

Nursing Service Descriptors

Needs Summary

At all nursing levels, people will have needs that require nursing input, oversight and monitoring **over a 24-hour period of a registered nurse** which can only be met or most appropriately met, in a care home with nursing. The assessment for nursing placement must be undertaken with a Registered Nurse and consideration may be given to continuing healthcare funding alongside the assessment for funded nursing care.

Nursing needs will be above and beyond the responsibility and legal limits of the Local Authority and will be funded by Funded Nursing Care.

Service category	Nursing - Standard	Nursing - advanced
Maintain personal hygiene and appropriate clothing	<ul style="list-style-type: none"> I require support more than twice a day. I require one member, or occasionally two staff to support me with washing, bathing, and dressing. I need the staff member/s to be with me throughout the activity due to physical needs. I may not be accepting of care and will need a return and retreat approach for most days from one member of staff. With planned distraction, reassurance and support, I can be encouraged to accept care. 	<ul style="list-style-type: none"> I need two or more members of staff to support me with my personal care routine for example two staff members to support with moving and handling and one to provide reassurance, and stay with me throughout the activity due to physical disabilities and/or reluctance to accept care due. I require specified moving and handling to support. A return and retreat approach is likely to be needed throughout the day and up to two staff may be needed for distraction. Planned distraction, reassurance and support alone are not always able to encourage me to accept care.
Eating and Drinking	<ul style="list-style-type: none"> I am at risk of unintentional weight loss or gain which requires monitoring of all food in a shared environment. Onward referral to dietician may be required. I may require additional meals or food outside of planned mealtimes. I need encouragement or at times assistance with meals and fluids from one staff. I may have difficulties with swallowing and with gastric reflux, vomiting and aspiration. 	<ul style="list-style-type: none"> I may have physical restrictions and risk of choking which needs full support of one member of staff for all eating and drinking to maintain adequate food and drink intake. I may need staff to follow a SALT plan, liaise with SALT professional and the care home to provide a range of modified diets. My nutritional needs may need to be met using enteral feeding. I may require Safe Swallow Plan/postural care/mouthcare.
Contenance	<ul style="list-style-type: none"> I have daily episodes of incontinence and may require support from more than one member of staff on each occasion. Contenance care is routine but requires monitoring to minimise risks. I may need laxatives to support my bowels. 	<ul style="list-style-type: none"> I will have multiple episodes of incontinence daily which requires support from 1-2 staff depending on my mobility needs. My continence care is unpredictable and unplanned. I may require catheter/ urostomy/stoma maintenance from Care Home staff which may require input from healthcare professionals.
Skin Integrity	<ul style="list-style-type: none"> I need the staff to apply prescribed creams daily. Daily monitoring of skin and wounds and communicating with community nurses/GP as required. I may need to use pressure relieving equipment as identified by the home. 	<ul style="list-style-type: none"> I need regular repositioning in bed and chair due to high risk of pressure damage or promote healing of pressure damage. I need the staff to apply prescribed creams several times each day Support from tissue viability, as appropriate, will be required for complex dressing regimes and significant wounds. I may continually remove dressings and/or interfere with wounds and sores.
Mobility	<ul style="list-style-type: none"> I need support from one member of staff with all transfers and mobilising. On occasions I may require the support of two staff. I need the support of equipment and guidance to use/remember to use it I may need physical moving and handling support to transfer. Moderate to high risk of falls. I may be completely immobile and receive all care and support in bed and need the support of one person for repositioning. I am mobile and I walk with purpose, Any risk to myself or others is moderate and can be reduced with Technology Enabled Care such as sensor mats or distraction 	<ul style="list-style-type: none"> I require supervision and/or assistance of up to 2 carers to mobilise and for transfers and I may also need support of equipment and physical moving and handling. High risk of falls. May be at risk of contractures and require support to prevent further restrictions and/or deterioration. May be completely immobile and have a clinical condition where there is a high risk of serious physical harm associated with movement or transfer. Unpredictable, sudden and uncontrollable movement can result in high risk of self and others even with the use of equipment. There are risks associated with positioning manual handling interventions that require up to three members of staff for all moving and handling interventions. I am mobile and continually walk with purpose. I do not understand that I need assistance to mobilise and am at risk of frequently falling.
Nighttime needs	<ul style="list-style-type: none"> I normally need waking on average two to three times each night, to support me with managing my continence or repositioning. I may walk with purpose at night and can call out, but the associated risk is often, but not always, minimised by reassurance and planned intervention. I do not settle at night but am happy to sit in a communal area with occasional checks. 	<ul style="list-style-type: none"> I need to be woken three or four times each night to support with managing my continence, repositioning, nutrition and hydration. On each occasion, I need support from two members of staff. I may walk with purpose at night and can call out, but the associated risk may not be manageable solely within planned interventions and pose a moderate risk to myself and others. I do not settle at night and prefer to be in a communal area where I may be supervised with other people.

(1) Skilled staff – staff trained in a psychosocial approach to Dementia.

Meaningful Activities which may include activities to support my cultural and spiritual needs	<ul style="list-style-type: none"> I need assistance of 1-2 staff for activities in a group environment inside and outside the home because of the use of equipment or due to cognition. I may need support for activities provided in my own room or in a quiet space. 	<ul style="list-style-type: none"> I may need increased staff support throughout the activity, including activities outside of the home to help me with the use of equipment or because of the risk to myself and others.
Emotional	<ul style="list-style-type: none"> I have intermittent episodes of low mood, agitation and/ or acute anxiety / panic attacks. Reassurance and distraction are often but not always effective. 	<ul style="list-style-type: none"> I am distressed and agitated for much of the time requiring frequent reassurance, distraction and supervision. Which <u>requires an increased level of skilled staff response.</u>
Cognition	<ul style="list-style-type: none"> I have a cognitive impairment, potentially affecting my memory. I need supervision, prompting and/or assistance with care and support tasks and daily living tasks. I may not always be aware of time and place but can usually be assisted with this. Even with support, I am not always able to make decisions about my care and support. This sometimes puts me at risk of harm or neglect and decisions may need to be made in my best interests. 	<ul style="list-style-type: none"> I require skilled support (including communication) with managing my daily support needs. Most of the time I am not aware of time and place, and do not always respond to assistance. Even with support I am mostly unable to make decisions about my care and support. This will often put me at high risk of harm or neglect and decisions will often need to be made in my best interests. I do not always respond positively to assistance.
Behaviours	<ul style="list-style-type: none"> I occasionally display behaviours that challenge and pose a risk to myself and others. I will require a secure environment. The behaviours I display are <u>predictable with obvious triggers.</u> I do not need constant supervision, but planned distraction, reassurance and support often minimise but don't always eliminate risk and I am easily calmed following such an incident. 	<ul style="list-style-type: none"> I display behaviours that challenge and pose a risk to myself and others which may include continually trying to leave the home, entering other people's rooms or exhibiting socially inappropriate behaviour. There may <u>not be any obvious triggers</u> to the behaviours that challenge. I may be actively mobile and will require a secure environment. I need an <u>increased level of skilled staff (1)</u> to frequently reassure, distract, and support me which will often but not always eliminate risk. It takes a while for staff to help me be calm following such an incident. There may be a need for psychotropic medication and or PRN medication I will not be accepting of care, and I display behaviours which are unpredictable without obvious triggers and any risks are high.
Medication	<ul style="list-style-type: none"> I will require frequent short-term interventions or take multiple medicines throughout the day. These will likely be administered to me. I may from time to time be unwilling to engage with my medication routine and will need a return and retreat approach for most days from one member of staff. Monitoring use of medication for effects on anxiety and behaviour may be required. 	<ul style="list-style-type: none"> I may need timely, frequent or sustained monitoring and might need to be referred to a medical team if necessary. A return and retreat approach is likely to be needed throughout the day and up to two staff may be needed for distraction. Covert medication may need to be administered if I am unable to consent to decisions regarding my medication needs with approval from GP and legal representative. Monitoring use of medication for effects on anxiety, behaviours may be required. Identifying when PRN medication is required and administering it appropriately.
Needs Summary	<p>I have care and support needs which include those outlined in residential high descriptors</p> <p>AND</p> <p>I have moderate care and support needs that require nursing input, oversight and monitoring over a 24-hour period.</p> <p>AND</p> <p>I may have a cognitive impairment such as dementia and/or be physically frail</p>	<p>I have care and support need which include those outlined in residential high and nursing descriptors</p> <p>AND</p> <p>I have complex care and support needs that require nursing input, oversight and monitoring over a 24-hour period.</p> <p>AND/OR</p> <p>I may:</p> <ul style="list-style-type: none"> have a cognitive impairment such as dementia and/or be physically frail AND display behaviours that challenge arising from a cognitive impairment, such as dementia and/or other mental health care needs and require the development of a behaviour support plan.
Key differences in service requirements	Timely and frequent interventions needed.	Timely, frequent and sustained interventions needed.
Behavioural risks	The risks around behaviours and reluctance to accept care will be predictable and non-acceptance of care can be managed within planned interventions.	I will consistently require skilled support to reduce the risk of harm to myself or others. Risks around behaviours and non-compliance with care may not be manageable solely within planned interventions, distraction and reassurance.
Risk to self and others	Level of risk to service user or others is moderate.	Level of risk to the myself or others is high.