

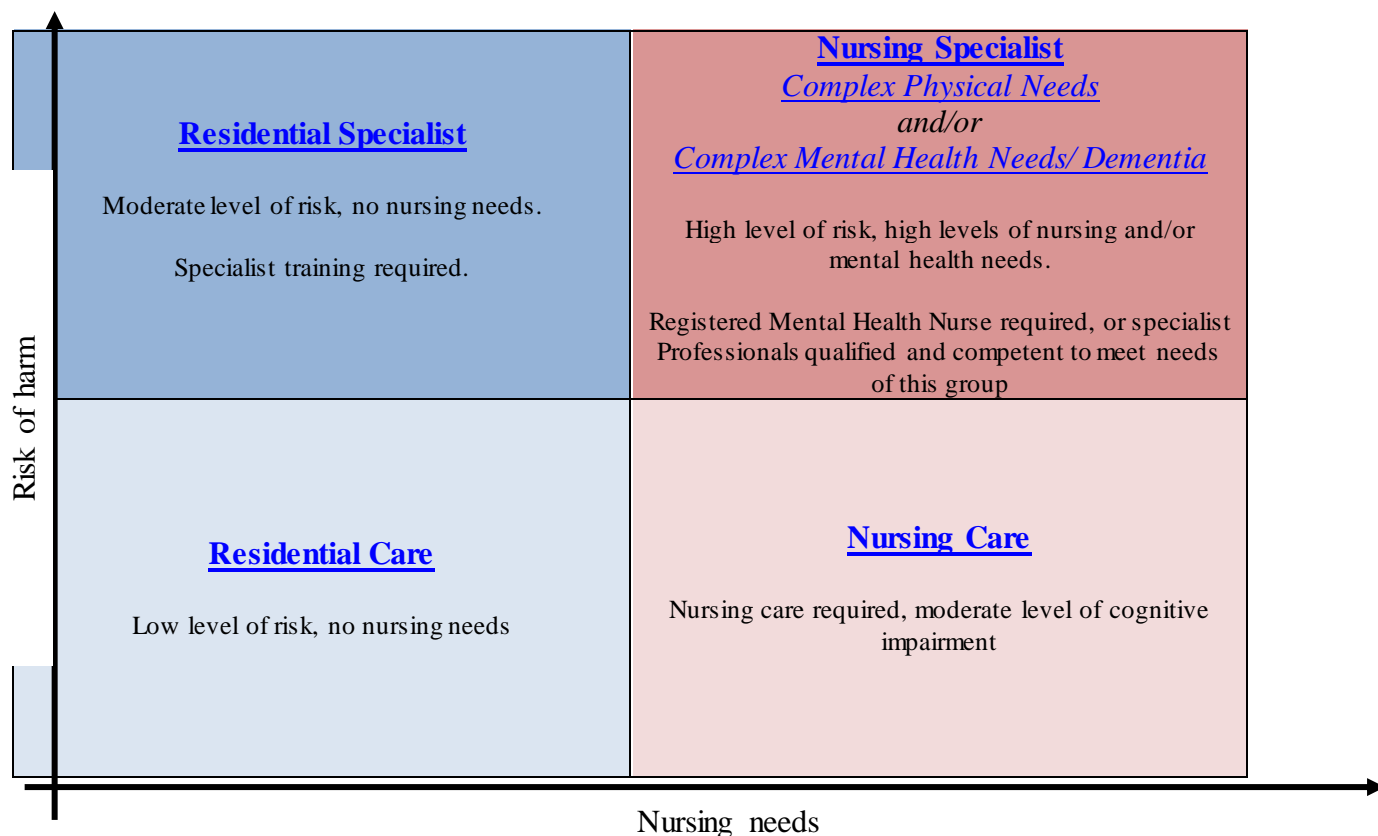
Care Bands-Care Homes

Introduction

This document sets out detail for the care bands 1-4. The care bands include:

- [Residential Care](#)
- [Residential Specialist](#)
- [Nursing Care](#)
- [Nursing Specialist- Complex Physical Needs](#)
- [Nursing Specialist - Complex Mental Health Needs/ Complex Dementia Needs](#)

All such settings will provide care in a person-centred, strength-based approach and will set goals that ensure we maximise independence where possible.



Residential Care

In most cases, those not requiring support at night will have their needs met in the community unless the care support during the day exceeds the level that can be met with homecare or other support. *e.g., Where a person is leaving their home and placing themselves at risk between visits.*

People in residential care will require a *substantial to extensive* level of assistance with activities of daily living over a 24-hour period.

They will have physical care needs **and/or** mental health needs, but they will not require a qualified nurse on duty. They may receive input from external services such as Community Mental Health Team or District Nurses.

Physical care needs

These include assistance with/ or prompting for:

- Washing and dressing
- Using the toilet
- Having meals
- Bathing
- Medication
- Manual handling for transfers/mobility. *This support may require equipment such as hoist and the support of 1 or 2 carers.*
- Specialist care plans for areas of significant frailty/risk. *e.g., diet, manual handling, skin care regimes, falls management.*
- In residential homes District Nurses can undertake the nursing needs. *e.g., catheterisation, bladder washouts, dressing leg ulcers, administering insulin, suppositories, and other medications.* Some health tasks may be considered appropriate to delegate to Care Home staff. Any such tasks will be discussed with the Care Home in advance.
- Compression stockings and other prescribed supports such as leg wraps, and splints.

This is not an exhaustive list.

Mental Health needs

These needs may include an extensive degree of cognitive impairment and disorientation and may be subject to Dols (Deprivation of Liberty Safeguards). Individuals may have reduced understanding of needs/risks which requires support to minimise risk and improve quality of life. These may present as one or more of the following in addition to some the physical needs described above:

- Evidence of low-level resistance to the delivery of care, challenging promotion of hygiene, safety and nutrition which requires a level of understanding and skilled intervention.
- Some self-neglect which are helped by staff intervention and promoting.
- Some risk requiring use of assistive technology for falls/disorientation *for example door/bed sensors.*
- May require pressure relieving equipment and low-level management of pressure areas.
- Episodes of restlessness *including the risk of non-purposeful leaving of their home when in the community and risk of being lost/not road safety aware etc.*

- Evidence of low-level agitation, irritability, or inappropriate behaviour that staff need anticipate and respond to.
- Low risk of self-neglect and non-compliance
- Low to Moderate risk of active attempts to leave the property.

This is not an exhaustive list.

Individuals in this care band should not require higher ratios of staffing i.e., are generally compliant with support and encouragement, and robust care planning to anticipate needs/triggers.

Residential Specialist

In addition to the residential care needs, people in Residential Specialist care will require a moderate level of support/monitoring and assistance with mental health needs which present with a moderate intensity. They may have high intensity and frequency of falls.

These residents **will not** have nursing care needs or will have nursing needs that could be met via an external service such as a District Nurse. This group will not need the constant supervision or intervention of a Registered Mental Health Nurse. They may be subject to Deprivation of Liberty Safeguarding (DoLS).

*Residential Specialist is needs specific, not diagnosis-led, and requires specialist interventions due to the intensity of care needs. **A diagnosis of dementia does not automatically mean the person needs this level of care.***

The person will require one or more of the following:

- A specialist staffing environment for people needing mental health support. *This may include a higher staffing ratio. The staff will need to have received enhanced training to meet the needs of the Individuals as described below. Some health tasks may be considered appropriate to delegate to Care Home staff. Any such tasks will be discussed with the Care Home in advance.*
- Assistance and risk planning for challenging behaviour which includes:
 - A moderate level of aggression or violence towards staff/residents,
 - Moderate disinhibition,
 - A moderate level of noisiness or restlessness,
 - A moderate level of resistance to necessary care and treatment (this may therefore include non-concordance moderate level of non-compliance with care delivery/medication),
 - Moderate fluctuations in mental state,
 - Moderate levels of frustration associated with communication difficulties.
 - A low level of inappropriate interference with other residents (low risk of retaliation),
 - identified historical risk of suicide,
 - A moderate risk to self and others,

- Active attempts to leave the property,
- Continued high risk of self-neglect and non-compliance.
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This is not an exhaustive list.

Nursing Care

This group will require 24-hour access to a Registered Nurse on site in the Care Home and is likely to require daily interventions including care planning and supervision due to complexity of decision making and risk management.

NHS Funded Nursing Care (FNC) is provided by the NHS to Care Homes with nursing staff to support the provision of care by a registered nurse for those individuals assessed as having higher physical dependency with regular nursing needs. They may also have a low level of mental health and emotional needs.

It is important to note FNC is not related to diagnosis but relates to assessed health care needs. To receive FNC or 100% CHC, a referral will need to be made to the CHC (Continuing Health Care) team via a checklist. This will identify if the individual is eligible for FNC or a full assessment to determine eligibility for full CHC funding.

A person needing Nursing Care will require one or more of the following:

- Care planning and review of health-related care, as well as social care.
Including mental health and emotional needs.
- Monitoring of fluctuating condition and / or administration of PRN medication
such as psychotropics e.g., Lorazepam
- Complex pain management
- Administration of controlled drugs (opiates) and monitoring of effectiveness and side effects. This will include administration of medication via an injection. Medications may be scheduled or prn (none -scheduled).
- Routine Care of PEG and naso gastric feeding tube (NG Tube)
- Provision of appropriate pressure relieving equipment and frequent turning due to skin integrity,
- Aseptic dressings
- Complex manual handling *e.g., due to pressure damage or contractures*
- Risk management *e.g., for high levels of falls, nutrition, skin integrity, etc*
- Monitoring and management of diabetes
- Monitoring and management of significant weight loss/gain
- Specialist dressing regime in place for wounds, ulcers, and management of pressure damage.
- Low level oxygen therapy (24%).
- Room air ventilators via a facial or nasal mask.

- Continuous Positive Airways Pressure (CPAP) to manage obstructive apnoea during sleep.
- Seizure management
- Liaison with relevant MDT (*CMHT, Physio, OT, SALT*) as required.

This is not an exhaustive list. Individuals in this group may require Double Handed Care and may be weight bearing or none weight bearing.

Mental Health needs

These needs may include a low to moderate degree of cognitive impairment and disorientation that reduces their understanding of needs/risks, which require support to minimise risk and improve quality of life. These may present as one or more of the following of the following:

- Cognitive impairment, general confusion, or disorientation.
- Evidence of low to moderate levels of resistance to delivery of care, challenging promotion of hygiene, safety and nutrition which requires skilled intervention.
- Some self-neglect which is helped by staff intervention.
- Some risk requiring use of assistive technology for falls/disorientation *for example door/bed sensors.*
- Episodes of restlessness *including the risk of non-purposeful leaving of their home when in the community and risk of being lost/not road safety aware etc.*
- Evidence of low to moderate level agitation, irritability, or inappropriate behaviour that staff need anticipate and respond to.

This is not an exhaustive list. This group should not require higher ratios of staffing i.e., are generally compliant with support and encouragement, and robust care planning to anticipate needs/triggers.

Nursing Specialist

Nursing Specialist category is separated into Physical and Complex Mental Health/Dementia needs. An individual may have needs in one or both categories. The individuals primary need will be used to select the category they fall under. It is anticipated that Service Providers may have different units to accommodate these needs to manage the primary need.

It is important to note that individuals in this category will not automatically be eligible for CHC funding. Any individuals that are deemed suitable will need a referral to CHC as per CHC guidance. Once a checklist is received the CHC team will determine if the individual is eligible for FNC or a full assessment to determine eligibility for full CHC funding.

Complex Physical needs

A person with complex physical needs requiring Nursing Care Specialist care will require any of the interventions listed for 'Nursing Care' as well as one or more of the following management interventions including:

- Multiple wounds; *destruction and deep tissue wounds extending to underlying bone, tendon, or joint capsule,*
- Oral suction,
- Complex PEG,
- A non-invasive device that stimulates and maintains breathing (bipap or non-invasive ventilation),
- Complex bowel management; *including manual bowel evacuation,*
- A consistently high risk of frequent falls requiring ongoing risk assessment and management,
- Administering scheduled and prn (none scheduled) medication including injections.
- Tracheostomy (trachy) where the individual is dependent on staff to assist with trachy care which may include shallow suctioning and/ or tube changing/changing dressings. This relates to none ventilated tracheostomy,
- Administration of peritoneal dialysis.

This is not an exhaustive list. These people may also have Complex Mental Health/Dementia Needs.

Complex Mental Health/ Dementia Needs

A person with complex mental health/ dementia needs requiring Nursing Care Specialist care will require any of the interventions listed for 'Nursing Care' and high levels of cognitive impairment and associated behaviours that require different techniques and approaches. The person's primary need is dementia or mental health related.

The person will require one or more of the following management interventions including:

- A specialist staffing environment for people needing **mental health support**. This may include a higher staffing ratio. It is anticipated that a Registered Mental Health Nurse or other specialist professionals qualified to manage mental health for this group of people will be required. Staff will need to be trained in recognising deterioration, identifying triggers for certain behaviours, and can create care plans and risk assessments to manage and mitigate against this.
- Assistance and risk planning for challenging behaviour which include one or more of the following:
 - A high level of aggression or violence,
 - Severe disinhibition,

- Intractable noisiness or restlessness,
- Moderate to High levels of resistance to necessary care and treatment (this may therefore include non-concordance and non-compliance with care delivery/medication),
- Severe fluctuations in mental state; *may include hallucinations and/or mood disturbances that may require periods of intensive support*,
- Extreme frustration associated with communication difficulties,
- A high risk of inappropriate interference with other residents (risk of retaliation),
- An identified high risk of suicide,
- A high risk to self, others and property,
- Active attempts to leave the property,
- Likely to be mobile and disoriented.
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This is not an exhaustive list.

100% CHC funding

If a person requires ANY of the above nursing care, they may be eligible for FNC or 100% CHC funding and the registered Care Home Nurse or other appropriately qualified professional (as mentioned in the CHC guidance) must complete a CHC checklist to determine eligibility.