

Please find below the answers to the questions;

### **Details of the client base you offer your service to**

Client base covers a wide spectrum of vulnerable people of all ages who need help and support at either end of the journey as well as during. These include:

- Those living with dementia in the community or in a care setting
- Others with various cognitive challenges/learning difficulties who cannot travel around unsupported
- Those with physical disabilities (ie MS, Parkinson's, Stroke)
- Wheelchair users who are unable to transfer
- Sight impaired people
- Those living with conditions such as autism
- The aged community who are isolated or cannot for whatever reason drive or travel around on their own
- Facilities social interaction for the isolated and lonely.
- Support to the NHS and Care sectors

### **How do you receive bookings**

- To our Client Services Centre (national) via e-mail, website, telephone and social media or directly via email or telephone.
- These enquiries are passed to the delivery team nearest (ie Medway) who will make contact to understand the specifics of the undertaking, conduct risk assessment and where necessary visit (as a Care Provider would) before a quote is offered.
- We do not undertake any form of on demand journeys as a taxi company would. All engagements are planned well in advance, days, weeks, months and sometimes a year or more in the future.
- We do not use any form of telephony in a vehicle - a mobile phone is carried for emergency and then only when the vehicle is stationary and engine off.

### **How do you receive payment**

- Usually invoiced and paid by electronic means after the journey. Can be immediately on completion, more often under the payment terms which can be between 7 and 30 days.

### **How do you conduct your needs assessments and what do these consist of, how are they recorded and evaluated**

- Conduct of a dynamic Risk & Needs assessment is usually started on the telephone or via email which can then lead if the requirement is complex when a visit becomes necessary. An example is that often the enquirer is a family member (bill payer, son daughter, caring other) who asks Driving Miss Daisy to help an elderly relative who is frail, lives alone, uses a walker and needs help in the home before leaving for a hospital appointment. Situation like this will often need a pre-engagement visit.  
If referral is from social services, a pre-assessment would have already been carried and details are passed over.

### **Your definition of 'Companionship Service'. What does your companion driver do**

- Assisting with hospital appointments.
- Acts and relates as a family or friend would which can be anything from accompanied shopping trip, lunch somewhere like a garden centre, attending a grandchild's wedding. Taking some to the Theatre or Concert - really no limit provided domiciliary care or the administration of drugs is not required.
- Engages can be long and cover numbers of days and sometimes overseas.

- Assisting with people with learning disabilities or mental health issues to attend day centres or farms.

**Do you undertake any bookings that do not require a companionship service, for example from a wheelchair user that needs a transport service only?**

- Does depend on the circumstances. Not on the day (on demand) but if an existing client who was in need and we had capacity then yes.
- If an enquiry on the day come in via the Client Services Centre from a wheelchair user who was in distress re no other provider available and we had capacity then yes we would help.
- Many smaller places do not have any wheelchair vehicles in their taxi providers. In these circumstances with the Local Authority approval we would respond if we have capacity. We are not a taxi service and on the day enquirers will invariably find that capacity to help is not available.

Please also find attached our risk assessment form, enquiry form and child/young person form.

# Medway Client Enquiry/ Needs Assessment



<b>Enquiry Taken by</b>			
<b>Name of Person Enquiring</b>			
<b>Date of Enquiry</b>		<b>Enquiry on Behalf of Someone Else</b>	<b>Yes/No</b>
<b>If Yes, Relationship to Client</b>		<b>Contact Number/Email</b>	

<b>Client Name</b> (if different from above)			
<b>Client Home Address &amp; Postcode</b>			
<b>Client Telephone No</b>		<b>Mobile No</b>	

<b>Date of Journey</b>			
<b>Collection Address &amp; Postcode</b>			
<b>Destination Address &amp; Postcode</b>			
<b>Nature of Journey</b> (hospital visit, wedding, social event etc.)			
<b>Time of Collection from Pickup Address</b>		<b>Time Required to Arrive at Destination/Appointment</b>	
<b>Return Journey Required? Address and Date &amp; Time</b>			
<b>Companion/ Waiting time Required?</b>			
<b>Quote given for the journey(s)</b> <b>Date</b> <b>Quote accepted</b> <b>Date</b> <b>Driver/ Vehicle</b> <b>Entered into Pacific</b>			
<b>Blue Badge Holder</b>	<b>Yes/No</b>		
<b>Wheelchair Provided by Client</b>	<b>Yes/No</b>		

# Medway Client Enquiry/ Needs Assessment



<b>What Assistance is Required?</b>	
<b>Wheelchair ?</b>	<b>Yes/No</b>
<b>Walking Frame?</b>	<b>Yes/No</b>
<b>Assist with Walking?</b>	<b>Yes/No</b>
<b>Companion/Escort?</b>	<b>Yes/No</b>
<b>Dementia?</b>	<b>Yes/No</b>
<b>Physical Disability?</b>	<b>Yes/No</b>
<b>Elderly?</b>	<b>Yes/No</b>
<b>Is Risk Assessment Required?</b>	<b>Yes/No</b>

**Please Note that Separate Needs and Risk Assessment Required for Children and Young People.**

**Notes:**



Driving  
Miss Daisy®  
We're There For You

## Safely Driving Children and Young People – to be completed with the child/young person wherever possible or their caregiver

Our aim is to supervise and transport you in a safe and careful way. To make sure we do this well, please tell us about anything you that will make you feel comfortable and at ease when with our drivers.

All the information you give will be kept in private and only shared with your family, carers, guardians. All our Driving Miss Daisy teams have to work within the law and do a good job. You might prefer it if we chat to your family and get all the information from them. Just tell us what you prefer.

Your Name (Child/Young Person)		Known As	
Phone if applicable		Age	
Email if applicable		Date of Birth	
Address (where you live)			
Name of person completing this form	If different to child/young person	Relationship to child/young person (parental responsibility?)	
Emergency Contact Name (above or another)		Relationship to child/young person	
Email		Phone	
The date we filled in this form or the date we took another look at it (3mthly or if things change)			

Do you understand why we are here to support you? Is there anyone else who will be travelling with you (escort?)
Do you feel happy to travel with us?
Is there anything about a car journey you are worried about, and what would make that more comfortable for you?
If you get worried during the journey, we need to keep you safe, we might have to pull over and stop, ring someone for some extra help or sit with you to help calm things down.

## Safely Driving Children and Young People – to be completed with the child/young person wherever possible or their caregiver

If we need to calm things down, what do you find most comforting – listening to the radio, music, something to hold – favourite toy, fidget toy, tablet, other?
Do you have your own <b>Child Seat</b>   <b>Booster Seat</b>   <b>Special seat belt/harness</b> *please circle which applies.

Do you need help with?	Y	N	Detail/Comments
Walking?	Y	N	
Feeding?	Y	N	
Pushing your wheelchair (if applies)?	Y	N	
Can you see ok?	Y	N	
Can you hear ok?	Y	N	
Is there anything you would like us to help with we have not asked you?			

Health Questions	Y	N
Do you have to take medication (tablets or syrup) at all, very often and what for?		
Details :		
Do you have any problems breathing, such as asthma?		
Details :		
Do you get dizzy if you walk around?		
Details :		
Do you have something called epilepsy where sometimes you faint or fit?		
Details :		
Do you have any bone or muscle problems where you might lose your balance?		
Details :		
Do you need to be careful how much sugar you have (diabetic)?		
Details :		

## Safely Driving Children and Young People – to be completed with the child/young person wherever possible or their caregiver

Are you allergic to any foods, like nuts, strawberries, tomatoes?		
Details :		
Are there any other allergies you might have, animals, hayfever?		
Details :		
Do you suffer from feeling car sick whilst travelling?		
Details :		

**Is there anything else you would like us to know about?**

We would like you to sign your form, or ask your caregiver to do this for you. It shows that we have all agreed to what you have said and will do our best to make sure you are well looked after when with us.

Signature of child/young person (or caregiver/parent)		Date	
Print Name			
Companion Driver Signature		Date	
Print Name			

**NOTE: This information is valid for a maximum of 3 months** from the date it is signed and becomes invalid if the Child's condition changes and should this be so, a replacement questionnaire must be completed as soon as possible before Driving Miss Daisy services are resumed.

For children who are too young or unable to communicate their wishes please liaise with family or other relevant adults.

***It is the responsibility of the Driving Miss Daisy Companion Driver to assess every situation, including their own capability/emotional capacity, at the time of transporting a child.***

***Under no circumstances should a child be restrained unless by someone with appropriate training, or in an instance of extreme circumstances which could result in catastrophic outcomes. Any hold must be time limited, and proportionate to the incident; recorded and reported to family, caregivers and Driving Miss Daisy Director of Operations as soon after the matter as possible in a factually accurate manner.***

***Should a child or young person be known to have some behavioural difficulties, companion drivers must always explore the possibility of requesting an independent escort to assist.***

## Safely Driving Children and Young People – to be completed with the child/young person wherever possible or their caregiver

***Children and young people must be treated with respect and dignity at all times no matter how much distress they may exhibit.***

### **Other People**

There may be other people and organisations involved in your care whom we need to be aware of. We will make a note of them here, school, doctor, physio, hospital, social services for example

Name of contact	Relationship to child	
Organisation name (if appropriate)	Notes on availability, if applicable	
Email	Phone (list order to be tried if more than one)	
<b>In what circumstances should this person be contacted and do we have their permission to have their details?</b>		

Name of contact	Relationship to child	
Organisation name (if appropriate)	Notes on availability, if applicable	
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<b>In what circumstances should this person be contacted and do we have their permission to have their details?</b>		

**People you would prefer we did not, or must not contact :**

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## **Safely Driving Children and Young People – to be completed with the child/young person wherever possible or their caregiver**



