back to normal, if they have had a short term illness or an operation. This is known as intermediate care, reablement or aftercare. Care is free for up to six weeks.

Alternatively, they may require ongoing care. Soon after being discharged from hospital, social services will make contact to check if the person's care plan is right. If it's likely that care is needed for longer than six weeks, they'll work with the individual to put a care plan in place. This care isn't free.

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Complaints about hospital discharge

If somebody is unhappy with their discharge, or the discharge of somebody they know, then they can raise a complaint. In the first instance, it is advised to speak directly to the hospital staff that organised the discharge. Advice on this process can be sought from the Patient Advise and Liaison Service (PALS) or the local Independent Health Complaints Advisory Service.

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Further information

- **The Masonic Charitable Foundation**
  The MCF cannot meet the cost of convalescent care. However, it may be able to provide support for respite care which enables a carer to rest and have time away from their responsibilities. For more information on this read our respite care factsheet or other Almoner resources by visiting the MCF's website – www.mcf.org.uk/almoner
- **NHS Choices**
  The NHS website has thousands of freely available articles, videos, tools and apps to help make the best choices about health and wellbeing - www.nhs.uk/conditions/social-care-and-support-guide/pages/hospital-discharge-care.aspx
- **The MCF's Advice and Support Team**
  Offer advice, guidance and support on a range of issues. Contact them by calling 0800 035 60 90.
- **Provincial Grand Almoners**
  Your Metropolitan/Provincial Grand Almoner may be able to signpost you to local support and assistance.

The information contained in this factsheet is intended for general guidance only and does not constitute advice. The MCF does not endorse any of the organisations listed.