


Is my resident well?


**Ten Everyday Questions to ask yourself
to help recognise
when Care Home residents become unwell**

Guide for Care Home Staff and Carers

How to use this guide

This guide includes ten questions (marked with this sign ) to go through and ask yourself when caring for all residents.

It does not replace your everyday care home policies.

Answering these  questions in order, (unless it is an emergency situation), each time you visit a resident, will help you notice changes from what is normal for a resident, so that you can act quickly if they become unwell.

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Look for questions with this sign

When answering the  questions, be aware that:

GREEN is normal	AMBER you need to take action	RED you must seek immediate help
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Example of how to use

Score colour	GREEN Resident does not show signs of being unwell	AMBER Resident showing signs that they may be unwell	RED Resident is unwell and needs help immediately
What you should do	Continue to monitor daily.	Discuss any residents who have amber scores with the person in charge as soon as you notice, so the resident can be supported.	Contact the person in charge immediately, so the right help and care can be provided. If they are not immediately available follow the advice on pages 23 to 26 about calling 111 or 999 for help.

Remember to see the person as a whole. Think about - what is important to the resident about their care? Is the Resident at the end of life? Do they have an advance care plan? Are they on the My Care Choices register? Make sure you are familiar with their care plan; it may help you to decide what to do if they are unwell.

Breathing

1. ? Is the resident breathless?

Score colour	<p>GREEN</p> <p>No</p>	<p>AMBER</p> <p>Yes - but this is usual</p> <p>Yes - breathing faster than normal, but not struggling to breathe</p>	<p>RED</p> <p>Yes - the resident is struggling to breathe</p>
What you should do	<p>Continue to monitor.</p>	<p>Discuss with the person in charge - note if it is different from normal.</p> <p>Consider the possibility of sepsis (infection spread to the blood - see page 17).</p>	<p>Contact the person in charge immediately or call 999</p> <p>NB: If resident is end of life, check care plan for resident's wishes. Do they have an advance care plan/DNACPR/Preferred Priorities of Care form/My Care Choices? Do they have any anticipatory medications to help breathlessness?</p>








2. ? Does the resident have a cough?

Score colour	GREEN No	AMBER Yes – but this is usual	RED Yes – the resident is struggling to breathe
What you should do	Continue to monitor.	Discuss with the person in charge - make a note of the colour of the phlegm. Consider the possibility of sepsis (infection spread to the blood-see page 17). Note: cough can also be a sign of swallowing difficulties	Contact the person in charge immediately or call 999 NB: If resident is end of life, check care plan for resident's wishes. Do they have an advance care plan/ DNACPR/Preferred Priorities of Care form/My Care Choices? Do they have any anticipatory medications to help cough?

Bowel habits

3. ? Have you noticed any changes in your resident's bowel habits?

The Bristol Stool Chart


Type 1		Separate hard lumps like nuts (hard to pass)	AMBER Indicates constipation - encourage drinking and monitor outputs.
Type 2		Sausage-shaped but lumpy	
Type 3		Like a sausage but with cracks on its surface	GREEN Indicates good bowel health - continue to monitor.
Type 4		Like a sausage or a snake, smooth and soft	
Type 5		Soft blobs with clear cut edges (passed easily)	RED <ul style="list-style-type: none"> • Type 5&6 may have diarrhoea • Type 7 may have food poisoning. Consider overuse of laxatives • Less than 3 bowel movements a week (consider need for laxatives) • Blood in stool
Type 6		Fluffy pieces with ragged edges, a mushy stool	
Type 7		Watery, no solid pieces, entirely liquid	

Hydration - drinking

Urine infections can be serious in older people.

4. Does your resident have any of the signs of dehydration below?

- Change in urine colour (see page 8)
- Change in smell of urine
- Headaches
- Dizziness
- Reduced urine (less toilet visits or dry pads)
- Confusion (see page 12)

Score colour	GREEN No	AMBER If you answer yes to any of the above	RED
What you should do	Continue to monitor.	<ul style="list-style-type: none">• Encourage fluids and monitor for 2-3 days• Observe for signs of infection e.g. increased urinary frequency, pain when passing urine, raised temperature• If multiple signs of infection are present, inform Person in Charge 	If there is no improvement after a few hours discuss with the person in charge.

Note: if the resident has swallowing difficulties discuss with the person in charge ways to increase fluids

5. ? What colour is the urine?

Urine colour

GREEN Continue to monitor.	1, 2, 3 Well hydrated	1
		2
		3
AMBER <ul style="list-style-type: none"> • Encourage drinking • Monitor • Inform person in charge 	4, 5, 6 Hydrated, but could drink more	4
		5
	6, 7, 8 Dehydrated, need to drink more	6
		7
		8



Pain

If the resident **cannot communicate** their needs (e.g. advanced dementia).

6. ? Does the resident have any of the signs below that might show they are in pain?

- Aggressive behaviour
- New facial expressions e.g. frowning or moving away when touched
- Change in sleep pattern
- Avoiding certain movements or moving less than normal
- Eating less
- Increase in shouting, moaning, calling out or being quiet

Score colour	GREEN No	AMBER Yes - but this is usual	RED Yes - pain worse than usual or new type of pain
What you should do	Continue to monitor.	Check if prescribed pain relief can be given. Is it worse than normal? If yes, discuss with the person in charge.	Contact the person in charge immediately – look for the cause. Has something happened to the resident, e.g. a fall? If the resident has chest pain or other severe pain, immediately call 999.

Pain

If the resident **can communicate** their needs

7. Are they in pain?

- If yes, ask where the pain is and whether it is new for them
- Ask them to describe their pain or give it a number 1-10, use the thermometer on page 11 (or use your care home pain scale).

Score colour	GREEN No pain	AMBER Resident has pain score: 1,2,3,4,5	RED Resident has pain score: 6,7,8,9,10
What you should do	Continue to monitor.	Check if prescribed pain relief can be given. Recommend Homely remedy or self-care in the first instance. Is the pain worse than normal? If yes, or pain is new, discuss with the person in charge.	Contact the person in charge immediately. Investigate if anything has happened to the resident e.g. a fall. Is the pain expected such as due to a known cancer? Is their anticipatory medication available? Consider calling Singlepoint for advice. If the resident has chest pain or other severe pain, call 999.





Words used to describe pain

10

Pain as bad as can be

9

8

Extreme pain

7

6

Moderate pain

5

4

Mild pain

3

2

1



No pain

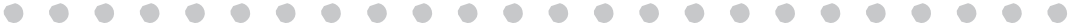
Confusion

8. Have you noticed a change in a resident, are they more confused than normal for that person?

Is the Resident:

- Unable to concentrate
- Upset, drowsy or irritated
- Hearing or seeing things

Score colour	GREEN Not all	AMBER If you answer yes to any of the above	RED If you answer yes to any of the above, but the confusion started suddenly
What you should do	Continue to monitor.	Discuss with the person in charge – reassure the resident and go through this guide to look for the possible cause for the confusion e.g. urine infection.	<p>Speak to the person in charge.</p> <p>Sudden confusion can be caused by variety of medical condition. Contact GP in-hours or 111 out-of-hours for medical review.</p> <p>Delirium can also be a symptom of deterioration at the end of life. Consider discussing with Singlepoint if the resident is known to be at the end of life.</p>



Wellbeing

9. ? Over the last few days or weeks, have you noticed a change in your resident's mood or wellbeing?

Check if:

- Something has happened to change their mood
- Their sleep pattern has changed
- They are eating less food or more food

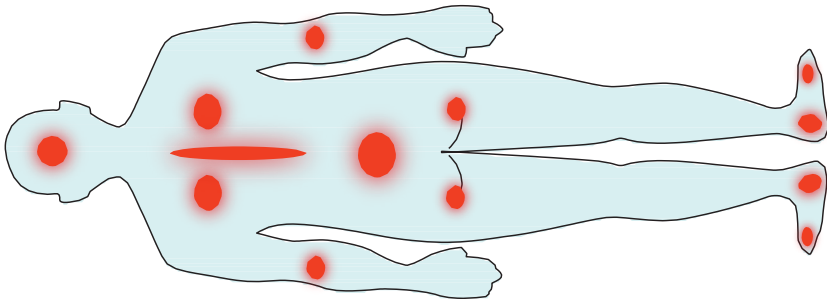
Score colour	GREEN No to all	AMBER If you answer yes to any of the above	RED If very agitated and you are worried about the risk to themselves or others
What you should do	Continue to monitor.	Take time to talk to the resident, discuss their concerns and see if you can help. If you cannot help or don't see an improvement speak to the person in charge. Use this guide to look for other reasons for change in mood e.g. pain. Consider referring to Health in Mind (<i>see useful contacts</i>)	Inform the person in charge and/or call 111 or GP for advice.

Skin


10. Does your resident have any signs of skin damage?

- Redness
- Broken skin
- Pain
- Swelling
- Hard areas
- Hot or cold skin

Check possible pressure areas (common areas pictured in red)



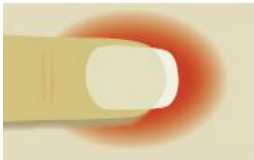
Skin

Score colour	GREEN No	AMBER Yes slightly red, hot or cold areas appearing	RED Yes very red, painful, swollen or broken skin
What you should do	Continue to monitor and keep resident moving.	<ul style="list-style-type: none">• Do skin test on page 16• Make sure resident is moved or can move themselves with the right equipment regularly• Make sure they are clean and dry• Discuss with the person in charge and monitor every few hours (if your home has a policy – follow it).	<p>Discuss with the person in charge immediately and assess skin using care home pressure ulcer assessment form.</p> <p>Red skin found</p> 

Skin test

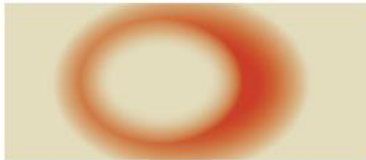
It is important to keep residents moving and reposition them so they do not develop pressure ulcers.

If you see a red area of skin on a resident use the test below.



Press finger over red skin for 15 seconds

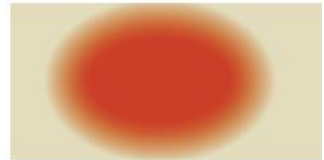
Make sure you tell the resident what you are doing – this may be painful.



Remove your finger:

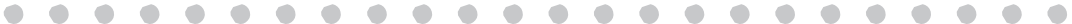
AMBER

If the **skin goes white** when your finger is removed, a pressure ulcer has not started to form, but make sure the resident is able to move to reduce the redness - check this regularly, so it does not get worse.



RED

If the **skin stays red** – your resident has a stage 1 pressure ulcer – immediately speak with the person in charge (see amber box on page 15).



Sepsis (when infection spreads into blood)

This can be life threatening

AMBER

If a person has one or more of these symptoms, they might have sepsis:

- Feverish/hot with uncontrolled shaking
- Fast or irregular breathing
- A fast heart beat
- Increased confusion or difficult to wake up
- Not passed urine in the past 12–18 hours
- Urine cloudy, smelly or painful to pass.

This person needs a medical review.

1. Immediately inform the person in charge
2. Contact 111 or the GP and state that they may have sepsis.

RED

If a person has one or more of these symptoms, they might have severe sepsis:

- Cannot feel a pulse at the wrist, very fast breathing, blue lips, responds only to voice or pain or unresponsive, skin rash or patchy skin, not passed urine in the past 18 hours, sudden worsening.
- Please note these are also signs and symptoms of dying. Consider discussing with Singlepoint if the resident is known to be at the end of life.

This person needs an urgent medical review.

1. Immediately inform the person in charge
2. **Call 999**, and state that they may have 'red flag' sepsis.

What to do if a resident falls:

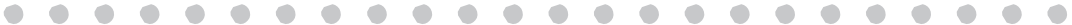
Obvious injury

A person has fallen or has been found lying on the floor:

- Check if it's safe to approach the resident
- Check if the resident responds to you and look for an injury
- Please use the **Nursing and Residential home triage Checklist** to help you determine the required action (see appendix 1 – page 29)
- Ask the person in charge to assess the resident and move them only if they say you can

You can see an obvious injury (e.g head injury, bleeding, broken bone)

- Call 999
- Keep the person warm and as comfortable as possible
- Get the resident's notes (and the red bag if appropriate)
- Tell next of kin in line with their care plan
- Record the fall in the person's notes and begin a falls investigation
- If the person is on blood thinners (e.g. warfarin, apixaban, dabigatran, rivaroxaban, edoxaban) seek urgent medical advice.



What to do if a resident falls:

No obvious injury

A person has fallen or has been found lying on the floor:

- Check if it's safe to approach the resident
- Check if the resident responds to you and look for an injury
- Please use the **Nursing and Residential home triage Checklist** to help you determine the required action (see appendix 1 – page 29)
- Ask the person in charge to assess the resident and move them only if they say you can

You cannot see an obvious injury

- Follow the care home's policy to move the person to a safe place
- Keep them warm and as comfortable as possible
- Observe the person frequently checking for any changes, especially if they are on blood thinners (see list on page 18).
- Tell the person's next of kin in line with their care plan
- Record the fall in the person's notes and begin a falls investigation
- Call 111 or the GP if you need advice or are unsure what to do (see page 23/24).

Remember if a resident's mobility changes this could also indicate they are unwell – discuss with the person in charge. Think medicines – are they having an adverse effect?

Care plans

It is important to know your residents and what their wishes are.

Make time to read their care plans and update them if you see any signs in this guide of them being unwell.

Make sure you know what is in your resident's care plan as it may help you decide what to do:

- Do they have an advance care plan or urgent care plan?
- What are their known wishes?
- Has a decision been made about resuscitation on a DNACPR/ form? (*see example*)

Example of DNACPR form

DO NOT ATTEMPT CARDIOPULMONARY RESUSCITATION
Adults aged 16 years and over

Name: _____
Address: _____
Date of birth: _____
NHS number: _____

Date of DNACPR decision: / /

DO NOT PHOTOCOPY

In the event of cardiac or respiratory arrest no attempts at cardiopulmonary resuscitation (CPR) are intended. All other appropriate treatment and care will be provided.

1 Does the patient have capacity to make and communicate decisions about CPR? YES / NO
if "YES" go to box 2

if "NO", are you aware of a valid advance decision refusing CPR which is relevant to the current condition? if "YES" go to box 6 YES / NO

if "NO", has the patient appointed a Welfare Attorney to make decisions on their behalf? if "YES" they must be consulted. YES / NO

Last year of life – things to consider

Is the resident in the last year of life?

Do they have an advance care plan that tells you their priorities of care?

For example:

- Do they want to go to hospital?
- Are there other options for looking after them in the care home?
- Is anticipatory prescribing in place?

Is the resident known to the Singlepoint service? Is the resident on My Care Choices? If so, refer to My Care Choices booklet. Please consider contacting Singlepoint on **01206 890360** to discuss management options.

If there is not a plan in place, discuss this with the person in charge. Early discussions with residents about their wishes may help you know what to do when they are unwell. Page 22 gives indicators which may show your resident has an advancing disease or is in the last months, weeks or days of their life.

1. Advancing disease

- Needs more assistance with activities of daily living
- More hospital visits
- Diagnosis of a condition that cannot be cured
- Depression
- Change to where they live (e.g. move into care home)
- Weight loss

2. Increasing decline

- Reduced appetite
- Withdrawn/unsociable
- Reduced mobility
- Sleeping more
- Not strong enough to attend hospital visits
- Increased need for interventions
- Slender appearance
- Increasing lack of concentration
- Fatigue
- Weight loss

3. Last days of life

- Bed bound
- Little intake of food and drink
- Sleepy
- Bluish colour of skin
- Patchy skin
- Needs assistance with all care
- Semi-conscious or unconscious
- Very weak
- Difficulty swallowing
- Reduced attention
- Changes to rhythm of breathing
- Irregular pulse
- Hearing or seeing things
- Confused in time or place

All care home residents are eligible to record their health care choices on My Care Choices. This register enables health care professionals to see what is important to the residents and what decisions have been made to inform future health care.

Urgent clinical support for care homes



Can't get your resident's GP on the phone?



Call 111 immediately

Press 9 to continue.

An automated message will ask you to confirm your location.

***6**

When you hear "This call is recorded for quality purposes", press * wait for the beep, then press 6.

You will be quickly connected to a doctor or nurse.

Call 999 in an emergency situation

- If your resident is blue and gasping for breath
- You suspect a stroke
- They have chest pain or other severe pain
- Or signs of sepsis (infection spread to blood see page 17).

Preparing to call 111, a GP or 999

1. Sit somewhere quiet

- ✓ If possible, in the resident's room (so when you make the call you can say "I am with Mr/Mrs...now"). Use the SBAR tool if available to you

2. Have all of the residents information available and something to take notes on

- ✓ The address and contact details of the home
- ✓ Their name, date of birth and GP information
- ✓ Evidence for the GP or nurse to make the correct judgement

3. Think about...

- ✓ Why are you calling?
- ✓ What do you need advice on?
- ✓ What is the resident's normal routine or behaviour?
- ✓ Has anything changed and over what period?
- ✓ What evidence can you provide?
- ✓ What are the resident's wishes/preferences?
- ✓ Does the resident have a decision on resuscitation?

- ✓ Has this happened before and is there a pattern? If so, what did you do and what have you done so far?
- ✓ A follow up plan, what to do if the advice is not working?

You will be asked a lot of questions, **if you don't know the answer don't worry.**

By preparing for your call and following the SBAR tool you will get the best support and advice for your resident.

SBAR handover tool

This tool covers: situation, background, assessment and recommendation (SBAR).
By following the SBAR tool, it will ensure that your call to a health service is clear and purposeful – whether you are speaking to a GP, 111 or 999.

<i>Situation</i> What is going on now?	<p>My name is..., I'm calling from.....</p> <p>I am calling because I need your advice about...</p> <p>(Provide the resident's name, date of birth and GP information)</p> <p>Describe the symptoms as clearly as possible, explain what has changed from their normal health.</p> <p>Tell the health professional what you see.</p>
<i>Background</i> What has happened?	<p>Describe what is happening to the resident, say how long it has been going on (if known) provide any relevant medical history (e.g. stroke, dementia, falls).</p> <p>What medications are they taking?</p> <p>Have there been any recent changes to medication?</p> <p>Does the resident have any allergies?</p>

<p><i>Background</i> What's the resident's history?</p>	<p>What actions have already been taken? - If so what for? Is there an advance or urgent care plan in place for this resident? Is there a DNACPR form?</p>
<p><i>Assessment</i> What do you think is going on?</p>	<p>If you suspect the resident has a particular condition e.g. urine infection, constipation, let the health professional know. How does the person look? - Are they in pain; breathless? Call 999 if they are blue and gasping, or in severe pain. Have you been able to do any observations, if so what are the results?</p>
<p><i>Recommendation</i> What do you want done?</p>	<p>Explain clearly what you need: advice, medical review etc. Confirm what you have agreed with the health professional, summarise and repeat back to them, so you can be sure. Agree a timeframe for calling back if the resident does not improve. Ensure you understand if a health professional will visit or call back, and when.</p>





Other useful contacts

Health in Mind

Provides free therapies and practical support for people experiencing low mood, anxiety and depression.

www.northessexAPT.nhs.uk or call 0300 330 5455

Care Home Liaison Service

Support to Care Home Residents and Staff, provided by ACE. Please refer through the ACE Gateway 0300 0032144

GP Enhanced Care Home Service

This service will commence in May 2019. Referral and contact details to follow

PROSPER

The Prosper project is working with residential and nursing homes across Essex, to reduce the number of falls, pressure ulcers and UTIs through the use of Quality Improvement methodology prosper@essex.gov.uk

<https://www.livingwellessex.org/quality/quality-innovation/>

Frailty Assessment Unit

The Frailty Assessment Unit at Colchester General Hospital offers a Multidisciplinary Comprehensive Geriatric Assessment.

Consider referring when history of falls, reduced mobility, altered cognition, incontinence or poly-pharmacy. Referrals via Silver

Phone: 07557-315024 or email chu-ftr.frailty@nhs.net

07557 315024 email: chu-ftr.frailty@nhs.net

SinglePoint

A 24 hour helpline and triage service for people thought to be in the last year of life. Within SinglePoint there is a limited rapid response nurse led service for people in crisis in the last weeks of life. SinglePoint can also be contacted if you wish to discuss a referral to other hospice services for a resident. Referrals to St Helena can be made via the website at:

<https://www.sthelenas.org.uk> or 01206 890360

More information

This booklet was originally produced by the North West London Collaboration of Clinical Commissioning Groups (CCGs) with the North West London health and care partnership.

Modified by North East Essex CCG in partnership with St Helena, Anglian Community Enterprise and Essex County Council.

Published January 2019, Review date May 2021

Appendix 1



Nursing and
residential home triage