

What is CARIC?

CARIC is a central telephone and fax point for all referrals and enquiries about rehabilitation within Intermediate Care in Camden.

Who can access CARIC?

It is available to any Camden resident who has the potential to improve their level of function and is motivated to participate in a rehabilitation programme. Clients must be at least 18 years old, but are generally over 65. Clients registered with a GP outside Camden may not be able to access some services.

What services are available?

- St Pancras rehabilitation beds for people with complex levels of physical dependency that require daily nursing input.
- REACH Ingestre Road residential rehabilitation beds – for people requiring 24 hour care with lower dependency needs and who meet residential home criteria, but are aiming to return home.
- REACH Early Supported Discharge (REDS) for people in local hospitals in Camden to facilitate early discharge home and provide up to 6 weeks therapy and enabling home care.
- REACH community rehabilitation
- REACH team members work with clients in their own home. REACH also offer a falls prevention service
- REACH Rapid Response in the Community providing immediate response to people who need urgent assessment at home to avoid admission to hospital.

How can CARIC help referrers?

A CARIC adviser will be available to:

- Discuss with you which service is best suited to meet the needs of your client/patient.
- Send out the relevant referral forms for you to complete.
- Forward your completed returned form on to the appropriate service.

Which referral form do I need?

- For St Pancras Rehabilitation Beds please complete a 'St Pancras Rehabilitation unit referral form'.
- For any REACH service please complete a 'REACH referral form'.

If a Single Assessment Background and Contact Form (SAP) is available this can be forwarded in place of a REACH referral form but rehabilitation goals and needs must be stated by referrer.

Please fax completed referral forms to: **020 7530 5251**.

How to contact us:

For further information and advice please contact us on: **0845 900 0684**.

Our phone line is open **9am-5pm Monday – Friday**. Outside these hours there is a messaging service.

We aim to respond within 24 hours

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Intermediate Care Services in Camden

CARIC

Camden Access to Rehabilitation in Intermediate Care

A Referrer's Guide

Tel: 0845 900 0684

Fax: 020 7530 5251

**Camden REACH Office, 2nd
Floor 197 Kentish Town Rd
London, NW5 2JU**

All enquiries and referrals can be discussed, to ascertain which pathway below is most appropriate. Once a pathway is identified assessment will take place. Below are some of the criteria used:

SUMMARY OF EACH PATHWAY				
REACH Generic Community Rehabilitation + Falls Service Rehabilitation focussed intervention provided in the client's own home by Therapy Staff, Nursing, Rehab Assistants, Dietetics, Psychology, Social Work or a combination of the above. Use REACH referral form or FACE Background and Contact Form	REACH Rapid Response Intervention on the day of referral to prevent an unnecessary admission to hospital following an urgent health or functional need. Use REACH referral form or FACE Background and Contact Form	REACH Early Discharge Scheme (REDS) Early supported discharge from hospital and 6 week rehabilitation and enabling care at home. Use REACH referral form or FACE Background and Contact Form	REACH Ingestre Rd Residential Rehabilitation Scheme – A six week 8 bedded unit within a Residential Home. Use REACH referral form or FACE Background and Contact Form	In-Patient Rehabilitation at St Pancras Hospital Beds for assessment and rehabilitation packages for clients recovering from stroke, falls, general orthopaedic conditions and functional /cognitive loss. Use St Pancras Rehab Unit referral form
Age – 18yrs+	Age – 18yrs+	Age – 18yrs+	Age – 65yrs+	Age – generally 60yrs +
ASSESSMENT AND ACCEPTANCE TO EACH PATHWAY				
Client is screened for acceptance and assessed at home on first visit.	Client is assessed for needs at home.	Client is assessed in hospital prior to acceptance.	Client is assessed in hospital or at home prior to acceptance.	Referral paperwork is screened prior to acceptance.
WHERE AND WHEN INTERVENTION STARTS				
Client is treated and reviewed within their home environment. This may include Residential or Nursing Homes and Resource Centres. Intervention commences after discharge from hospital or directly in the community Clients are prioritised to be seen according to risk and need (48hrs, 1 week, 3 weeks, 6 weeks).	Referrals are only accepted from clients living in the community. Input to enable clients to remain at home occurs on the day the referral is received.	Clients are escorted home from hospital on day of discharge by REDS staff. REDS Therapist input facilitates discharge and rehabilitation for up to 6 weeks after discharge.	Client is discharged to the unit with the plan to return home within 6 weeks. Therapist input occurs whilst in the residential unit, provided by Camden REACH staff.	On acceptance (and bed available) client is transferred by ambulance to St Pancras. Intervention is provided by Therapy Staff, Nursing, Rehab/Care Assistants, Dietetics, Psychology, Medical staff and Social Workers.
LEVEL OF CARE/ASSISTANCE NEEDED BY CLIENT				
Supervision and assistance by carers is either not required or provided by existing carers.	Clients must be safe at home alone between carer visits and able to manage at night.	Clients must be safe at home alone between carer visits and be able to manage at night.	Clients may require supervision and/or assistance throughout the day and at night.	Clients may require ongoing treatment and monitoring of medical conditions or 24hr assistance by 2 people and use of manual handling equipment.
LEVEL OF CARE /ASSISTANCE PROVIDED IN EACH PATHWAY				
Clients may or may not have an existing Care Package. Those without an allocated Social Worker can have extra care needs met by REACH Social Worker if REACH therapists are also involved.	Clients may receive enabling carers from Carelink for up to 10 days during the crisis period (3-4 visits per day). If further care is needed, statutory services will be organised by REACH Social Worker.	Clients may require temporary enabling carers from Carelink for up to 6 weeks whilst improving (Max 3-4 visits per day). Follow-on care is organised by REACH Social Worker.	24hr support by carers is available if required day and night. Care is provided by care assistants (not nursing staff). Clients must only require assistance by 1 carer at a time.	24hr nursing care is provided. On site medical care is 9-5 Monday to Friday with access to 24hr on -call from Specialist Registrar and Camidoc service. There is a consultant on call 24/7.
CLIENT'S MEDICAL STATUS				
Clients must be medically stable. Medical input can be provided by REACH Medical Clinics, Hospital Outpatient depts and GPs.	Clients must not require hospital admission. Medical input can be provided by REACH Medical Clinics and Community Matron, Hospital Outpatient depts and GPs.	Clients must be medically stable.	Clients must be medically stable. Nursing care is provided by District Nurses and REACH Nurse (none on site). Medical cover is provided by visiting GPs and Camidoc (24hrs).	Clients must not require frequent medical interventions day or night, urgent investigations or procedures or complex treatment with close monitoring required.