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Cambridge and Peterborough CCG CHC – Care Tier Indicator Tool

Placement decisions will be based on care need; to support this and to minimise the need for negotiation of each placement thus promoting timely admission all patients will be placed against Care Tiers.

The Clinical Indicators are supported and devised from the Decision Support Tool descriptors as set out in the National Framework for NHS Continuing Healthcare and NHS- funded Nursing Care October 2018 (Revised)

The Care Tiers available for placements are detailed in the table below, it gives indicative needs at each Care Tier.

There are three Care Tiers;

- Basic / Standard Dependency (Tier 1)
- Medium / Enhanced Dependency (Tier 2)
- High / Complex Dependency (Tier 3)

There is also recognition for specialist placement based on Severe Need.

The three Care Tiers will be shown in the Individual Placement Agreement and the professional assessing the patient will indicate the appropriate tier at the time of the placement and will be placed at the Basic / Standard Dependency Care Tier, with clear and documented demonstration of need for placement at higher Care Tiers if required.

Please note: Each Care Tier introduces additional indicative needs; the higher Care tiers assume that indicative needs at the lower Care Tiers are also presented.

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Cambridge and Peterborough CCG
CHC– Clinical Indicators Checklist

DOMAIN	BASIC / STANDARD	MEDIUM / ENHANCED	HIGH / COMPLEX	SPECIALIST
Breathing				
Nutrition – Food & Drink				
Continence				
Skin (incl. tissue viability)				
Mobility				
Communication				
Psychological and Emotional Needs				
Cognition				
Behaviour				
Drug Therapies and Medication				
Altered State of Consciousness				
Other Significant				
TOTALS:				
Associated Tier level	Tier 1	Tier 2	Tier 3	To be discussed with provider following individual assessment

Patient Care Tier Assigned – (please indicate 1, 2 or 3):

Assessing Clinician Name:		Signature:		
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Title:		Date Assessed:	
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Domain	CARE TIER (Indicative Needs)			
	Basic / Standard Dependency	Medium / Enhanced Dependency	High / Complex Dependency	Specialist
Breathing	<ul style="list-style-type: none"> Normal breathing, no episodes of breathlessness, no underlying respiratory disease Shortness of breath or a condition which may require the use of inhalers or a nebuliser and limit some daily living activities. Episodes of breathlessness that do not consistently respond to management and limit some daily living activities. Requires any of the following: <ul style="list-style-type: none"> low level oxygen therapy (24%). room air ventilators via a facial or nasal mask. other therapeutic appliances to maintain airflow where individual can still spontaneously breathe e.g. CPAP (Continuous Positive Airways Pressure) to manage obstructive apnoea during sleep. 	<ul style="list-style-type: none"> Breathlessness that does not respond to treatment Is able to breathe independently through a tracheotomy that they can manage themselves, or with the support of carers or care workers. Breathlessness due to a condition which is not responding to treatment and limits all daily living activities 	<ul style="list-style-type: none"> Difficulty with breathing, which requires suctioning Difficulty in breathing, even through a tracheotomy, which requires suction to maintain airway. Demonstrates severe breathing difficulties at rest, despite maximum medical therapy A condition that requires management by a non-invasive device to both stimulate and maintain breathing (bi-level positive airway pressure, or non-invasive ventilation) 	<ul style="list-style-type: none"> Unable to breathe independently, requires invasive mechanical ventilation.
Domain	CARE TIER (Indicative Needs)			
	Basic / Standard Dependency	Medium / Enhanced Dependency	High / Complex Dependency	Specialist
Nutrition – Food & Drink	<ul style="list-style-type: none"> Needs supervision, prompting with meals, or may need feeding and/or a special diet (for example to manage food intolerances/allergies). Able to take food and drink by mouth but requires additional/supplementary feeding. Needs feeding to ensure adequate intake of food and takes a long time (half an hour or more), including liquidised feed. Unable to take any food and drink by mouth, but all nutritional requirements are being adequately maintained by artificial means, for example via a non-problematic PEG. Eats and drinks independently, normal BMI that is stable, no nutritional needs. 	<ul style="list-style-type: none"> Dysphagia requiring skilled intervention to ensure adequate nutrition/hydration and minimise the risk of choking and aspiration to maintain airway. Subcutaneous fluids that are managed by the individual or specifically trained carers or care workers. Nutritional status “at risk” and may be associated with unintended, significant weight loss. Significant weight loss or gain due to identified eating disorder. Problems relating to a feeding device (for example PEG) that require skilled assessment and review High risk of malnutrition as evidenced 	<ul style="list-style-type: none"> Unable to take food and drink by mouth. All nutritional requirements taken by artificial means requiring on-going skilled professional intervention or monitoring over a 24 hour period to ensure nutrition/hydration, for example I.V. fluids/total parenteral nutrition (TPN). 	

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	<ul style="list-style-type: none"> Nil by mouth, all nutrition via non-problematic PEG Weight loss or gain that requires monitoring Swallowing problems that require assessment and advice by a Speech and Language therapist 	<ul style="list-style-type: none"> Needs feeding by a nurse or trained carer due to high risk of aspiration evidenced through frequent episodes of choking 		
Domain	CARE TIER (Indicative Needs)			
	Basic / Standard Dependency	Medium / Enhanced Dependency	High / Complex Dependency	Specialist
Contenance	<ul style="list-style-type: none"> Fully continent with no other continence/elimination needs Contenance care is routine on a day-to-day basis; Incontinence of urine managed through, for example, medication, regular toileting, use of penile sheaths, etc. Is able to maintain full control over bowel movements or has a stable stoma, or may have occasional faecal incontinence/constipation. Intermittent catheterisation required Non problematic urinary catheter or stoma Contenance care is routine but requires monitoring to minimise risks, for example those associated with urinary catheters, double incontinence, chronic urinary tract infections and/or the management of constipation or other bowel problems. 	<ul style="list-style-type: none"> Problematic urinary catheter requiring frequent unplanned intervention Problematic stoma requiring frequent unplanned intervention to manage Issues with elimination and continence management that requires specialist monitoring/intervention 	<ul style="list-style-type: none"> At risk of autonomic dysreflexia if retention of urine or faecal impaction should occur Contenance care is problematic and requires timely and skilled intervention, beyond routine care (for example frequent bladder wash outs/irrigation, manual evacuations, frequent re-catheterisation). 	
Domain	CARE TIER (Indicative Needs)			
	Basic / Standard Dependency	Medium / Enhanced Dependency	High / Complex Dependency	Specialist
Skin (incl. tissue viability)	<ul style="list-style-type: none"> No risk of skin breakdown Requires use of pressure relieving equipment Pressure damage up to grade 2 Have a wound that is responding to treatment Risk of skin breakdown which requires preventative intervention once a day or less than daily without which skin integrity would break down. Evidence of pressure damage and/or pressure ulcer(s) either with 'discolouration of intact skin' or a minor wound(s). 	<ul style="list-style-type: none"> Require specialist dressing regime, may require assessment and advice from Tissue Viability Nurse Specialist Have a wound or skin condition that is not responding to treatment Risk of skin breakdown which requires preventative intervention several times each day without which skin integrity would break down. Pressure damage or open wound(s), pressure ulcer(s) with 'partial thickness skin loss involving epidermis and/or dermis', which is responding to treatment. (including Pressure damage grade 3) 	<ul style="list-style-type: none"> A wound that is not responding to treatment and requires specialist dressing A wound or skin condition that requires treatment from a vascular / plastic surgeon Multiple complex wounds requiring frequent redressing A problematic fistula that does not respond to appropriate treatment or necrosis to subcutaneous tissue, but not extending to underlying bone, tendon or joint capsule' which are not responding to treatment and require regular monitoring/reassessment. 	

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			<ul style="list-style-type: none"> Open wound(s), pressure ulcer(s) with 'full thickness skin loss with extensive (including Pressure damage grade 4) destruction and tissue necrosis extending to underlying bone, tendon or joint capsule' or above Multiple wounds which are not responding to treatment. 	
CARE TIER (Indicative Needs)				
Domain	Basic / Standard Dependency	Medium / Enhanced Dependency	High / Complex Dependency	Specialist
Mobility	<ul style="list-style-type: none"> Fully mobile Unable to mobilise without use of equipment Variable ability to weight bear Moving and handling equipment required Completely unable to weight bear but is able to assist or cooperate with transfers and/or repositioning. Unable to assist with transfers or repositioning Completely unable to weight bear but is able to assist or cooperate with transfers and/or repositioning. In one position (bed or chair) for the majority of time but is able to cooperate and assist carers or care workers. At moderate risk of falls (as evidenced in a falls history or risk assessment) 	<ul style="list-style-type: none"> Requires careful repositioning due to muscle spasm, contractures or pain Involuntary spasm on movement experienced causing risk to self or carer At high risk of falls that can be evidenced by falls history Requires sleep system/specialist positioning system e.g. due to complex neurology Not able to consistently weight bear. Completely unable to weight bear and is unable to assist or cooperate with transfers and/or repositioning. Due to risk of physical harm or loss of muscle tone or pain on movement needs careful positioning and is unable to cooperate. At a high risk of falls (as evidenced in a falls history and risk assessment). 	<ul style="list-style-type: none"> Involuntary spasms or contractures placing the individual or others at risk. Totally immobile and unable to maintain position causing serious risk to life e.g. risk of airway occlusion or risk of aspiration High risk of dislocation or fracture 	<ul style="list-style-type: none"> Completely immobile with a clinical condition such that, in either case, on movement or transfer there is a high risk of serious physical harm and where the positioning is critical.
CARE TIER (Indicative Needs)				
Domain	Basic / Standard Dependency	Medium / Enhanced Dependency	High / Complex Dependency	Specialist
Communication	<ul style="list-style-type: none"> Able to communicate clearly, verbally or non-verbally. Has a good understanding of their primary language. May require translation if English is not their first language. Receptive and / or expressive Needs assistance to communicate their needs. Special effort may be needed to ensure accurate interpretation of needs 	<ul style="list-style-type: none"> Use of specialist equipment to communicate (i.e. assisted technology) 	<ul style="list-style-type: none"> Unable to reliably communicate their needs at any time and in any way, even when all practicable steps to assist them have been taken. For example: Coma 	

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	<p>or additional support may be needed either visually, through touch or with hearing.</p> <ul style="list-style-type: none"> dysphasia but needs and wishes can be communicated effectively through alternative methods Speech impediment requiring special effort to ensure accurate interpretation Use of non-verbal methods of communication Communication about needs is difficult to understand or interpret or the individual is sometimes unable to reliably communicate, even when assisted. Carers or care workers may be able to anticipate needs through non-verbal signs due to familiarity with the individual. Unable to express self verbally which may result in frustration and / or anger Communication about needs is difficult to understand or interpret or the individual is sometimes unable to reliably communicate, even when assisted. Carers or care workers may be able to anticipate needs through non-verbal signs due to familiarity with the individual. Some needs and wishes may be interpreted through non-verbal methods due to familiarity of the Service user Unable to communicate verbally or through non-verbal methods e.g. due to severe cognitive impairment Non reliable method of interpreting need even through body language. Complete change in use and meaning of language Use of ACT (aids to communication technology i.e picture boards) to assist with effective communication 			
	CARE TIER (Indicative Needs)			
Domain	Basic / Standard Dependency	Medium / Enhanced Dependency	High / Complex Dependency	Specialist
	<ul style="list-style-type: none"> Periods of anxiety and / or distress that requires reassurance 	<ul style="list-style-type: none"> Due to their psychological or emotional state the individual has withdrawn from most attempts to engage them in support, 	<ul style="list-style-type: none"> Prolonged episodes of hallucination causing severe distress or anxiety 	

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Psychological and Emotional	<ul style="list-style-type: none"> Experiences hallucinations that respond to prompts / reassurance which does not cause anxiety or distress Lacks motivation and requires prompting and encouragement to engage with others Have mood swings that require monitoring Totally withdrawn, no attempt to interact, may need intervention to prevent social isolation Mood disturbance, hallucinations or anxiety symptoms or periods of distress which do not readily respond to prompts, distraction and/or reassurance and have an increasing impact on the individual's health and/or well-being. 	<p>care planning and/or daily activities. (this is not related to cognition)</p> <ul style="list-style-type: none"> Visual or auditory hallucination experienced which cause distress or agitation Prolonged periods of anxiety, no (apparent) trigger, which impacts on health Requires prompts to motivate self towards activity and to engage them in care planning, support, and/or daily activities. 	<ul style="list-style-type: none"> Anxiety or distress that prevents intervention and has an impact on health Mood disturbance, hallucinations or anxiety symptoms or periods of distress that have a severe impact on the individual's health and/or well-being. Due to their psychological or emotional state the individual has withdrawn from any attempts to engage them in care planning, support and/or daily activities. 	
Domain	CARE TIER (Indicative Needs)			
	Basic / Standard Dependency	Medium / Enhanced Dependency	High / Complex Dependency	Specialist
Cognition	<ul style="list-style-type: none"> Cognitive impairment which requires some supervision, prompting or assistance with more complex activities of daily living, such as finance and medication, but awareness of basic risks that affect their safety is evident. Occasional difficulty with memory and decisions/choices requiring support, prompting or assistance. However, the individual has insight into their impairment Forget where they have placed items or what task they were intending to do Has no recall of people visiting or carrying out interventions and repeatedly questions these actions Thinks that they are older / younger than they are Thinks that they are somewhere else /working / waiting for school children etc Unable to make any major decisions even with support Decreased awareness of safety issues and risks Appears to have poor short and long term memory loss Is very inaccurate with regard to time, place and dates 	<ul style="list-style-type: none"> Appears to have no short term or long term memory Unable to make even simple choices even with support and prompting Unable to initiate any activity of daily living Cognitive impairment that could for example include frequent short-term memory issues and maybe disorientation to time and place. The individual has awareness of only a limited range of needs and basic risks. Although they may be able to make some choices appropriate to need on a limited range of issues, they are unable to do so on most issues, even with supervision, prompting or assistance. The individual finds it difficult, even with supervision, prompting or assistance, to make decisions about key aspects of their lives, which consequently puts them at high risk of harm, neglect or health deterioration. 	<ul style="list-style-type: none"> No awareness of risks or safety Reliant totally on others for safeguarding No awareness of safety issues and risks and does not comply with care plan 	

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	<ul style="list-style-type: none"> Needs a high level of prompting for activities of daily living and a high level of intervention to carry them out No evidence of impairment, confusion or disorientation. Has a very different orientation in time of day e.g., Day into night No awareness of safety issues and risks Cognitive impairment (which may include some memory issues) that requires some supervision, prompting and/or assistance with basic care needs and daily living activities. Some awareness of needs and basic risks is evident. The individual is usually able to make choices appropriate to needs with assistance. However, the individual has limited ability even with supervision, prompting or assistance to make decisions about some aspects of their lives, which consequently puts them at some risk of harm, neglect or health deterioration. Unable to carry out basic instructions Unable to carry out simple tasks for themselves 			
	CARE TIER (Indicative Needs)			
Domain	Basic / Standard Dependency	Medium / Enhanced Dependency	High / Complex Dependency	Specialist

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Behaviour	<ul style="list-style-type: none"> No challenging behaviour Some incidents of 'challenging' behaviour. A risk assessment indicates that the behaviour does not pose a risk to self, others or property or create a barrier to intervention. The individual is compliant with all aspects of their care. Infrequent episodes of challenging behaviours Odd episode of abusive language Displays aggression due to pain when moved or not well Occasional non-compliance with taking medicines or care routines A unfounded dislike of a certain individual or carer which is verbalised Attempts to leave the residency occasionally Throws things occasionally 'Challenging' behaviour that follows a predictable pattern. The risk assessment indicates a pattern of behaviour that can be managed by skilled carers or care workers who are able to maintain a level of behaviour that does not pose a risk to self, others or property. The individual is nearly always compliant with care. Hides or takes things from other residents 	<ul style="list-style-type: none"> Unpredictable aggression of a physical and / or verbal nature that has no trigger Often non-compliant with care or taking of medication Aggression is targeted at several members of staff or residents Frequent Noise, screaming, shouting, swearing. Some sexually or socially inappropriate behaviour 'Challenging' behaviour of type and/or frequency that poses a predictable risk to self, others or property. The risk assessment indicates that planned interventions are effective in minimising but not always eliminating risks. Compliance is variable but usually responsive to planned interventions 	<ul style="list-style-type: none"> Frequent severe aggression, physical and verbal Behaviours directed indiscriminately towards all individuals or groups e.g. female staff Self-harm including attempted suicide Destruction of property including setting fire Frequent absconsion Severe sexual and social disinhibition 'Challenging' behaviour of severity and/or frequency that poses a significant risk to self, others or property. The risk assessment indicates that the behaviour (s) require (s) a prompt and skilled response that might be outside the range of planned interventions. 	<ul style="list-style-type: none"> 'Challenging' behaviour of a severity and/or frequency and/or unpredictability that presents an immediate and serious risk to self, others or property. The risks are so serious that they always require access to an immediate and skilled response for safe care. i.e Emergency response '999' or use of locked facility
Domain	CARE TIER (Indicative Needs)			
	Basic / Standard Dependency	Medium / Enhanced Dependency	High / Complex Dependency	Specialist
Drug Therapies Medication / Symptom Control	<ul style="list-style-type: none"> Require administration of medication via a syringe driver PRN medication Requires monitoring due to problematic management of side effects or effectiveness of medication Requires the administration of medication (by a registered nurse, carer or care worker) due to: 	<ul style="list-style-type: none"> Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for the task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. However, with 	<ul style="list-style-type: none"> Administration of medication via intravenous or Peripheral/central venous line Regular administration of medication via alternative routes Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for this 	<ul style="list-style-type: none"> Unremitting and overwhelming pain despite all efforts to control pain effectively

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	<ul style="list-style-type: none"> non-compliance, or type of medication (for example insulin), or route of medication (for example PEG). Moderate pain which follows a predictable pattern; or other symptoms which are having a moderate effect on other domains or on the provision of care. Severe risk of relapse due to non-compliance Monitoring of medication due to rapidly fluctuating condition to ensure effective pain and symptom control / management Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for the task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. However, with such monitoring the condition is usually non-problematic to manage. Moderate pain or other symptoms which is/are having a significant effect on other domains or on the provision of care. 	<p>such monitoring the condition is usually non-problematic to manage.</p> <ul style="list-style-type: none"> Moderate pain or other symptoms which is/are having a significant effect on other domains or on the provision of care 	<p>task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. Even with such monitoring the condition is usually problematic to manage.</p> <ul style="list-style-type: none"> Severe recurrent or constant pain which is not responding to treatment. 	
	CARE TIER (Indicative Needs)			
Domain	Basic / Standard Dependency	Medium / Enhanced Dependency	High / Complex Dependency	Specialist
Altered States of Consciousness (ASC)	<ul style="list-style-type: none"> Seizures that require administration of medication on a PRN basis Occasional (monthly or less frequently) episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm. 	<ul style="list-style-type: none"> Frequent episodes of ASC that require the supervision of a carer or care worker to minimise the risk of harm. Occasional ASCs that require skilled intervention to reduce the risk of harm Seizures on most days and do not respond to treatment and result in a severe risk of harm. 	<ul style="list-style-type: none"> ASC that occur on most days, do not respond to preventative treatment, and result in a severe risk of harm 	<ul style="list-style-type: none"> Coma.(requiring specialist monitoring and equipment

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Domain	CARE TIER (Indicative Needs)			Specialist
	Basic / Standard Dependency	Medium / Enhanced Dependency	High / Complex Dependency	
Other				