

RESIDENTIAL SERVICE DESCRIPTORS

NEEDS SUMMARY

At all levels, people will not be able to live in their own homes, whether on a short or long-term basis AND have care and support needs that are present 24/7, may include night-time care needs which cannot be met in any other way, including the use of TECS and aids and equipment. AND/OR support at home is not possible due to the frequency and unpredictable nature of the person's needs.

Service Category	1. Residential – low needs	2. Residential – medium needs	3. Residential – high needs
Maintain Personal hygiene and appropriate clothing	<ul style="list-style-type: none"> I like to wash, bath and dress myself as much as I can to maintain my independence. I require verbal prompts to remind me to wash and dress. I am able to make a choice of my clothes but require assistance with making the appropriate choice for the weather. 	<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 	<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 to cognitive impairment. 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 members of staff may be needed for distraction.
Eating and Drinking	<ul style="list-style-type: none"> I will need my food and drink prepared for me. I am mostly able to maintain adequate food and drink intake but prompts throughout the day would be needed. I am independent with eating and drinking e.g. use utensils and cut up food. I may need some adaptive equipment to support independent eating and drinking e.g. plate guards and adaptive cutlery. 	<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. 	<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 which will be a delegated task from Community Nurses. I may require Safe Swallow Plan/postural care/mouthcare.
Continence	<ul style="list-style-type: none"> I am usually continent which is managed with medication, regular toileting and /or equipment. I may have occasional urine and faecal incontinence. 	<ul style="list-style-type: none"> I have daily episodes of incontinence and require support from one member of staff on each occasion. Continence 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 visiting healthcare professionals.
Skin Integrity	<ul style="list-style-type: none"> I may need support to maintain healthy skin and referral to Community Nurses as required. I am able to reposition independently. 	<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 where I live or Community Nurses. 	<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 I may have pressure damage or open wounds that are managed by the Community Nursing team to reduce the risk of deterioration. I may consistently remove dressings and/or interfere with wounds and sores.
Mobility	<ul style="list-style-type: none"> I can move safely around the home but at times throughout the day will need guidance, supervision and/or equipment to do so. I may be prone to falls, walk with purpose or be unsteady on my feet but the risks are low. I may need orientating and/or assistance to avoid hazards. 	<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. 	<ul style="list-style-type: none"> I require supervision and/or assistance of up to 2 carers to mobilise and for transfers 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. I do not understand that I need assistance to mobilise and am at risk of frequently falling. I am mobile and continually walk with purpose.

Nighttime needs	<ul style="list-style-type: none"> I may need to be woken up on average once or twice a night to support me with managing my continence or cognition. I can ask for support by using a call bell. 	<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 high risk to myself and others. I do not settle at night and prefer to be in a communal area where I am supervised with other people.
Meaningful Activities which may include activities to support my cultural and spiritual needs	<ul style="list-style-type: none"> I am usually happy to engage in activities. However, at times need prompting or encouragement to engage in meaningful activities. <p>OR</p> <ul style="list-style-type: none"> I choose to undertake activities in my room and prefer my own company. 	<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 may require minimal reassurance at times due to anxiety. 	<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 may have some memory difficulties and / or confusion. I may require some help in making decisions and choices or reminding of order of daily living tasks. I may occasionally have difficulty remembering things. 	<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"> No complex behaviours, confusion which may show in disorientation and walking with purpose. No physical or verbal behavioural challenges. 	<ul style="list-style-type: none"> I occasionally display behaviours that challenge and pose a risk to myself and others. I may 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. I may not be accepting of care and will need a return and retreat approach for most days from one member of staff. I am mobile and I walk with purpose but associated risks can be reduced with Technology Enabled Care such as sensor mats or distraction. 	<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. I need an <u>increased level of skilled staff</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 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 am able to engage with my medication routines but need supervision, prompts or support from staff. 	<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 have a complex medication routine which needs to be administered and monitored by a person specifically trained for the task. This may be a delegated responsibility from Community Nurses. Frequent liaison with health professional and/or I may need symptom management at end of life which will require a referral to a Healthcare professional. 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.

<p>SUMMARY</p>	<p>I have a physical care need and may also have some mild cognitive impairment or other mental health care need that can be associated with my age.</p> <p>I can carry out some self-care tasks independently but I need general assistance so I can maintain some daily living functions, including some supervision and/or assistance with mobility and/or emotional support, such as reassurance or encouragement.</p> <p>I also have overnight needs.</p>	<p>I have physical care needs requiring support in several areas of need.</p> <p>AND/OR</p> <p>I may be experiencing considerable difficulty arising from cognitive impairment and/or other mental health care needs.</p> <p>My needs are in addition to and greater than those described by residential low needs in that I need significant levels of assistance with many tasks being carried out for me.</p>	<p>I have significant and permanent physical care needs and/or sensory disability that often requires specially adapted facilities.</p> <p>I may also be experiencing significant difficulty arising from a cognitive impairment such as dementia and/or mental health care needs that may include behaviours that require the development of a behaviour support plan.</p> <p>I will need assistance from at least two staff members for most self-care tasks, both during the day and at night.</p> <p>My needs are in addition to and greater than those described by residential medium needs in that I require significantly enhanced service inputs to meet my needs and keep myself and others safe.</p>
<p>Key differences in service requirements</p>	<p>Independent with some self-care tasks but will need minimal support for daily living activities throughout the day.</p>	<p>Daily care and support need for all care needs throughout the day and night.</p>	<p>Timely and frequent care and support needed. Most care anticipated.</p>
<p>Behavioural Risk Level</p>	<p>No risks around behaviours and non-compliance with care.</p>	<p>Any risk around behaviours and reluctance to accept care can be managed with planned interventions.</p> <p>Likely risks around falls and walking with purpose.</p>	<p>I will consistently require skilled support to reduce the risk of harm to myself or others. The risk around behaviours and reluctance to accept care will be unpredictable without obvious triggers and may not be manageable solely with planned distraction, reassurance or planned interventions.</p> <p>Planned distraction, reassurance and support alone are not always able to encourage me to accept care and support.</p> <p>Risks usually associated with falls, agitation and aggression.</p>
<p>Overall Risk Level</p>	<p>No risk to others. Any risk to myself will be minimal.</p>	<p>Level of risk to myself and others is moderate.</p>	<p>Level of risk to myself and others is high.</p>

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