PODPLAN

Family–Carer Communication Plan

Agree how to stay in touch

Complete this together and keep a copy each. Involve the person receiving care as fully as possible. Use it to agree how the family and carer will share updates and raise concerns. It works with an agency carer or a self-employed carer. If an agency is involved, agree the arrangements with them too.

For use in England. This plan supports the care plan, medicines instructions and any agency procedures. It does not replace them or the carer's contract.

1

Who to contact

Person receiving care
Carer or agency
Main family contact and telephone number
Backup contact and telephone number
Agency office and out-of-hours number, if applicable
GP surgery and telephone number
If the main contact does not answer

2

Everyday updates

Use the Care Communication Sheet — Daily / Weekly Log, available in the Resources library, or the agency's existing system. Agree one main record so information is easy to find.

We will record updates using:
The record will be kept here:
Who will check it, and how often:
Anything we particularly want updates about:

Keep updates brief, factual and respectful. Record what support was provided, any changes or concerns, and what action was taken.

3

When to call

Phone rather than leaving a routine message about:

- A fall or accident.
- A new or worsening health concern.
- A marked change in eating, drinking, mobility or behaviour.
- A missed or refused medicine, following the medicines plan.
- An important care task that could not be completed.
- A missed visit or concern about leaving the person alone.

Other things that need a call:

For urgent medical advice that is not an emergency, contact the GP or NHS 111. Do not delay medical help while waiting for the family to respond.

IN AN EMERGENCY

Call 999 for a life-threatening emergency, such as suspected stroke or heart attack, severe breathing difficulty, unconsciousness or serious injury. Sudden confusion needs immediate medical assessment: go to A&E or call 999. Do not assume it is simply part of dementia.

Follow the emergency call handler's instructions. Notify the family and agency, if applicable, as soon as it is safe. Do not wait for family permission.

After a fall, do not attempt an unsafe lift. Follow any agreed falls plan and get appropriate help.

4

Medicines communication

Follow the agreed medicines plan. The daily/weekly log does not replace a medicines administration record.

Medicines instructions and records are kept here:
Contact for medicines questions or missed/refused doses:
How family members and carers will tell each other about medicines they give, to avoid duplicate doses:

Only provide medicines support that is agreed and within the carer's training and competence. Record whether medicines were taken or declined. Respect a person's right to refuse when they have capacity for that decision, and seek appropriate advice. Do not force medicines or hide them in food or drink without the required clinical assessment and lawful arrangements.

5

Regular catch-up

How often and when:
Who will take part:

Discuss what is working, changes noticed, anything the person wants done differently, and whether the tasks and time allowed are realistic.

Actions agreed — who will do what, and by when.

6

Privacy and agreement

People who may receive routine updates:
Sharing preferences or restrictions:

Respect the person's wishes and keep records secure. Share only relevant information with appropriate people. Being a family contact does not automatically give someone decision-making authority. If the person lacks capacity for a particular decision, follow the relevant legal process.

Plan agreed with:

Person receiving care	_____
Family contact	_____
Carer/agency representative	_____
Date agreed	_____
Next review	_____

Review sooner if needs, carers or contact details change. Keep a copy each and make the current version available to everyone providing care.

Need a hand?

Contact **PodSupport** for help finding information or thinking through your arrangements.

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