**Person-Centered Care – Indicative Activities**

Please note this is not an exhaustive list of activity. Providers are expected to carry out duties beyond those listed where identified as required.

| **Need** | **Outcomes** | **Indicative Activity** |
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| Behaviour | * Service User understands the boundaries of the setting they are in
* There are clear, predictable consequences when Service User broaches established boundaries
* Patients are supported to reach the best of their potential through strong behaviour recovery models
* Individual behavioural plans are in place and implemented through an accredited methodology
 | * Ensure a strategic prevention approach to behaviour deterioration
 |
| * Establish communication points and reporting lines to ensure expectations of both Service User and carer are clear
 |
| * Ensure care plans and records accurately prompt best care progress
 |
| * Implement and review the behavioural plan and risk assessments
 |
| * Ensure care is provided in the least restrictive way with regard to the Mental Capacity Act and Deprivation of Liberty Safeguards 2005
 |
| Cognition | * Patients cognitive capability is maximised
 | * Ensure an assessment of cognition and mental capacity is completed on admission. Monitor and review as appropriate
 |
| * Ensure staff provide orienting communication
 |
| * Ensure Service User has access to a clock and calendar (TV / radio if possible)
 |
| * Encourage Service User’s representative(s) to visit and bring in Service User’s personal possessions, e.g. photographs
 |
| * Ensure the communications strategy for individual Patients incorporate elements of both reality orientation and validation techniques
 |
| * Ensure orienting information is provided as appropriate e.g. name and role of staff member at each encounter
 |
| * Ensure the Service User’s individual activity programme is tailored to meet the Service User’s needs and prevents isolation
 |
| * Ensure home lighting is appropriate to the time of day/ night.
 |
| * Best interest decisions are made and documented in line with the Mental Capacity Act.
 |
| * Informed consent is acquired and recorded as appropriate.
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| Emotional & Social Needs | * Patients are engaged in meaningful activities as appropriate
* Service User maintains a sense of self and is able to optimise and meet his/her potential
* Rights to expression of sexuality are upheld
* There is Service User opportunity for meaningful occupation and engagement
 | * Provide links to social facilities and arrangements
 |
| * Provision of an appropriate activities plan and equipment to support activities
 |
| * Actively consult Patients as part of personal activity planning
 |
| * Regularly review Service User engagement in activities and provide additional support to facilitate Service User involvement as required
 |
| * Support Service User with life changing events as required
 |
| * Ensure staff have the skills to recognise depression and its effects on behaviour and refer to GP
 |
| * Support and promote Patients existing and new relationships, including partners, families and friends
 |
| * Support shopping / purchases as required, e.g. family gifts, clothes
 |
| Communication | * Service User has the opportunity to express needs and choices through their preferred or an appropriate method
* Optimisation of verbal and non-verbal communication skills
 | * Ensure a communication assessment is completed on admission. Monitor and review as appropriate
 |
| * Ensure staff have communication skills relevant to meeting Service User needs
 |
| * Ensure information is provided to Patients in the appropriate format
 |
| * Ensure staff are able to respond to verbal and non-verbal cues and make best use of relevant communication aids
 |
| Mobility | * Mobility is maximised at a level which is appropriate relative to the ability of the Service User
 | * Ensure a mobility assessment (including a falls risk assessment) is completed on admission. Monitor and review as appropriate
 |
| * Implement fall prevention strategies as appropriate
 |
| * Manage Service User mobility within the environment
 |
| * Enable safe Service User moving and Provider handling provision
 |
| * Provide, maintain and replace where necessary a range of suitable equipment
 |
| Nutrition – food & drink | * Service User enabled to maintain a balanced and nutritious diet
* Service User is enabled to maximise their own potential to feed themselves (i.e. not assisted solely in order to save time)
 | * Ensure an assessment of nutritional needs is completed on admission. Monitor and review as appropriate
 |
| * Educate the Service User to promote the selection of informed nutritional choices
 |
| * Monitor Service User weight loss/ gain and seek GP/ dietician advice when change occurs
 |
| * Utilise a MUST tool to measure nutrition
 |
| * Manage the use of PEG feeds as appropriate
 |
| * Ensure that food/drink is available at flexible times and locations and is in accordance with Service User preferences
 |
| * Allow Service User to influence the menu where reasonable and possible
 |
| * Ensure appropriate supervision and assistance as necessary
 |
| * Assess to manage/review any SALT issues and refer for specialist assessment as required.
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| Elimination & continence management | * Continence is promoted and optimised
* Privacy and dignity is maintained at all times
* Skin integrity is maximised
* Risk of infection is minimised
 | * Undertake a continence assessment on admission, develop a continence plan and monitor and review as appropriate
 |
| * Ensure access to specialist continence nurses and refer as appropriate in-line with local access criteria
 |
| * Recognise normal patterns and act on abnormal occurrences seeking specialist advice as required
 |
| * Monitor for and act on any infection
 |
| * Provide appropriate management supervision and equipment e.g. in relation to catheterisation, bowel management etc.
 |
| * Complete full and regular continence assessments and reviews as appropriate
 |
| Skin (including tissue viability) | * Skin integrity is optimised with active Service User input as appropriate
 | * Ensure an assessment of skin integrity and management is completed on admission. Monitor and review as appropriate
 |
| * Provide appropriate equipment to maintain skin integrity
 |
| * Ensure evidence based wound management up to local tissue viability referral criteria
 |
| * Prompt recognition of and action as a result of any changes to risk factors
 |
| * Manage skin conditions and utilise appropriate interventions as appropriate e.g. creams
 |
| Breathing | * Airway integrity is maintained and breathing is optimised
* Respiratory risk is minimised
* Negative impacts of respiratory dysfunction on daily living are minimised
 | * Ensure a breathing assessment is completed on admission. Monitor and review as appropriate
 |
| * Utilise appropriate equipment to support Service User breathing as prescribed, e.g. nebulisers and tracheotomy, CPAP equipment
 |
| * Utilise oxygen and manage conditions, in partnership with the appropriate clinician
 |
| Pain | * Service User’s pain levels are reduced and comfort optimised
* The negative impacts of pain on the Service User’s daily life is minimised
 | * Ensure a pain assessment is completed on admission. Monitor and review as appropriate
 |
| * Ensure a range of communication skills are utilised to assess the characteristics of pain, e.g. location, severity on a scale of 1 – 10, type, descriptors frequency, precipitating factors, relief factors
 |
| * Administer analgesia as prescribed and monitor effect using pain assessment tool
 |
| * Utilise appropriate non-pharmacological methods to reduce pain and discomfort
 |
| Medication | * Medication is provided in a safe and timely manner in order to optimise the care and clinical condition of the Service User
* Patients are advised of the purpose of medication and actively engaged in the decision making and review of it
 | * Ensure a medication assessment is completed on admission. Monitor and review as appropriate
 |
| * Maintain prompt access to all required medication
 |
| * Ensure appropriate recording of medication and escalation of non-compliance
 |
| * Inform the Service User and their representative(s) (as appropriate) of any likely side effects of medication
 |
| * Monitor the side effects of medication and refer to the appropriate prescriber. Subsequently notify the Commissioner
 |
| * Work with the specialist care teams to anticipate Service User requirements prior to immediate need
 |
| * Ensure that medication information is available in an accessible format focused on the Service User e.g. pictorial, tape, Braille, translated
 |
| * Ensure that medication administration is in accordance with prescriptions and in line with the medication policy
 |
| Cultural, religious & spiritual needs | * Cultural, religious and spiritual requirements of individual Patients are met
 | * Ensure awareness of the role religion, culture and spirituality plays in the life of the individual and their family carer
 |
| * Ensure that activity planning will take account of cultural and religious needs
 |
| Washing and dressing | * An appropriate standard of personal hygiene is encouraged and considerations for choices are given
* Service User independence, choice and physical/mental capability are respected
* The principles of privacy and dignity are applied at all times
* Skin integrity is maximised
 | * Enable the Service User to dress appropriately including support of clothing selection and assistance as required
 |
| * Enable access to a hairdressing facility as required
 |
| * Support personal grooming as required and facilitate with appropriate equipment e.g. nail cutting
 |
| * Ensure access to specialist services
 |
| * Enable the Service User to dress in a suitably private area
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| * Enable the Service User to be in a position to regularly wash and dress
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| End of life planning and care | * To ensure that people die with dignity in the manner and setting of their choice
 | If a Do Not Attempt Resuscitation (DNAR) status has been recorded in the Service User’s medical notes by the Responsible Medical Officer, ensure that staff are aware of and act in accordance with the DNAR status  |
| * Ensure the Advanced Care Plan (including preferred place of death) has been completed within 1 month of admission. This timescale is reduced to 1 week for fast-track palliative Patients
 |
| * Involve Patients and their representative(s) (as appropriate) in devising an Advance Care Plan in order to record end of life choices and preferences. Adapt and review as needed
 |
| * Ensure that there is a named ‘lead’ for palliative care within the home who has responsibility for the appropriate induction and training of staff in the home
 |
| * Provide appropriate end of life planning and care communication skills training for relevant staff at all levels
 |
| * Regularly engage with specialist palliative care teams, GPs and other Healthcare professionals, as applicable, including identifying support and resources required to meet individual’s needs and to anticipate changes in their condition
 |
| * Provider is working towards the Gold Standards Framework in care homes and as a minimum implement the End of Life Care Pathways.
 |
| * Attend training provided on assessing and managing symptoms at the end of life
 |
| * Manage care of Patients with syringe drivers
 |
| * Ensure appropriate clinical supervision, consistent with occupational standards
 |
| * Ensure familiarity with and understanding of preferred Place of Care papers
 |
| * Signpost relatives and other residents to appropriate after death support
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| Medications Management | * Patients are protected by the home’s policies and procedures for dealing with medication
* Patients where appropriate are responsible for their own medication
 | * The home has a clear policy and procedures for receiving, recording, storage, handling, administration and disposal of medicines and homely remedies including Controlled Drugs which adheres to current legislation and guidance.
 |
| * The policy has an explicit procedure for ordering and general principles for administering, timing and preparation of medication used in accordance with the homes selected monitored dosage system. This policy will be approved by the CCG Medicines Management team.
 |
| * Patients have a professionally maintained record of past and present medication, stored safely and securely. Records are maintained to reflect the safe disposal of medication.
 |
| * Patients can keep and self-administer their own medication and are appropriately supported to do so, unless it has been determined within a formally recorded risk management approach that this creates risks for themselves and/or others.
 |
| * All medications are administered by designated and trained staff.
 |
| * GPs and other professionals monitor and review medication as part of individual care planning.
 |
| Autonomy, Choice and Independence | * Patients are helped to exercise informed choice and control over their lives and supported in maintaining their independence.
 | * The values, aims and objectives of the service and means of achieving these are detailed in a Service User guide and are compliant with the Mental Capacity Act 2005
 |
| * A statement of terms and conditions is provided
 |
| * Staff demonstrate a regard for the Service User’s choices when providing personal and nursing care.
 |
| * Patients and their family, friends or representative shall be active participants in all assessment, determination, care planning and review processes wherever possible.
 |
| * If Patients refuse essential nursing care it is reported in their notes and escalated when required to the GP and the Commissioner.
 |
| * The physical environment is made to feel home like in character. Patients are provided with private accommodation which they can call their own which they can use when they wish.
 |
| Complaints and compliments | * Patients and their relatives and friends are confident that theircomplaints will be listened to, taken seriously and acted upon.
 | * The provider has a policy and procedure for dealing with complaints adhering to the Department of Health framework (April 2009)
 |
| * The provider maintains an up to date log of compliments and complaints showing:

Name and address of Service UserName and address of the complainant/complimenter (if different)Nature of the complaint/complimentResponse and time taken to respondThe level of satisfaction of the complainant/complimenter |
| * An annual summary of complaints and compliments is made available to the Commissioner.
 |
| Adult Protection | * Patients are protected from abuse, neglect and self-harm
 | * Ensure robust procedures are in place to respond to suspicion or evidence (including “whistle-blowing”)
 |
| * Policy and procedures in place regarding suspected abuse and the multi-agency adult protection ‘No Secrets’ protocol which is compliant with obligations in the Data Protection Act 1998 and duties of confidentiality
 |
| * The provider will co-operate fully with any adult protection plan instigated.
 |
| * Vulnerable adult /adult protection training is explicitly included in staff induction and basic training for all staff.
 |
| * Inform the commissioner of any adult protection investigation within the provider service
 |