



**A HOLIDAY AND DAY TRIP PROTOCOL**

**FOR:**

**ALL PROVIDERS OPERATING WITHIN CROYDON**

## June 2017 – VERSION 0.2

### DOCUMENT CONTROL

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## MAINTENANCE

INTERDEPENDENCIES:	
OWNER:	Sean Olivier

## INTERDEPENDENCIES AND LINKED PLANS

(Plans / documents that may impact on your business continuity plan or processes)

PLAN	OWNER
London Multi Agency Policy & Procedures	Adults Services
Care Act Regulations 2014	Central Government
Data Protection Act	Central Government
Mental Capacity Act	Central Government
Caldicott Report	Department of Health

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#### Preamble:

In the recent past cases have arisen in Croydon where clients have been taken on holiday. Often this has occurred multiple times. Concerns have been raised as, at times, clients have not had capacity and have been taken on holiday. Secondly concerns have been raised in other cases due to records of client's finances not being kept (in full) and there not being records of where clients have stayed and what activities they did when on holiday.

The purpose of this protocol is to provide best practice guidance to providers who are considering taking clients on day trips or holidays. It aims to centre most of the work in the planning phase before the holiday/ day out takes place so that the holiday can be spent for enjoyment. It also centres on common best practice principles of consent, mental capacity and sound recording and communication. It is important to adhere to the Mental Capacity Act when considering decisions around all aspects of a client's holiday/ trip, should they lack capacity.

Ultimately the guidance aims to protect the client, carers and agency from any allegations of neglect or financial impropriety and help ensure that no service user comes to harm. It is felt that the protocol can be used across client groups (Mental Health, Learning Disabilities, Older Adults, and Physical Disabilities).

This guidance is issued by the Croydon Safeguarding Adults Board and has been signed off by all Board partners.

A **holiday** is defined as 1 or more nights away from the usual place of living, for the purposes of fun, relaxation and entertainment.

A **day trip** is described as a trip away from ones usual area and routines (such as a trip to Brighton beach). A day trip is not to be construed as usual day to day activities that a client may partake in.

#### Planning:

It is felt that careful and multi-professional planning is the key to helping avoid concerns when it comes to holidays and day trips. The following points are to be considered in the planning:

1. **Wishes and Feelings:** Consider not only where the clients wants to go (and to do which activities) but also consider if the client wants to go. Some clients may choose not to go on holiday (or not as often as housemates) and as a result their wish to stay home should equally be respected.

Secondly, the client who wants to go should be given choice to consider where it is that they want to go, what they can do (in terms of activities in different locations), what the cost quotes are and how long one might be away, together with the travel required.

Clients may not all wish to go to the same place and staffing efficiency (it likely to be easier on a staff team if all clients go to the same place) should not dictate what is available to the clients as options within reason. That is as best as possible services should honour a client's individual wishes.

It should also be remembered that not all of the clients may wish to go on holiday with each other and as such the holiday may be a break from their normal routine, which included being on a break from their house mates/ fellow residents.

Thus the clients consent needs to consider not only whether to go or not, but where to go, for how long, how much they are prepared to spend/ can afford, and with whom they chose to go as well as what care will be received.

2. **Recording of Planning:** All planning meetings and conversations should be recorded on the client's file so that one can substantiate decisions made and those involved in such.
3. **Financial Planning:** This needs to be in line with the Mental Capacity Act. Client should have all costs outlined and they should have the opportunity to be as involved as possible to adjust the holiday and adjust the costs. There should be no hidden costs so all aspects should be taken into account including additional costs to care if the trip will incur this. Details of all transport and activity costs should be outlined as well as a reasonable budget for food.

Clear accountability needs to be in place regarding spending. Some service users will manage money independently, others will require help. Thus a process of recording must be in place before the holiday starts. Receipts must be kept and all expenditure logged. How to secure the best exchange (rate) of currency should also be considered. Safety when carrying large sums of cash is also to be considered.

A photo record (if clients consent) may be a useful way for the organisation to record that activities planned have been undertaken.

4. **Mental Capacity:** If a client lacks capacity then has a best interest process around, care, accommodation, travel and cost (not an exhaustive list) been completed around the choices associated with going on a holiday/ trip? Multiple assessments of capacity may be required.
5. **Care Planning:** What care is the client likely to need when on the trip/ holiday? Consider if the staff compliment (numbers) and skill set will be present as required on the trip as it is at home/ in the home. Consider how care will be provided in different environments where perhaps not all facilities are available, i.e. would this impact on moving and handling? Are new techniques required?
6. **Accommodation- Who sleeps where?** When considering holidays the sleeping arrangements need to be considered. This is more pertinent for those who may require waking night care. Consider:
  - The needs of the individual
  - The risk assessment
  - Male and female mix
  - Do any clients agree to share?
  - Does the bed positioning need to be considered in terms of space and care needs (i.e. room to manoeuvre)?
  - The physical layout of the accommodation- could a carer's bed be far away/ in a different part of a hotel/ resort and what impact does this have?
  - Availability of safety features (e.g. bed sides, call bells alarms etc.).
7. **Key Workers:** Ideally each client would have a key worker on their holiday and this would be decided pre trip and be a part of the planning. This person is responsible for the client's arrangements and should have the requisite training and experience. EG:
  - Moving and handling
  - First Aid (if the agency provides this)
  - Medication administration (if applicable)
  - Health and Safety

- Food Hygiene (if the holiday involves food preparation)

Consideration must be given to staff breaks and the cover for these. Any additional staff coming on the trip must be held to the same standard as existing staff.

8. **Risk Assessment:** Each service users existing risk assessment should be used as a guide to developing a bespoke Risk Assessment for the purposes of the trip/ holiday alone. This needs to incorporate all risks including those associated with activities on the holiday/ trip.
9. **Medication:** Clients medication should be known (not in the process of being reviewed/ being changed) and in place. Medication should not expire over the course of the trip and sufficient medication should be checked prior to going. In the event of an issue with medication, a pharmacy/ medical centre should be known to the carers so that advice/ services can be sought (see contingencies).
10. **Contingencies:** Contingencies for foreseeable matters as well as broad contingencies for unforeseen circumstances should be catered for. There should be a 24 hour contact in the agency in the UK to assist staff in a holiday setting. Numbers for transport, emergency services, hotel contacts and the location of nearby hospitals/ doctors should all be in place (ideally before departure or immediately upon arrival).

Adequate insurance should also be in place with requisite disclosures made. All normal recording practices should take place as when at the original service, as such how to store confidential information needs to be considered. Incidents must be reported to the on call (in the UK) as quickly as possible.

Clients should take care of their own valuable but carers may need to help with this and help in accessing a safe as an example.

The client's information should be kept in the organisation's on call (in the UK) office such as next of kin details and relevant client file details around care and health. Key details should be kept by the carers on the trip/ holiday including the next of kin details, important documents, insurance information, travel tickets, relevant medical and care information and GP information.

**Notes for staff accompanying clients:**

- Staff should not drink or use drugs at all on the trip/ holiday
- Staff should not engage in their own social activity (make their own plans)
- In the highly unlikely event that a staff member finds him/ herself on holiday in their own home town, any contact with their own family and friends should never intersect with client activity.
- Clients should never be taken to their carers family/ friend's homes (or similar setting)
- Staff should be aware that they remain at work (albeit it in a different location and environment) and that they should be aware about boundaries blurring when on a holiday with clients.
- It is the client's holiday, not the carers.

**Post-Holiday Considerations:**

- All records should be entered into the normal system of the agency/ home
- Financial records should be recorded and accounted for with supporting evidence as quickly as possible and each client have their own finances reconciled as quickly as possible.

This guidance is written for the Croydon Adult Safeguarding Board and is based on the Sheffield Learning Disability Partnership Board document of 2012.



**Appendix A: Example of a pre-holiday/ trip Checklist:**

<b>Item to consider</b>	<b>Staff in charge</b>	<b>Comments</b>
<b>Medicines</b>		
<b>First Aid box/ supplies</b>		
<b>Money/ cards</b>		
<b>Insurance Documents/ health cards</b>		
<b>Tickets and holiday/ travel print outs</b>		
<b>Passport (with visa if required)</b>		
<b>Emergency contacts</b>		
<b>Luggage</b>		
<b>Notes/ recording books</b>		
<b>Individual support plans and risk assessments</b>		
<b>Equipment (checked and functioning)</b>		

## Appendix B: Example Risk Assessment

(The below example does not make use of a scoring system but providers may wish to consider inserting such to better gauge risk by providing a score indicator)

Service user:

Date:

Holiday/ trip/ activity:

Hazards Identified	Likelihood	Potential Outcome	Protective Factors	Score: If used
Go karting- may crash the cart	Likelihood Client has not driver a cart before so may have minor crashes into the tires, this is likely due to this being his first experience of this activity	Carts operate at low speeds so any crash is not likely to result in injury	Client is wearing a helmet and racing suit & gloves, tire walls form a barrier around the track, instructor will take the client through a driving tutorial prior to his own laps. Speed is capped on the cart to a safe level	

Signed by staff member:

Signed by Line Manager: