

# STOP LOOK CARE



## **A Care Worker/Carers Handbook**

Brighton and Hove's Locally Agreed Care Certificate Standards

# Care Workers/Carers Hand Held Record

This booklet is designed to support Care Workers/Carers who work in any registered service in Brighton & Hove. This will support them with undertaking the National Care Certificate. Alternatively it can be used as a reference guide for families and personal assistants to promote awareness of certain needs and encourage referral if concerns are identified.

Care workers and Carers are in the ideal position to recognise changes in an individual's condition by monitoring them and or recognising any deterioration in a persons wellbeing, this book aims to increase awareness and supports the Care worker/Carer to refer on when appropriate. It highlights:

- **Why different aspects of observation and care are important**
- **What to look for**
- **What action to take**

The actions are colour coded like a traffic light system providing a **STOP LOOK CARE** approach:



**GREEN – ACTION – None**



**ORANGE – ACTION – Monitor and Document**



**RED – ACTION – REFER – Seek further support and advice**

On the opposite page is a Care Certificate, certificate for your manager to sign once you have completed all your National and Local Care Certificate Standards. At the beginning of the booklet (page 4) there is a list of the National Care Certificate Standards which your manager can sign, once completed. On page 5 there are the Locally Agreed Standards which are considered to support the National Standards.

Competencies are at the back of the book for some of the Locally Agreed Care Certificate Standards to support skills and knowledge in these areas. Additionally there are some useful telephone numbers on the next page and at the end of the book to encourage correct referral.

# Are you concerned about a client?\*

\*Please check Anticipatory Management Plan before ringing

					
<p><b>NHS 111</b></p>	<p><b>Mental Health</b></p>	<p><b>Specialist Older Adults Mental Health (SOAMHS)</b></p>	<p><b>GP/Paramedic Practitioners/ Nurse Practitioners</b></p>	<p><b>Responsive Services Community Nursing/Integrated Primary Care Teams (IPCT)</b></p>	<p><b>999</b></p>
<p><b>Medical help that is not for a 999 emergency, which could include:</b></p> <p>Unwell client (not normal to client)</p> <p>Breathing problems</p> <p>Worsening confusion</p> <p>Worsening pain</p> <p>Need health information</p>	<p><b>Mental Health Rapid Response Service (MHRRS)</b></p> <p>The MHRRS service is able to support adults (18+) who are experiencing a crisis with their mental health, who think they are at risk of harming themselves or others.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• high risk of suicide, with specific intention to act</li> <li>• high risk to self or others</li> <li>• significant mental health concerns require immediate attention</li> </ul> <p><b>Referral can be made by the individual, their carer, health professionals or the Police</b></p> <p><b>Telephone: 0300 304 0078, 24 hours a day, 7 days a week</b></p>	<p><b>The Specialist Older Adults Mental health Service (SOAMHS)</b></p> <p>SOAMHS provide specialist support and treatment to older adults (70+) experiencing moderate to severe mental health problems. We also support people who have a diagnosis of Dementia who have complex and challenging needs relating to this.</p> <p><b>Referral usually by GP (no self-referral)</b></p> <p><b>This is not an emergency service</b></p> <p><b>Telephone: 0300 304 0092</b></p>	<p><b>Available on telephone advice during surgery hours, home visits and surgery appointments</b></p> <p>General medical concerns</p> <p>Medication concerns</p> <p>On-going medical/ psychiatric problems</p> <p><b>GP Out of Hours</b></p> <p>Mon-Fri 6:30pm-8am</p> <p>Weekends and Bank Holidays – call <b>NHS 111</b></p>	<p><b>Responsive Services</b></p> <p>A multidisciplinary service providing rapid assessment and short term support to prevent avoidable hospital admission for patients aged 18 or over. Referrals accepted from health or social care professionals</p> <p><b>Telephone: 01273 242117 Option 1</b></p> <p><b>Community Nursing / IPCT</b></p> <p>Provide care for those aged over 16, who have a long term condition or who are frail or elderly and house bound</p> <p><b>Telephone: 01273 242117 Option 2</b></p> <p><b>Open 8am and 8pm every day of the week including weekends and Bank Holidays</b></p> <p><b>Outside these hours please contact NHS111</b></p>	<p><b>24 hours</b></p> <p>Chest pain</p> <p>Choking</p> <p>Fitting (new or prolonged)</p> <p>Severe breathing problems</p> <p>Stroke</p> <p>Unconscious</p> <p>Severe loss of blood</p> <p>Diabetic emergency (Hypoglycaemia with other symptoms such as drowsiness, or Hyperglycaemia with increased thirst and urination)</p> <p>Head injury – on anticoagulant medication</p>

**For medication issues, please contact your community pharmacy before contacting the above services**

National Care Certificate Standards	Date Achieved	Signature of Assessor/Manager	Name and Role
Understand Your Role			
Your Personal Development			
Duty of Care			
Equality and Diversity			
Work in a Person Centered Way			
Communication			
Privacy and Dignity			
Fluids and Nutrition			
Awareness of Mental Health Conditions, Dementia and Learning Disabilities			
Safeguarding Adults			
Safeguarding Children			
Basic Life Support			
Health and Safety			
Handling Information			
Infection Prevention and Control			

Locally Agreed Care Certificate Standards	Page	Date Achieved	Signature of Assessor / Manager	Name and Role
Situation Background Assessment Recommendation (SBAR)	6			
Deteriorating client / patient	7			
Sepsis – severe infection	8			
Managing and preventing Urinary Tract Infections (UTI)	10			
Nutrition <i>Additional Information</i>	12			
Swallowing	15			
Mouth Care	18			
Dehydration/Fluid <i>Additional information</i>	20			
Skin (Pressure Damage)	22			
Mobility and Falls	26			
Rockwood Clinical Frailty Scale/Frailty	28			
Respiratory/Inhaler Technique	30			
Continence Urine/Bowels	34			
Diabetes/Foot Care	38			
Medication	40			
Mental Health <i>Additional Information</i>	42			

If you need to refer someone, use this chart to help you remember all the important information to handover:

# SBAR TOOL

Situation Background Assessment Recommendation

This tool can be used to help you when you are referring someone to another service – when action is needed	
<b>S</b> Situation	<p>I am a carer (Name) working for (Organisation)</p> <p>I am calling about Mr / Mrs Name</p> <p>I am calling because I am concerned that / I am unsure about / I need advice</p>
<b>B</b> Background	<p>Their normal condition is (e.g. alert / drowsy / confused / self-caring)</p> <p>How has this changed?</p> <p>Their relevant history includes (e.g. asthma, dementia, ischaemic heart disease)</p> <p>Current Medications include;</p>
<b>A</b> Assessment	<p>I have found that he / she is (e.g. struggling to breathe / walk / has pain / has injured / confused)</p> <p>Vital signs if equipment available (e.g. blood sugar, temperature, BP, pulse)</p> <p>I think the problem is / may be</p> <p>OR I don't know what's wrong but I'm really worried</p>
<b>R</b> Recommended	<p>I now need your assistance</p> <p>I would like you to visit the resident (when is it urgent or routine?)</p> <p>I would like your advice as to what to do next / in the meantime</p>

SBAR was developed for healthcare by Dr M Leonard and colleagues from Kaiser Permanente in Colorado, USA

# Top Tips for Recognising the Deteriorating Service User

Continuous assessment, both visually and audibly, of people being cared for is a really important skill. If they have any changes in the areas listed below, ask more probing questions/ report changes.

N.B Check what is normal and then consider the items listed below

Score: 1 for Green and 2 for Red

Is the individual drinking	Yes	No
Is the individual eating	Yes	No
Any changes in mobility (i.e. less mobile)	Yes	No
Do they appear in pain (i.e. a change from normal)	Yes	No
Do they appear distressed (i.e. a change from normal)	Yes	No
Are they vomiting	Yes	No
Are they confused or muddled (i.e. changed mental state)	Yes	No
Is there any change in urine output (i.e. passing more or less)	Yes	No
Is there any change in bowel habits	Yes	No
Are there any signs of skin infection or deterioration (i.e. redness, broken skin)	Yes	No
Any new skin damage	Yes	No
Any cough (i.e. change in the normal)	Yes	No
Any change in breathing (i.e. change from the normal)	Yes	No
Are they hot to touch (i.e. have they got a temperature)	Yes	No

Remember: Action is appropriate.

## When to Report Changes

- A score of 15 or more?
- Any new or increase in symptoms
- Any change in symptoms
- Abnormal observations

## Consider using the S.B.A.R tool when reporting changes

- S Situation** – Identify service user, concern, location of problem
- B Background** – Patient's Medical History & any background information
- A Assessment** – Concerns
- R Recommendations** – Explain what you need ie. seek advice/guidance from Health Care Professional

# Severe Infection (Sepsis)

## SEPSIS – COMMUNITY SCREENING AND ACTION TOOL

- Sepsis is a life threatening condition that arises when the body's response to an infection, injures its own tissues and organs
- Sepsis leads to shock, multiple organ failure and death especially if not recognised early and treated promptly
- Screening, early intervention and immediate treatment saves lives

### 1. Could this be a severe infection?

For example:

- Chest / lung infection
- Water / bladder / kidney infection
- Does the person have new tummy / belly pain
- A new severe headache or neck pain
- A new red rash or swollen joint

### 2. Are any of the 2 present?

- Feverish / hot with uncontrolled shaking
- Fast or irregular breathing
- A fast heart beat or palpitations
- New confusion or difficult to wake up

### 3. Is any red flag present?

- Unable to feel a pulse at the wrist
- Very fast breathing (more than one breath every 2 seconds)
- Blue lips
- Responds only to voice or pain / unresponsive
- Non-blanching rash or mottled skin

### RED FLAG SEPSIS

- This is a time critical condition, immediate action is required.
- Communication: Phone 999
- Inform ambulance call taker that the person has 'Red Flag Sepsis'
- Tell the paramedic team about any allergies the person may have (especially antibiotic allergies)

#### If time allows:

- Find all the client's medication they currently take and give them to the paramedic
- Inform next-of-kin what is happening and where the patient is going





# SEPSIS IN ADULTS IS A SERIOUS CONDITION

that can initially look like flu, gastroenteritis or a chest infection. Sepsis affects more than 250,000 people every year in the UK.

The UK Sepsis Trust registered charity number (England & Wales) 1158843

Seek medical help urgently if you develop any or one of the following:

- S**lurred speech or confusion
- E**xtrême shivering or muscle pain
- P**assing no urine (in a day)
- S**evere breathlessness
- I**t feels like you're going to die
- S**kin mottled or discoloured

**JUST ASK**  
**"COULD IT BE SEPSIS?"**

IT'S A SIMPLE QUESTION, BUT IT COULD SAVE A LIFE.

# Preventing & Managing Urinary Tract Infections (UTIs)

Complications of a UTI are not normally common, but can be serious for older people and can lead to kidney failure or septicemia. Complications can affect people with pre-existing health problems, such as Diabetes or weakened immune system. A sudden change in behavior is one of the best indicators of a UTI in older people.

## Preventing UTI's

Encourage **regular bladder emptying** and mobilise as much as able

**Prevent Dehydration**  
Encourage people to **drink 1.5-2 litres of fluids every day** (*unless advised not to by GP*)

Act quickly to resolve **constipation** and **continence** problems

### ALSO

- Regular good catheter care – make sure you have been shown how to do this properly
- Wash hands and wear gloves when handling urinary catheters
- Empty catheter bags into clean containers
- When supporting females with continence care, wipe from front to back
- Good Diabetes and diet management

**Urine dipsticks** should **NOT** be used to diagnose UTIs in older people; instead diagnosis should be based on symptoms of infection, which include 2 or more of the following;

- Pain on passing urine
- New or worsening incontinence
- Lower tummy pain
- Passing urine more frequently
- Blood in urine
- Inappropriate shiver or chills
- Temperature <36°C or > 38°C
- New or worsening agitation or confusion

UTI suspected seek additional advice and support from GP, on day identified and document

# Preventing urinary tract infections by recognising signs of dehydration

Complications of a UTI are not normally common, but can be serious for older people and can lead to kidney failure or septicemia. Complications can affect people with pre-existing health problems, such as Diabetes or weakened immune system. A sudden change in behavior is one of the best indicators of a UTI in older people.

## Urine Colour Chart



If urine colour either of the first 2 colours on urine colour chart, with no symptoms of dehydration  
**No further action required**

If urine colour matches either of the middle colours (3 and 4) on the urine colour chart, and person is starting to show symptoms of dehydration, offer more water or fluid to drink. Keep a fluid chart so you can observe fluid intake.  
**Monitor and Document**

If urine colour matches the last 3 colours circled in red on the urine colour chart, and the person is showing symptoms of dehydration. The person needs to be encouraged to drink more fluids. Keep a strict fluid chart, document fluid intake and urine output  
**Seek additional support**

Be aware some medications can change urine colour, so it is important look for symptoms of dehydration too.

[http://www.enhertscg.nhs.uk/sites/default/files/TDONTD%20NHS%20Poster\\_Oct20171.pdf](http://www.enhertscg.nhs.uk/sites/default/files/TDONTD%20NHS%20Poster_Oct20171.pdf)

# The Eatwell Plate highlights the different types of food that make up our diet and shows the proportions we should eat to have a healthy, balanced diet

If an older person's appetite has decreased, it's still important they get all the energy and nutrients that their body needs.

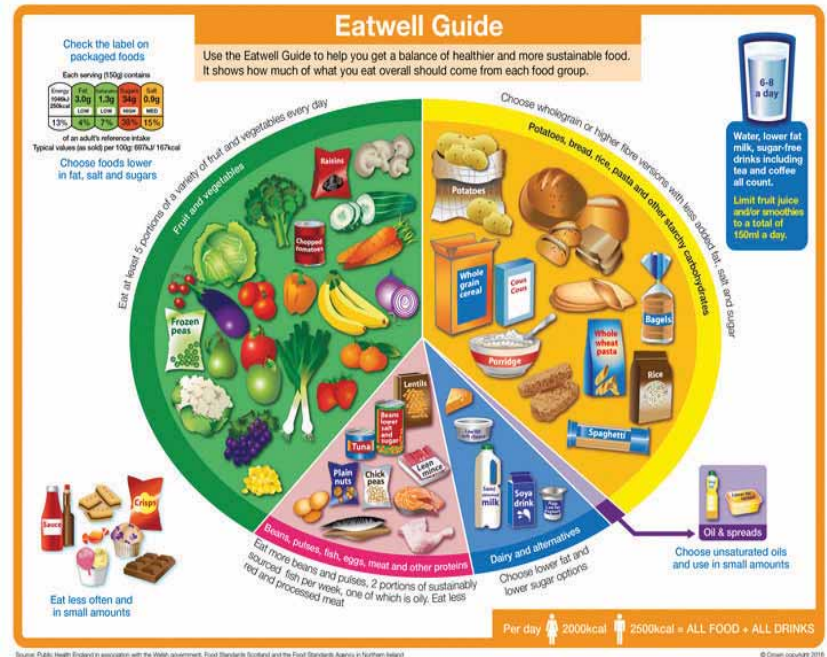
There are three ways to do this:

- Switch to smaller meals and frequent snacks, so they are not struggling to eat three large meals a day
- Increase their calorie intake by eating foods, like milky puddings and cheesy main courses
- Avoid filling up on foods that are high in saturated fat or sugars, such as sugary cakes, fizzy drinks and biscuits

Some high-energy meal and snack ideas:

- Porridge made with whole (full-fat) milk, with fruit or dried fruit on top
- Sardines on toast
- Peanut butter on toast
- Soups with pulses, pasta or meats
- Cottage/shepherd's pie
- Beans on toast with cheese sprinkled on top
- Milky drinks as a bedtime snack
- Unsalted nuts

If the individual cannot chew some of the food above then pureed food or juices may be preferred



<http://www.nhs.uk/Livewell/over60s/Pages/Underweightover60.aspx>

# Nutrition

Being **underweight** can be especially serious for older people. It can increase their risk of health problems, including:

- **Bone fractures if they fall**
- **Pressure damage**
- **Weakens their immune system, leaving them more susceptible to infections**
- **Increases their risk of being deficient in important nutrients such as vitamins and minerals**

Being very **overweight** can cause problems, some of the day-to-day problems that can be caused by obesity can include:

- **Breathlessness / Difficulty with physical activity**
- **Swollen legs**
- **Feeling very tired a lot of the time**
- **Joint and back pain**

And can increase risk of:

- **Type 2 Diabetes**
- **High blood pressure**
- **Asthma**

You may be asked to record a person's daily intake if there are concerns about dietary intake.

Eats a healthy diet, independent with eating, weight is normal  
**No further action required**

Eating less than normal, may need limited support (see opposite page). Overweight or underweight  
**Monitor and document**

Eats a poor diet, sudden weight loss or gain  
**Seek additional advice and support from their GP and document**

<http://www.nhs.uk/Livewell/over60s/Pages/Underweightover60.aspx>  
<http://www.nhs.uk/Conditions/obesity/Pages/complications.aspx>



# Swallowing

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Complications associated with swallowing dysfunction (Dysphagia) are common in people with **neurological conditions, head and neck cancer** and the **elderly**.

**INCREASED RISK OF DEATH IS ASSOCIATED WITH SWALLOWING PROBLEMS AS IT CAN CAUSE: Pneumonia, Dehydration, Malnutrition, Choking**

**Some signs and symptoms of DIFFICULTY SWALLOWING include:**

- Putting too much food or drink in the mouth
- Difficulty managing saliva (production of either too much or too little)
- Food or liquid leaking from the mouth
- Food sticking in the throat which is difficult to swallow
- Weight loss or dehydration from not being able to eat or drink enough
- Discomfort during eating/drinking
- Holding food in the mouth
- Coughing/choking (blocked airway)

**If someone has difficulties swallowing food, fluid or saliva can enter the airway and/or lungs, this is called 'aspiration' which can result in:**

- Coughing or choking during, or immediately after, eating or drinking (Aspiration can also happen without coughing or choking)
- Repeated unexplained chest infections, chesty cough or high temperatures
- Wet or 'gurgly' sounding voice during or after eating or drinking

# Follow the Swallowing (Dysphagia) Care Plan

**Following a swallowing assessment by the Speech and Language Therapy Team, advice may include:**

## **ENVIRONMENT**

Remove distractions during mealtimes (e.g. turn off TV, discourage talking with a mouth full)

## **POSTURE**

Ensure the person is sat fully upright for eating and drinking  
Prevent head tipping back when swallowing

## **EQUIPMENT**

What utensils to use (e.g. special cups, plate guards)

## **SUPERVISION /ASSISTANCE**

Support the person to be independent, partial assistance or full assistance as required

Give small mouthfuls of food and small sips of drinks

Allow plenty of time between mouthfuls

Ensure no food is left in mouth after meal

Support with mouth care (see next section)

## **FOOD/FLUID PREPARATION**

Some people may require a specially modified textured diet and or fluids

### **What to do if someone doesn't want to follow the swallowing care plan/advice:**

Explain the recommendations have been made because there have been changes to their swallowing ability

Discuss this with your supervisor and contact Speech and Language Therapy Team for further advice.



# Swallowing

Being able to eat and drink safely is fundamental to maintaining health and wellbeing. It is important to follow, swallow safety recommendations to reduce the risk of serious complications. Complications may include **chest infections, dehydration and malnutrition and choking**, as well as susceptibility to pressure damage and urinary tract infections.

**Support Workers are in an ideal position to support, monitor and identify any concerns with individuals eating and drinking.**

Some individuals may require a modified diet, food and fluid; it is important to follow directions in individuals care plans.

**It is important to contact the GP or Speech and Language Team for advice if you have any concerns.**

Speech and language therapy referral can be made via link <http://www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16376>

Able to swallow with no problems identified  
(see previous pages)  
**No further action required**

Swallowing has been assessed, by a Speech and Language Therapist (see person's swallowing / dysphagia care plan)  
**FOLLOW GUIDELINES AND MONITOR**

Signs of new swallowing problems (see previous pages)  
**SEEK ADDITIONAL SUPPORT IMMEDIATELY contacting the GP/ speech and language team AND DOCUMENT**

# Guidance on Supporting Mouth-Care

<ul style="list-style-type: none"> <li>■ Explain how you are going to support them, as some people can feel anxious. Encouraging individuals to look in the mirror whilst being supported will enable them to see what is happening. It can be easier for the carer to stand slightly behind, or to the side, when supporting individuals with oral health care</li> </ul>	<ul style="list-style-type: none"> <li>● Some individuals gums may bleed when brushing, this is a sign that their gums are unhealthy. The only way to improve gum condition is to gently brush the bacteria away</li> <li>● Teeth should be brushed in a circular motion with a small amount 'pea sized' toothpaste</li> </ul>	<ul style="list-style-type: none"> <li>● Ensure dentures are labeled in a denture pot, as these can go missing when individuals are admitted to hospital</li> <li>● Loss of dentures may cause great distress and can be expensive and time consuming</li> </ul>
<ul style="list-style-type: none"> <li>● Ensure the person is comfortable and ensure that you are not rushed.</li> </ul> <p>Remember you may not be able to support brushing the person's whole mouth in one go</p>	<ul style="list-style-type: none"> <li>● Encourage people to spit out after brushing and not to rinse</li> <li>● It is better to leave a little toothpaste residue in the mouth to maintain fluoride concentration levels</li> </ul>	<ul style="list-style-type: none"> <li>● Support individuals with false teeth to clean them daily</li> <li>● Dentures should be removed at night and soaked in plain water</li> </ul>
<ul style="list-style-type: none"> <li>● Support the person twice a day to clean their teeth</li> <li>● Replace the tooth brush every three months or sooner if required</li> </ul>	<ul style="list-style-type: none"> <li>● The frequency and amount of sugary food and drink should be reduced and where possible, kept to mealtimes</li> </ul>	<ul style="list-style-type: none"> <li>● Ensure when the person's dentures are removed they do not have any residual food left in their mouth</li> </ul>
<ul style="list-style-type: none"> <li>● Dentures which do not fit well can affect eating, drinking and speaking and can be uncomfortable</li> </ul>	<ul style="list-style-type: none"> <li>● <b>Frequent oral health care is important for those who are unable to take any food or drink orally. It is important to minimise oral bacteria that might be aspirated, as well as optimising oral comfort</b></li> </ul>	<p><a href="https://www.dentalhealth.org/tell-me-about/topic/caring-for-teeth/caring-for-my-teeth">https://www.dentalhealth.org/tell-me-about/topic/caring-for-teeth/caring-for-my-teeth</a></p>



# Mouth Care

Good oral health care enables people to take a normal diet without difficulty. Carers play an important role in supporting people to maintain good oral health. Carers are ideally placed to monitor changes in individual's mouths and refer on as appropriate.

Gum disease and poor oral health may increase the risk of all kinds of other health complications, including:

- **Lack of appetite**
- **Malnutrition**
- **Heart disease**
- **Pneumonia**



**Mouth is healthy, clean and moist  
No further action required**

**Mouth is dry, food and bits remain around teeth  
Monitor, document and support individual  
with mouth care if needed and explain the  
importance of mouth care to the individual**

**Mouth is inflamed, dry and sore or ulcerated  
Seek additional support on day identified  
from GP, or their own Dentist and  
document**

# Dehydration

**Dehydration occurs when our bodies don't have enough water.**

*Water helps to lubricate the joints and eyes, aids digestion, flushes out wastes and toxins, and keeps the skin healthy.*

**Dehydration can directly contribute to:**

- Constipation
- Increased risk of urinary tract infections
- Feeling lightheaded which might cause the individual to fall
- Confusion and irritability

**Some signs of dehydration include:**

- Feeling thirsty, dry mouth, lips
- Lightheaded, tiredness, changes in mental health
- Dark coloured, strong-smelling urine and only passing small amounts of urine



**Who is at risk of dehydration?**

- Aging itself makes people less aware of thirst or an elderly person may be anxious about drinking due to continence issues
- People with certain diseases have increased water requirements, e.g. fever, diarrhoea, vomiting, kidney stones
- When the weather is hot, people will lose fluid through sweating
- People with oral discomfort and or swallowing difficulties

<http://www.nhs.uk/Conditions/Dehydration/Pages/Symptoms.aspx>

# Fluid

In climates such as the UK, it is recommended we should drink about 1.2 litres (**six to eight glasses**) of fluid every day, to stop us from getting **dehydrated**.

Sometimes an individual may be on a restricted fluid intake due to a health condition, but all others should be encouraged to drink the recommended amount.

Consider recording daily intake of fluids if person is at risk of dehydration or is dependent on full support.

There are a range of foodstuffs which are also rich in fluid and can be offered to help with fluid intake, these include:

- Custard
- Jelly
- Ice-cream
- Yogurt
- Soup



Drinks the recommended 8 glasses daily independently  
**No further action required**

Drinks only 5 cups daily  
**Monitor amount, may require some additional support and encouragement to drink. Refer if concerned**

Drinking 2 cups or less daily, with signs of dehydration  
**Seek advice from GP on day identified and document**

<https://www.gp.brightonandhoveccg.nhs.uk/prescribing-nutrition-and-blood>

<http://www.nhs.uk/Livewell/Goodfood/Pages/water-drinks.aspx>

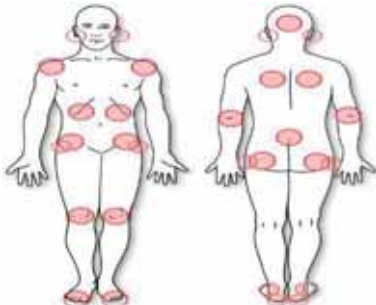
# Skin

## Preventing Pressure Damage (bed sores/ pressure sores)

Maintaining good skin condition is really important; pressure damage can have a huge impact on individual's wellbeing, causing pain, distress etc.

Carers are ideally situated to monitor individual's skin condition; the parts of the body that are at higher risk of developing pressure damage are:

- Shoulders or shoulder blades
- Elbows
- Back of the head
- Rims of the ears
- Knees, ankles, heels or toes
- Spine
- Tail bone (the small bone at the bottom of the spine)



Wheelchair users, are at risk of developing pressure damage on:

- Buttocks
- The back of arms and legs
- The back of the hip bone



<http://nhs.stopthepressure.co.uk/>

# Skin

If you see discoloured skin that does not turn white when pressure is placed on it, the person could be starting to develop pressure damage. **Seek further advice and support.**

## The start of grade one pressure damage looks like this:

- Skin that appears discoloured
- It is red in white people
- It is purple or blue in people with darker skin
- The skin is intact, but it may hurt or itch
- It may feel either warm and spongy, or hard
- **The skin does not turn white when PRESSURE IS PLACED ON IT**

Skin intact and good colour  
**No further action required, follow skin care guidance on opposite page (Hand picture)**

Skin is painful swollen discoloured or sweaty  
**Follow skin care guidance on the opposite page (Hand picture)**  
**Refer on for further support, monitor and document**

Skin is red, blistered or broken  
**Seek additional support on day identified from GP, or Community Nurse if known to them and document**







Supporting and encouraging someone with regular changes of position, is important to prevent and maintain good skin condition.

If people have pressure relieving equipment, **check it** – if any concerns contact the equipment store where it was delivered from.

<http://nhs.stopthepressure.co.uk/care-homes.html>



# Skin Excoriation Tool (SCFT)

Image	Skin Condition	Treatment	Remarks
	<p><b>Healthy Skin</b> No evidence of tissue damage, no erythema (redness)</p>	<p>Skin can be cleaned with mild soap and water, soap substitute or skin cleanser. Apply small amount of moisturiser to keep skin healthy and hydrated</p>	
	<p><b>Mild Excoriation</b> Erythema (redness) no broken skin. No Moisture lesions but area may be uncomfortable to clean and apply creams</p>	<p>Clean area gently with soap substitute or skin cleanser. <b>Medi Derma-S / Cavilon</b> – Apply thin layer every 12 hours. or <b>Proshield Plus</b> – apply thin layer every toileting session. Allow to absorb</p>	<p>Consider the cause. If erythema is diffuse and satellite lesions present, consider fungal infection and treat accordingly. Consider allergy or contact dermatitis.</p>
	<p><b>Moderate Excoriation</b> Extensive erythema with diffuse broken skin and moisture lesions Moderate exudate and may bleed on contact. Painful to clean and apply cream</p>	<p>Gently clean with soap substitute or skin cleanser. <b>Medi Derma-S film / Cavilon Barrier Film/spray</b> apply once every 48 hours or <b>Proshield Plus</b> – apply a liberal layer to the excoriated skin at every toileting session Allow to absorb. Do not rub vigorously</p>	<p>Consider: Fungal infection, Allergy Continence issues and pad absorbency. <b>Refer to Tissue Viability if not improving</b></p>
	<p><b>Severe Excoriation</b> More than 50% broken skin and moisture lesions. Bleeds easily Extremely painful on movement, passing urine or faeces, when cleaned and creams applied or exposed to air</p>	<p>Gently clean with soap substitute or skin cleanser. Pat dry as much as possible. <b>Medi Derma-S / Cavilon Barrier Film/spray</b> apply once every 48 hour or <b>Proshield Plus</b> – apply a liberal layer to the excoriated skin at every toileting session. Allow to absorb. Do not rub vigorously</p>	<p>Consider faecal management system and / or short term urinary catheter. Consider fungal infection <b>Refer to Tissue Viability</b></p>

# Falls Prevention

Environmental	<ul style="list-style-type: none"> <li>• Keep rooms and stairways lit, using the brightest bulb available, try low energy light bulbs to reduce bills, but remember they take a minute or two to warm up</li> <li>• Removing clutter, trailing wires and frayed carpet</li> <li>• Mop up spillages</li> <li>• Using non-slip mats and rugs, or ensure they are tacked down or removed</li> <li>• Make sure there are suitable grab rails around the house if needed</li> <li>• Ensure easy access to commode or toilet</li> <li>• Ensure nightlight</li> <li>• Advise not to rush</li> <li>• Make sure cats or dogs have bright collars or bells to help prevent tripping over them</li> </ul>
Impaired Sight and hearing	<ul style="list-style-type: none"> <li>• Support those who wear glasses to keep them on or have them close by, ensure they are clean and in good condition and they can see out of them and are the right prescription.</li> <li>• If vision seems to be deteriorating, check they have had a recent eye test. If not refer to optician.</li> <li>• Advise annual eye tests</li> <li>• Is hearing reduced? Check hearing aids are clean and working.</li> </ul>
Unsteady on feet	<ul style="list-style-type: none"> <li>• Support clients with recommended exercises and equipment</li> <li>• Ensure aids are well maintained</li> <li>• Promote physical activity and mobility</li> <li>• If unsteadiness is new – seek support from Community nurse or GP</li> </ul>
Feet, footwear and clothing	<ul style="list-style-type: none"> <li>• Check condition of feet, check for pain, problematic bunions or toenails – may need to see podiatrist</li> <li>• Check footwear is suitable, fits well, is in good condition and supports the ankle.</li> <li>• Ensure shoes have non-slip soles</li> <li>• Ensure clothing allows the person to move their legs and feet freely. Encourage people not to wear clothes that are too tight or too loose-fitting, trailing clothes that might trip them up</li> </ul>
Illnesses and medication	<ul style="list-style-type: none"> <li>• If known to have low blood pressure when standing (postural Hypotension), advise to stand slowly</li> <li>• If complaining of dizziness, ensure eating and drinking adequately, may need to seek support from Community Nurse, GP or Pharmacist</li> <li>• Medications may cause imbalance, be aware if on 4 or more medications or started new medication – seek support from pharmacist</li> </ul>

# Mobility and Falls

Mobility and prevention of falls is fundamental in supporting people to retain their independence.

- **Falls can have a significant effect on people's health**

Keeping people mobile can reduce the incidence of

- **Infections**
- **Pressure damage**

It is important that people seek early intervention from specialists to maintain mobility. Confidence can be affected following a fall; it may also increase anxiety and reducing mobility levels.

NHS Choices have advice on exercises for older people, which can be undertaken in the home – including exercising when seated and exercises to improve balance, flexibility and strength.

**Mobility** Independently mobile with or without aids

**No further action required**

**Falls Risk** Good mobility, good mental status and good continence

**No further action required**

**Mobility** Needs assistance beyond their usual level

**Monitor and document, consider further advice and support**

**Falls Risk** Near misses, unsteadiness, reduced confidence

**Monitor and document, consider further advice and support from GP, or Community Nurse/Physiotherapist or Community Falls Prevention Team.**

**Mobility** Can no longer move independently when could before










**Seek additional support and advice on the day identified and document**

**Falls Risk** Recent falls, falls causing injury, dementia or medication affecting balance and coordination

**Seek additional support and advice on the day identified from GP, and document. Consider 999... if fallen and injured**

# Rockwood Clinical Frailty Scale

Is a toolkit to measure how frail someone is and can be used to monitor any deterioration.

 <p><b>1. Very Fit</b> – People who are robust, active, energetic and motivated. These people commonly exercise regularly. They are among the fittest for their age.</p>	 <p><b>6. Moderately Frail</b> – People need help with all outside activities and with keeping house. Inside, they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing.</p>
 <p><b>2. Well</b> – People who have no active disease symptoms but are less fit than category 1. Often, they exercise or are very active occasionally, e.g. seasonally.</p>	 <p><b>7. Severely Frail</b> – Completely dependent for personal care, from whatever cause (physical or cognitive). Even so, they seem stable and not at high risk of dying (within ~ 6 months)</p>
 <p><b>3. Managing Well</b> – People whose medical problems are well controlled, but are not regularly active beyond routine walking.</p>	 <p><b>8. Very Severely Frail</b> – Completely dependent, approaching the end of life. Typically, they could not recover even from a minor illness.</p>
 <p><b>4. Vulnerable</b> – While not dependent on others for daily help, often symptoms limit activities. A common complaint is being “slowed up”, and/or being tired during the day.</p>	 <p><b>9. Terminally Ill</b> – Approaching the end of life. This category applies to people with a life expectancy &lt;6 months, who are not otherwise evidently frail.</p>
 <p><b>5. Mildly Frail</b> – These people often have more evident slowing, and need help in high order Instrumental Activities of Daily Living Scale (IADLs) (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.</p>	<p><b>Scoring frailty in people with dementia</b></p> <p>The degree of frailty corresponds to the degree of dementia. Common <b>symptoms in mild dementia</b> include forgetting the details of a recent event, though still remembering the event itself, repeating the same question/story and social withdrawal.</p> <p>In <b>moderate dementia</b>, recent memory is very impaired, even though they seemingly can remember their past life events well. They can do personal care with prompting.</p> <p>In <b>severe dementia</b>, they cannot do personal care without help.</p>

# Frailty

**Frailty varies in severity, people should not be labeled as ‘frail’ rather described as living with frailty.**

Signs of frailty can include:

- **Falls** – collapse, legs giving way
- **Immobility** – sudden change in mobility
- **Delirium** – sudden change in levels of confusion
- **Incontinence** – change or worsening in continence
- **Medication** – change or increase in side effects

People living with frailty can have a fine balance between vulnerability and resilience.

**Encouraging people to:**

- Maintain physical activity can improve strength and balance
- Eat a healthy diet, and drinking enough fluids can help minimise the impact of frailty. Checking how much fluid people have had, particularly those dependent for support

Although these symptoms can indicate frailty there can sometimes be a straight forward explanation with no further problems, however, it is best to get the person reviewed by a GP if concerned.

**Person fit and active**, independent with most activities of daily living, washing, dressing, provision of food  
**No further action required**

**Person less fit and active**, requires some support with activities of daily living, monitor and support in a person centered way  
**Document as this enables better detection of increased frailty**

**Change in person’s level of independence;** appears frailer  
**Seek additional support and advice from GP or Community Nurse on the day identified and document**

[http://www.bgs.org.uk/campaigns/fff/fff\\_full.pdf](http://www.bgs.org.uk/campaigns/fff/fff_full.pdf)

# Respiratory – Breathing

There are a number of different respiratory problems which can affect people, these include:

- **Asthma**
- **Chronic Obstructive Airways Disease (COPD)**
- **Fibrosis**

People with respiratory problems can require extra time support and patience with their activities of daily living, particularly activities which may cause them to become breathless. Breathlessness can increase anxiety in people, so being calm and understanding can help.

People may use inhalers, nebulisers and or oxygen to support their breathing.

- **Correct inhaler and nebuliser use can prevent complications, for example chest infections, which can potentially cause admissions to hospital**
- **People should be using their oxygen as per their prescription, this should be written in their yellow folder in the oxygen section. If in doubt phone and check with respiratory team**

**Inhaler technique is really important to ensure the correct amount of medication reaches the lungs**

People will generally know what is normal for them. People can present as anxious, and more confused if breathless.

<file:///sussex.nhs.uk/rd/09d/RignallH001/Downloads/NEWS%20-%20observation%20chart%20with%20explanatory%20text.pdf>

**Breathing** is a normal rate and depth for individual

**No further action required**

**Know how to support individuals with inhaler /nebuliser if they require this**  
**Monitor and document**

**Breathing** is abnormal for individual above 20 or below 10 breaths per minute, the person could have blue lips /nails

**Seek additional support from GP or Community Respiratory Team if known**  
**consider dialing 999 and document**

# Inhaler Technique

**There are many different types of inhalers, below are some examples of how to use the main ones.**

Asthma UK have hand outs on how to use each type, these can be found on their website <https://www.asthma.org.uk/advice/inhalers-medicines-treatments/using-inhalers/>

## Advice on how a person should use their inhalers



**'Press and breathe' Metered Dose Inhalers (MDIs)** are often called 'puffers'.

- Shake the MDI inhaler, breathe out gently, then put the mouthpiece in your mouth and wrap your lips around it.
- Breathe in **SLOW AND STEADY**, press the canister down to release the medicine and continue to inhale deeply.
- Remove the inhaler from your mouth and hold your breath for up to 10 seconds before breathing out slowly.

*MDIs can be used with spacers. Spacers collect the medicine inside them, so you don't have to worry about pressing the inhaler and breathing in at exactly the same time. This makes these inhalers easier to use and more effective*



**Encourage the person to 'Breathe in hard' Dry Powder Inhalers (DPIs)** release medicine in a very fine powder form instead of a spray

- When they breathe in through the mouthpiece, they need to breathe in quite **QUICK** and **DEEP** to get the powder into their lungs.

Examples of DPIs include Accuhalers, Clickhalers, Easyhalers, Handihalers, Turbohalers, Diskhalers, Genuair and Twisthalers.

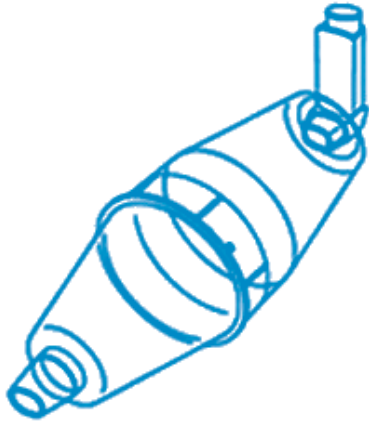


**Breathe in normally 'breath actuated' or accuhaler MDIs** are usually given to people who have difficulty using a standard 'puffer'.

- These inhalers are activated by your breath, so when you breathe in **SLOW and STEADY** through the mouthpiece, it releases the medicine in a fine spray form.
- With this inhaler you don't have to push the canister to release a dose. Autohaler and Easi-breathe are examples of breath actuated MDIs.

**People should be encouraged to rinse their mouths after using inhalers as this can reduce the incidence of oral thrush**

# Supporting use of a Spacer



## Improper inhaler technique is associated with poor control of disease.

- The use of a spacer helps to overcome the problem of pressing the inhaler and coordinating breathing in.
- Using a spacer allows the user to press the inhaler first and then take a breath, as the medicine will stay in the spacer until it is inhaled.
- Using a spacer also reduces the risk of side effects as more medicine reaches the lungs and less medicine hits the back of the throat and is swallowed.

- People with COPD sometimes can find it difficult to take in a deep breath. Using a spacer means the inhaler can be pressed and then they can put their lips round the spacer and then just breathe normally for 5 breaths.

## IMPORTANT ADVICE ABOUT CLEANING A SPACER

- Spacers should be cleaned regularly - preferably once a month.
- They should be washed in warm soapy water using a mild detergent without rinsing.
- **Leave parts to dry at room temperature DO NOT rub the inside of the spacer with a cloth as this causes static electricity.** The static electricity attracts the medicine to the sides of the spacer and sticks there and reduces the amount available to be inhaled in the lungs.

People can present as anxious and confused if breathless, however people will know what is normal for them.



# Inhaler Technique



**Person** competent and able to use inhaler correctly  
**No further action necessary**

**Person** requires some support to use inhaler or nebuliser correctly  
**Seek further support from Community Pharmacist, Practice Nurse, GP, Respiratory Team for advice, monitor and document**

**Person** unable to use inhaler and has no support in place to help them using their inhaler  
**Seek additional support and advice on day identified and document**

# Continence

## Urine

Problems with continence both bladder (urine) and bowels (faeces) are relatively common; however embarrassment can often cause people to not ask for help.

Carers are again in a perfect position to support and refer people on for help and advice.

- People generally go to the toilet to pass urine four to seven times in a day.

However, some people may develop incontinence; some of the common signs that indicate people may need to have a proper continence assessment include:

Common Signs that indicate people may require some additional support	
Stress Incontinence	Urge Incontinence
Leaking when exercising	Described as having a sudden urge to pass urine and often described as unable to get to the toilet in time
Leaking small amounts of urine when sneezing	Going to the toilet frequently, either during the day or overnight
Leaking small amounts of urine when laughing	
Leaking urine when lifting heavy objects	

**The colour of urine can indicate dehydration, however some foods and medicines can also cause urine to become discoloured. If the person is drinking the recommended 8 glasses per day and urine appears an unusual colour or darker please monitor and seek advice if necessary**

<http://www.nhs.uk/Conditions/Incontinence-urinary/Pages/Introduction.aspx>

## CATHETER CARE

- It is recommended that all carers who support individuals with a catheter, should undertake some sort of formal training, but here is some advice.

## HOW TO CHANGE A LEG BAG

- Always wash your hands with soap and water first and dry hands well and wear gloves and apron
- Empty the existing leg bag as you usually would, remembering to close outlet tap
- Remove existing leg bag
- Remove cap from new leg bag and quickly attach to catheter
- Ensure the outlet tap is closed
- Leg drainage bag will need to be changed according to manufacturers instructions, usually every 7 days unless there is a problem sooner
- Wash hands with soap and water and dry hands well

## CATHETER CLEANSING

- Cleansing around the catheter is recommended twice daily and following any bowel action. Use a cloth with mild soapy water
- Catheters should be cleaned by wiping away from where the catheter enters the body. This is to reduce the risk of infection
- Any discharge from around the catheter should be noted and observed. The frequency of cleansing may need to also be increased.

**If you feel you need further advice or support please contact the community bladder and bowel service**

<https://www.nhs.uk/conditions/urinary-catheters/>

**Urine Continence Care** Urine light in colour, continent

**No further action required**

**Catheter Care** Flowing clear urine light in colour  
**No further action**

**Urine Continence Care** Urine dark or cloudy – encourage fluids. Long term urinary incontinence, support with appropriate pads  
**Monitor, document and support individual**

**Catheter Care** Cloudy with sediment  
Encourage fluids monitor  
**Document and refer on to Community Nurses if concerned**

**Urine Continence Care** New urinary and faecally incontinent

**Seek further ADVICE AND SUPPORT**

**Catheter Care** Catheter blocked, pus, blood, dark urine  
**Seek additional support from GP or Community Nurses immediately and document**

# Continence

## Bowels

### Different people have different bowel habits








- Most people have a bowel movement more than 3 times a week and pass good textured faeces (not too hard or soft) without straining.
- Since it can be hard to state what is normal and what is abnormal, some health professionals use a scale to classify the type of stool passed.

*Type 1 is described as a constipated stool this has spent the longest time in the bowel, and type 7 has spent the least amount of time in the bowel, which could be described as diarrhoea.*

An ideal stool should be a type 3 or 4, and depending on the normal bowel habits of the individual, should be passed every one to three days without straining.

If stools are very dark (black) or very pale encourage the person to speak with their GP. Some medication can change the colour of stools, this can be discussed with a pharmacist.

### Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mush stool
Type 7		Watery, no solid pieces. Entirely Liquid

# Continence

## Bowels

People may require additional support and personal care due to incontinence issues with their bowels for example, people may be incontinent of faeces, or have a stoma bag.

The colour of stools can vary; however, if someone has very dark stools (black) it may be related to medication (iron) or something more serious. Ensure care plans document any medication that may affect the colour of stools.

## Continence Pads

- Continence pads should be stored out of bright light and in a damp free environment – not in the bathroom
- Peoples skin should be clean and dry before support with pad application
- Only use a pea sized amount of barrier / cream should be used as more may interfere with absorbency (unless advised otherwise by a professional)
- Pads should be opened for a minute or two prior to application to allow pad to expand
- Pad should be folded in half and inserted from the front to back, this prevents faeces coming to the front if passes stool during application

**Bowels normal for individual  
No further action required**

**Change in bowel habit, constipation without pain, make a routine referral to GP**

**Monitor, document and support individual with continence care if needed**

**If stools are very dark (black) or very pale, constipated with pain or diarrhoea  
Seek additional support and advice on the day identified from GP and document**

# Diabetic Foot Care

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Foot Care is particularly important, as people with diabetes can have reduced feeling and sensation or abnormal feelings in the feet (Peripheral Neuropathy).

People with Diabetes can also have a reduced blood supply to the feet due to narrowing of the arteries in the legs (Peripheral Arterial Disease).

## Legs

Carers, who support diabetic individuals, should check their feet on a regular basis when supporting with personal care. Refer on if any concerns for example red areas, inflammation, or blisters, corns / callus or open areas.

### **Here are some top tips for the promotion of good foot care:**

- Check feet daily for redness, swelling, pain or hard skin – monitor for changes
- Good control of blood sugar level can prevent foot problems or help heal open wounds
- Keep feet clean, wash and dry thoroughly daily and dry well particularly in between the toes
- Always ensure shoes / slippers fit well
- Explain importance to client of never walking barefoot, especially outdoors
- Cut or file toenails regularly. If the person is unable to see or reach their feet or have no carer / family to help with nail care then a referral to a Podiatrist could be arranged. Ensure corns or hard skin are treated by a podiatrist if gentle filing and emollient cream do not control the hard skin
- If there are any changes in sensation or feeling to the feet ensure you report this to your health professional
- Make sure they attend their annual diabetic review with your GP or Practice Nurse as a foot check should be performed every year

<https://www.diabetes.org.uk/Guide-to-diabetes/Monitoring/Feet/Everyday-foot-care/>

# Diabetes

It is important that people with diabetes receive regular check-ups to help manage their condition.

Supporting people to keep their blood glucose, blood pressure and blood fat levels under control will greatly help to reduce the risk of developing complications in diabetes.

## Signs of Low Blood Sugar

- Feeling shaky
- Short tempered
- Pale
- Sweating
- Tiredness
- Lack of concentration

## Signs of High Blood Sugar

- Feeling Thirsty
- Tiredness
- Headaches
- Passing more urine

**The Short-term complications can include:** Low blood sugar (Hypoglycaemia) and High blood sugar (Hyperglycaemia) both can be very serious and require action.

The long-term complications for people with diabetes can include problems with

- **Vision**
- **Heart (cardiovascular disease)**
- **Kidneys (nephropathy)**
- **Nerves and feet (neuropathy)**

Further information can be found at <https://www.nhs.uk/conditions/diabetes/>

Not diagnosed with diabetes eats a varied diet  
**No further action**

Diabetes is well managed with no problems  
– be alert  
**Monitor, document and support individual and refer on if concerned to GP or Nurse**

Diabetes is fluctuating or individual presenting as unwell with hypoglycaemic (low blood sugars) / hyperglycaemic (high blood sugar) episode  
**Seek additional support and advice on the day identified from GP, or Community Nurse and document. Consider 999... if confused or a change in normal**

# Medication

Medicines need to be stored appropriately and safely so that the products are not:

- **Damaged by heat or dampness**
- **Mixed up with other people's medicines**
- **Stolen**
- **Posing a risk to anyone else**

## Remember the 'Six Rights'

1. **Right person**
2. **Right medicine**
3. **Right route**
4. **Right dose**
5. **Right time**
6. **Person's right to decline**



Ask the pharmacist for advice if you have a medication related query, they are usually best placed to respond to queries.

**Tip:** Write the telephone number of the patient's pharmacist on the Medication chart or care plan along with the GP surgery in case of any queries.

## Key tasks to be carried out during medicines administration by the care worker:

- Confirm that the medication and dose is correct; on the MAR chart *and* the medicine label
- Confirm it is the right person
- Ask whether the person wants the medicine
- Makes sure that no-one else has already given this dose to the person
- Prepare the correct dose for the time of day, ensure medication is appropriately spaced out following directions
- Give the medicine to the person and also offer a drink of water
- Sign the administration record



# Medication

Managing medicines for someone you look after can be a challenge, particularly if they are taking several different types.

Medicines can legally be administered by anyone, as long as it has been prescribed by an appropriate practitioner.

## Advice for Carers who support with medication:

- Always read the instructions on the packaging or DOSETTE box before giving medicines to anyone. They should always be given either according to the instructions or as advised by whoever prescribed them.
- Instructions for when and how to give medication should be clear. If you are experiencing any problems, ask a doctor, nurse or pharmacist to explain.
- It is important to give medicines at the recommended time of day. Not doing this can make them less effective. You also need to know whether or not the medicines should be taken before food, with food or in between meals.
- **Please ensure that you follow your employing organisations medicines policy, which may have information regarding what you can and cannot administer after appropriate training.**

**Person competent and able to take their own medication with no problems**  
**No further action required**

**Requires support taking medicine assist in a person centered way**  
**Monitor and document**

**Problems with taking medication.**  
**Seek additional support and advice from Pharmacist, GP or Nurse on the day identified and document**

# Mental Health

Adverse mental health affects one in four of us in any one year. **Carers** are in an ideal position to identify and signpost any concerns they have, in relation to the individuals they support.

## **Mental Health conditions include:**

- **Psychosis i.e. Schizophrenia or Bi Polar Affective Disorder**

Can cause confusion and acute distress, due to hallucinations, delusions and lack of self-awareness or profound lethargy

- **Depression**

Can cause a change in mood /personality and problems with sleeping, dietary intake and relationships

- **Anxiety**

Can induce problems sleeping, heart palpitations, dry mouth. Feelings of panic or fear and cold or sweaty hands or feet.

- **Personality Disorder**

Where someone struggles to cope with life, manage relationships and regulate emotions

**Be aware there are other conditions like Dementia that can cause people to experience mental health problems**

**Dementia** – Can cause confusion due to problems with memory, lack of insight and self-awareness; can also include problems with mobility, verbal communication, continence and eating and drinking

Carers can help by supporting individuals with personalised care, helping individuals to feel empowered and in control. Your attitude can impact both positively and negatively when supporting someone with mental health conditions.

To help mental health wellbeing some people may like to connect with activities e.g. music, singing, creative activities, gardening, learning something new or spending time outside.

Early detection of concerns about mental health is important to ensure that people are supported in the correct way.



**Legislation that you as a carer need to have a basic understanding of:**

**Human Rights Act 1998**

<http://www.legislation.gov.uk/ukpga/1998/42/contents>

**Data Protection Act 1998**

<https://www.gov.uk/data-protection/the-data-protection-act>

**Sussex Safeguarding Adults Policy and Procedure Manual**

<http://sussexsafeguardingadults.procedures.org.uk/>

# Mental Health

**Carers should undertake some form of Mental Capacity Act (2005) Training and be aware of the five principles**

## Principles

1. A person must be assumed to have capacity unless it is established that he lacks capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he makes an unwise decision.
4. An act done, or decision made, under this Act for, or on behalf of, a person who lacks capacity must be done, or made, in his best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action

**Normal cognition** no concerns identified  
support in a personalised way as normal  
**No further action required**

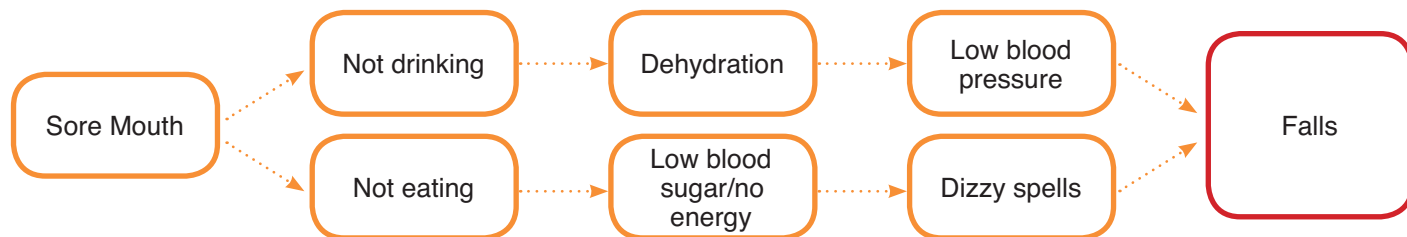
**Person has a diagnosis of a mental health condition** support in a personalised way  
follow care plan  
**Monitor and document**  
**Person is showing some changes in their mental health** liaise / inform GP – or mental health team if known

**Sudden change in mental health**  
Contact GP on day identified or mental health team if known to them and document

<http://www.legislation.gov.uk/ukpga/2005/9/section/1>

# Stop Look Care – Case Study

Remember that different conditions or different aspects of poor health can impact on another area of the body.



## Example

A gentleman with dementia kept falling every time he stood up, his family thought he was falling backwards on purpose. A home carer decided to check;

- **How much he was drinking, she asked the family to keep record of his fluid intake.**
- **She also looked at the gentleman's urine which was very dark and his hands were cold**

She decided he was dehydrated, and thought this could be causing low blood pressure, which may be making him dizzy when he stands

- **She asked for support from the community nurses.**

The community nurses confirmed he did have low blood pressure when he stood up (postural hypotension), and agreed he needed to increase his fluid intake.

The family was able to make sure the gentleman drank a lot more and he was then able to stand without falling.



# Nutrition Competency

<b>To demonstrate competence at this level the carer is able to:</b>	Training undertaken and already competent? Date and comments.	Observed and supervised by mentor?	Needs Training course?
1 Have an understanding of what a balanced diet is			
2 Recognise the importance of individual's eating and drinking enough and how to record this			
3 Have an awareness of types of people who may have swallowing difficulties			
4 Recognise signs and symptoms of swallowing difficulties and be able to follow a swallowing and dysphagia care plan			
5 Know who to refer to if there are concerns about dietary intake or swallow problems			

# Pressure Area Care and Skin Integrity Competency

To demonstrate competence at this level the carer is able to:	Training undertaken and already competent? Date and comments.	Observed and supervised by mentor?	Needs Training course?
1 Have an understanding of the importance of regular changes of the position for the Person to maintain skin condition			
2 Recognise signs of skin changes related to the development of pressure damage. Be aware of whom any deterioration should be reported to			
3 Have the knowledge to recognise when pressure damage equipment is not working or not appropriate and know who to contact			
4 Recognise the importance of nutrition and hydration in relation to maintain skin integrity			
5 Have an understanding of the difference between pressure damage and moisture related damage and who to report any concerns to			
6 Have an understanding of the appropriate application of topical skin creams, under the guidance of the community nurses			
7 Staff to have an understanding of their role in the care of <b>compression</b> hosiery, the application of the creams and removing and refitting the hosiery			

# Bladder Care Competency

To demonstrate competence at this level the carer is able to:	Training undertaken and already competent? Date and comments.	Observed and supervised by mentor?	Needs Training course?
1 Recognition of normal urine, for example – odour, colour, volume			
2 Recognise the signs and symptoms of urinary changes including urinary incontinence and know who to refer to			
3 Demonstrate how to complete fluid/bladder/ bowel/diet charts			
4 Have a working knowledge of undertaking catheter care and related equipment			
5 Understand the importance of storing and supporting people with applying their continence pads			
6 Have a basic urinary catheter problem solving skill base			
7 Understand the important of privacy and dignity when providing and discussing continence care			

# Bowel Care Competency

To demonstrate competence at this level the carer is able to:	Training undertaken and already competent? Date and comments.	Observed and supervised by mentor?	Needs Training course?
1 Demonstrate how to complete fluid/bladder/bowel/diet charts			
2 Recognition of normal faeces for individuals			
3 Recognition of bowel changes using the Bristol stool chart			
4 Demonstrate the correct storage, application and use of continence equipment, continence pads and stoma appliances			
5 Know how to provide basic stoma care			
6 Demonstrate a knowledge and understanding of the importance of skin care particularly for a incontinent patient. Including care around stoma sites			
7 Understand the importance of privacy and dignity when providing and discussing and providing continence care			



# Mental Health Competency

To demonstrate competence at this level the carer is able to:	Training undertaken and already competent? Date and comments.	Observed and supervised by mentor?	Needs Training course?
1 Have an awareness of different types of mental health conditions			
2 Understand the importance of personalised care and the issues which can impact on care			
3 Have an awareness of legislation and legal frameworks which support people with mental health conditions including capacity			
4 Know who is available to support individuals with their mental health needs			
5 Be aware of how your attitude can impact in a positive and negative way when caring / supporting for someone with mental health condition			
6. Be aware what may help someone's mental health and wellbeing e.g. music, singing, creative activities, gardening, learning something new or spending time outside.			

*This Certificate is Awarded to*

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*For Completing the Care Certificate  
and the Brighton and Hove Locally Agreed  
Care Certificate Standards*

Date:

Managers Signature:

# Contacts

## National Contacts for support

### National Age UK

0800 055 6112

### Alzheimer's Society

0300 222 1122

### British Heart Foundation

0300 330 3311

### Diabetes UK

0345 123 3393

### Emergency Ambulance

999 **for immediate, life-threatening emergencies**

### Pharmacists

The local pharmacist can support with advice regarding everyday health issues. Or with problems with prescriptions / medications.

### Skills for Care

<http://www.skillsforcare.org.uk/Home.aspx>

## Local Contacts

### Access Point Brighton and Hove City Council Social Care (Services)

01273 295555

### Age UK Brighton and Hove Access to support locally

01273 720603

### Carers Centre Supporting unpaid carers across Brighton and Hove

01273 746222

### It's Local Actually Activities in Brighton and Hove

01273 208 934

[www.itslocalactually.org.uk](http://www.itslocalactually.org.uk)

### Main Switch Board Integrated Primary Care Teams/ Community Nurses 01273 242117 (option 2)

**My Life** First point of contact in finding the help and support that will help you and others to live well  
[www.mylifebh.org.uk](http://www.mylifebh.org.uk)

**Mind** Brighton and Hove promotion of good mental health in our city  
01273 666950

## NHS 111

You should use the NHS 111 service if you urgently need medical help or advice but it's not a life-threatening situation.



111 is the NHS non-emergency number. It's fast, easy and free. Call 111 and speak to a highly trained adviser, supported by healthcare professionals. They will ask you a series

of questions to assess your symptoms and immediately direct you to the best medical care for you.

NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

<https://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/NHS-111.aspx>

# Acknowledgements and Thanks

## Organisations

- **Brighton and Hove CCG (B&H CCG)**
- **Brighton and Hove City Council (B&H CC)**
- **Sussex Community Foundation Trust (SCFT)**
- **Brighton and Sussex University Hospitals (BSUH)**
- **Sussex Partnership Foundation Trust (SPFT)**
- **Skills for Care (SFC)**
- **Carers Centre**
- **Possability People**
- **Mind Brighton and Hove**
- **Age Concern**

## Professionals

- **Carol Hards** – Clinical Quality and Patient Safety Manager, B&H CCG
- **Helen Rignall** – Primary Care Workforce Tutor, B&H CCG
- **Kevin Murphy** – Workforce Development Manager, B&H CC
- **Jane McDonald** – Commissioning Manager, B&H CC
- **Soline Jerram** – Lead Nurse, Director of Clinical Quality and Patient Safety, B&H CCG
- **Trish Kennard** – Clinical Quality and Patient Safety Manager, B&H CCG
- **Christine Preece** – Home Care Manager
- **Fionnuala Plumart** – Pharmaceutical Advisor, B&H CCG
- **Valerie Dowley** – Clinical Nurse Specialist Tissue Viability, SCFT
- **David Broadbent** – Advanced Dietitian Community and Home Enteral Feeding, BSUH
- **Karen Stevens** – Locality Manager (London and South East) SFC
- **Louise Viney** – Service Manager / Professional Lead Adult Speech and Language Therapy SCFT Lead
- **Heba Jackson** – Clinical Lead, Osteoporosis and Falls Prevention Service, Brighton and Hove, SCFT
- **Hilary Chiffins** – Lead Specialist Bladder and Bowel Nurse, SCFT
- **Emma Davies** – Oxygen Practitioner Sussex Community Foundation Trust, SCFT
- **Martin Turns** – Lead Podiatrist in Diabetes (Brighton and Hove) Sussex Community NHS Foundation Trust, BSUH
- **Nicky Daborn** – Clinical Lead Diabetes, Palliative Care, B&H CCG
- **Ali McNealy** – Oral Health Promotion Team Leader, SCFT
- **Caroline Lovett** – Practice Development Nurse (Private Nursing Home)
- **Launa Rolf** – Clinical Quality and Patient Safety Manager, B&H CCG
- **Tracey Maitland** – Citywide Programme Facilitator, Possability People
- **Sarah Podmore** -Sarah Podmore Public Health Specialist Team B&H CC
- **Sharon Lee** – Primary Care Workforce Tutor, NHS South Kent Coast CCG (2nd addition)





# The Stop Look Care Book

created by Carol Hards and Helen Rignall

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**Carol Hards** is a Registered General Nurse with over 20 years clinical experience specialising in Community Nursing and has a BSc in Health Studies. She worked as Nurse Assessor for NHS Continuing Healthcare before taking up her current post as a Clinical Quality and Patient Safety Manager for Brighton and Hove CCG. This role involves monitoring the quality and safety of commissioned services and working with providers to improve the quality of patient care throughout Brighton and Hove. She is particularly committed to the improvement of care in the community including Care Homes.

**Helen Rignall** is a Primary Care Workforce Tutor working for Brighton and Hove Clinical Commissioning Group (CCG). She has had a vast and varied career, qualifying as a Registered Nurse in 1986, a midwife in 1989, acquired a BSc in Health visiting in 1998 and Adult Intensive Care Nursing in 2009. She lived and worked in the Middle East for 7 years, learning about different cultures, health beliefs and healthcare. Currently she is delivering on strategic projects in primary care to support education and workforce priorities and is also supporting projects across health and social care. Helen is committed to helping others acquire the correct knowledge, to be able to deliver safe, effective and good quality care.

**For more information contact:**

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Original Print: Nov 2016 (v1.0)

Updated Feb 2018 (v2.0)

To be reviewed: Jan 2020